NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN UNNAO DISTRICT,

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ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care	**MDR**	Maternal Death Review
ANM	Auxiliary Nurse Midwife	**MMU**	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	**MoHFW**	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	**MOIC**	Medical Officer In- Charge
BMW	Biomedical waste	**NBCC**	New Born Care Corner
BSU	Blood Storage Unit	**NBSU**	New Born Stabilization Unit
CMO	Chief District Medical Officer	**NSSK**	Navjat Shishu Suraksha Karyakram
CHC	Community Health Centre	**NSV**	No Scalpel Vasectomy
DH	District Hospital	**OCP**	Oral Contraceptive Pill
DMPA	Depot Medroxyprogesterone Acetate	**OPD**	Out Patient Department
DPM	District Programme Manager	**OPV**	Oral Polio Vaccines
ECG	Electrocardiography	**PIP**	Programme Implementation Plan
EMOC	Emergency Obstetric Care	**PNC**	Post Natal Care
FRU	First Referral Unit	**PPP**	Public Private Partnership
HMIS	Health Management Information System	**PRC**	Population Research Centre
IEC	Information, Education and Communication	**RBSK**	Rashtriya Bal Suraksha Karyakram
IMEP	Infection Management and Environment Plan	**RCH**	Reproductive Child Health
IPD	In Patient Department	**RKS**	Rogi Kalyan Samiti
IUCD	Intra Uterine Contraceptive Device	**RPR**	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	**SBA**	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	**SKS**	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	**SN**	Staff Nurse
LHV	Lady Health Visitor	**SNCU**	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	**TFR**	Total Fertility Rate
LT	Laboratory Technician	**TT**	Tetanus Toxoid
M&E	Monitoring and Evaluation	**VHND**	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System		

EXECUTIVE SUMMARY

The National Health Mission (NHM) is a flagship initiative of Government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs), services of which are utilized in monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of essential components of NHM in Unnao district for the year 2017-18. The assessment was carried out in the month of August, 2018 and thus captures the status of NHM activities in the said district of Uttar Pradesh. The report highlights key observations made during the PRC, Delhi team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation preceded a desk review of the RoP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

The report thus will provide an analysis of the status of Public Health Care in Unnao, Uttar Pradesh during the financial year 2017-18 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc.

The strengths and weaknesses observed during our visits to different health facilities and interactions with the NHM Personnel as well as the beneficiaries of the district are discussed in the sections to follow.

STRENGTHS

- The district has observed a progressive increase in institutional deliveries.
- More than 90 percent of all JSY payment to the beneficiaries were completed in Unnao district. The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programme.
- Ambulance services under JSSK with respect to 102 and 108 are found to be very efficient in this district with response time of 21 minutes.
- Since progressive increase in institutional deliveries has been reported in the Unnao district, it can be deduced that the district's level of MMR is gradually declining to a level as prescribed by the NHM goal (1/1000 live births).
- Rastriya Bal Swasthya Karyakram (RBSK) programmes were found to be effectively conducted in the district.
- Nutrition Rehabilitation Centre (NRC) and SNCU of 10 bedded are effectively functional in the district hospital.
- Under the family planning programme, Antara and Chaya methods are running effectively and in some area Antara successfully reached its 3rd dose.
- Family planning counselling centre was there at the district hospital and CHC. Annual camps for adoption of permanent family planning methods were also held in the district and around the peripheral areas.
- Training of ASHAs under 6 module was held at the block level and monthly meeting with ASHAs and ANMs is facilitated by the ASHA Officer or ASHA Coordinator.
- District women hospital has a decent number of human resources, for example, there are 7 gynaecologists in district women hospital which is more than of Indian Public Health Standard (IPHS)
- District is performing well under the sufficient man-power resource, especially with sufficient number of gynaecologist.
- Under NHM, proposed 30 Health & Wellness Centre in Unnao were taken care by Committee health officer (CHO). CHO's training was undergoing in Kanpur with collaboration with Indira Gandhi National Open University (IGNOU).
- The DPM is effectively involved with all NHM activities and possesses a sound knowledge of the current status and the future plans.

- Unnao is reported as a best performing district with regards to AYUSHMAN Bharat data feeding amongst the entire district in Uttar Pradesh.
- Bio Medical West (BMW) was collected at all levels of facilities in the district.

WEAKNESSES

- Residential quarters were in poor conditions. In most health facilities across the district, the buildings are in obsolete condition.
- Most of the cold chains were reported to be not working due to fluctuating power supply. PHC Sirosi did not have any power backup.
- Total immunization coverage of the district was very low i.e. 35 percent as per discussion at CMO office Unnao.
- No ARSH & RKSK clinic has been established in the entire district. Counseling of adolescent is taken care by RBSK team and ANM.
- Earlier 10 rupees was allocated for printing of 1 Mother Child Protection (MCP) card of 20 pages but new MCP card which consist of 40 pages is not getting printed because of less amount allocation.
- Training in (Public Finance Management System) PFMS was reported to be inadequate which resulted in delay of staff salaries, payment to beneficiaries, etc.
- No special meeting for HMIS data validation are reported to be held. Data entry operators are overloaded to feed the data on 14 different portals.
- Many ASHA workers reported that average payment of ASHA was 2319 rupees which is less as compare to other districts of Uttar Pradesh.
- All programmes are not equally focussed, new programmes are given more importance and are prioritised in lieu of that the older programmes get side-lined.
- Out of total 356 sub centers only 29 sub centers are accredited as delivery points but less than 10 sub centers have delivery facility available.
- A very high number of Medical Termination of Pregnancy (MTP) cases in the district hospital has been reported.
- Shortage of IFA, Calcium tablets and some basic medicine like PCM was observed in the district. Supply side hindrance was reported to the reason for shortage which led to significant increase in demand.
- Shortage of complete ASHA kit was reported in the district.

- No master training was conducted from the state level especially for Non-communicable diseases.
- Since, outsourcing of JSSK diet follows a bidding procedure; quality of food was compromised. Government allocated rupees 100 per day for the diet, but in Unnao district the bid was lowest at rupees 69.
- No training has been done for the medical as well as the paramedic staffs in in the last financial year 2017-2018 in Unaao district.
- In this district one of the major issues is the shortage of specialist doctors at the district hospital. In case of emergency, patients are referred to Kanpur.
- Many of Sub Centers are not serving as delivery point; this could be probably because patients want better services which were available at DH level. Also another reason for not availing services at SC is that the SCs are located at the out skirts of the village due to which women prefer to go at the DH.

1. INTRODUCTION

NHM envisages "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health". The mission thus encompasses a wide range of services.

States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A state PIP is a comprehensive document comprising of situation analysis, goals and strategies and corresponding costs. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

The monitoring and evaluation system for various national health programmes is integral to their strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at regular intervals.

This PIP monitoring report concerns the district of Unnao in Uttar Pradesh. The report provides a review of key population, socio-economic, health and service delivery indicators of the Unnao

District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, family planning, ARSH, bio-medical waste management, referral transport, ASHAs, communicable and non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

1.1. METHODOLOGY

The report is based on Primary data collected from health facility visits as well secondary data collected from CMO office and DPM information was also collected from HMIS Web Portal for Unnao district, 2017-18. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on the observations made and information collected during:

a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff

b) Visits to health facilities

c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Unnao was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities. Table 1 provides the details of the health facilities visited for evaluation.

Table 1: List of Health Facilities visited, Unnao, 2017-18

Facility Type	Facility Name
District Hospital	Pandit Uma Shankar Dikshit Sanyukt Female District Hospital, Unnao
FRU	CHC (FRU) Nawabganj, Unnao
CHC	CHC Bichiya, Unnao
PHC	PHC Sikandarpur Sirosi, Unnao
Sub health Centre	Sub Centre, Dostinagar, Unnao
Sub health Centre	Sub Centre, Raukarna, Unnao

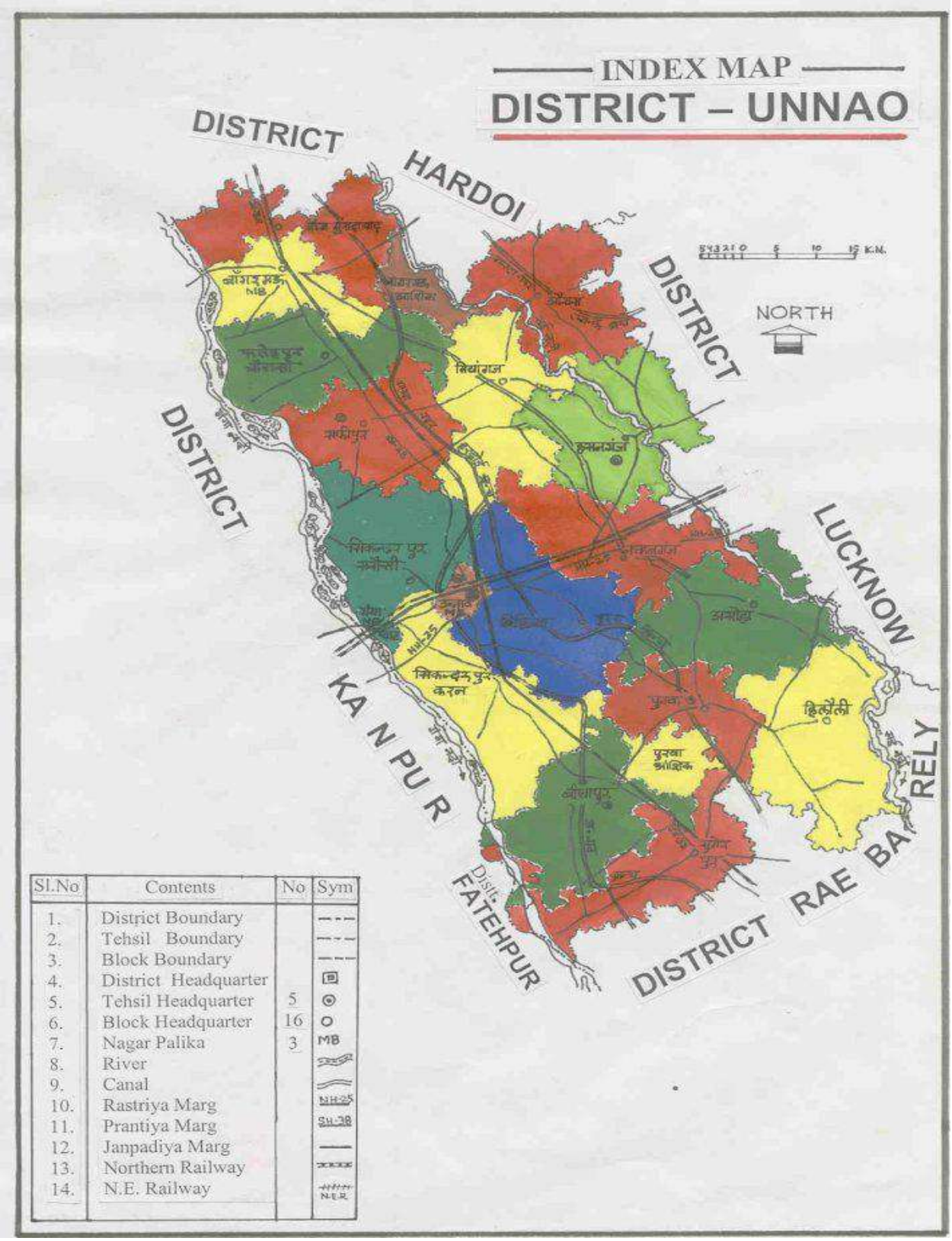
1.2. DEMOGRAPHIC PROFILE

The district is named after its Headquarter town, Unnao. About 1200 years ago, the site of this town was covered with extensive forests. Godo Singh, a Chauhan Rajput, cleared the forests probably in the 3rd quarter of the 12th Century and founded a town, called Sawai Godo, which afterwards shortly passed into the hands of the rulers of the Kannauj, who appointed Khande Singh as the Governor of the place. Unwant Singh, a Bisen Rajput and a lieutenant of the Governor, killed him and built a fort here, renaming the place as Unnao after himself.

Situated between rivers Ganga and Sai, Unnao has, since ancient times, made place in the pages of history. The district has been popular from the view of history, literature, religious and cultural heritage. The District is divided into 6 Tehsils Unnao, Hasanganj, Safipur, Purwa, Bighapur & Bangarmau and 16 development Blocks namely – Ganj Moradabad, Bangarmau, Fatehpur Chaurasi, Safipur, Miyanganj, Auras, Hasanganj, Nawabganj, Purwa, Asoha, Hilauli, Bighapur, Sumerpur,Bichia, Sikandarpur Sirausi, Sikandarpur Karan.

Many brave personalities who played a major role in the Country's freedom struggle and sacrificed their lives for the country, were born here. Popular among them are Raja Rao Ram Bux Singh, Maulana Hasarat Mohani, Ram Beni Madhav, Pd. Vishambher Dayal Tripathi, Thakur Jsasingh, Narpat Singh, Barjor Singh, Hathi Singh, Devi Bux Singh, Mansab Ali, Kasturi Singh, Bhopal Singh and Chandrika Bux Singh.

The District is not left behind in the field of literature too, having produced learned persons right from Maharishi Valmiki to Gaya Pd. Shukla, Pratap Narayan Misra, Surya Kant Tripathi 'Nirala', Maulana Hasrat Mohani, Nand Dulare Bajpayee, Sumitra Kumari Sinha, Chandra Bhushan Trivedi (Ramai Kaka), Dr. Ram Vilas Sharma, Jagdambika Pd. Misra, Bhagwati Charan Misra, Pratap Narayan Misra and Shiv Mangal Singh 'Suman'.



Source: https://unnao.nic.in/map-of-district/

Figure 1.District Map of Unnao, Uttar Pradesh

Table 2 summarises the demographic and socio-economic profile of the Unnao.

The district has a total population of 3108367. This equals to around 1.56 per cent of the total population of Uttar Pradesh. Of the total female population in Uttar Pradesh, 1.55 per cent belongs to Unnao district. About 47.92 per cent of the total child population in Unnao is female. From the total population of the district (3108367), 30.5 per cent of the total population belongs to the Scheduled Castes and 0.1 per cent to Scheduled Tribes. The literacy rate of the district is 66.4 per cent which is approximately equal to the state average (67.77 per cent). However, female literacy rate is relatively lower than male literacy rate but fares well when compared with the national and state average. The sex ratio of the Unnao District is 907 females per 1000 males while that for Uttar Pradesh is 912. The child sex ratio for the district is 920 as against 902 for the state. The total area of Unnao district is 4,558 km^2. Thus the density of Unnao district is 682 people per square kilometer.

Table 2: Key Demographic Indicators: India, Uttar Pradesh and Unnao

Indicators	India	Uttar Pradesh	Unnao
Actual Population	**1,210,854,977**	**199,812,341** (16.5% of India's population)	**31,08,367**
Male	623,270,258	104,480,510	16,30,087
Female	587,584,719	95,331,831	14,78,280
Rural	**833,748,852** (68.86%)	**155,317,278** (77.73 %)	**25,76,721** (82.9%)
Male	427,781,058	80,992,995	13,51,897
Female	405,967,794	74,324,283	12,24,824
Urban	**377,106,125** (31.14%)	**44,495,063** (22.27 %)	**5,31,646** (17.1%)
Male	195,489,200	23,487,515	2,78,190
Female	181,616,925	21,007,548	2,53,456
Decadal Growth Rate	17.64	20.23	15.1
Density/km2	382	829	682
Child Population (0-6 age)	**164,515,253** (13.58%)	**30,791,331** (15.41%)	**4,35,915** (14.02%)
Area (sq. km)	**3,287,240**	**240,928**	**4,558.**
Literates	**73.0**	**67.7%**	**66.4%**
Male	80.9%	77.3 %	75.1%
Female	64.6%	57.2 %	56.8%
Sex Ratio (per/000)	**943**	**912**	**907**
Child Sex Ratio (0-6 age)	918	902	920

Source: Census, 2011

1.3. HEALTH PROFILE

Table 3 presents the health profile of Unnao district for the year 2017-18. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Unnao with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, Health, etc.

Table 3: Status of Health and Health Care Service Delivery Indicators, Unnao, 2017-18

Health and Health Care Service Delivery Indicators	HMIS (2017-18)	
	Uttar Pradesh	Unnao
I) Maternal Health		
Total number of pregnant women Registered for ANC	5814051	71497
% 1st Trimester registration to Total ANC Registrations	45.2	33.3
% Pregnant Woman received 4 or more ANC checkups to Total ANC Registrations	45	46.2
% Pregnant women given 180 IFA to Total ANC Registration	85.3	79.3
II) Delivery Care		
a) Home Deliveries		
Number of Home deliveries	623608	4482
% Home delivery to total reported deliveries	17.5	10.8
% SBA attended home deliveries to Total Reported Home Deliveries	15.2	28.2
b) Institutional Deliveries		
Institutional deliveries (Public Insts.+Pvt. Insts.)	2946226	36965
% Institutional deliveries to Total Reported Deliveries	82.5	89.2
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	86.7	100
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	13.3	0
% Institutional deliveries to Total ANC Registrations	50.7	51.7
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	65.6	87.8
c) C-Section and Completed deliveries (Public and Private Facilities)		
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	5.2	4.8
% C-sections conducted at public facilities to Deliveries conducted at public facilities	3.8	4.8
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	14.3	-
d) Post Natal Care		
% Women getting 1st Post Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	35.3	49.4
% Newborns breast fed within 1 hour of birth to Total live	89.1	91

birth			
% Newborns weighed at birth to live birth		90.2	93
III) Child Health			
Number of fully immunized children (9-11 months)		4721897	64144
Number of cases of Childhood Diseases (0-5 years): Pneumonia		89367	176
Number of cases of Childhood Diseases (0-5 years): Diarrhoea		412309	3086
IV) Immunisation coverage			
Infants received BCG to full Immunisation %		136.6	127.1
V) Family Planning			
Total Sterilisation Conducted		262188	2463
% Male Sterlisation (Vasectomies) to Total sterilisation		1.5	0.4
% Female Serlisation (Tubectomies) to Total sterilisation		98.5	99.6
% IUCD insertions to all family planning methods (IUCD plus permanent)		80	82.6
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)		6884	114
Condom pieces distributed		38782273	627755
VI) Facility Service Delivery			
IPD		6628029	71111
OPD (Alopathic+AYUSH)		142272113	2199286
OPD (Allopathic)		125590462	1920094
OPD (AYUSH)		16681651	279192
% IPD to OPD		8113.3	4250.7
Health Outcomes			
MMR	**NMR**	**IMR**	**U5MR**
311	39	58	64
Source: HMIS, Unnao, 2017-18			***CMO Office Unnao, 2018***

An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. About 33.3 percent of women in Unnao registered for ANC in the first trimester while less than half of women registered for ANC receive 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 79.3 per cent of all women who registered for ANC. The Maternal Mortality ratio in the district is 311 maternal deaths per 1, 00,000 live births.

Delivery care is an important component of Infant health. Out of the total home deliveries in Unnao, 28.2 percent were SBA attended. SBA is regarded as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA during home delivery is essential to combat maternal deaths. About 89.2 per cent of all deliveries were institutional deliveries and of

all the institutional deliveries in Unnao, 100 per cent took place in Public Institutions. From the women who registered for ANC, only 51.7 per cent went for institutional delivery. About 4.8 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 91 per cent of the newborns were breast fed within 1 hour of delivery while only 93 per cent of newborns were weighed at birth. Nearly 49.4 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant Mortality Rate (IMR) for the district is 58.

As per Census 2011, the share of children in Unnao's total population is 14 per cent. Child Mortality is a threat India is facing since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 64144 children under (9 to 11 Months) received full immunization in Unnao. The most common childhood disease was reported as diarrhoea and in the year 2017-18, the district registered 3086 cases of diarrhoeal disease. The Under Five Mortality rate in Unnao was reported to be 64 per 1000 live births.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilisation (Tubectomies) as a method of permanent family planning dominates the statistics with 99.6 percent of all sterilisation conducted in 2017-18 in Unnao. Male sterilization (Vasectomy) was only 0.4 percent in Unaao.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution and service enhancement of NHM. Facility Service Delivery with regards to patient services is summarised in section 6 of Table 3. The OPD patient load is as high as 2199286 number of OPD patients in 2017-18 as against 71111 IPD Patients. In Unnao out of total OPD patients, 1920094 patients belongs to Allopathic OPD and rest 279192 patients belongs to AYUSH OPD.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power.

The Public Health Care Infrastructure includes of Sub Health Centres at the most peripheral level, Primary Health Centres envisaged to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1. HUMAN RESOURCE

Meetings with CMO, DPM and various BPMs unanimously indicated a severe shortage of specialist and surgeons in the district. Table 4 gives the status of HR availability in Unnao district. There were no training conducted in the last financial year especially under NHM of the medical staff. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM. Figure 2 presents the vacant percentages for the various Medical, Paramedical and Administrative positions in Unnao.

Table 4: Status of Human Resource in Unnao, 2017-18

Position Name	Sanctioned	Filled	Vacant
MO's including specialists	179	159	20
Gynecologists	18	9	9
Pediatrician	14	7	7
Surgeon	14	2	12
Nutritionist	2	2	0
Dental Surgeon	5	5	0
LHV	52	52	0
ANM	402	356	46
Pharmacist	98	95	3
Lab technicians	34	27	7

X-ray technicians	15	15	0
Data Entry Operators	16	16	0
Staff Nurse at CHC	52	52	0
Staff Nurse at PHC	34	34	0
ANM at PHC	55	55	0
ANM at SC	301	301	0
Data Entry Operators	6	6	0
Any other, please specify	-	-	-

Source: CMO Office Unnao, 2018

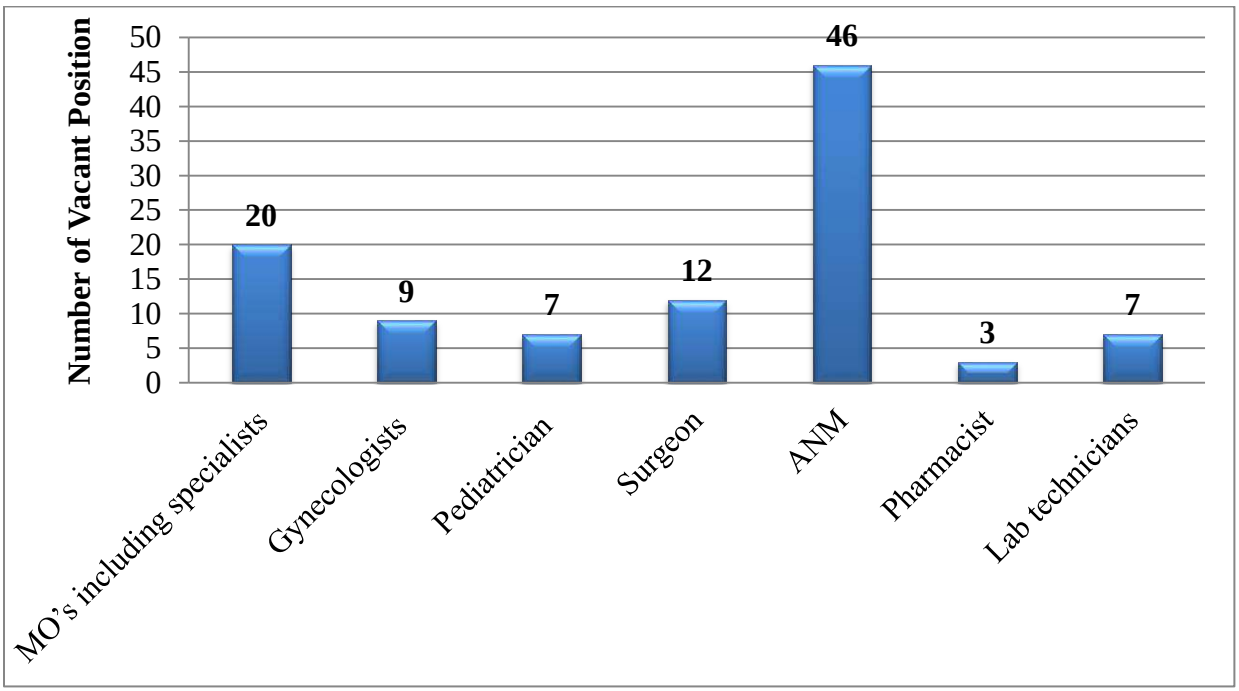


Figure 2.Status of Human Resources in Unnao, 2017-18

High vacancy pertains in the district for mostly doctors wherein 9 positions of gynecologists, 7 position of Pediatrician and 12 positions of surgeons, 20 MOs including specialist, 46 ANM, 3 pharmacists and 7 lab technicians positions were vacant against the sanctioned post. Availability of nursing staff is optimal in the district. As noted during the visits to various health facilities in the district, the staff is not effectively trained in PFMS transfer yet which must be taken into consideration.

2.2. HEALTH INFRASTRUCTURE

Table 5 presents the details of Health Infrastructure in Unnao. With regards to Public health infrastructure, there is 1 District Hospitals, 4 First Referral Units (FRUs), 9 Community Health Centers (CHCs), 7 Primary Health Centers (PHCs) and 356 Sub Centers (SCs) in Unnao. The district observes a total of 46 delivery points at the SC level.

The population norms for setting up of public health facilities are as under:

- Sub Centre: 1 per 5000 population
- Primary Health Centre: 1 per 30000 population
- Community Health Centre: 1 per 120000 population
- District Hospital: 1 per 35000 to 3000000 populations as per IPHS standards.

All the facilities are running in the government building except for 32 SCs which are functioning at rented building. Transport facilities in the district include 26 vehicles of '108 ambulances', 43 vehicles of '102 ambulance' and 2 'advance life support ambulance (ALS).

Table 5: Status of Health Infrastructure in Unnao, 2017-18

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	**1**	**1**	**-**
Sub-District hospital	**0**	**0**	**-**
First Referral Units (FRUs)	**4**	**4**	**-**
CHC	**9**	**9**	**-**
PHC	**7**	**7**	**-**
Sub Centre	**356**	**324**	**32**
Mother & Child Care	**0**	**0**	**-**
Adolescent friendly Health	**0**	**0**	**-**
Medical College	**0**	**0**	**-**
Skill Labs	**0**	**0**	**-**
District Early Intervention	**0**	**0**	**-**
Delivery Points	**46**	**46**	**-**
Transport Facility	**Number available**	**Number**	**Remarks**
108 Ambulances	**26**	**26**	**-**
CATS	**0**	**0**	**-**
102 Ambulance	**43**	**43**	**-**
Referral Transport	**0**	**0**	**-**

Mobile Medical Units	**2 (ALS)**	**2 (ALS)**	**-**

Source: CMO Office, Unnao, 2018

3. MATERNAL HEALTH

Improving maternal health is a major focus of NHM. The Mission aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. NHM schemes like Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram have been created to improve the condition of maternal health prevalent in the country.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, but for women with low economic background it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

3.1. OVERVIEW

Reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) approach has been launches in 2013 and it essentially aims to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 6 gives performance indicators by various stages for the last two financial years.

IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method has decreased to 82.6 per cent in 2017-18 against 86.4 percent in 2016-17. Also, percentage of male sterilization procedures to total sterilizations dropped from 0.7 in 2016-17 to 0.4 in 2017-18. With regards to accessibility of ANC services, 33.3 percent women registered in first trimester in 2017-18 as against 40.2 per cent women in 2016-17. In 2017-18, 46.2 per cent women received 4 ANC checkups. With regards to IFA tablets given to pregnant women, there has been an increase for the year 2017-18 (79.3 percent). As in 2016-17, only 51.3 percent

women received 100 IFA tablets. There has been a significant decline in the percentage of women with obstetric complications in 2017-18 (2.5 in 2017-18 against 6.6 in 2016-17).

In 2017-18, 28.9 percent of home deliveries were attended by a skilled birth attendant; there is a marginal decrease in SBA attended home deliveries from the year 2016-17 (29.3 percent). The data also indicates increase in C-section deliveries in the last financial year with 4.8 percent C section to reported institutional deliveries.

Table 6: Maternal Health indicators, Unnao, 2017-18

Sl. No.	Stages	Indicators	2016-17	2017-18
1	Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization	0.9	6.3
2		Male sterilization to total sterilization conducted	0.7	0.4
3		IUCD insertions to all family planning methods (IUCD plus permanent)	86.4	82.6
4	Pregnancy care	1st Trimester registration to total ANC registration	40.2	33.3
5		Pregnant women received 3 or 4 ANC check-ups to total ANC registration	68.3	46.2
6		Pregnant women given 100 or 180 IFA to total ANC registration	51.3	79.3
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries	6.6	2.5
8		Pregnant women receiving TT2 or Booster to total number of ANC registered	89.5	92.6
9	Child Birth	SBA attended home deliveries to total reported home deliveries	29.3	28.9
10		Institutional deliveries to total ANC registration	54.5	51.7
11		C-Section to reported institutional deliveries	1.5	4.8
12	Postnatal, maternal & new born care	Newborns breast fed within 1 hour to live births	94.8	91
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions	89.8	87.8
14		Newborns weighing less than 2.5 kg to newborns weighed at birth	11.2	16
15		Infants 0 to 11 months old who received Measles to reported live births	141.8	151.5

Source: HMIS, Unnao, 2018

Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. WHO recommends that a woman not be discharged before 24 hrs after delivery. Regardless of the place of birth, it is important that someone accompanies the women and new born for the first 24 hrs after birth to respond to

any changes in her or the babies conditions. Many complications can occur in the first 24 hrs. However, in Unnao, 87.8 percent of women were discharged under 48 hours of delivery in public institutions this adding to the danger of maternal mortality. The percentage of women who breastfed within 1 hour of delivery were 91 percent in 2017-18 against 94.8 percent women in 2016-17. Similarly with regards to TT booster, there has been a slight increase. With regards to LBW, children having low birth weight in 2016-17 were 11.2 percent and it was increased in year 2017-18 (16 percent).

Table 7: Block wise service delivery indicators in the last financial year 2017-2018

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Ganjmuradabad	4105	2414	48	1217
Bangermau	5460	3741	605	4099
Fatehpur-84	1216	572	44	1720
Safipur	4031	2179	192	4730
Aurass	3150	892	72	1888
Miyaganj	4406	2736	25	2374
Hasanganj	3518	619	132	2247
Nawabganj	3442	1704	180	2818
S. Sarosi	5485	2995	1052	1170
Bichhiya	3849	1416	312	1009
Achalganj	4431	2202	276	2232
Asoha	3501	1648	252	1295
Purwa	4100	1258	348	2015
Hilauli	3837	1755	660	1490
Bighapur	2609	1396	60	1343
Sumerpur	2971	957	102	1696
DWH	7071	5965	0	6450

Source: CMO Office, Unnao, 2018

Table 7 shows the block wise data of ANC registration, home deliveries and institutional deliveries in the last financial year. Block S. Sirosi registered the highest ANC registration (5485) amongst the all other blocks of Unnao followed by block Bangermau and Achal ganj. Block Fatehpur reported the least ANC registration. Same trend was seen for the 3 ANC checkups. Despite reporting highest ANC registration S. Sirosi block reported the highest number of home deliveries. The lowest numbers of home deliveries were reported from Miyanganj block, (25) in the last financial year. The highest number of institutional deliveries

were reported from the block Safipur followed by Bangermau while least number of institutional deliveries were reported for block Bichiya.

3.2. JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities. Table 8 highlights that in Unnao 2946229 women who delivered in an institutional facilities received JSY Payments and 99 percent of these women were bought by ASHA which highlights their active role in emphasizing on institutional deliveries.

Table 8: Status of Janani Suraksha Yojana (JSY) in Unnao, 2017-18

Number of beneficiaries under JSY			Record maintenance	
Institutional deliveries	**Home Deliveries**	**Deliveries brought by ASHAs**	**Available**	**Updated**
2946229	623608	3534136	Available	No

Source CMO Office, Unnao, 2018

In Unnao, beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs also assisted the beneficiaries to open bank accounts. However, it was reported that some women were reluctant in getting into the hassles of opening bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements. The PFMS mode of making payments is not effectively practiced by the staff due to lack of training and in some cases payments were made by cheques. Though the district has initiated steps towards online payment of JSY incentives, implementation is relatively slow.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions for absolutely free and no expense for delivery including Caesarean section. Table 9 shows the status of Janani Shishu Suraksha Karyakram in Unnao, 2017-18.

Table 9: Status of Janani Shishu Suraksha Karyakram (JSSK) in Unnao, 2017-18

Block	No. of Beneficiaries under JSSK					District Total =
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Unnao	**28295**	**39733**	**39733**	**52535**	**39733**	**55857**

Source: CMO Office, Unnao, 2018

Under JSSK, transportation facility is very efficient in Unnao district. Response time of the ambulance service for 108 and 102 was reported within 21 minutes. This is one of the reasons of increase of institutional deliveries in Unnao. For availing transport facility, table 9 shows the number of beneficiaries availing transport from home to facility are 52535 as against 55857 beneficiaries who availed transport entitlement facility to home, about 39733 beneficiaries who availed transportation facility for referral. None of the beneficiaries reported any out of pocket expenditure on drugs.

3.4. MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

About 77 maternal deaths were reported in the Unnao district in the year 2017-18. Figure 3 illustrates the total number of maternal deaths and various reasons attributing maternal deaths. Figure 4 illustrate the place of maternal deaths took place in year 2017-18. Maximum deaths took place during the transit i.e. 48 in numbers. Followed by hospital (25) and 4 were reported to held at home. The major reasons for maternal deaths in the district include Sepsis, Hemorrhage, Abortion, Obstetric Complications and other reasons.

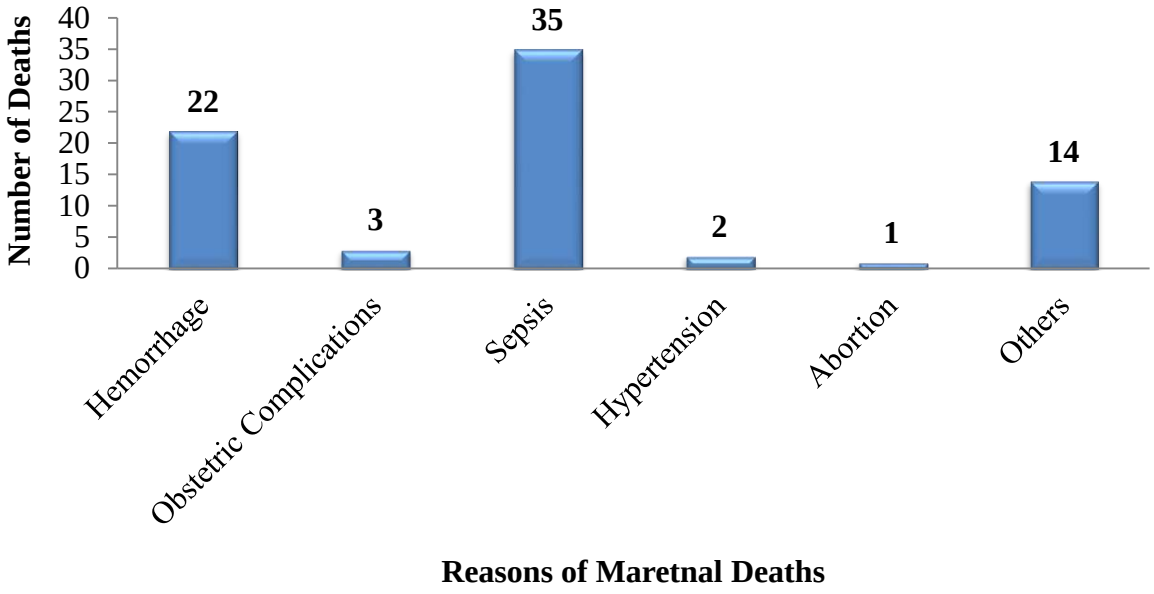


Figure 3. Reasons for Maternal Deaths (In Numbers) Unnao, 2017-18

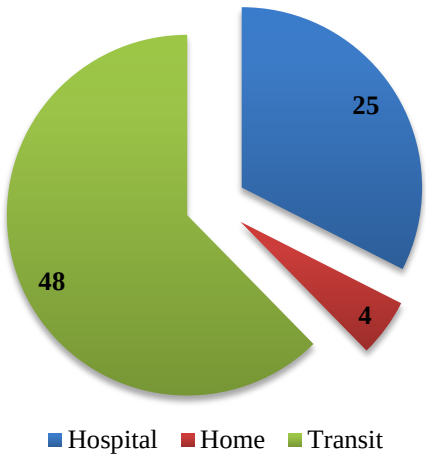


Figure 4.Place of Maternal Deaths, Unnao, 2017-18

4. CHILD HEALTH

The RMNCH+A under the National Health Mission (NHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health. Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017.

Child population in Unnao is reported to be 14.02 percent of the total population. The service delivery for neonatal health in terms of infrastructure is shown in table 10. The district has 1 SNCUs, 4 NBSUs, 12 NBCCs and 1 NRC. About 19 staff has been dedicated to SNCUs, 4 staff dedicated to NBSUs and 7 staff dedicated to NRC in the district. The total numbers of neonates admitted in SNCU were reported to be 1261.

Table 10: Child health: details of infrastructure & services in Unnao, 2017-18

Facilities	Numbers
Total SNCU	**1**
Total NBSU	**4**
Total NBCC	**12**
Total Staff in SNCU	**19**
Total Staff in NBSU	**4**
Total NRCs	**1**
Total Admissions in NRCs	**179**
Total Staff in NRCs	**7**
Average duration of stay in NRCs	**10 days**

Source: CMO Office, Unnao, 2018

4.1. NEONATAL HEALTH

The district reported total neonates admitted in to SNCU were 1261, out of the total admission 961 were discharged, 238 were referred, 67 reported Leave Against Medical Advice (LAMA) figure 5 shown the same. About 128 neonatal deaths were reported in the last financial year 2017-18. Major reasons reported for the cause of deaths were prematurity, birth asphyxia, sepsis and pneumonia. Figure 6 shows, out of total 128 deaths, 62 deaths were due to prematurity, 42 deaths due to (asphyxia), 20 due to (sepsis) and 4 due to (pneumonia) in the last financial year 2017-18.

Status of Neonates Admitted to SNCU (In Numbers)	
Discharge	961
Referred	238
Death	128
LAMA	67

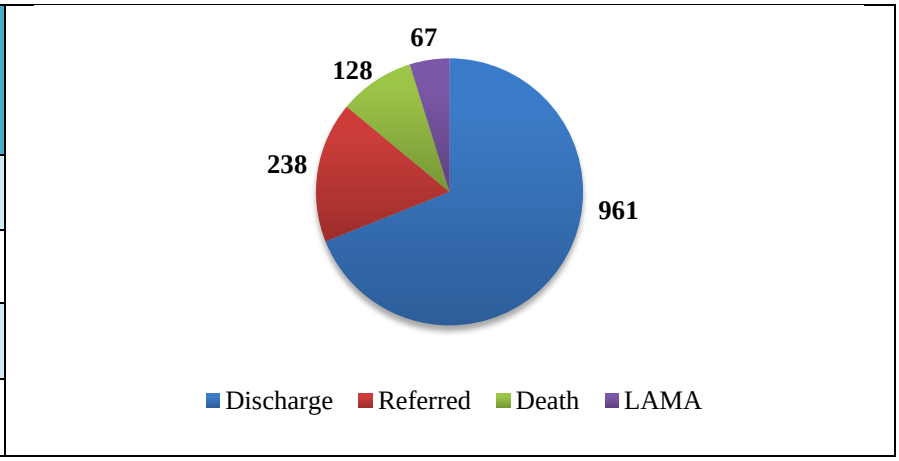


Figure 5.Neonatal Health Status (SNCU) in the last financial year 2017-18

Reason for Neonatal Deaths (In Numbers)	
Prematurity	961
Asphyxia	238
Sepsis	128
Pneumonia	67

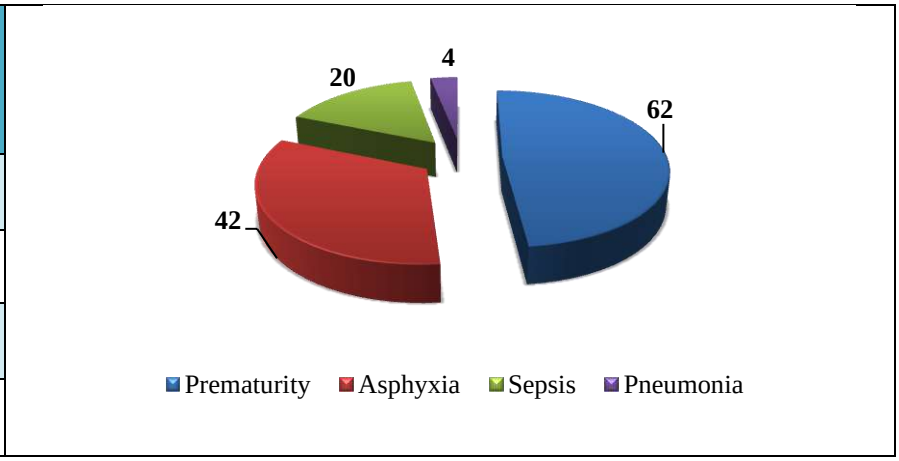


Figure 6.Reason for Neonatal Deaths, Unnao, 2017-18

4.2. IMMUNISATION

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization programme under NHM is one of the major public health interventions in the country.

Table 11 gives the block-wise status of immunisation in the district. Against the target set, Miyanganj reported to achieve highest number of full immunization coverage (4931), followed by S.Sirosi (4800), Achalgunj (4741), Bangermau (4578) and Bichiya (4498) block. Bighapur, Aurass and Sumerpur reported least coverage of immunization targets as they achieved 2668, 2724 and 2988 with regards full immunizations respectively.

Table 11: Block wise immunization status in Unnao, 2017-18

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
Ganjmuradab	4753	1446	2419	0	0	0	3735	3621	3649	3542	3542
Bangermau	5336	3881	5726	0	0	0	4743	4473	4800	4578	4578
Fatehpur-84	4824	429	865	0	0	0	1219	1238	1216	3679	3679
Safipur	5166	227	2602	0	0	0	3275	3164	2912	3919	3919
Aurass	4582	380	1016	0	0	0	2714	2724	2846	2724	2724
Miyaganj	5251	366	3620	0	0	0	5035	5032	4858	4931	4931
Hasanganj	5251	2038	2794	0	0	0	3451	3309	3295	4036	4036
Nawabganj	5336	3047	3414	0	0	0	3523	3326	3341	3381	3381
S. Sarosi	7043	1634	3714	0	0	0	5237	5123	5001	4800	4800
Bichhiya	5251	902	2478	0	0	0	3657	3680	3747	4498	4498
Achalganj	6039	2335	2963	0	0	0	3811	3601	3761	4741	4741
Asoha	4788	1512	2263	0	0	0	3511	3579	3789	3327	3327
Purwa	4738	2005	2978	0	0	0	2801	2663	2718	3283	3283
Hilauli	5421	1343	2916	0	0	0	3333	3284	3132	3728	3728
Bighapur	4653	1149	1820	0	0	0	2531	2426	2497	2668	2668
Sumerpur	5094	1791	2890	0	0	0	3017	2718	2580	2988	2988
DWH	5145	7068	8951	-	-	-	5852	4965	4960	8034	8034

Source: CMO Office, Unnao, 2018

4.3. RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 12 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. About 3450 schools were covered under RBSK in the year 2017-18 as well as in year 2016-17. Around 351275 children were registered under the programme out of which 256329 children were diagnosed in 2017-18 and 265522 were diagnosed in 2016-17.

An increase in the number of children with anemia can be seen from the year 2016-17 to 2017-18 with 486 cases detected during the latter period. The number of anemic children in 2016-17 was 657. In 2017-18, 892 children were diagnosed who reported with an eye diseases, 110 children reported having a heart disease and 8 physically challenged children were identified. The evaluation team interacted with efficient RBSK team members at the different health facilities. Thus, functioning of RBSK is backed by efficient teams facilitating effective implementation of the programme. Adolescent counseling was also taken care by RBSK team as no ARSH and RKSK clinic were reported to be functioning in the whole district.

Table 12: Rashtriya Bal Suraksha Karyakram Progress in Unnao, 2016-2018

Year	2017-18	2016-17
No. of Schools	3450	3450
No. of children registered	351275	351275
Children Diagnosed	256329	265522
No. of Children referred	16192	13496
Eye Disease	892	642
Ear Disease	645	342
Heart disease	110	82

Physically challenged	8	12
Anemic	486	657

Source: CMO Office, Unnao, 2018

5. FAMILY PLANNING

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

Female sterilization was reported to be prominent method under permanent sterilization. In Table 13, the total sterilizations conducted in 2017-18, were reported to be 99.6 percent (tubectomies). The maximum numbers of female sterilizations were reported from Nawabganj block followed by S. Sirosi, Auras, Safipur and Achalganj. Fathepur and Sumerpur blocks reported least number of female sterilization from the set target. Out of the total target specified Safipur, Ganjmuradabad, and Purva reported to be achieving the highest number of IUCD insertion, which is highest amongst the other blocks in Unnao. Miyanganj and Sumerpur reported less number of IUCD insertion amongst all other blocks of Unnao district.

Among Oral pills and Emergency Contraceptives, most of the women opted for oral pills in the district. Fatehpur block distributed the maximum number of Oral pills (269). Total 12638 emergency contraceptives have been distributed in all blocks of the district. Condoms distribution was not satisfactory in the district with a total number of 14830 condoms distributed in 2017-18. The distributions of condoms in blocks were more than 50 percent in the district from the set target. Safipur (1272) and S.Sirosi (1085) reported the highest number of condom distribution from the set target of 1755 and 2430 respectively.

Table 13: Family Planning achievement in Unnao, 2017-18

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	M	F	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Ganjmuradabad	820	0	111	2210	858	885	108	-	1439	1500	694
Bangermau	980	0	160	2625	699	1015	165	-	1300	1860	1078
Fatehpur-84	855	0	100	2295	527	855	269	-	500	1615	755
Safipur	930	0	165	2495	963	960	101	-	855	1755	1272
Aurass	784	2	194	2090	573	805	95	-	70	1465	933
Miyaganj	955	0	121	2570	424	995	85	-	112	1810	616
Hasanganj	1025	0	129	2755	563	1065	116	-	372	1940	704
Nawabganj	970	1	230	2615	801	1010	247	-	429	1840	956
S. Sarosi	1280	0	214	3455	729	1335	145	-	1150	2430	1085
Bichhiya	950	0	173	2545	775	985	120	-	1131	1730	1024
Achalganj	1105	1	194	2990	761	1155	123	-	1100	2105	951
Asoha	816	0	135	2195	785	845	164	-	691	1510	853
Purwa	835	2	120	2245	847	865	165	-	1200	1580	1077
Hilauli	980	0	121	2630	674	1015	165	-	1376	1850	985
Bighapur	825	2	119	2225	578	860	127	-	300	1565	647
Sumerpur	895	0	107	2410	529	930	101	-	613	1695	700
DWH	771	1	110	2070	198	802	102	-		1456	500
Total	15776	9	2503	42420	11284	16382	2398	0	12638	29706	14830

Source: CMO Office, Unnao, 2018

6. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

Quality of health care services is essential for the smooth functioning of the public health sector as well as the dignity and comfort of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates an and promotion of healthy behaviour. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable. Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is “Infection control” and “Health Care Waste Management”.

6.1. HEALTH CARE WASTE MANAGEMNT

Colour-coded bins were observed in all the facilities across the district. Against a total of 9 CHCs in the district, only 1 CHCs have bio-medical pits whereas the required number is 18 pits for 9 CHCs and 14 pits in 7 PHCs i.e. two pits at each facility as per IPHS standards. Table 14 shows a broad status of Health care waste management in Unnao.

Table 14: Status of Technical Quality in Health Facilities, Unnao, 2017-18

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	**0**	**1**	**0**
No. of facilities having color coded bins	**2**	**6**	**6**
Outsourcing for bio-medical waste	**Yes**	**yes**	**Yes**
If yes, name company	**MPCC**	**MPCC**	**MPCC**
How many pits have been filled	**0**	**0**	**0**
Number of new pits required	**0**	**18**	**14**
Infection Control			
No. of times fumigation is conducted in a year	**Quarterly**	**-**	**-**
Training of staff on infection control	**No**	**No**	**No**

Source: CMO Office, Unnao, 2018

With regards to fumigation practices in the district, record for fumigation of OTs was not kept or maintained. The staff showed hesitation when asked about the conduction of fumigation rounds in the facility. Due to shortage of medical consumables, particularly, gloves, re-use of the same were also reported. The OT walls were damp in all the facilities visited in the district. Infection control needs prime focus. Although all facilities had autoclave, there was no separate staff to handle sterility specifically. Regular maintenance of autoclaves was also not observed.

Figure 7.Color-coded bins at PHC, Unnao

In addition, Annual Maintenance Contract (AMC) records for autoclaves were also not recorded and maintained at any health facility. Standard norms and procedures required for the fumigation should be maintained at regular intervals.

Biomedical waste management system is taken care by MPCC in Unnao district on alternate days. District women hospital has an open dumping ground which is a disputed land between the Nagar Nigam and District Hospital. No one was taking the responsibility of cleaning the premise for maintaining the clean healthy environment.

Figure 8.Waste dumping ground in the premises of DWH, Unnao

7. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community. IEC materials play a crucial role in generating awareness and promoting healthy behavior.

All IEC material hoardings, posters and citizen charter charts were properly displayed in all the facilities visited except for the sub-center Dostinagar. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major

schemes like JSY, JSSK, Immunization, Referral Transport, etc. Figure 10 shows few of the IEC materials cited by the team during visits to various health facilities.

Figure 9.IEC Material displayed at district hospital in Unnao, 2017-18

8. COMMUNITY PROCESS

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors.

The broad working status of ASHAs is highlighted in Table 15. At present, a total of 2574 ASHAs are working in the district. About 291 ASHAs were trained in the last financial year 2017-18. Around 1250 ASHAs were trained in digital literacy. About 24 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. However, this aspect was reported to be a common problem as ASHAs reported to that they did not receive replenishment drugs kit from the last few months. With respect to training, all ASHAs have received training in SBA, NSSK, IUCD insertions, etc. ASHAs are critical frontline workers who have enabled improved access to health care services and have also

facilitated behavior change at the community level. ASHA workers reported an absence of a strong grievance redressal system which hinders their motive and performance.

Table 15: Details of ASHA Workers in Unnao, 2017-18

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	**2574**
Positions vacant	**49**
Total number of meeting with ASHA (in a Year)	**24**
Total number of ASHA resource centers/ ASHA Ghar	**0**
Drug kit replenishment	**129**
No. of ASHAs trained in last year	**291**
ASHA's Trained in Digital Literacy	**1250-IYCF Training**
Name of trainings received	**1)Induction Training 2)IYCF Training 3)HBNC R-3 training Module 6-7**

Source: CMO Office, Unnao, 2018

9. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is one of the major vision of NHM. The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System. In Unnao, a total of 17 AYUSH health centres were reported in the entire district. During visit to the facility AYUSH doctor were available at every AYUSH centre, in fact, there were a total of 34 AYUSH doctors working in the entire district. For the financial year 2017-18, 168452 patients received AYUSH treatments in Unnao district (Table 16 shows the same).

Table 16: Status of AYUSH in Unnao, 2017-18

District	**No. of facilities with AYUSH health centers**	**No. of AYUSH Doctors**	**No. of patients received treatment**
Unnao	17	34	168452

Source: CMO Office, Unnao, 2018

10. DISEASE CONTROL PROGRAMME

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

10.1. COMMUNICABLE DISEASES

Table 17 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases reported for the disease was that of Dengue.

Status of communicable diseases in Unnao is shown in figure 10. As observed the incidence of Dengue has significantly decreased to 38 cases in 2017-18, as against the highest recorded number of cases (122) in 2016-17. Number of detected cases for Malaria decreased to 28 in 2017-18, from 33 cases in 2016-17. Only 2 Influenza cases have been reported in 2016-17, however the number drastically increased to 38 cases in 2017-18. Four cases of Japanese Encephalitis were also reported in Unnao in 2017-18. Cases of Filariasis have decreased by 19 in numbers in year 2017-18, against 28 cases in year 2016-17.

Table 17: Status of Communicable diseases in Unnao, 2016-2018

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	-	**33**	-	**28**
Dengue	-	**122**	-	**38**
Typhoid	-	-	-	-
Hepatitis A/B/C/D/E	-	-	-	-
Influenza	-	**2**	-	**38**
Tuberculosis	-	-	-	
Filariasis	-	**28**	-	**19**
Japanese encephalitis (JE)	-	**0**	-	**4**
Others, if any	-	-	-	-

Source: CMO Office, Unnao, 2018

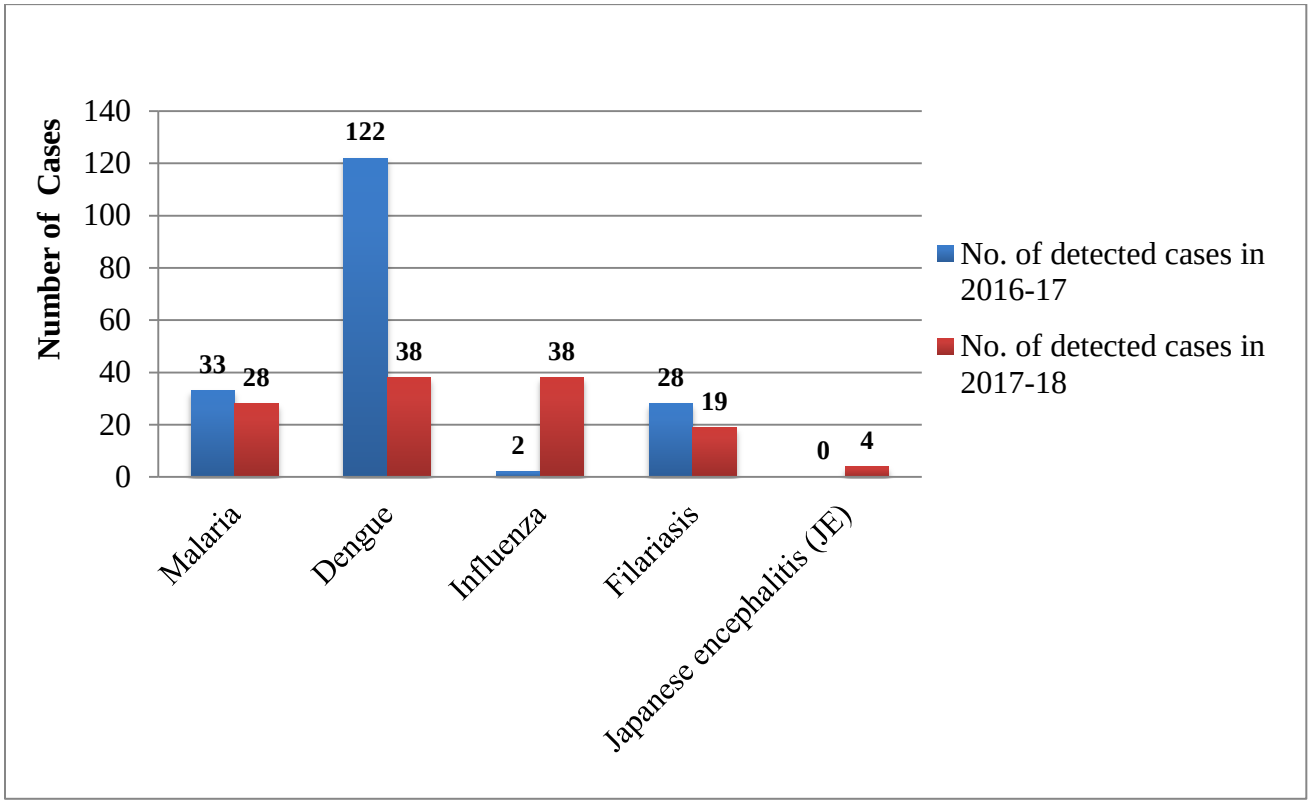


Figure 10.Status of Communicable Disease in Unnao 2017-18

10.2. NON-COMMUNICABLE DISEASES

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

Table 18 shows the status of NCDs in Unnao for the years 2016-17 and 2017-18. The incidence of hypertension remains the highest in both the years, although, the number of cases decreased from 5293 in 2016-17 to 4292 in year 2017-18. While 1908 cases of mental health were detected in 2016-17, and the number of cases (4504) drastically increased in one year 2017-18. Similarly the cases of heart disease have also reported to be also increased from 596 to 1255 within a year. Similarly 2017 cases of diabetes were detected in year 2016-17, and the number has increased to 2286 in the year 2017-18.

Table 18: Status of Non-Communicable Diseases in Unnao, 2017-18

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	-	-	-	-
Mental Health	-	**1908**	-	**4504**
Diabetes	-	**2017**	-	**2286**
Hypertension	-	**5293**	-	**4292**
Osteoporosis	-	**0**	-	**0**
Heart Disease	-	**596**	-	**1255**
Obesity	-	**0**	-	**0**
Cancer	-	**0**	-	**0**
Fluorosis	-	-	-	-
Chronic Lung Disease	-	**3284**	-	**2502**
Others, if any	-	**0**	-	**0**

Source: CMO Office, Unnao, 2018

Figure 11 shows the status of non-communicable disease in Unnao district. Over a year, there has been an increase in the number of cases detected.

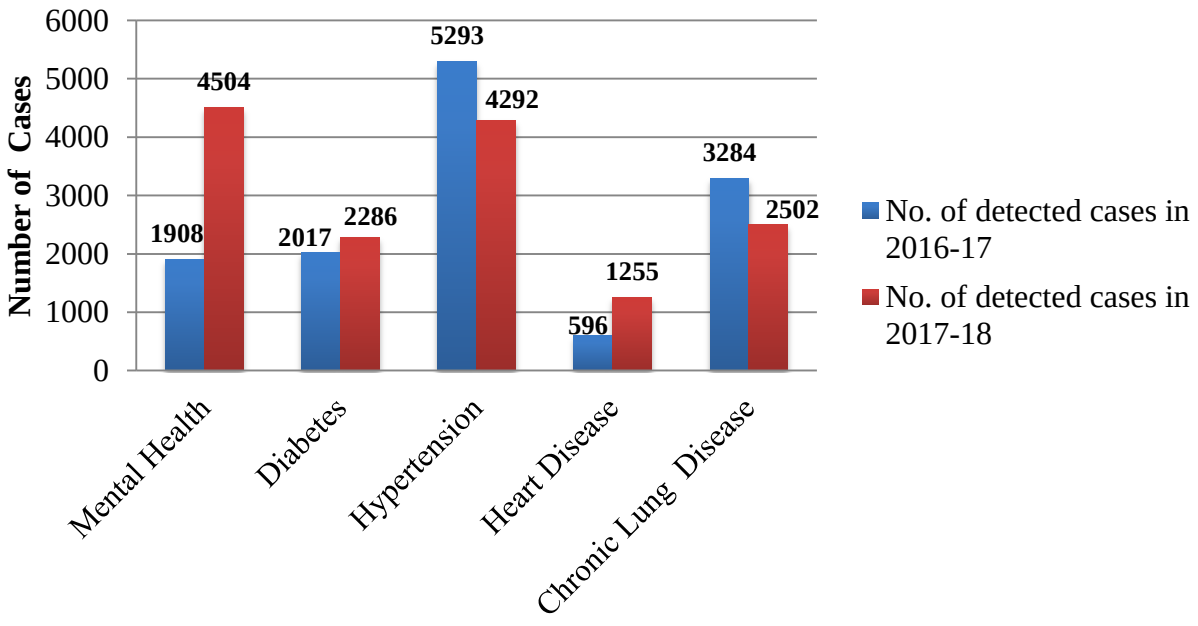


Figure 11: Status of major Non-communicable diseases in Unnao, 2017-18

11. HEALTH MANAGEMENT INFORMATION SYSTEM

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making. As per the observations of the monitoring team, HMIS data feeding is the major problem in the district with errors and multiple entries. Data entry operators/statisticians etc. were not available at the health facilities. It was observed that paramedical staff was mostly allotted to complete the task of data feedings which leads to errors in data punching. It was further observed that the validation and error correction were not being considered before reporting and uploading the data. Network connectivity was another issue. Table 19 shows the status of HMIS/MCTS for the year 2017-2018.

Table 19: HMIS/MCTS Status in Unnao, 2017-18

Parameters	Remarks
Is HMIS implemented at all the facilities?	**Yes**
Is MCTS implemented at all the facilities?	**Yes**
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	**No**
Do programme managers at all levels use HMIS data for monthly reviews?	**No**
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates?	**Yes**
Is the service delivery data uploaded regularly?	**Yes**
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	**Yes**
Is HMIS data analyzed and discussed with staff at all levels for necessary corrective action to be taken in future?	**Yes**

Source: CMO Office, Unnao, 2018

12. BUDGET UTILISATION

The budget utilization summary for Unnao district by the five NHM flexipools and their major components is presented in Table 20. The maximum part of the budget accrues to RMNCH+A flexipool. The construction of a 30 Health and Wellness centers in the district have commenced in the year 2017-18, which is a boost to health care infrastructure of the district as well as to the National Programme for the Healthcare of the Elderly (NPHCE). Scheme/ Programme wise fund allocation and utilization have been shown in the table below.

Table 20: Budget Utilization Parameters, Unnao, 2017-18

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**	**101739239.71**	**77800017**
13.1.1	Maternal Health	**50745855**	**50623457**
13.1.2	Child Health	**1751000**	**193594**
13.1.3	Family Planning	**9769940**	**3123763**
13.1.4	Adolescent Health/RKSK	**90000**	**14300**
13.1.6	Immunization	**16986015**	**8112725**
13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services	**11195750**	**5481340**
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	**1004599**	**850148**
13.3.2	National Vector-Borne Disease Control programme	**5181985**	**258875**
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)	**6564083**	**2257400**
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	**0**	**0**
13.4.3	National Tobacco Control Programme (NTCP)	**2621111**	**336000**
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	**12859534**	**6117640**
13.5	**Infrastructure**		
13.5.1	Infrastructure	**0**	**0**
13.5.2	Maintenance	**0**	**0**
13.5.3	Basic training for ANM/LHVs	**0**	**0**

Source: CMO Office, Unnao, 2018

13. FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities in Unnao are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc, along with the observations made during the visit to the different facilities in the Unnao district.

13.1. UMA SHANKAR DIKSHIT SANYUKT DISTRICT WOMEN HOSPITAL UNNAO

Figure 12.Female District Hospital Unnao

The primary catchment population of District Women Hospital is around 31,00,000. During the visit of monitoring team at the district hospital of Unnao, it was observed that the facility had an average OPD load of approximately 500 patients per day. Table 21 displays the service delivery indicators of the hospital. While the following observations were made by monitoring team:

- The 60 bedded district hospital was overcrowded. It was reported that, sometimes they had to adjust two patients on one bed.
- The hospital had daily OPD around 400 to 500 patients. In case of emergencies if specialized doctors were not available then the women patients were referred to the male hospital.
- Kitchen under JSSK was well maintained in the hospital premises and outsourced.
- The district hospital had their own well maintained laundry facility with good equipment within the hospital premises.
- It was reported that monthly on average around 500 deliveries were conducted in the hospital i.e. 20 to 25 deliveries per day.
- The facility conducted approximately 100 out of 500 C-Section deliveries were performed in a month.
- About 82 percent JSY payments were released within 1 week time.
- Mothers were advised to stay for 48 hours after the child birth and were provided with diet free of cost. However JSY payments weren't made before discharged. Such payments were initiated through PFMS.
- No ARSH & RKSK clinic have been established in the entire district. Counseling of adolescent is taken care by RBSK team and ANM.
- The district hospital had 1 AYUSH doctor (Homeopathic) who had reported shortage of medicine supply.
- There has been a shortage of basic medicine like PCM. The shortage of medicine was due to supply chain issue because supplies were not sending small amount of medicine which they reported that it will reduce their profit margin and also increase the courier charges or handling charges.
- There were higher numbers of Medical Termination of Pregnancy (MTP) reported at the female district hospital.
- Permanent family planning methods were less adopted by the patients. In the last financial year only 9 vasectomies were reported. For female sterilization, women were

forced not to get tubectomies done, and also avoid the family planning methods like PPIUCD.

- Under the modern family planning programme, Antara and Chaya methods were adopted effectively and in some area Antara dosage has reached its 3rd dose successful.
- The district women hospital has 7 Gynaecologist, 2 LMO, 9 staff nurses' (permanent), 8 staff nurses from NRHM and 15 staff nurses from UPHSSP.
- Bio Medical Waste is disposed by MPCC Ltd. on daily basis.
- The walls of the wards as well as Operation theatre/Labour room were severely damp.
- For the promotion of PNC, doctors provided counseling to all the pregnant women after the delivery of the child.
- Some NGOs are playing vital role for promotion of women health, Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), ROTARY Club and Population Service International (PSI) were the NGO's who organized camp and provide some IEC on Breastfeeding, Menstrual Hygiene etc.
- Residential complex was made for all categories of staff but none of the staff resides there due to bad condition of the building. The doctors often use staff residential complex for storage purpose and for keeping junk material.

Table 21 highlights the service delivery indicators of the district hospital. About 851 C-Section deliveries have increased to 981 in year 2017-18 from the previous year 2016-17. In 2017-18, number of admissions in NBSU/SNCUs has decreased as compare to the last year 2016-17.

MTPs are relatively higher in Unnao district. This can be attributed to the fact that the cases of self-induced abortion were on a rise in the district wherein women procure a combination of "Mifoprostone+Misoprost" tablets from outside and in time of eventual complications they rush to the facility, where they are treated with pregnancy complications.

Table 21: Service Delivery at District Hospital Unnao, 2016-18

Service Utilization Parameter	2016-17	2017-18
OPD	85480	100862
IPD	12214	17542
Total deliveries conducted	5795	6458
No. of C section conducted	851	981
No. of neonates initiated breast feeding within one hour	23	26
No of admissions in NBSUs/ SNCU, whichever available	1744	1277
No. of pregnant women referred	373	411
ANC1 registration	3442	3992
ANC 3 Coverage	5640	6280
No. of IUCD Insertions	570	460
No. of PPIUCD Insertion	818	718
No. of children fully immunized	1182	1388
No. of children given Vitamin A	1115	1322
Total MTPs	1956	1936
Maternal deaths	2	3
Still births	181	110
Neonatal deaths	7	131

Source: CMO Office, Unnao, 2018

13.2. COMMUNITY HEALTH CENTER (FRU) NAWABGANJ, UNNAO

Figure 13.CHC (FRU) Nawabganj, Unnao

The Community Health center (CHC) is situated in Nawabganj and has been recently granted the FRU Status. The facility provides basic secondary care such as general medicine, OBG, Orthopedics, Dental, ENT, Ophthalmology, etc. Test facilities such as Ultrasound, X-Ray and Physiotherapy facilities are also available at this health facility.

The following observations were made by the monitoring team:

- The facility cover the catchment population of more than 200000 and heads 21 sub centers out of which 3 are situated in the rented building.
- This CHC is 30 bedded facility with 350 OPD daily. This facility does not conduct C-Section operation due to non-availability of Gynecologist.
- The staff availability at the facility was 2 MOI, 5 Staff Nurse, 1 pediatrician and 1 family planning counselor.
- Satisfactory JSY status has been observed at the facility were 90 percent of payments were made timely to the beneficiaries and ASHAs.
- This facility Community Health Centre (FRU) reported 5 maternal deaths in last financial year 2017-18.
- Transport facility was availed by many beneficiaries as the facility had 2 ambulance of 108 service and 4 ambulance of 102 service which was within reach on the helpline numbers.
- Shortage of basic medicine in RBSK Programme was also reported by staff members.
- Facility has 2 RBSK teams consisting of 5 members each in a team who visited schools on fixed days.
- No RKSK and no ARSH Programme were running at this facility. There was no center for adolescents.
- CHC has 86 percent health coverage in block level.
- With regards to infrastructure CHC needed expansion of building because of extra load of patients. And as this CHC was located near the highway, many accidentals cases were reported on a daily basis.
- Antara and Chaya training has been introduced at this CHC and Antara doses has reached its 2nd round.
- Under this facility there are 140 working ASHAs out of 147 vacancy and 15 ANM and 8 ASHA sanghini.

- All the ASHA's reported to have all equipment's and medicine.
- Cases of still birth were reported by the nursing staff, the probable reason for the still birth may be lack of ANC checkups by pregnant women during the last trimester.
- AYUSH doctors are available at the facility 1 male and 1 female, who reported the shortage of medicine.
- Power backup was available at the CHC with available (Inverter & Generator) in case of electricity failure.
- Facility organized VHND on any 2 days in a week and Suposhan Mela was also organized on every Wednesday.
- A critical manpower problem prevails in the facility with regards to O.T. Technician, drivers and data entry operators.
- ASHA facilitator held regular ASHA meetings and sessions at the facility.
- Shortage of basic drugs like PCM, Iron, and Calcium tablets were also reported to be an issue of concern at the facility.
- Regular fumigation of the O.T. was done and the records were maintained for the same.
- For biomedical waste Management the service were taken care by MPCC who collected waste in every.
- All the IEC material was displayed well in place at the CHC.

13.3. COMMUNITY HEALTH CENTER (NON-FRU) BICHIYA, UNNAO

Figure 14.CHC (Non FRU) Bichiya, Unnao

The primary catchment population of CHC Bichiya is around 200000. The facility is a Kayakalp Awardee for the 2016-17 as a PHC.

The observations made by the monitoring team during the facility visit are listed below:

- The facility has been awarded Kayakalp as a PHC in 2016-17 later updated to CHC because of infrastructure and better facilities.
- In terms of human resource, facility has only 2 MBBS Doctor and no gynecologist. There is a shortage of female staff at this center.
- All the C section and pregnancy related complications are referred to district hospital.
- The cleanliness at the facility was up to the mark and garden was well maintained.
- Record maintenance with regards OPD, IPD, ANC, PNC registers were also proper and completed till the date team visited.

- In terms of essential drug supplies, shortage of basic medicine line PCM, Iron, Calcium tablets were reported.
- The facility reported to have been conducting average of 3 to 4 delivery per day with the help of staff nurses.
- JSY payments were timely made to the beneficiaries and ASHAs with almost 91 percent coverage.
- In terms of JSSK food supply, the facility had outsourced kitchen.
- Family planning methods Antara & Chaya were yet to be launched at this center.
- X-Ray and Ultra Sound machines were required by the doctors which they have been demanding since long ago.
- Funds were optimally utilized by the facility.

13.4. PHC SIROSI, UNNAO

Figure 15.PHC Sirosi, Unnao

The facility is divided into two parts, health center and delivery facility, both situated within the area of 1.2 km. This PHC was reported to be the oldest PHC running. The delivery center for pregnant women is different and for ANC checkups, the building is different. This creates lots of problem for the pregnant ladies who traveled one point to another for availing health facilities.

The primary health center (PHC) Sirosi covers total 156 villages. The primary catchment population of PHC Sirosi is 185779. The observations made by the monitoring team during the facility visit are listed below:

- This facility is functioning in two separate building, one is the 6 bedded delivery point and other is the main and old building of PHC which is located within the reach of 1.2 km.
- The Primary Health Centers (PHC) covers 27 Sub Centers.
- This PHC needs better infrastructures for efficient functioning.
- Three staff nurses were assigned at delivery facility and two at the main PHC.
- PHC has 2 AYUSH doctors, who reported shortage of AYUSH medicine.
- Around 26 ANM, 126 ASHAs are working under this PHC.
- The PHC has 100 to150 OPD on daily basis.
- Around 90 percent JSY payment have been covered under this PHC.
- For immunization coverage, 93 percent of full immunization coverage was achieved at this PHC.
- Collection of BMW is not running proper by Medical Pollution Control Committee (MPCC) with the frequency of 1 or 2 visits in a month.
- Fumigation facility was available at delivery point of facility but not at main building of PHC.
- Public private partnership in terms of NGO's World vision & Alive & Thrive is significantly collaborated in the district with regards to health system strengthening.
- At delivery point 65 to 70 deliveries were reported to be conducted in a month.
- Under JSSK, the diet for the patients has been outsourced.
- Two maternal deaths due to severe Anemia and postpartum hemorrhage were reported at the center.
- This PHC has 1 Ambulance for 108 services and 1 for 102 services available at helpline numbers.

- Health camps were organized by doctors at PHC level.
- Shortages of drugs were reported at the main PHC facility.
- Shortages of vaccines for new born babies were reported at the delivery facility of the PHC.
- The facility has no color coded bins.
- For HMIS data feeding,14 portals were handled by one data operator increasing the chance of error in data feeding and punching
- Data validation was suggested to the data entry operator.
- Display of IEC was less at the main PHC facility.
- Electricity failure is often reported at this center although the facility has solar panel but it is not good enough for the cold chain and other uses. They also have generator but it required proper connection. Sometimes generator is used to charge the solar cells. Power backup was also not available at delivery facility.
- Two Radiant warmer were available at this facility but were kept in bad condition and were not in use.

13.5. SUB CENTER DOSTINAGAR, UNNAO

Figure 16.Sub Center Dostinagar Unnao

Sub Center Dostinagar comes under S.Sirosi block. The primary catchment population of this facility is around 8526. As per discussion with ANM, the facility functional on only 2 days in a

week (Wednesday & Friday). Very few people visit this SC for treatment because it is situated far from the main village. The observation made by monitoring team during field visit to this Sub Center is mentioned below:

- The SC building was not in a good condition and approach to this center was difficult as building was not maintained.
- ANC registration declined beyond 2nd ANC checkups. This was probably because pregnant women shift to their maternal house for delivery of baby, due to which follow-ups do not take place.
- About 7200 sanitary pads were distributed at this sub center in last year 2017-18, which were given to the school going girls via Khand Shiksha Adhikari. On other hand ASHA workers complained about not getting sanitary napkins for distribution to the adolescent girls.
- Near this sub center water logging can be seen with mosquito larva floating in a small pond located in back and front side of the SC. There was no provision for fumigation.
- No IEC material was displayed at the center; moreover the name of the sub center was also washed away by the rain, thus depicting the poor maintenance of SC building.
- There was no provision of drinking water. SC had one hand pump which was not working.
- The facility has no electricity and no Power back up.
- In the last financial year this facility has utilized 5000 rupees of untied funds but maintenance at the SC was hardly seen.

13.6. SUB CENTER RAUKARNA, UNNAO

Figure 17.Sub Center Raukarna Unnao

Sub Center Raukarna comes under S.Sirosi block. The population coverage of this facility is around 11353. The observation made by monitoring team during field visit to this Sub Center is mentioned below:

- This SC is one of the 21 accredited SC but still no delivery was conducted since last 10 years.
- ANM has been working at this center since long time. Although the ANM is trained in conducting deliveries but she is less active in promoting deliveries at this sub center. Moreover as this SC is located near to DH, women prefer going to bigger hospital to avoid any delivery related complications.
- Three home deliveries were also reported from this village in month of July due to urgency.
- SC was well cleaned and had enough equipment to perform delivery.
- SC had Autoclave but not in use since last 10 years.
- On every Wednesdays and Saturdays health camps were organized in the village.
- No maternal and infant deaths were reported in last financial year.
- ANM has been only performing Copper T insertion at this SC.
- No issues were reported with regards to the procurement of untied funds. Rupees 8000 utilized from the total allocated untied funds from rupees 10000 in the last financial year 2017-18.

14. CONCLUSION AND RECOMMENDATION

This report explains the Monitoring and Evaluation findings of the Unnao District of Uttar Pradesh. The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team carried out the field visits to various health care facilities of the district for quality checks and further improvement of the different components of NHM. The following healthcare facilities in Unnao district of Uttar Pradesh was visited for Monitoring & Evaluation: Pandit Uma Shankar Dikshit Sanyukt Female District Hospital, Unnao, CHC (FRU) Nawabganj, CHC (Non-FRU) Bichiya, PHC Sirosi, SC Dostinagar and SC Raukarna. A summary of our findings in the district is presented below:

Infrastructure and facility wise the district had 4 FRUs, 9 CHCs, 7 PHCs and 356 SCs. With respect to transport facility, the district had 26 ambulances of 108 services and 43 ambulances of 102 services and 2 ALS transport facility. All the facilities were running at the government building except for 32 SCs which are functioning at rented building. The District had an OPD patient load as high as 2199286 in number in the year 2017-18 as against 71111 IPD Patients.

Regarding Maternal Health, women who delivered at an institutional facility received JSY Payments and 99 percent of these women were bought by ASHA which highlights their active role in emphasizing institutional deliveries. About 89.2 per cent of deliveries were institutional. About 4.8 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 91 per cent of the newborns were breast fed within 1 hour of delivery while 93 per cent of newborns were weighed at birth. Transport facility has been reported to be functioning well in the district. Response time of the ambulance service for 108 and 102 was reported within 21 minutes. This is probably one of the reasons for increase in institutional deliveries in Unnao District. The numbers of beneficiaries availing transport from home to facility were 52535 as against 55857 beneficiaries who availed transport entitlement facility to home. It was also observed from the visits and interaction with the beneficiaries that none of the beneficiaries reported any out of pocket expenditure on drugs. It is also significant to report that the district reported 77 maternal deaths which occurred in the last financial year owing to sepsis and other causes. About 48 of these deaths occurred in transit. The higher incidences of MTP were also reported observed in the district. Further, staff quarters available at the District level health facility were of very detroited condition. Fumigation in certain facilities was not done on regularly bases.

Regarding child health, about 128 neonatal deaths were reported in the last financial year. Prematurity and Asphyxia were reported to be the prime reason for the neonatal deaths. Female sterilization was reported to be prominent family planning method. Male sterilization was very less adopted in comparison to female sterilization.

All the blocks have AYUSH health centre, AYUSH medicines were reported to be sufficient in numbers. With respect to Non-communicable diseases, like mental health, hypertension and heart disease have detected higher in number in the year of 2017-18. Regarding collection of BMW, all the facilities reported delay in collection of BMW. Fumigation were less carried out at almost all the facility.

RECOMMENDATIONS

Based on the monitoring the following recommendations for improving the service delivery in the district are made-

- The PHCs and CHCs should perform all basic Emergency Obstetric Care (EmOC) while the FRUs and district hospitals should provide comprehensive EmOC on a 24-hour x 7-day basis.
- Promotion and importance of ANC services should be promoted at all facility level to curb the incidences of maternal mortality.
- Basic services like provision of power supply and running water supply at all the Sub-centers located across the remote areas of the district are needed to be strengthened.
- Sterilizers/autoclave should be provided at sub-centers. Also drugs to manage obstetric emergencies should be made available at sub-centers on regular basis.
- IEC activities at SC and PHC/CHC are also needed to be strengthened.
- It is recommended that ARSH and RKSK clinic should be made functional.
- Facility based care for the sick new born must be strengthened as it will be an investment in child health infrastructure which will thereby add a boost to the public health infrastructure in the district.
- There is a need for coordination between data entry operators at district level and block level especially for data validation at all facility level. Training with respect to HMIS data reporting as well as transfer of beneficiaries' entitlements via DBT and/or PFMS is essential and recommended.

15. ANNEXURES

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. Detail of demographic & health indicators for the last financial year

No. of Blocks	
No. of Villages	
Population (2011)	
Literacy Rate	
Sex Ratio	
Child Sex Ratio	
Density of Population	

Health Indicators	Number	Percentage/Ratio
NMR		
IMR		
U5MR		
MMR		
TFR		
Fully immunized children		
ANC Registration in the first trimester		
Full ANC		
Safe Deliveries(Institutional+SBA attended home deliveries)		
Institutional Deliveries		
No of women received PNC checkups within 48 hours		

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			

CHC			
PHC			
Sub Centre			
Mother & Child Care Centers			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	**Number available**	**Number functional**	**Remarks**
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynecologists			
Pediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			
Data Entry Operators			
Any other, please specify			

4.1. Training status of Human Resource in the last financial year

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						
LHV/PHN						

* Note- Fill number of officials who have received training

4.2. Training status of Human Resource in the last financial year

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
MO					
LMO					
Staff Nurses					
ANM					
LHV/PHN					
Lab technician					
ASHA					
Other					

* Note- Fill number of officials who have received training

4.3 Whether received any letter from the district/state informing about the trainings, if yes then for which trainings?

.....
.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

5.2 Block wise service delivery indicators of Post Natal Care (PNC) in the last financial year

Block	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery

5.3 Block wise service delivery indicator in the last financial year

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			

Note- Please include the data for Medical College and DH

5.4. Status of JSY Payments in district in the last financial year

Status of payments for (in per cent)			Record maintenance		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated	Non updated

5.5. Block wise JSSK Progress in district in the last financial year

Block	No. of Beneficiaries under JSSK			District Total =		
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home

5.6. Maternal Death Review in the last financial year

Total Maternal	Place of Deaths	Major	Month Of pregnancy

Deaths	Hospital	Home	Transit	Reasons (% of deaths due to reasons given below)	During pregnancy	During Delivery	Post Delivery
				Hemorrhage- Obstetric Complications- Sepsis- Hypertension- Abortion- Others-			

6.1. Child Health: Block wise Analysis of immunization in the last financial year

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		

6.2. Child Health: Detail of infrastructure & Services under Neonatal Health, in the last financial year

	Numbers	whether established in last financial year (Yes/No)
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year

Total	Treatment Outcome	Total	Treatment Outcome

neonates admitted in to SNCU	Discharge	Referred	Death	LAMA*	neonates admitted in to NBSU	Discharge	Referred	Death	LAMA *

Note- * Leave against medical advise

6.4. Neonatal Health: (SNCU, NRCS & CDR) in the last financial year

Total Death	Place of Death			Major Reasons for death (% of deaths due to reasons given below)
	Hospital	Home	Transit	
				Prematurity- Birth Asphyxia- Diarrhea- Sepsis- Pneumonia- Others-

6.5. Rashtriya Bal Swasthya Karyakram (RBSK), Progress Report in the last two financial years

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2017-18									
2016-17									

7. Family Planning Achievement in District in the last financial year

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*	

*Achievement

9. RKSK Progress in District in the last financial year

Block	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anemia	Any Anemic		

10. Quality in health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having color coded bins			
Outsourcing for bio-medical waste			
If yes, name company			
How many pits have been filled			
Number of new pits required			
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control			

11. Community process in District in the last financial year

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	**1)** **2)** **3)**

11.1 Disease control programme progress District (Non-Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				
Chronic Lung Disease				
Others, if any				

11.2 Disease control programme progress District (Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
japanese encephalitis				
Others, if any				

12. AYUSH progress District in the last financial year

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment

13. Pool Wise Budget Heads Summary

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool		
PART II	NUHM Flexipool		
PART III	Flexipool for disease control programme		
PART IV	Flexipool for Non-Communicable Dieases		
PART V	Infrastructure Maintenance		

13.1. Budget Utilisation Parameters:

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		
13.1.6	Immunization		

13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services		
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	**Infrastructure**		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

14. HMIS/MCTS progress District in the last financial year

HMIS/MCTS progress, 2017-18		
HMIS/MCTS		**Remarks**
Is HMIS implemented at all the facilities	Yes ☐ No ☐	Yes
Is MCTS implemented at all the facilities	Yes ☐ No ☐	Yes
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	Yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	Yes
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates	Yes ☐ No ☐	Yes
Is the service delivery data uploaded regularly	Yes ☐ No ☐	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	Yes

Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	Yes
Source: CMO Office, , 2018		

DH level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of DH: _____

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit:_____

Date of visit: _____ Name& designation of monitor:_____

Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quarters for MOs	**Y**	**N**	
1.5	Staff Quarters for SNs	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	

1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.16	Functional SNCU	**Y**	**N**	
1.17	Clean wards	**Y**	**N**	
1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Burn Unit	Y	N	
1.23	Availability of complaint/suggestion box	**Y**	**N**	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	Rogi Sahayta Kendra/ Functional Help Desk	**Y**	**N**	

Section II: Human Resource as on March 31, 2018:

S. no	Category	Sanctioned	In-position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Nutritionist			
2.15	Dental Surgeon			

2.16	Others			

Section III: Training Status of HR in the last financial year:

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	

4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	
4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	Functional Autoclaves (H or V)	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	
4.6a	Functional Ultrasound Scanners	**Y**	**N**	
4.7a	Functional C.T Scanner	**Y**	**N**	
4.8a	Functional X-ray units	**Y**	**N**	
4.9a	Functional ECG machines	**Y**	**N**	

Section V: Essential Drugs and Supplies:

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	***Y***	***N***	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	

5.7	Zinc tablets	*Y*	*N*	
5.8	Inj Magnesium Sulphate	*Y*	*N*	
5.9	Inj Oxytocin	*Y*	*N*	
5.10	Misoprostol tablets	*Y*	*N*	
5.11	Mifepristone tablets	*Y*	*N*	
5.12	Availability of antibiotics	*Y*	*N*	
5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	Adequate Vaccine Stock *available*	*Y*	*N*	
S. No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	*Y*	*N*	
5.18	Urine albumin and sugar testing kit	*Y*	*N*	
5.19	OCPs	*Y*	*N*	
5.20	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S. No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	Blood sugar	**Y**	**N**	
6.5	RPR	**Y**	**N**	
6.6	Malaria	**Y**	**N**	
6.7	T.B	**Y**	**N**	
6.8	HIV	**Y**	**N**	
6.9	Liver function tests(LFT)	**Y**	**N**	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	**Y**	**N**	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.16	Functional blood bag refrigerators with chart for temp. recording	**Y**	**N**	
6.17	Sufficient no. of blood bags available	**Y**	**N**	
6.18	Check register for number of blood bags			

	issued for BT in last quarter		

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure			
7a.2	Annual maintenance grant			

Section VII B: Service delivery in post natal wards:

S. No	*Parameters*	*Yes*	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	**Y**	**N**	
7.2b	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	

7.3b	Counselling on Family Planning done	**Y**	**N**	
7.4b	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5b	JSY payment being given before discharge	**Y**	**N**	
7.6b	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

S. No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to	**Y**	**N**	

	the health facility			
10.2	Citizen Charter	**Y**	**N**	
10.3	Timings of the health facility	**Y**	**N**	
10.4	List of services available	**Y**	**N**	
10.5	Essential Drug List	**Y**	**N**	
10.6	Protocol Posters	**Y**	**N**	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
11.1	Regular Fogging (Check Records)	**Y**	**N**	
11.2	Functional Laundry/washing services	**Y**	**N**	
11.3	Availability of dietary services	**Y**	**N**	
11.4	Appropriate drug storage facilities	**Y**	**N**	
11.5	Equipment maintenance and repair mechanism	**Y**	**N**	
11.6	Grievance Redressal mechanisms	**Y**	**N**	
11.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for District Hospital Level

1. What are the measures being taken or planned for Infection control, bio medical waste management at all facility levels and how IEC is beneficial for health demand generations (MCH, FP related IEC, services available, working hours, EDL, phone numbers etc)?
   .....
   .....
   .....

2. What are the common infrastructural and HR problems faced by the facility?
   .....
   .....
   .....

3. Do you face any issue regarding JSY payments in the hospital?
   .....
   .....
   .....

4. What is the average delivery load in your facility? Are there any higher referral centres where patients are being referred?

.....

.....

.....

FRU level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of FRU: _____**

Catchment Population: _____ **Total Villages: _____** **Distance from Dist HQ: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**

Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quarters for MOs	**Y**	**N**	
1.5	Staff Quarters for SNs	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner*(functional radiant warmer with neo-natal ambu bag)*	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.16	Functional SNCU	**Y**	**N**	
1.17	Clean wards	**Y**	**N**	

1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Availability of complaint/suggestion box	**Y**	**N**	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource as on March 31, 2018 :

S. no	Category	Sanctioned	In-Position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Others			

Section III: Training Status of HR:

(*Trained in Last year)

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		

3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	**Equipment**	**Yes**	**No**	**Remarks**
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Emergency Tray with emergency injections	**Y**	**N**	
4.12	MVA/ EVA Equipment	**Y**	**N**	
4.13	Functional phototherapy unit	**Y**	**N**	
	Laboratory Equipment			
4.1a	Functional Microscope	**Y**	**N**	
4.2a	Functional Hemoglobinometer	**Y**	**N**	
4.3a	Functional Centrifuge	**Y**	**N**	
4.4a	Functional Semi autoanalyzer	**Y**	**N**	
4.5a	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies:

S.No	**Drugs**	**Yes**	**No**	**Remarks**
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	

5.4	IFA syrup with dispenser	*Y*	*N*	
5.5	Vit A syrup	*Y*	*N*	
5.6	ORS packets	*Y*	*N*	
5.7	Zinc tablets	*Y*	*N*	
5.8	Inj Magnesium Sulphate	*Y*	*N*	
5.9	Inj Oxytocin	*Y*	*N*	
5.10	Misoprostol tablets	*Y*	*N*	
5.11	Mifepristone tablets	*Y*	*N*	
5.12	Availability of antibiotics	*Y*	*N*	
5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	Adequate Vaccine Stock *available*	*Y*	*N*	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	*Y*	*N*	
5.18	Urine albumin and sugar testing kit	*Y*	*N*	
5.19	OCPs	*Y*	*N*	
5.20	EC pills	*Y*	*N*	
5.21	IUCDs	*Y*	*N*	
5.22	Sanitary napkins	*Y*	*N*	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Pads, bandages, and gauze etc.	*Y*	*N*	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Others , pls specify	Y	N	
S.No	**Blood bank / Blood Storage Unit**	**Yes**	**No**	**Remarks**
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

*S.*No	*Parameters*	*Yes*	No	Remarks

7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	
7.2a	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counseling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	Action taken on MDR	**Y**	**N**	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks /Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.10	Immunisation Register				

9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	**Y**	**N**	
11.2	Citizen Charter	**Y**	**N**	
11.3	Timings of the health facility	**Y**	**N**	
11.4	List of services available	**Y**	**N**	
11.5	Essential Drug List	**Y**	**N**	
11.6	Protocol Posters	**Y**	**N**	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.8	Immunization Schedule	**Y**	**N**	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
11.10	Other related IEC material	**Y**	**N**	

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of PHC/CHC: _____**
Catchment Population: _____ **Total Villages: _____** **Distance from Dist HQ: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**
Names of staff not available on the day of visit and reason for absence:_____

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	**Y**	**N**	
1.2	Functioning in Govt building	**Y**	**N**	
1.3	Building in good condition	**Y**	**N**	
1.4	Staff Quarters for MOs available	**Y**	**N**	
1.5	Staff Quarters for SNs available	**Y**	**N**	
1.6	Staff Quarters for other categories	**Y**	**N**	
1.7	Electricity with power back up	**Y**	**N**	
1.9	Running 24*7 water supply	**Y**	**N**	
1.10	Clean Toilets separate for Male/Female	**Y**	**N**	
1.11	Functional and clean labour Room	**Y**	**N**	
1.12	Functional and clean toilet attached to labour room	**Y**	**N**	
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.15	Clean wards	**Y**	**N**	
1.16	Separate Male and Female wards (at least by Partitions)	**Y**	**N**	
1.17	Availability of complaint/suggestion box	**Y**	**N**	
1.18	Availability of mechanisms for waste management	**Y**	**N**	

Section II: Human resource as on March 31, 2018:

S. no	Category	Sanctioned	In position	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			

2.7	Others			

Section III: Training Status of HR

(*Trained in Last Financial Year)

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and infant/newborn)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Autoclave	**Y**	**N**	
4.10	Functional ILR and Deep Freezer	**Y**	**N**	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	**Y**	**N**	
4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	

4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	**Y**	**N**	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	
5.9	Inj Oxytocin	***Y***	***N***	
5.10	Misoprostol tablets	***Y***	***N***	
5.11	Mifepristone tablets	***Y***	***N***	
5.12	Availability of antibiotics	***Y***	***N***	
5.13	Labelled emergency tray	***Y***	***N***	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	***Y***	***N***	
5.15	Adequate Vaccine Stock *available*	***Y***	***N***	
S. No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S. No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	**Y**	**N**	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and Sugar	**Y**	**N**	
6.4	Serum Bilirubin test	**Y**	**N**	
6.5	Blood Sugar	**Y**	**N**	
6.6	RPR (Rapid Plasma Reagin)	**Y**	**N**	

6.7	Malaria	**Y**	**N**	
6.8	T.B	**Y**	**N**	
6.9	HIV	**Y**	**N**	
6.10	Others	**Y**	**N**	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

*S.*No	*Parameters*	*Yes*	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	**Y**	**N**	
7.2a	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3a	Counselling on Family Planning	**Y**	**N**	

	done		
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**
7.5a	JSY payment being given before discharge	**Y**	**N**
7.6a	Diet being provided free of charge	**Y**	**N**

Section VIII: Quality parameter of the facility

Through probing questions and demonstrations assess does the staff know how to…

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Correctly administer vaccines	**Y**	**N**	
8.5	Alternate Vaccine Delivery (AVD) system functional	**Y**	**N**	
8.6	Segregation of waste in colour coded bins	**Y**	**N**	
8.7	Adherence to IMEP protocols	**Y**	**N**	

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 1,00,000/50,000-Check % expenditure)			

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	Y	N	
12.2	Functional laundry/washing services	Y	N	
12.3	Availability of dietary services	Y	N	
12.4	Appropriate drug storage facilities	Y	N	
12.5	Equipment maintenance and repair mechanism	Y	N	
12.6	Grievance redressal mechanisms	Y	N	
12.7	Tally Implemented	Y	N	

Qualitative Questionnaires for PHC/CHC Level

1. Population covered by the facility. Is the present infrastructure sufficient to cater the present load?

.....
.....

2. Any good practices or local innovations to resolve the common programmatic issues.
.....
.....

3. Any counselling being conducted regarding family planning measures.
.....
.....

Sub Centre level Monitoring Checklist

Name of District: _____ **Name of Block: _____** **Name of SC: _____**

Catchment Population: _____ **Total Villages: _____** **Distance from PHC: _____**

Date of last supervisory visit:_____

Date of visit: _____ **Name& designation of monitor:_____**

Names of staff posted and available on the day of visit: _____

Names of staff not available on the day of visit and reason for absence : _____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	*Y*	*N*	
1.2	Functioning in Govt building	*Y*	*N*	
1.3	Building in good physical condition	*Y*	*N*	
1.4	Electricity with power back up	*Y*	*N*	
1.5	Running 24*7 water supply	*Y*	*N*	
1.6	ANM quarter available	*Y*	*N*	
1.7	ANM residing at SC	*Y*	*N*	
1.8	Functional labour room	*Y*	*N*	
1.9	Functional and clean toilet attached to labour room	*Y*	*N*	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	*Y*	*N*	
1.11	General cleanliness in the facility	*Y*	*N*	
1.12	Availability of complaint/ suggestion box	*Y*	*N*	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	*Y*	*N*	

Section II: Human Resource as on March 31, 2018:

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2nd ANM			
2.4	Others, specify			
2.5	ASHAs			

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle &Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, pls specify	Y	N	
4.10	Availability of drugs for common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	

Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	Y	N	
5.3	OCPs	Y	N	
5.4	EC pills	Y	N	
5.5	IUCDs	Y	N	
5.6	Sanitary napkins	Y	N	

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/			

	Physically			

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	**Y**	**N**	
8.2	Citizen Charter	**Y**	**N**	
8.3	Timings of the Sub Centre	**Y**	**N**	
8.4	Visit schedule of "ANMs"	**Y**	**N**	
8.5	Area distribution of the ANMs/ VHND plan	**Y**	**N**	
8.6	SBA Protocol Posters	**Y**	**N**	
8.7	JSSK entitlements	**Y**	**N**	
8.8	Immunization Schedule	**Y**	**N**	
8.9	JSY entitlements	**Y**	**N**	
8.10	Other related IEC material	**Y**	**N**	

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ……
   ……
2. Do you get any difficulty in accessing the flexi pool.
   ……
   ……..

3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.

……
……