

NATIONAL RURAL HEALTH MISSION



**A REPORT ON
MONITORING OF IMPORTANT COMPONENTS OF
NRHM PROGRAMME IMPLEMENTATION IN**

NEW DELHI DISTRICT, DELHI

**SUBMITTED TO
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA**



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ACRONYMS AND ABBREVIATIONS

	AMG	Annual Maintenance Grant
	ANM	Auxiliary Nurse Midwife
	AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
	BEMOC	Basic Emergency Obstetric Care
	BMW	Biomedical waste
	BPM	Block Programme Manager
	BSU	Blood Storage Unit
	CATS	Centralized Ambulance Trauma Services
	CDO	Computer Data Operator
	CMO	Chief Medical Officer
	DH	District Hospital
	DPM	District Programme Manager
	ECG	Electrocardiography
	EMOC	Emergency Obstetric Care
	FRU	First Referral Unit
	HMIS	Health Management Information System
	IEC	Information, Education and Communication
	IPD	In Patient Department
	IUCD	Intra Uterine Contraceptive Device
	IYCF	Infant and Young Child Feeding
	JSSK	Janani Shishu Suraksha Karyakram
	JSY	Janani Suraksha Yojana
	LHV	Lady Health Visitor
	LSAS	Life Saving Anaesthetic Skill
	LT	Laboratory Technician
	MCTS	Mother and Child Tracking System
	MMU	Mobile Medical Unit
	MO	Medical Officer
	MoHFW	Ministry of Health and Family Welfare
	NBCC	New Born Care Corner
	NBSU	New Born Stabilization Unit
	OCP	Oral Contraceptive Pill
	OPD	Out Patient Department
	OPV	Oral Polio Vaccines
	PIP	Programme Implementation Plan
	PRC	Population Research Centre
	SBA	Skilled Birth Attendant
	SN	Staff Nurse
	SNCU	Special New Born Care Unit
	VHND	Village Health Nutrition Day

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES


The report is based on the NRHM PIP Monitoring visit in New Delhi district of Delhi. The following healthcare facilities have been visited by the PRC Team: DH (Lady Harding), CHC (Naraina), PHC (Inderpuri and Mahipalpur). The major strengths and weaknesses for the district are as follows:

Strengths

- The physical infrastructure of the facilities was maintained and basic cleanliness was observed in the facilities. Also, there was proper mechanism for bio medical wastes in all the facilities.
- The drug delivery system was available in the facilities. Most of the essential and basic drugs like IFA tablets, ORS and EC pills etc were available in the facilities. A part from this, essential equipments like the BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional.
- JSSK is functioning well in the district. It provides services to beneficiaries including free diet, free medicines, and free transportation for home to facilities and facilities to home after delivery, referral transport and essential medicines for child.
- The mechanisms for disposing biomedical waste are well functioning in the district. The facilities maintain different coloured bins to segregate the waste before disposing them off.
- The IEC displays were maintained properly in the district.. For instance, there were posters for timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on. In fact, all the facilities were good in maintaining IEC.
- The district is able to outbreak N1H1 disease.
- There are 5 disease control programs running in the district. The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district. The district has done outbreak of H1N1 and IDSP.
- The records were well maintained in the registers. The record of labour room, FBNC unit, immunization, ANC, PNC, OPD and IPD were maintained and updates. Though in some cases as observed in the field, the facility data is directly entered in soft copy and then send in the HMIS portal.
- The HMIS data is maintained well in the district. Each facility has format by which data is entered in excel files by CDOs before entering the final data in the portal. Also, most of the time, the data is cross checked by medical officers or other nodal officers in the facility.

Weaknesses

- There is no supply of contingency funds in some facilities that cause problem in providing smooth health services.

- FBNC, blood bank unit and new born baby corner are not functional in all the facilities, even in maternity homes. This cause obstacle in providing effective health care services at maternity home level and leaves lot of scope for improvement.
 - The district has lack of CDOs. It was observed from the field that 1 CDO is placed for 2-3 facilities that cause difficulty to manage data, especially for HMIS data.
 - Also, there is a shortage of human resource is the major obstacle in the district to deliver the health services to people. There is lack of specialists, and staff for disease control programme. This is the major obstacle for the district to provide proper health services.
 - The training status of the district is found to be less for the last financial year. For instance, there was no training conducted for EmoC, BemoC, F-IMNCI, RTI/STI and MTP.
 - The referral transport is needs to be developed more. The district mainly has CATs service and few ambulances. In facilities like Mahipalpur (in village area), the services need more improvement.
 - The payments of JSY are often delayed because some beneficiaries have no account or some do not have identity proofs.
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1. INTRODUCTION

1.1. BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) to monitor and evaluate components of NRHM State Programme Implementation Plan (PIP) 2014-15. It is expected that a timely and systematic assessment of the key components of NRHM can be critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NRHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

- Mandatory disclosures on the state NRHM website
- Components of key conditionalities and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation

PRC Delhi is engaged in quality monitoring of state PIPs in Delhi, Uttar Pradesh, Uttarakhand, Rajasthan, Madhya Pradesh, and Sikkim. This report discusses the M&E findings and observations for New Delhi District of Delhi. Before visiting New Delhi in the month of August 2015, the M&E Team reviewed the Delhi PIP document and prepared, semi-structured interview schedules for district programme managers (DPM), facility staff and beneficiaries. The field visits to health facilities in the district were planned in consultation with the district NRHM officials.

1.2. STUDY APPROACH

The Ministry of Health and Welfare Society has engrossed PRC for monitoring the performance of New Delhi district in providing the health care needs. Based on the performance and problems faced in providing health care services, PRC Delhi Team visited the district in July, 2015. Before visiting health facilities in the New Delhi district, we had session with CDMO, DPM and other district nodal officers of the district. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit at New Delhi. The health care facilities visited to accomplish the objective of the visits are enlisted in table 1. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager.

Table 1: List of visited healthcare facilities in New Delhi, Delhi 2015

Facility Type	Name of the facility
District Hospital (including Medical Colleges)	District Hospital (DH), Lady Harding Medical College
Community Health Centre level	Maternity Home, Naraina
Primary Health centre level	Delhi Government Dispensary, Mahipalpur
Primary Health centre level	Delhi Government Dispensary, Inderpuri

Figure 1: Interaction at facilities, New Delhi district

The Team interacted with key programme officials at District and Block Programme Management Unit (DPMU and BPMU, respectively) in New Delhi and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited other health facilities including Lady Harding Medical College (District Hospital) Maternity Home in Delhi and also interacted with staff and beneficiaries at DGDs in Delhi in the districts. The visit included interviews with the patients admitted in the wards, ASHAs, ANMs, CDOs and nodal medical officers for qualitative information. The Secondary Data was taken from the CDMO office for the district level and respective facilities for the facility level.

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: DELHI AND NEW DELHI

Delhi, a capital territory of India is considered as second populous city with a population of 16,787,941 (Census 2011). The city has more of the urban region and considered as one of the metropolitan city. Its neighbouring cities includes of Gurgaon, Noida, Ghaziabad, Faridabad, Neharpar (Greater Faridabad) and Greater Noida. The geographical map of the state and the study district is presented in Figure 2.

Figure 2: New Delhi district, Delhi



Table 2: Key demographic indicators: All India, Delhi and New Delhi (Census 2011)

Description	India	Delhi	New Delhi
Actual Population (actual unit)	1,21,05,69,573	16,787,941	142,004
Male (actual unit)	62,31,21,843	8,987,326	77,942
Female (actual unit)	58,74,47,730	7,800,615	64,062
Population Growth (%)	17.7	21.21	20.72
Sex Ratio	943	868	822
Child Sex Ratio	NA	871	894
Literacy (%)	73	86.21	88.34
Male Literacy (%)	80.9	90.94	92.24
Female Literacy (%)	64.6	68.85	83.56
Child Proportion (0-6 Age) (%)	13.6	NA	8.99
Boys Proportion (0-6 Age) (%)	13.8	NA	8.64
Girls Proportion (0-6 Age) (%)	13.4	NA	9.40

Source: Census 2011

- Table 2 depicts the demographic indicators of India, Delhi and New Delhi district from Census 2011.
- As per Census 2011, population growth in Delhi 16,787,941 of which 142,004 resides in New Delhi district.
- The male population is relatively higher in Delhi. Similarly, New Delhi has higher number of males at 77,942 males than females at 64,062.

- The sex ratio is 943, 868 and 822 in India, Delhi and New Delhi respectively. The child sex ratio however is relatively higher in the state and the district.
- The literacy rate of Delhi is 86.21 percent and 88.34 percent in New Delhi. Also, the female literacy rate is lower than male literacy rate in both the state and the district.
- Further, as per census 2011, the child proportion in the district was very low at 8.99 percent with 8.64 percent for boys and 9.40 percent for the girls.

1.4. HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: DELHI AND NEW DELHI

Table 3: Key health and health care indicators: India, Delhi and New Delhi

Indicators	India	Delhi	New Delhi
IMR*/*/#	42	25	NA
MMR**/##	212	NA	NA
U5MR**/##	64	NA	NA
Proportion of fully immunized children ##	53.5	67.6	75.7
Proportion of Pregnant receiving any ANC ##	75.1	91.6	91
Proportion of Safe Deliveries##	52.3	71.6	73.4
Institutional Deliveries##	46.9	68.7	70.9
Full ANC##	18.8	33.6	31.4

Note: The data sources are as follows: * SRS September 2013, #AHS 2011-12, ** SRS 2007-09, *** NFHS 2005-06 and ## DLHS 2007-08.

- Table 3 depicts the key health indicators for India, Delhi and New Delhi district.
- It is shown in the Infant Mortality Rate (IMR) of India is 42 and state New Delhi is 25, which is quite good.
- The MMR of India is 212 per 100000 live births which are higher. Also, the U5MR is 64.
- Further, according to the DLHS 3 report, 53.5 percent of the children received full immunization in India and 67.6 in New Delhi. There were 75.7 percent of children fully immunized in New Delhi district.
- In New Delhi, 91.6 percent of the pregnant women received ANCs. It was 91 percent in New Delhi.
- Further, safe deliveries in the state were 71.6 percent and 73.4 percent in New Delhi district.
- The percentage of institutional deliveries is 68.7 percent in the state and 70.9 percent in the district which is higher than the national average.
- Last, full ANC of the state was 33.6 percent and 31.4 percent for the district.

1.5. NEW DELHI DISTRICT: HEALTH INFRASTRUCTURE

- Table 4 shows some of the indicators for health and infrastructure received from the district.
- As observed from the table, the district has 3 sub-divisions including 20 villages.

- As per the district data, the current population of the district is 11, 73,902. Also the density of population is approximately 10000 and below per square kilometres.
- The literacy rate of New Delhi district is 88.01 percent.
- As reported by the district, their sex ratio is 815 per thousand males.

Table 4: Summary of district level information for New Delhi District, 2014-15

No. of Blocks	3 sub-divisions
No. of Villages	20
Population (2011)	1,33,713(current population-11,73,902) after addition of Sub divisions Delhi cantt and vasant vihar in 2013
SC-ST Population (%)	NA
Literacy Rate	88.01%
Overall Sex Ratio	1000:815
Density of Population	10000 & Below per Sq Km

Source: CDMO Office, New Delhi District, 2015

The next section of the report discusses the major observations and key findings from the monitoring visits to the various health facilities in New Delhi. Observations regarding utilization of untied fund and overall utilization of NRHM funds are also discussed by major components of expenditure.

1.6. FACILITY WISE OBSERVATION

District Hospital, Lady Hardinge Medical College

The Lady Hardin Medical College is functioning in the well maintained government building with quarters for medical officers, staff nurses other categories. There is 24*7 water availability and electricity back up.



Figure 3: District Hospital, New Delhi District

- The toilets are separate for male and female and clean and maintained. Also, there is also a clean toilet attached with the labour room.
- The facility has well functional New Born Care Corner, New born stabilization unit, blood bank storage and New Born Care Corner.
- The wards are separate and clean for males and females.
- The biomedical waste mechanism is working well in the hospital. The waste is segregated before it gets dispatched.
- The hospital has inadequate health human resources under NRHM. There is only 1 ANM, CDO and lab technician sanctioned under NRHM in the hospital. There are no NRHM doctors or specialists in the facility, leading to inefficient working of NRHM services in the facility.
- Since there is lack of NRHM human resource, there was no training held for any of the staff last year under NRHM. They need at least 2 medical officers under NRHM.
- Most of the general and OT equipments are found to be well functional in the hospital. There is availability of BP instrument, neonatal and paediatric kit, needle cutter, radiant warmer, foetal doppler, deep freezer, phototherapy unit, anaesthesia machine, ventilators, pulse-oximeters and laparoscopes. But there is no c-arm unit. In addition, major laboratory equipments like microscope, centrifuge, haemoglobin meter, ultrasound scanner, CT scanner and ECG machines are also available.
- However, there is a need for proper functional OT for family planning. The staff has to run down to the general OT that creates some disturbance for smooth functioning of the services.
- It is important to know that though the facility has all major instruments available, but these are all funded by central government and not from NRHM.
- All the essential and important drugs were available and were stored in the facility. The drugs like IFA, vitamin A syrup, ORS, zinc tablets, oxytocin, magnesium sulphate and other like mifepristone tablets were available. But there were no misoprostol tablets available. Also pregnancy testing kits were not available.
- The payments for JSY are often delayed in the hospital. This generally happen because some beneficiaries do not have BPL ration card or SC certification, wherever applicable. In some cases, there is lack of identity proofs that lead to problem of availing JSY.
- Among family planning services, there is high frequency of IUCD and less of minilap. Due to lack of man power including counsellors, the family planning services are not very high.
- The beneficiaries are asked to stay for 48 hours after delivery. But the facility is overloaded with around 900 to 1000 deliveries per month. Due to this, they have to share beds.
- The transport facility is functioning well in the hospital. They have ambulances and in addition, CATS is working well for the facility.
- The IECs are found to be good for the hospital. It includes immunization schedule, JSY, JSSK, communication and non-communicable disease control programme, family planning, diet charts etc.

- The facility has 3-4 cases of still birth every month and 2-3 early neo-natal cases.
- The delivery load of the facility varies between 900 and 1000 per month.
- The average number of c-section deliveries remains 200 per month and 30 high risk pregnancies.
- The equipments are available in the facility but none of them is funded from NRHM.
- The facility has well functional FBNC ward. Most of the children in the ward are observed to be of low birth weight.
- The registers were maintained in the facility. The facility has proper record available for labour room, immunization, ANCs, PNCs, OPD, and IPD and so on.

Community Health Centre, Maternity Home Naraina

The Maternity Home Naraina is functioning in the government building with quarters available for the staff. The electricity back up is available. But there is no 24*7 water supply in the facility.



Figure 4: Health facility Maternity Home Naraina, New Delhi District

- The toilets are clean and separate for males and females. There is also one toilet attached with labour room.
- The facility does not have Nutritional Rehabilitation Centre, New Born Baby Corner, Newborn stabilization unit and blood bank.
- The bio medical waste is managed well in the facility by segregating in different colour bins before disposition.
- The staff includes 1 medical officer, 3 staff nurses, 1 lab technician, 1 pharmacist and 1 CDEO.
- In last financial year, 2 trainings were conducted for medical officers, 4 for staff nurses, 1 for ANM, 1 for pharmacist and 2 for lab technicians.
- Most of the general equipments are available in the facility. Some of them include BP instrument, needle cutter, radiant warmer, foetal Doppler, deep freezer, autoclave and stethoscope. However it does not have neonatal and paediatric kit. Among laboratory

instruments, the facility has functional hemoglobinometer, centrifuge, reagent and testing kits. But there is no functional microscope.

- The essential drugs like IFA, ORS, oxytocin, magnesium sulphate and antibiotics were available. Also, drugs for hypertension, diabetes and other anti allergic problems were available. However, mifepristone tablets, vitamin A syrup, and zinc tablets were not available.

Table 5: Service delivery at DH, New Delhi District, 2014-15

Services	Q1	Q2
OPD	6992	6158
IPD	19	4
No. of pregnant women given IFA	1796	1003
No. of pregnant women referred	193	38
No. of IUCD Insertions	18	16
No. of children given ORS + Zinc	129	197
Maternal deaths, if any	0	0
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	0	0

Source: Maternity Home, New Delhi District, 2015

- Table 5 depicts OPD load of the facility was 6992 in quarter 1 (January-March, 2015) and 6158 in quarter 2 (April-June, 2015). The IPD load was 19 and 4 respectively.
- The delivery load remains low with 19 and 4 in quarter 1 and 2 respectively. The facility is unable to manage obstetric complications. The facility referred 193 pregnant women in quarter 1 and 38 in quarter 2.
- 1796 and 1003 pregnant women were given IFA in quarter 1 and 2 respectively.
- Among family planning services, there were 18 IUCD insertions in quarter 1 and 16 in the next. There are no vasectomy and minilap services available in the facility.
- In the first quarter, 129 children were given ORS which increased to 235 in second quarter.
- It is also reported that 129 and 197 children were given measles in first and second quarter respectively.
- The facility reported no cases of maternal deaths, infant and neo natal deaths and still birth in last 2 quarters.
- The mothers are given family planning counselling by staff nurses and ANMS. They are also asked to stay for 48 hours after delivery.
- The JSY payments are given but often delayed due to lack of identity proofs with beneficiaries.
- The IECs were displayed for immunization, JSY, JSSK, disease control and other services.
- The facility generally is not able to manage high risk complicated deliveries as there is no proper infrastructure including blood bank.

Delhi Government Dispensary, DGD Mahipalpur (PHC level)

DGD Mahipalpur functioning in the non-governmental building of the village with problem of water logging that constrains smooth functioning of the facility during rains. In addition, there are no quarters for staff. The facility does not even have 24*7 water supply and electricity backup.



Figure 5: Health facility DGD Mahipalpur, New Delhi District

- There is no functional new born care corner, new born stabilization unit and labour room.
- The toilet is common for males and females but was clean.
- It has mechanisms for biomedical waste management. There are different coloured bins in which the waste is segregated and then disposed off.
- The facility has 4 ANMs, 1 RCH medical officer, lab technician and 1 CDO under NRHM.
- In last financial year, there was only training on IUD and immunization. No training for BeMOC, NSV, mini lap, F-IMNCI, MTP or others was conducted.
- Among the general equipments, the facility has BP instrument, neonatal and paediatric kit, weighing machine, facility for oxygen parameter and autoclave. There was no availability of delivery sets, radiant warmer, suction apparatus, deep freezer and MVA equipment. There was no semi autoanalyzer among laboratory equipments.
- Among the essential drugs, IFA tablets and IFA tablets (blue), vitamin A, zinc tablets and mifepristone were available. It does not have magnesium sulphate, oxytocin, misoprostol, and mifepristone tablets.
- There is supply of urine albumin and sugar testing kits, OCPs, EC pills, IUCDs. However, the facility does not have supply for sanitary napkins.
- Among laboratory services, the tests for haemoglobin, urine and sugar, blood sugar, RPR and T.B are available. The facility does not have tests available for CBC, serum bilirubin, malaria and HIV etc.

Table 6: Service delivery at DGD Mahipalpur, New Delhi District, 2014-15

Services	Q1	Q2
OPD	14486	12664
No. of pregnant women given IFA	347	292
RTI/STI Treated	80	81
No. of sick children referred	26	21
No. of pregnant women referred	471	410
ANC1 registration	124	118
ANC 3 Coverage	74	73
ANC 4 Coverage	105	61
No. of IUCD Insertions	35	34
No. of Tubectomy	4	2
No. of children fully immunized	159	180
No. of children given Vitamin A	391	361

Source: DGD, New Delhi District, 2015

- Table 6 shows OPD load in the last quarter (April-June) was 12664. There is no IPD.
- In first quarter (January-March), 347 pregnant women were given IFA tablets and 292 pregnant women received in second quarter.
- In last 2 quarters, a total of 161 RTI/STI patients were treated in the facility.
- 21 sick children and 410 pregnant women were referred from the facility during second quarter.
- The facility has good ANC services. In the last quarter, 118 pregnant women registered for ANC 1 and 73 and 61 women received ANC 3 and 4 respectively.
- There were 6 cases for tubectomy in last 2 quarters that were treated in the facility.
- The facility provided full immunization to 159 children in first quarter and 180 in the second quarter.
- The facility reported 1 neo natal death in second quarter.
- There was no proper referral transport functional at PHC.
- It was observed that the facility find it difficult to manage sick neonates and risky deliveries and therefore refer them to other health facility.
- The JSY payments are not given timely due to lack of identity proofs of the beneficiaries.
- The registers like OPD, IPD, ANC, PNC, immunization, family planning and others were maintained properly.
- The IEC was displayed well in the facility. For instance, there were posters on drug list, timings of the facility, immunization, malaria, eye donation, JSY and JSSK and so on.

Delhi Government Dispensary, DGD Inderpuri (PHC level)

DGD Inderpuri facility is functioning in non-government building with no quarters for staff. It has 24*7 water supply but does not have electricity back up.



Figure 6: Health facility DGD Inderpuri, New Delhi District

- There was neither a separate toilet for males and females in the facility nor was the toilet attached with labour room.
- There is no functional new born care corner, new born stabilization unit and labour room.
- The bio medical waste mechanism is functioning well in the facility. The waste is segregated before it gets disposed off.
- The staff in the facility includes 1 medical officer, 4 ANMs, 1 lab technician and 2 pharmacist. There is no staff nurse in the facility.
- Only 4 RTI/STI and immunization trainings were conducted in financial year 2014-15. There was no training for BeMOC, SBA, MTP/MVA, NSV, IMCI, NSSK, IUD and others.
- Among general equipments, the facility has BP equipment, weighing machine, needle cutter, and facility for oxygen administration, autoclave and emergency tray. But, there was no delivery sets, neonatal and paediatric kit, radiant warmer, suction apparatus, deep freezer.
- Among the drugs and supplies, there was availability of IFA tablets and IFA tablets (blue), vitamin A, zinc tablets and mifepristone. It does not have magnesium sulphate, oxytocin, misoprostol, mifepristone tablets, drugs for hyper tension, diabetes, anti-allergy etc. Also no sanitary napkins are supplied in the facility.
- The laboratory tests in the facility include haemoglobin, urine albumin and sugar and blood sugar. There are no tests for malaria, TB, HIV and others.

Table 7: Service delivery at DGD Mahipalpur, New Delhi District, 2014-15

Services	Q1	Q2
OPD	8370	7407
No. of pregnant women given IFA	52	54
RTI/STI Treated	22	27
No. of sick children referred	9	10
No. of pregnant women referred	11	9
No. of IUCD Insertions	13	9
No. of Tubectomy	7	5
No. of children fully immunized	60	107
No. of children given ORS + Zinc	425	475
No. of children given Vitamin A	186	192

Source: DGD, New Delhi District, 2015

- Table 7 shows OPD load of the facility is high with 7407 in the second quarter. There are no IPDs as it works as a dispensary.
- In first quarter, 52 pregnant women were given IFA and 54 in the second quarter.
- The facility is not able to managed obstetric complications. In the last quarter, 9 women were referred from the facility.
- There is no NBSU ward. 9 and 10 children respectively were referred in first and second quarter.
- Among family planning services, in second quarter, there were 9 IUD insertions and 5 tubectomy. There are no vasectomy and minilap services conducted in the facility.
- In quarter 1, 60 children were given full immunization and it was 107 in the second quarter.
- The ORS and vitamin A are supplied regularly. The facility distributed 475 ORS and 192 vitamin A to children in the second quarter.
- The JSY payments are often delayed as now it has to be transferred in beneficiaries' account and many of them either don't have or there is a problem with lack of their identity proofs.
- The registers were maintained properly for OPD, drug stock register, JSY payment etc. However, in some cases like immunization, ANC, the records were not proper.
- The IEC was displayed well in the facility with posters on timings of the facility, immunization, malaria, eye donation, JSY and JSSK and so on. The drug list poster was not available.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

Human resource plays an important role providing effective health services to the people. The PRC Delhi team conducted field visits in various districts of Delhi and have found the problem of lack of staff at the district and state level as well. This causes major problem in improving health services.

- Table 8 depict the posts sanctioned and vacant for health staff in New Delhi District for the financial year 2013-14 and 2014-15. There are no regular posts sanctioned in the district.
- In 2013-14, 14 medical officers were sanctioned of which 5 were vacant.
- There are no sanctioned posts for Gynaecologists, Paediatrician and Surgeon when there is high need for specialists. No data has been made available to us for 2014-15 from the district.
- Further, in 2013-14, 40 posts were sanctioned for ANMs and 25 were filled. In 2014-15, the figure remained the same.

- 9 posts were sanctioned for pharmacist of which 3 were vacant. In 2014-15, the vacant posts increased to 5.
- There were only 5 sanctioned posts for staff nurses at CHC and PHC level in 2013-14 and only 3 remained filled.

Table 8: Human resource 2014-15 New Delhi District, Delhi

Position Name	Sanctioned		Regular		Contractual		Total Vacant	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists	14	No information received from DSHM during 2014-15	NA	NA	9	9	5	NA
Gynaecologists	0		NA	NA	-			NA
Paediatrician	0		NA	NA	-			NA
Surgeon	0		NA	NA	-			NA
LHV	NA		NA	NA	-			NA
ANM	NA		NA	NA	25	25	15	NA
Pharmacist	9		NA	NA	4	3	5	NA
Lab technicians	11		NA	NA	11	11	-	NA
X-ray technicians			NA	NA	-		-	NA
Staff Nurse at CHC	5		NA	NA	3	3	2	NA
Staff Nurse at PHC			NA	NA				NA
ANM at PHC	NA		NA	NA	NA	NA	NA	NA
ANM at SC	NA		NA	NA	NA	NA	NA	NA

Source: CDMO Office, New Delhi District, 2015

2.2. TRAINING STATUS OF HUMAN RESOURCE

Table 9: Training status of human resource 2014-15: New Delhi District, Delhi

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	IUCD inserti	RTI/S TI/HIV	FIMNC I	NSSK	Total
MO	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
LMO	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Staff Nurses	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
ANM	NIL	NIL	NIL	NIL	NIL	06	0	0	0	06
Lab Technicians	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Pharmacist	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
LHV/PHN	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
ASHA	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Source: CDMO Office, New Delhi District, 2015

- Table 9 shows the training conducted in 2014-15 for health staff in New Delhi to train them in respective health activities and provide efficient health care facilities.
- As observed from the table, there was no training conducted for SBA, BeMOC, MTP, minilap and NSV for any of the health staff last year.
- As per the data, only 6 ANMs were given training on insertion of IUCD.

2.3. HEALTH INFRASTRUCTURE

Figure 7: Health Infrastructure in visited facilities, New Delhi district



Table 10: Detail of health infrastructures 2014-15: New Delhi, Delhi

Health Facility	Number available
District hospital (including Medical colleges)	6
SDH	3
Maternity Homes (at CHC level)	6
Delhi Government Dispensaries (at PHC level)	77
Sub Centre (Out reach)	17
NDMCW	7
MCD building	6
Allopathy NDMC	12
NGO	3
ESI	3
Autonomous	2

Source: CDMO Office, New Delhi District, 2015

- Table10 shows the health infrastructure in terms of number of health facilities functioning in the district.

- The district consists of 6 district hospitals (including medical colleges) and 3 sub-district hospitals.
- There are 6 CHCs and 77 PHCs functional in the district. The sub-centres are not functional in the building. The information on outreach is considered at the sub-centre level.
- The district also has 7 MCW centres and 6 MCD centres. There are 12 allopathy NDMC centres as well.
- Last but not the least, there are 3 NGO, 3 ESI and 2 autonomous centres functional in the district.

3. MATERNAL HEALTH

Maternal Health activities in the district involves ANC registration,, delivery services, post natal care, JSY and JSSK services, and managing risky deliveries. The district has well functioning medical colleges with all such facilities. However, the maternity homes need to be improved for managing complicated deliveries else the delivery load in medical colleges is very high.

3.1. MATERNAL HEALTH

Table 11: Key maternal health indicators: New Delhi, Delhi

Facility	ANC Registered		3 ANCs		Home Deliveries		Institutional Deliveries		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
DGD & PUHC	3076	446	1116	1512	170	175			80	145	1330	1458
CGHS	590	584	276	303	0				0	0	15	0
NDMC	685	616	379	489	0				0	0	76	23
M&CW (MCD)	4038	3778	1529	1407	316	288			185	190	1158	1183
ESI	627	748	100	176	0				0	0	12	8
NGO	4072	6093	2288	2734	0				12	0	76	0
AUTO	0	295	0	91	0				0	0	0	0
GOVT.HOSP.	5916	6178	3568	4751	0		3967	4224	3899	4142	1401	1028
	1	3	3	4			7	9	8	4	2	3
PVT.HOSP.	331	987	246	143	0		214	170	146	96	107	87

Source: CDMO Office, New Delhi District, 2015

- Table 11 depicts the data for key maternal health indicators for New Delhi district in financial year 2013-14 and 2014-15.
- The data depicts that in 2013-14, the ANC registration was higher in government hospitals (59161) followed by NGO and M&CW. The number of ANCs remained high in government hospitals in 2014-15 also.
- The home deliveries were reported less in 2013-14. 316 and 170 deliveries were reported as home delivery in M&CW and DGDs. In 2014-15, the deliveries were 288 and 175 respectively. There was no home delivery reported in any of the other facility.

- In 2013-14, 39671 deliveries were conducted in the government hospitals. It increased to 42249 in next financial year.
- Most of the PNCs within 48 hours of delivery were given in government hospitals.

Table 12: Other key maternal and child health indicators: New Delhi, Delhi

Block	TT1		TT2		Home Deliveries				Live Birth		Still Birth		Total Births	
	13-14	14-15	13-14	14-15	SBA assisted		Non-SBA		13-14	14-15	13-14	14-15	13-14	14-15
					13-14	14-15	13-14	14-15						
DGD & PUHC	1558	2018	1515	1727	4	11	166	164	160	174	10	1	170	175
CGHS	447	419	419	381	0		0							
NDMC	575	506	437	380	0		0							
M&CW (MCD)	2034	2155	1853	1839	7	02	309	286	315	288	1	0	316	288
ESI	252	303	195	258	0		0							
NGO	2025	2508	1824	2327	0		0							
AUTO	0	142	0	103	0		0							
GOVT.HOSP.	13596	14371	13279	14222					M-20664 F- 18357 Total=39021		1044		40065	
PVT.HOSP.	222	243	241	244					M-125 F-97 Total=222		0		222	

Source: CDMO Office, New Delhi District, 2015

- Table 12 depicts the data some other key maternal and child health indicators for New Delhi district in the last two financial years: 2013-14 and 2014-15.
- It is observed that in 2013-14, most of the TT1 injections were given at M&CW and NGOs, more than that compared to government hospitals. It was high and more in 2014-15.
- The number of TT 2 injections given was high in 2013-14 than 2014-15.
- It is further observed that there were negligible amount of home deliveries in the government facilities in the district assisted by SBA. However, the DGDs and M&CW reported more number of home deliveries assisted by non-SBAs in the last 2 years.
- In 2013-14, 160 and 315 live births were reported in DGDs and M&CW respectively. In 2014-15, it was reported as 174 and 288 respectively.
- In 2013-14, it is interesting to observe that there were 1044 still births reported by government facilities, which was quite high.

3.2. JANANI SURAKSHA YOJANA

It was reported by health officials that the payments of JSY are often delayed in the district. The reason is that the mode of payment is account payee and most of the beneficiaries either do not have account or they do not have identity proofs to withdraw amount. This creates lot of problem for them to timely receive the payments.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK aims to provide services to beneficiaries of free diet, free medicines, and free transportation for home to facilities and facilities to home after delivery, referral transport and essential medicines for child. However, there is big problem of transport facility due to shortage of 104 in the district. Many beneficiaries come by their own private vehicle and later receive amount from the facility.

4. CHILD HEALTH

There are various activities performing under Child Health in the district. The BCG and full immunization are given timely in the facilities. However, the FBNC ward is not present in all the facilities. Also, the referral cases are high even from the maternity health level also. Thus there is need for more improvement to make them efficient in managing sick neonates.

4.1. CHILD HEALTH

Table 13: Infrastructure and staff in New Delhi District for Child Health Care, 2014-15

Infrastructure	Numbers
Total NBSU	0
Total NBCC	0
Total Staff in SNCU	1 (MHN)
Total Staff in NBSU	0
Total NRCs	0
Total Admissions in NRCs	1 (KALAWATI SARAN CHILDREN HOSPITAL)
Total Staff in NRCs	252
Anticipated Admissions in NRCs	None From NRHM
Discharged from NRCs	240
Referred from NRCs	225

Source: CDMO Office, New Delhi District, 2015

- Table 13 depicts the health infrastructure and staff for child health functional in the district. As observed, there is no NBSU and NBCC in the district.
- Further, there is only 1MHN for SNSU. There is no staff for NBSU as it is not functional.
- The NRCs had 252 staff members and there were no anticipated admissions.
- In last financial year, there were 225 referral cases from NRCs. Also, there was only 1 admission in NRC (Kalawati Saran Children Hospital).

4.2. IMMUNIZATION

Table 14: Immunization Programme, Facility wise Analysis, 2014-15

Facility	BCG	DPT			OPV			Measles	Full Immunization
		1	2	3	0	1	2		
DGD & PUHC	805	108	302	401	40	3003	3062	4248	3264
CGHS	0	24	51	59	2	627	754	1025	964
NDMC	111	6	17	33	2	724	739	833	1030
M&CW (MCD)	1048	324	400	526	42	2652	2664	3279	3145
ESI	0	110	139	178	0	136	168	257	257
NGO	605	803	787	848	70	1141	968	532	518
AUTO	11	0	2	9	1	65	76	95	95
GOVT.HOSP.	42713	345	381	411	38087	9934	7543	6727	6179
PVT.HOSP.	30	13	20	4	42	18	19	19	16

Source: CDMO Office, New Delhi District, 2015

- Table 14 depicts the performance of immunization programme in New Delhi district financial year. It is evident that the district was able to achieve less number of BCG vaccinations last year compared to the live births in the district.
- As shown in the table, there were 42713 BCG vaccinations held in the government hospitals. In proportion to this, there are very less number of BCG vaccinations held in the other facility level. For instance, there were only 805 BCGs given in DGDs and PUHCs in the district in last financial year.
- Similarly, the DPT vaccinations given were very less in the district. The numbers are even less in the government hospitals.
- Further, it is interesting to note that there is wide gap in service of OPV 0 in the government hospitals (38087) and other facilities.
- The measles given in the district has higher numbers in DGDs & PUHC (4248), M&CW (3279) and government hospitals (6727).

Table 15: Neonatal health, SNCU, NRCS and CDR, 2014-15

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU
	Discharge	Referred	Death	LAMA*	
April	24	0	0	6	30
May	26	0	1	5	32
June	14	0	0	4	18
July	17	0	0	1	18
August	22	0	2	0	24
September	22	1	0	2	25
October	21	0	0	0	21
November	18	0	0	2	20
December	14	0	1	0	15
Jan 2015	14	1	0	0	15
Feb 2015	14	0	0	0	14
March 2015	19	0	0	1	20

Note- * Leave against medical advise

Source: CDMO Office, New Delhi District, 2015

- Table 15 depicts the month wise data for admissions and referred cases in NBSU. It also dives figure for neonatal deaths in the district for last financial year.
- The total admission in NBSU was in the range of 14 (in February 2015) and 32 (in May 2014).
- Majority of the children were discharged in the same month. For instance, in April 30 children were admitted in NBSU of which 24 were discharged.
- In September and January, 1 child was referred to the other facility.
- The data also show neonatal deaths in the district. Last year, 4 neo natal deaths occurred (1 in May, 2 in august and 1 in December).

4.3. RASTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakram is not functioning in the district. However, the district has other scheme functional in the district called Chacha Nehru School health yojna. Under this scheme, the district provides medical care for all paediatric related medical and surgical illnesses.

5. FAMILY PLANNING

The family planning services includes distribution of oral pills, contraceptives, IUD insertions, minilap, vasectomy and tubectomy. The district has high level of distribution of oral pills. The IUD insertions are also done timely. However, the counselling services are low in the district and needs to be improved.

5.1. FAMILY PLANNING

Table 16: Family Planning Achievement in District 2014-15

Facility level	Target	Sterilization			IUD	OP	CC
		Male	Female	Total	Ach	Ach	Ach
DGD & PUHC	NA	NA	NA	NA	529	2932	71948
CGHS	NA	NA	NA	NA	127	704	88457
NDMC	NA	NA	NA	NA	44	438	10272
M&CW (MCD)	NA	NA	NA	NA	445	1384	27788
NGO	NA	NA	NA	NA	NA	2823	4811
ESI	NA	NA	NA	NA	45	237	5870
AUTO	NA	NA	NA	NA	22	367	2790
GOVT.HOSP.	NA	98	3025	3123	5944	4855	94340
PVT.HOSP.	NA	NA	NA	NA	22	NA	250

Source: CMHO Office, New Delhi District, 2015

*Note- IUD- Intra Uterine devise, OP- Oral pills, CC- Condoms

- Table 16 depicts the achievement in attaining the family planning services in New Delhi District in 2014-15.

- Much of the data has not been made available from the district level. Nonetheless, it is observed that the district was able to supply maximum of CC. Most of them were given in government hospitals with least number of them being distributed in private hospitals in the district. But over all, the supply of CC remained high at each facility level in the district, implying that most of the people are willing to adopt such family planning methods.
- The distribution of OPs remained relatively less compared to CCs. The district sold 237 in ESI and 4855 in the government hospitals.
- The IUD insertions was also less but fine in the government hospitals with 5944 insertions.
- The total number of sterilizations was 5944 in the government hospitals of which 3025 was female sterilization and 98 was male sterilization.

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

The ARSH was launched to influence the health seeking behaviour of the adolescent and create more awareness among them. It provides appropriate approaches to address selected priority health needs and problems of adolescents.

- ARSH is working well in the district. As observed from the table 17, 729 iron tablets were distributed.
- There were also 133 referral cases diagnosed under ARSH with severe health issues.
- In last financial year, 139 RTI/STI cases were also diagnosed in the district.

Table 17: Functioning of ARSH, New Delhi District 2014-15

Block	No. of Counseling session held		No of Anemic Adolescents			Iron tablets given	deworming tablets given	Referred with severe health issues	No. of RTI/STI cases
	Planned	Conducted	Severe	Moderate	Normal				
25	N.A	N.A	Nil	Nil	Nil	729	-	133	139

Source: CDMO Office, New Delhi District, 2015

7. QUALITY IN HEALTH SERVICES

7.1. INFECTION CONTROL

- The district maintains the cleanliness and sanitation in the facilities. However, there were no separate toilets for males and females in some facilities.
- Nonetheless, it was noted that no one is allowed to wear own footwear to enter labour room and FRNC ward in the facilities.

7.2. BIO MEDICAL WASTE MANAGEMENT

The mechanisms for disposing biomedical waste were present and well functioning in the district. It was observed that most of the facilities maintained different coloured bins to segregate the waste before disposing them off. Such mechanism was observed in big facilities like district hospitals including medical colleges as well as small facilities like PHCs (dispensaries).

7.3. INFORMATION, EDUCATION AND COMMUNICATION

Figure 8: IEC, New Delhi district



The IECs were maintained well in the district in all facilities- district hospital, maternity homes, dispensaries. The IECs like immunization schedule, JSY, JSSK and others like awareness on TB, malaria, HIV programmes were maintained. However, there were less number of IECs in Mahipalpur due to lack of funds.

8. REFERRAL TRANSPORT

The district has main referral transport in the form of CATs. But there are less number of ambulances functional in the district. For instance, PHC Mahipalpur is situated more in the village area and has lack of facility to deliver proper health services. Additionally, there is no transport for regulating sterilization activities. This is a major drawback of the district that needs to be considered seriously.

9. COMMUNITY PROCESS

ASHA and ANM Interaction

- The team interacted with some ASHAs and ANMs at the time of field visit. It was observed that ANMs are the major support for maintaining HMIS data. This is because 1 CDO is places for 2-3 facilities and it becomes difficult for them to manage the data alone.
- It was told to the team by ASHAs that beneficiaries face problem in receiving JSY payments due to lack of identity proofs.
- The ASHAs are more burdened than the compensation they receive in the district.
- They informed about the lack of basic medicines like iron folic and calcium to distribute in the district.
- The ANMs and ASHAs are given training by the districts on various health activities by the district.
- The ANMs informed about no supply of contingency funds for some time from the district. This creates obstacle to maintain the facility as a whole.

Table 18: Status of ASHAs, New Delhi District 2014-15

Current status of ASHAs (Total number of ASHAs)	
ASHAs working	208
Positions vacant	7
Skill development/refresher training of ASHAs (List the module)	44 Refresher training batch(1010 ASHAs trained)
Total number of meeting with ASHA (in a Year)	44
Total number of ASHA resource centers/ ASHA Ghar	NA
Drug kit replenishment	200

Source: CDMO Office, New Delhi District, 2015

- Table 18 depicts the status of ASHAs in the district for the financial year, 2014-15. It shows that 208 ASHAs were working in the district and 7 posts remained vacant.
- There was training held for 44 ASHAs on skill development/refresher training of ASHAs.
- Also, many meetings are held each year in the district. Last year, 44 meetings were held with ASHAs in the district.

10. DISEASE CONTROL PROGRAMME

It was reported by nodal officers in the district that they have 5 programs running in the district- IDSP, NVB, NLEP, NIDDP, NBCP. The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district. The district has done outbreak of H1N1 and IDSP.

Table 19: Disease control programs, New Delhi District 2014-15

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP	20012	2222	2222
Leprosy	-	499	499
Malaria	NA	NA	NA

Source: CDMO Office, New Delhi District, 2015

- Table 19 depicts some of the data for disease control programs running in the district.
- In the last financial year, 20012 cases were screened under RNTCP of which 2222 were detected and given treatment by the district health institutions.
- In program on leprosy, 499 cases were detected and given treatment.

11. GOOD INNOVATION AND PRACTICE

- It was observed that there are some activities performed under school health programme. Timely screening is done and free spectacles are distributed among students in schools. Doctors visit to school when there are some complications.
- However, it is noted that the district still needs a lot to improve the health services. For instance, there have been no eye campaigns under NBCP.
- There is still less motivation among people for adopting family planning methods.
- There is shortage of staff in programmes like disease control programme, malaria control programme. This results in inefficient working of such programmes.

Table 20: AYUSH progress, New Delhi District 2014-15

No. of facilities with AYUSH health centres	No. of AYUSH Doctors	No. of patients received treatment	Ayurveda Medicines availability		Unani/Siddha Medicines availability		Homeopathy Medicines availability	
			Yes	No	Yes	No	Yes	No
4	4	7,77,80		NO		NO	YES	

Source: CDMO Office, New Delhi District, 2015

- AYUSH wing was functional in the district. As shown in table 20, there are 4 AYUSH health centres in the district. Also there are only 4 AYUSH doctors.
- However, 7,77,80 patients received treatment. Ironically, as shown in the table 16, there is lack of medicines for ayurveda and unani/siddha medicines.

12. HMIS & MCTS

HMIS and MCTS were functioning well in the district. Data entry operators record the data from time to time. All the facility level data is send directly to the CDMO office from respective facilities.

The CDOs are given proper training. They receive data with the help of ASHAs (from outreach) and ANMs (from the facility). The main problem is shortage of CDOs. The current CDOs are efficient in maintaining data but each CDO is posted for 2-3 facilities which over-burdenize them to manage data timely.

Further, MCTS portal helped to track anaemic women and child in the district, proper record was maintained and checking was done from time to time. However, one problem realized was that there is some mismatch of HMIS data with the data maintained in registers in facilities.

Table 21: HMIS and MCTS information, New Delhi District 2014-15

HMIS/MCTS		Remarks
Is HMIS /MCTS implemented at all the facilities	No	Except for some private hospitals and CGHS dispensaries, Army Base and RR hospital
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	In centres having MCTS facility, due list is being generated
Is the service delivery data uploaded regularly	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes, three verifier at District level, Ms.Bharti, Ms.Heena and Ms.Shweta
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Source: CDMO Office, New Delhi District, 2015

- Table 21 depicts some of the HMIS and MCTS information received from the district. As shown, not all the data is entered in the HMIS portal. This may cause inefficient data quality. But, HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future
- Also, where ever it is implemented, the data is first analyzed and discussed with concerned staff at state and district levels for necessary corrective actions to be taken in future.
- Further, MCTS has now been made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates.
- Additionally, the MCTS call centre set up at the District level to check the veracity of data and service delivery in the district.

For further improvement in the record maintenance and effective working of HMIS and MCTS data more training sessions should be organised for ANMs and ASHAs which can give them more knowledge about the system and make them proficient in handling various problems in data handling in their respective district. Also, more number of CDOs should be employed for maintaining the data smoothly.

13. CONCLUSION AND RECOMMENDATIONS


13.1. CONCLUSIONS

- The Ministry of Health and Family Welfare has assigned task of monitoring and evaluation of NRHM Programme Implementation Plans in various states to Population Research Centre, Delhi. The team is expected to carry out the field visit of the state for quality checks and further improvement of the different components of NRHM. This report explains the Monitoring and Evaluation findings of the New Delhi District of Delhi. The team visited health facilities viz: District Hospital- Lady Harding Medical College, CHC Naraina, PHC Inderpuri and Mahipalpur.
- The physical infrastructure of the facilities visited was maintained properly. The sanitation is maintained in all the facilities. Also, the bio medical waste mechanisms are working well in the district.
- However, some facilities do not have 24*7 water supply and electricity back up.
- The facilities are well equipped with essential equipments like BP instrument; stethoscope, sterilized delivery sets, weighing machine. The OT and laboratory equipments are also functional. However, the maternity homes can be made more efficient.
- The staff crunch is major obstacle in the major obstacle in the district. There is main shortage of specialists and CDOs that cause problems in delivering effective health services to the people.
- The major essential drugs are available. But sometimes the supply of some basic drugs like calcium, vitamin A is not supplied since few months. Other drugs like oxytocin, magnesium sulphate and other like misoprostol and mifepristone tablets were available
- The district has not commenced some training like LSAS, F-IMNCI, NSSK and minilap sterilization in the last financial year.
- The JSY payments are often delayed in the district. This is because all the beneficiaries do not have bank account and in some cases they do not have identity proofs.
- The beneficiaries are receiving the services of free diet and free medicines under JSSK. However, the service of ambulances needs to be improved more for effective reach in providing health care services.
- The performance of immunization programme in New Delhi district can be improved. The district was able to achieve less number of BCG vaccinations last year compared to the live births in the district. Also, the DPT vaccinations given were very less in the district.
- ARSH is working well in the district. There were 14, 729 iron tablets distributed under ARSH. Also, 133 referral cases were diagnosed under ARSH with severe health issues.
- In last financial year, 139 RTI/STI cases were also diagnosed in the district.
- The district maintains sanitation at the facility level. However, there is lot of water logging problem during rains found in the Mahipalpur facility.

- The IECs were well maintained in the district. These displays include timings of the facility, drug list, immunization, eye donation, JSY, JSSK and disease control program.
- Some of the facilities have not received contingency funds since last year. This cause problem for staff to run facilities smoothly. They don't have funds for basic work like print out. Sometime they bear such costs from their own pocket.
- There are 5 disease control programs running in the district. Also, the district was able to outbreak H1N1.
- The disease control programmes are working efficiently in the district. But there is shortage of staff to run the programme.
- HMIS and MCTS were functioning well in the district. Data entry operators record the data from time to time. All the facility level data is send directly to the CDMO office from respective facilities.

13.2. RECOMMENDATIONS

- The shortfall of health staff like doctors and specialist is major barrier in providing quality health services. Also, number of CDOs should be increased to improve quality of data.
- The referral transport in the form of more number of ambulances needs to be developed to deliver better health services to people.
- There is lack of training to the health staff in the district. There was less training held for EmoC, BeMoc, LSAS, F-IMNCI, NSSK and minilap sterilization. Thus, it is recommended to put vision on this issue.
- The district has high still births and maternal deaths in the district. This reflects the improper reach of health services to the community. Thus, some new initiatives should be taken to understand and work on the problem.
- The payments of JSY are not done timely as it is account payee as some beneficiaries do not have id proofs that need to be shown for with drawl of money. Steps should be taken to solve this issue.
- There is no supply of contingency funds in some facilities since last year. This issue should be taken seriously as they find it difficult to smoothly function the facilities.
- There is shortage of some basic drugs and supplies like vitamin A and calcium. This problem should be taken in consideration.
- Among the quality parameters, the maternity homes are not efficient in handling risky pregnancies because of no specialists, blood bank unit etc. Thus it is important to take measures to improve functioning of the maternity homes.
- The non availability of C-Section facility in maternity home is causing delivery load in DH and SDH.
- The district hospitals are over loaded and the beneficiaries have to share beds. This should be strictly taken into consideration.

- Some of the facilities have problem with inadequate infrastructure. For instance, the district hospital does not have properly maintained family planning OT that causes problem for such patients. Thus such concerns should be considered.
 - There is a need for more counselling activity to promote family planning services more effectively.
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14. ANNEXURE 1

14.1. 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	Availability of complaint/suggestion box	Y	N	

	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW outsourced	Y	N	
1.24	Availability of ICTC/ PPTCT Centre	Y	N	
1.25	Availability of functional Help Desk	Y	N	

Section II: Human resource

S. no	Category	Numbers	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

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	Laprosopy-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	O.T Equipment			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	
4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	Outborn			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC 3 Coverage			

7.19	ANC 4 Coverage		
7.20	No. of IUCD Insertions		
7.21	No. of Tubectomy		
7.22	No. of Vasectomy		
7.23	No. of Minilap		
7.24	No. of children fully immunized		
7.25	Measles coverage		
7.26	No. of children given ORS + Zinc		
7.27	No. of children given Vitamin A		
7.28	No. of women who accepted post-partum FP services		
7.29	No. of MTPs conducted in first trimester		
7.30	No. of MTPs conducted in second trimester		
7.31	Number of Adolescents attending ARSH clinic		
7.32	Maternal deaths, if any		
7.33	Still births, if any		
7.34	Neonatal deaths, if any		
7.35	Infant deaths, if any		

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	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	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Fogging (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	

14.2. 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 (<i>functional radiant warmer with neo-natal ambu bag</i>)	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	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource:

S. no	Category	Numbers	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:

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	Laproscopey-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	Y	N	

	Resuscitation kit			
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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	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	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			

7.13b	Inborn		
7.13c	Outborn		
7.14	No. of children admitted with SAM		
7.15	No. of sick children referred		
7.16	No. of pregnant women referred		
7.17	ANC1 registration		
7.18	ANC 3 Coverage		
7.19	ANC 4 Coverage		
7.20	No. of IUCD Insertions		
7.21	No. of Tubectomy		
7.22	No. of Vasectomy		
7.23	No. of Minilap		
7.24	No. of children fully immunized		
7.25	Measles coverage		
7.26	No. of children given ORS + Zinc		
7.27	No. of children given Vitamin A		
7.28	No. of women who accepted post-partum FP services		
7.29	No. of MTPs conducted in first trimester		
7.30	No. of MTPs conducted in second trimester		
7.31	Number of Adolescents attending ARSH clinic		
7.32	Maternal deaths, if any		
7.33	Still births, if any		
7.34	Neonatal deaths, if any		
7.35	Infant deaths, if any		

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 IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	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	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal				

	Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

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	

14.3. PHC & 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:

S. no	Category	Numbers	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

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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	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	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	Number of obstetric complications managed, pls specify type			
7.8	No. of neonates initiated breast feeding within one hour			
7.9	Number of children screened for Defects at birth under RBSK			
7.10	RTI/STI Treated			
7.11	No of admissions in NBSUs, if available			
7.12	No. of sick children referred			
7.13	No. of pregnant women referred			
7.14	ANC1 registration			
7.15	ANC3 Coverage			
7.16	ANC4 Coverage			
7.17	No. of IUCD Insertions			
7.18	No. of Tubectomy			
7.19	No. of Vasectomy			
7.20	No. of Minilap			
7.21	No. of children fully immunized			
7.22	Measles coverage			
7.23	No. of children given ORS + Zinc			
7.24	No. of children given Vitamin A			
7.25	No. of women who accepted post partum FP services			
7.26	No. of MTPs conducted			
7.27	Maternal deaths, if any			
7.28	Still births, if any			
7.29	Neonatal deaths, if any			
7.30	Infant deaths, if any			

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 IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	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	Correctly Uses Partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	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	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

14.4. SC 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	Subcentre 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 neonatal 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:

S.no	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 nd ANM			
2.3	MPW - Male			
2.4	Others, specify			

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
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5.1	Pregnancy testing Kits	Y	N	
5.2	Urine albumin and sugar testing kit	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	ANC4 Coverage			
6.13	No. of IUCD insertions			
6.14	No. of children fully immunized			
6.14a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded , if any			
6.19	No. of still birth recorded, if any			
6.20	Neonatal deaths recorded, if any			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting attended			

Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				

8.4	VHND plan			
8.5	VHSNC meeting minutes and action taken			
8.6	Eligible couple register			
8.7	MCH register (as per GOI)			
8.8	Delivery Register as per GOI format			
8.9	Stock register			
8.10	Due lists			
8.11	MCP cards			
8.12	Village register			
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			
8.15	Line listing of severely anemic pregnant women			
8.16	Updated Microplan			
8.17	Vaccine supply for each session day (check availability of all vaccines)			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	