



NATIONAL HEALTH MISSION

A REPORT ON

**MONITORING OF IMPORTANT COMPONENTS OF
NHM PROGRAMME IMPLEMENTATION
IN NORTH DISTRICT, SIKKIM**

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
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	JananiShishuSurakshaKaryakram
JSY	JananiSurakshaYojana
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

EXECUTIVE SUMMARY

NHM SIKKIM: NORTH DISTRICT

This report is based on the NHM PIP monitoring visit of North district of Sikkim. During our field visit we had interaction with the members of the health care facilities which included District Hospital Mangan, Primary health Centre Phodong, and Sub-centres Kabi and Phensong. The major strengths and weaknesses for the district are as follows;

Strengths:

- 1) The Maternal and Child health indicators of North Sikkim are much better than the national average. The district is approaching for universal coverage in terms of institutional deliveries and immunisation in spite of difficult terrain of North district.
- 2) JSSK was functional in the district in terms of diet and diagnostics, but there were issues regarding ambulance services in the district. The ambulance services always got affected due frequent break down of vehicles and limited funds for regular maintenance and repairs.
- 3) JSY payments are distributed through account payee cheques, but due to shortage of banks, now state has issues orders of payment through ASHA bank account or incentive is paid through cash.
- 4) Chief Minister Fund Yojana was functional in the district, Rs 3000 was given for first child and Rs 3000 was given for second if the new born was girl. But there were restriction such as Mother and Father should be of Sikkim, and they should be having BPL card.
- 5) School health program was functional in the district. Under RBSK 32 schools were monitored every year.
- 6) There was no shortage of drugs in the district. All essential drugs were available at all the facilities.
- 7) HMIS and MCTS portals were functional in the district. With the help of MCTS portal anaemic pregnant women were being tracked.
- 8) ASHAs were well informed regarding the different programs of NHM and they were getting their payments on time. Besides getting their incentives, they were also getting fix pay of Rs 3000 from the state of Sikkim.
- 9) Trainings were regular feature among the NHM activities from time to time. Trainings related to SBA, IMNCI, F-IMNCI, NSSK, IUD, RTI/STI, Immunisation and cold chain was conducted from time to time.
- 10) All essential equipments were available and functional in the facilities.

Weaknesses:

- 1) Few cases of neonatal death have been reported so far, due to improper follow up of ANC checkups and lack of accessibility towards district hospital. In that case more vigilant checkups should be done which can save many innocent lives.
- 2) There was one case of maternal death reported last year. The reason behind the death was improper follow up at the time of ANC check up and reluctance at the part of patient as well. More awareness regimes are required to create awareness regarding the importance of ANC checkups.
- 3) Overall in North district there was one district hospital, five PHCs and 18 PHSCs and there was no CHC in the district. Manpower constraint was there in the district, especially when it comes to specialist like Paediatricians, and Anaesthetist. There was also shortage of nursing staff in the district.
- 4) The physical infrastructure of the DH was reportedly unsatisfactory, building required repairing and construction work was going on. There was also construction of new Tuberculosis block in the district hospital.
- 5) The maternal ward in the district hospital was not properly maintained, there were damp patches on the wall and the ward was only two bedded. The ward needed immediate repairing of the district hospital.
- 6) Drop back facility was not provided due to non-availability of vehicles and high cost of local travel. Instead, beneficiaries are provided a sum of Rs.1000 for to compensate for drop back facility.
- 7) Although Mukhyamantri Shishu Suraksha Yojana was providing Rs.3000 for the birth of child in backward sections, but for that both the parents have to be natives of Sikkim and should be having certificate of economically weaker section. This condition made the overall impact of the scheme limited to few sections.
- 8) Some problems were related to birth rate estimates as there were some discrepancies between the data used by the state and the centre. Verification of data source and use of common estimates by state and centre is recommended to facilitate action planning.

1. INTRODUCTION

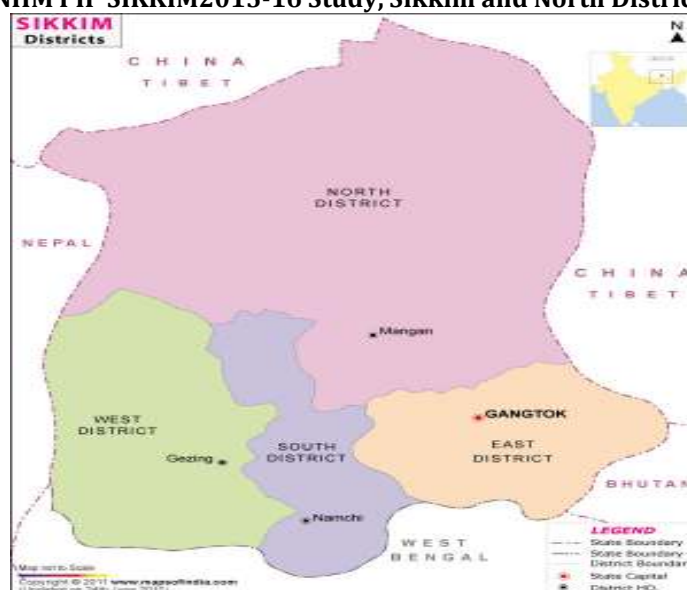
1.1. BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2015-16. 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

In the present financial year, PRC Delhi is engaged in quality monitoring of three State PIPs – Uttar Pradesh, Sikkim and Delhi. This report discusses the M&E findings and observations for North District of Sikkim (see Figure 1). Before visiting Sikkim in the fourth week of October 2015, the M&E Team reviewed the Sikkim PIP document and prepared, semi-structured interview schedules for district nodal officers and facility staff. The field visits to health facilities in the district were planned in consultation with the district NHM officials. Besides, the Team interacted with key programme officials at District and Block Programme Management Unit (DPMU and BPMU) in North Sikkim and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited various the block programme management unit located at Primary Health Centres and also interacted with staff and beneficiaries at DH PHCs, and SCs, in the district

Figure 1: NHM PIP SIKKIM2015-16 Study, Sikkim and North District of Sikkim



1.2. OBJECTIVES OF THE STUDY

The Ministry of health and Family welfare has given the responsibility of PIP monitoring and evaluation of four districts of Sikkim, out of which the present studies focuses on North district of Sikkim. PRC Delhi Team visited the North district from (29 October-1st November) during which the conditions of health infrastructure has been examined through interactions conducted at the district and facility level. The health care facilities visited to accomplish the objective of the visits are enlisted below in table no.1 :

Table 1: List of visited healthcare facilities in North district, Sikkim 2015

Facility Type	Name of the Facility
District Hospital	District Hospital (DH) Mangan
Primary Health Centre	Primary Health Centre (PHC) Phodong
Sub-Centre	Sub-Centre (SC) Phensong
Sub-Centre	Sub-Centre (SC) Kabi

The team interacted with key programme officials at district and block programme management unit in North district of Sikkim and examined that status of key activities. Apart from interaction with district programme management unit, team also interacted with management staff at the facility and block level. The primary data was collected through semi-structured questionnaires formulated for district and facility level. The secondary data was taken from district programme unit and CMO offices respectively. The facilities from all the three levels were selected under the supportive supervision of CMO office. The main motive of this report is to find solutions and support the health functionaries in indentifying gaps and sensitizing them about the same and then to find areas where action can be taken within the designated capacities.

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: SIKKIM AND NORTH DISTRICT

Sikkim is one of the smallest Indian states surrounded by the Himalayas. The state is bordered by Nepal to the west, China to the north and east and Bhutan to the east. It also shares its border with West Bengal. Sikkim is the least populated state after Goa with 607,688 populations and area of 7096 km². Situated in Himalayan ranges, the state of Sikkim is characterized by hilly terrain. Almost entire state is hilly with elevation ranging from 280 meters (920 ft) to 8586 meters (28,169 ft). The Sikkim state is divided into four districts North, South, East and West district.

North district is the largest of the four districts of Sikkim. The landscape is mountainous with dense vegetation all the way up to the alpine altitude before thinning out to desert scrub towards the Northern Tundra. North Sikkim is 4226 square kilometers in size with population of 43709 and density of 10 per square kilometers. It is divided into sub-divisions Mangan, Dzongu, Kabi and Chungthang and district headquarters is located in Mangan. Its population growth rate over the decade (2001-2011) was 6.53% with a sex-ratio of 767 females for every 1000 males and literacy rate of 78.01 %. North Sikkim is one of the least populated districts in the country. The people are mainly of Nepali descent. Other ethnic groups include the Lepcha and Bhutia communities. Nepali is the most widely spoken language in the district.

Demographic Indicators:

Table 2: Key Demographic Indicators: All India, Sikkim & North District

Description	India	Sikkim	North District	Source
Actual Population	1,21,05,69,573	610577	43709	Census 2011
Male	62,31,21,843	323070	24730	Census 2011
Female	58,74,47,730	287507	18979	Census 2011
Population Growth	17.7%	12.89	6.53	Census 2011
Sex Ratio	943	890	767	Census 2011
Child Sex Ratio	914	957	929	Census 2011
Density/km ²	382	86	10	Census 2011
Area km ²	3,166,414	7096	4226	Census 2011
Literacy	73%	81.42	78.01	Census 2011
Male Literacy	80.9%	86.55	83.30	Census 2011
Female Literacy	64.6%	75.61	70.97	Census 2011
Child Proportion (0-6 Age)	13.6%	10.5	4667	Census 2011
Boys Proportion (0-6 Age)	13.8%	5.3	2425	Census 2011
Girls Proportion (0-6 Age)	13.4%	5.1	2252	Census 2011

- The total geographical area of Sikkim is 7096 sq.km and north district is 4226 sq.km. The population growth in Sikkim was 12.89 percent and in north district it was 6.53 percent.
- According to census 2011, the sex-ratio of Sikkim was 890 and the situation was not good in North district where sex ratio was 767 which was very low. In Sikkim overall literacy was 81.42 percent, whereas in North Sikkim it was 78.01 percent.

Table3: Health indicators of Sikkim & North District

Health Indicators	Sikkim	North District
Mothers registered in the first trimester %	68.5	85.5
Mothers who had at least 3 ANC checkups (%)	84.8	88.4
Mothers who got TT injections to total ANC registration	91.3	87
Mothers who got post-natal checkups within 48 hours of delivery (%)	83.8	82.1
Institutional Deliveries	97.6	96.8
Full Immunization	100	100

Sources: DLHS-4 and HMIS

- Table no 3 shows the maternal and child health indicators of Sikkim and North district. Mother registered in first trimester of pregnancy was more in North district in comparison to Sikkim.
- Percentage of women who had 3 ANC checkups was 84.5 percent in Sikkim and 88.4 in North Sikkim.
- Mother who got post-natal checkups within 48 hours of delivery was 83.8 percent in Sikkim and 82.1 percent in North Sikkim.
- Percentage of institutional deliveries was 97.6 percent in Sikkim and in North district it was 96.8 percent. Whereas immunization was 100 percent in Sikkim and North district.

2. KEY FINDINGS & OBSERVATIONS

2.1. PHYSICAL INFRASTRUCTURE & EQUIPMENT

During the field visits, PRC team has monitored the level of physical infrastructure and equipments. When we see the overall infrastructure there was shortage of Community health care centers in Sikkim. In North district there was no CHCs available but PHCs and sub-centers were conducting deliveries.

Table 4: Health infrastructure of Sikkim&North District

Health Infrastructure	Sikkim	North
Number of blocks	9	5
Number of District Hospitals	4	1
Number of CHCs	2	-
Number of PHCs	24	5
Number of SCs	147	18

Source: NHM SIKKIM 2015

The next section of the report discusses the major observation and key findings from the monitoring visits to the various health facilities in North district of Sikkim.

2.2 FACILITY – WISE OBSERVATION

Fig 2: Outside view of District Hospital at Mangan



District Hospital, Mangan

- The district hospital was functioning in government building and was not in a good condition. Staff quarters were available for Medical officers, Staff nurses and other categories.
- There was availability of 24*7 running water and electricity back up was functional in the facility. When it comes to cleanliness, the facility needed improvement in terms of sanitation of both wards and toilets. Wards needed maintenance as there were issues of damp walls due to rain and cold weather.
- The facility also had functional New born care corner and Blood storage unit.
- There was availability of bio-medical waste mechanism. All the waste is segregated before it get dispatched off. There was availability of complaint/suggestion box in the facility.

- There was separate section in the facility for ARSH clinic and availability of ICTC/PPTCT centre in the facility.

PHC Phodong

- PHC Phodong was situated 30 kms far from district hospital and was functioning in government building and was not in a good condition. Staff quarters were available for both doctors and staff nurses. Further new staff quarters were in process of construction.
- The provision of electricity back up and 24*7 water supply was not available in the facility.
- The labour room was functional and clean toilet was attached to the labour room.
- New born care corner was functional in the facility.
- Bio-medical waste management was done though pit burial. The complaint and suggestion box was present in the facility.

Fig3: Physical infrastructure among the health facilities



PHSCs Phensong & Kabi

- Both the sub-centres were located in government building and were in good condition. But due to hilly region they were not easily accessible especially for pregnant women.
- Both electricity backup and 24*7 water supply were not available in both the facilities.
- ANM quarters were available in both the facilities, ANM was not residing in it due to problem of infrastructure.
- Functional and clean toilets were attached to the labour room in both the facilities. New born care corner was functional in both the facilities.
- Bio-medical waste management was done through pit burial mechanism in both the facilities. The complaint box was available only in both the facilities

Table 5: Physical Infrastructure of Health Facilities North District

Parameters	DH Mangan	PHC Phodong	SC Phensong	SC Kabi
Health facility easily accessible from nearest road head	X	X	X	✓
Functioning in Govt building	✓	✓	✓	✓
Building in good condition	X	X	✓	✓
Staff Quarters for MOs	✓	✓	N.A	N.A
Staff Quarters for SNs	✓	✓	N.A	N.A.
Staff Quarters for other categories/ANM	✓	✓	✓	✓
ANM residing at SC		✓	X	X
Electricity with power back up	✓	✓	X	X
Running 24*7 water supply	✓	X	X	X
Clean Toilets separate for Male/Female	✓	✓	✓	✓
Functional and clean labour Room	✓	✓	✓	✓
Functional and clean toilet attached to labour room	✓	✓	✓	✓
NBCC (functional radiant warmer with neo-natal ambu bag)	✓	✓	✓	X
Functional Newborn Stabilization Unit	✓	✓	N.A	N.A
Functional SNCU	X	N.A	N.A	N.A
Clean wards	X	✓	N.A	N.A
Separate Male and Female wards (at least by partitions)	✓	✓	N.A	N.A
Availability of Nutritional Rehabilitation Centre	X	N.A	N.A	N.A
Functional BB/BSU, specify	✓	N.A	N.A	N.A
Availability of complaint/suggestion box	✓	✓	✓	✓
Availability of mechanisms for Biomedical waste management (BMW)at facility	✓	✓	✓	✓

Source: PRC-IEG Delhi Field visits,2015

Equipment& Essential Drugs and supplies at District Hospital

- The efficiency of hospitals and better care largely depends on the availability of medical equipments and its continuous maintenance.
- It was observed that the district hospital was having almost all the equipments in the facility except ventilators, laparoscopes, and c-arm units.
- Out of laboratory equipments, C.T scanner and ECG machines were not available in the facility. Further there was also need of functional microscope and hemoglobinometer in the facility
- Overall delivery load of the facility was 15 per month out of which 2-5 were c-sections. According to the delivery load the supply of essential drugs and supplies were sufficient.
- Table no.6 is showing the position of physical infrastructure in all the facilities which were visited by PRC team.

Equipments& Essential Drugs and supplies at PHC Phodong

- PHC Phodong was one of the major delivery points in the district. Functional needle cutter was not available.
- All the essential equipments and drug supply was available in the facility.

Table 6: Equipments at Health Facilities in North District Sikkim

Equipments	DH Mnagan	PHC Phodong	SC Kabi	SC Phensong
Functional BP Instrument and Stethoscope	✓	✓	✓	✓
Haemoglobinometer			✓	✓
Blood sugar testing kits			✓	X
Sterilized delivery sets	✓	✓	✓	✓
Functional Neonatal, Pediatric and Adult Resuscitation kit	✓	✓	✓	✓
Functional Weighing Machine (Adult and child)	✓	✓	✓	✓
Functional Needle Cutter	✓	X	✓	✓
Functional Radiant Warmer	✓	✓	N.A	N.A.
Functional Suction apparatus	✓	✓	N.A	N.A
Functional Facility for Oxygen Administration	✓	✓	N.A	N.A
Functional Foetal Doppler/CTG	X	N.A	N.A	N.A
Functional Mobile light	✓	N.A	N.A	N.A
Delivery Tables	✓	N.A	N.A	N.A
Functional Autoclave	✓	✓	N.A	N.A
Functional ILR and Deep Freezer	✓	✓	N.A	N.A
Emergency Tray with emergency injections	✓	✓	N.A	N.A
O.T Tables				
Functional O.T Lights, ceiling	✓	N.A	N.A	N.A
Functional O.T lights, mobile	✓	N.A	N.A	N.A
Functional Anesthesia machines	✓	N.A	N.A	N.A
Functional Ventilators	X	N.A	N.A	N.A
Functional Pulse-oximeters	X	N.A	N.A	N.A
Functional Multi-para monitors	X	N.A	N.A	N.A
Functional Surgical Diathermies	X	N.A	N.A	N.A
Functional Laparoscopes	X	N.A	N.A	N.A
Functional C-arm units	X	N.A	N.A	N.A
Laboratory Equipments				
Functional Microscope	X	✓	N.A	N.A
Functional Hemoglobin meter	X	✓	✓	✓
Functional Centrifuge	✓	✓	N.A	N.A
Functional Semi auto analyzer	✓	✓	N.A	N.A
Reagents and Testing Kits	✓	✓	✓	✓
Functional Ultrasound Scanners	✓	N.A	N.A	N.A
Functional C.T Scanner	X	N.A	N.A	N.A
Functional X-ray units	✓	N.A	N.A	N.A
Functional ECG machines	X	N.A	N.A	N.A

Source: PRC-IEG Delhi Field visits,2015

Equipments& Essential Drugs and supplies at Sub- Centers Kabi & Phensong

- Equipments such as Haemoglobinometer, Blood Sugar testing kits, BP instruments, stethoscope, delivery equipment, neonatal ambu bag, adult/infant weighing machine, and needle cutter was available in the both the sub-centers.
- All essential drugs were available in the facility. But there was shortage of IFA tablets, zinc tablets in sub-center of Phensong and antibiotics were in shortage in sub-center of Kabi.

2.3 HUMAN RESOURCES: STATUS & TRAINING

Human resource plays an important role in making health care services accessible to the people. During field visit conducted by PRC it was found that there was shortage of human resource, especially for handling administrative functions. Due to this there was heavy load on medical staff to perform dual duties in the facilities. This section would take a look on the staff position in overall district and in the facilities which were visited.

Table 7: Human Resource in the District (2014-15)

Position Name	Regular	Contractual
Mo's Including Specialist	3	1
Gynecologists	1	0
Pediatrician	0	0
Surgeon	0	0
LHV	3	-
ANM	5	-
Pharmacist	-	1
Lab technicians	3	0
X-ray technicians	3	0
Staff Nurse at CHC	-	-
Staff Nurse at PHC	0	5
ANM at PHC	7	5
ANM at SC	18	15

Source: North Sikkim District Office 2015

Table no 7 shows the position of NHM staff in the district for the financial year 2014-15. Total medical officers were 4 in the district out of which 3 were regular. There was only one gynecologist in the district which was regular. There no pediatrician and surgeon in the district. Lab and x-ray technicians were there but there was shortage of pharmacist in the district. At PHC level there were 12 ANMs and at Sub-center level there were 33 ANMs posted. Overall if we see the staff positions there was requirement of Pediatrician, Surgeon, Staff nurses and Pharmacist in the district.

District Hospital Mangan

Table 8: Human Resource Status in District Hospital Mangan

Category	Number
OBG	1
MOs	5
SNs	16
ANMs	11
LTs	4
Pharmacist	1
Ayush Doctor	1
Physiotherapist	1
Dental Section	1

Source: District Hospital Mangan 2015

Manpower constraint was there in the district hospital, there was requirement of specialist such as Pediatrics, Anesthetic and specialist in general. Further there was also shortage of nursing

staff in the facility. Table no 8 shows the human resource position in the district hospital.

PHC Phodong

There was no as such problem of staff shortage in the facility. But medical officer in charge of the facility was unhappy with their contractual nature of job and less payment in comparison to their amount of work. Table 9 shows the HR position in PHC Phodong.

Table no.9 Human Resource at PHC Phodong

Category	Numbers
MO	01
SNs/GNMs	01
ANM	03
LTs	01
Pharmacist	01
LHV/PHN	01
Others	16

Source: PHC Phodong 2015

Sub-Centers Phensong and Kabi

In sub-center Kabi, there was only one ANM and one male worker and in sub-center Phensong there were 2 ANMs and one female attendant posted in the facility. There was requirement of one more ANM in the sub-center of Kabi.

Trainings Held in the District

Trainings are one of the essential aspects of the development of human resources. In North district it was seen that special emphasis has been given on training aspect of human resource. In the present financial year trainings have been given on 1) SBA 2) MTP, IMNCI, F-IMNCI, NSSK, IUD, RTI/STI and immunization and cold chain.

2.4. Service Delivery & Record Maintenance

Under this section, the service delivery and record maintenance of the facilities for two quarters will be analyzed. The two quarters which are taken by the PRC team are April to June and July to September i.e. first two quarters of the financial year 2015-16.

Record Maintenance at the District Hospital Gyalshing

All records were maintained in district hospital, registers like ANC, PNC, IPD, OPD and immunization were updated from time to time. Each section of the hospital was maintaining their set of records. For instance PRC team also checked the registers of ICTC center which was properly maintained and updated time to time.

Table 10: Services delivered in DH in April-September 2015

Services	Q1 (April-June)	Q2 (July-September)
OPD	16244	15424
IPD	461	733
Expected number of pregnancies	157	158
MCTS entry on percentage of women registered in the first trimester	135	133
No. of pregnant women given IFA	137	129
Total deliveries conducted	51	63
No. of c-sections conducted	0	0
Number of obstetric complications managed, pls specify type	1	2
No. of neonates initiated breast feeding within one hour	51	63
Number of children screened for defects at birth under RBSK	-	-
RTI/STI Treated	69	42
No of admissions in NBSUs/ SNCU, whichever available	7	7
(i) Inborn	3	5
(ii) Outborn	4	2
No. of sick children referred	0	14
No. of pregnant women referred	48	65
ANC1 registration	156	150
ANC 3 Coverage	129	159
ANC 4 Coverage	-	-
No. of IUCD Insertions	16	40
No. of Tubectomy	0	0
No. of Vasectomy	0	0
No. of Minilap	0	0
No. of children fully immunized	139	157
Measles coverage	139	157
No. of children given ORS + Zinc	177	143
No. of children given Vitamin A	339	157
No. of women who accepted post-partum FP services	15	33
No. of MTPs conducted in first trimester	2	2
No. of MTPs conducted in second trimester	0	0
Maternal deaths, if any	0	0
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	3	2

Source: PRC-IEG Delhi Field visits, 2015

Table no 10 shows quarterly performance of the year 2015 of district hospital Mangan. There was no reported maternal death in the district hospital, but there were 3 infant deaths in first quarter and 2 infant deaths in second quarter. In first quarter 51 deliveries were conducted and in the second quarter 63 deliveries were conducted in the facility. About 156 women were registered for first trimester in first quarter and 150 were registered in second trimester. For third ANC checkup 129 women were registered in first quarter and 159 in second quarter.

PHC Phondong

In PHC there was shortage of staff but in spite of that records were well maintained in the facility. All registers such as OPD, IPD, ANC, PNC and immunization were well updated.

Table 11: Services delivered in PHC in April-September 2015

Services	Q1 (April-June)	Q2 (July-September)
OPD	2988	2910
IPD	61	49
Expected number of pregnancies	28	25
MCTS entry on percentage of women registered in the first trimester	22	23
No. of pregnant women given IFA	28	25
Total deliveries conducted	16	28
Number of obstetric complications managed, pls specify type	0	2
No. of neonates initiated breast feeding within one hour	16	28
Number of children screened for defects at birth under RBSK	0	1
RTI/STI Treated	8	2
No of admissions in NBSUs/ SNCU, whichever available	-	-
(i) Inborn	-	-
(ii) Outborn	-	-
No. of sick children referred	-	-
No. of pregnant women referred	0	4
ANC1 registration	28	25
ANC 3 Coverage	0	21
ANC 4 Coverage	nil	06
No. of IUCD Insertions	7	10
No. of Tubectomy	-	-
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of children fully immunized	28	21
Measles coverage	28	21
No. of children given ORS + Zinc	380	402
No. of children given Vitamin A	28	21
No. of women who accepted post-partum FP services	06	06
No. of MTPs conducted in first trimester	-	-
No. of MTPs conducted in second trimester	-	-
Maternal deaths, if any	-	-
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	-

Source: PRC-IEG Delhi Field visits, 2015

Table no 11 shows the two quarterly performance of first two quarter of the year 2015 of PHC Phendong. Total deliveries conducted in first quarter were 16 and in second quarter it was 28. There were two obstetric complications which were managed in second quarter. Women who registered for first ANC checkup were 28 in first semester and 25 in second semester. For third ANC registration for first quarter there was no entry and for second quarter 21 women were registered for third ANC checkup and for fourth ANC checkup 6 women were registered. There were no maternal and infant deaths occurred in the facility.

Sub Centers Kabi and Phensong

In both the sub-centers records were maintained properly. It was observed by the PRC team that some of the registers were send to the block or at their respective PHCs. So at least one photocopy of the data should be kept with the sub-centers, so that any monitoring team can have a look at the record and it will be beneficial for the facility as well as they can check themselves for further references. Further all the registers regarding untied funds, annual maintenance grant, payments under JSY, VHND and VHSNC registers were maintained by the

respective ANMs of the sub-centers. Table no. 12 shows the quarterly performance of both the sub-center

Fig 4: PRC Team checking the record maintenance at the facilities



Table 12: Services delivered in SCs in April-September 2015

Service Utilization Parameter	Sub-Center Kabi		Sub-Center Phensong	
	Q1	Q2	Q1	Q2
Number of estimated pregnancies	8	4	7	5
No. of pregnant women given IFA	8	4	7	5
Number of deliveries at SC	0	0	0	0
Number of Deliveries at Home	-	-	-	-
No. of Sick children referred	-	-	-	-
No. of pregnant women referred	-	-	-	-
ANC1 registration	8	4	3	5
ANC3 Coverage	4	9	5	7
ANC4 Coverage	-	-	-	-
No. of IUCD insertion	0	0	0	0
No. of children fully immunized	9	5	9	3
Measles Coverage	9	5	9	3
No. of children given ORS+ zinc	-	-	-	-
No. of children given Vitamin A	9	5	9	5
No. of children given IFA syrup	-	-	-	-
No. of Maternal deaths recorded	-	-	-	-
No. of still birth recorded	-	-	-	-
Neonatal deaths recorded	-	-	-	-
No. of VHNDs attended	2	2	2	2
No. of VHNSC meeting attended	2	2	2	2

Source: PRC-IEG Delhi Field visits, 2015

Table no 12 shows the service delivery of two sub-centers for the first two quarters of the present financial year. It can be seen from the table that there were no deliveries conducted in

the facility for past two quarters. Both VHNDs and VHNSC meetings were regular feature of both the sub-centers.

3. MATERNAL HEALTH

Maternal health was performing well in the district in spite of having restriction of manpower and difficult terrain. According to officials ASHAs were proactive in the field and were major source of awareness among the people. Only problem was of difficult terrain which was causing difficulty in accessing the far of areas. If facility of transportation can be provided to the community health workers such as ASHAs and ANMs then more difficult to access areas can be covered. Mother and child tracking system (MCTS) were also working properly in the district which was helping in tracking anemic women.

Table 13 Block wise Service delivery indicators 2013-14 & 2014-15

Block	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
Chungthang	154	155	141	129	13	2	36	35	47	38	73	65
Dikchu	119	90	118	97	1	1	38	25	35	26	71	54
Heegyanthang	87	67	51	57	1	0	28	7	31	9	46	40
Pabingdong	63	61	46	41	1	0	17	10	13	6	34	22
Phodong	110	115	90	109	4	1	30	41	37	39	54	51

Source: PRC-IEG Delhi Field visits, 2015

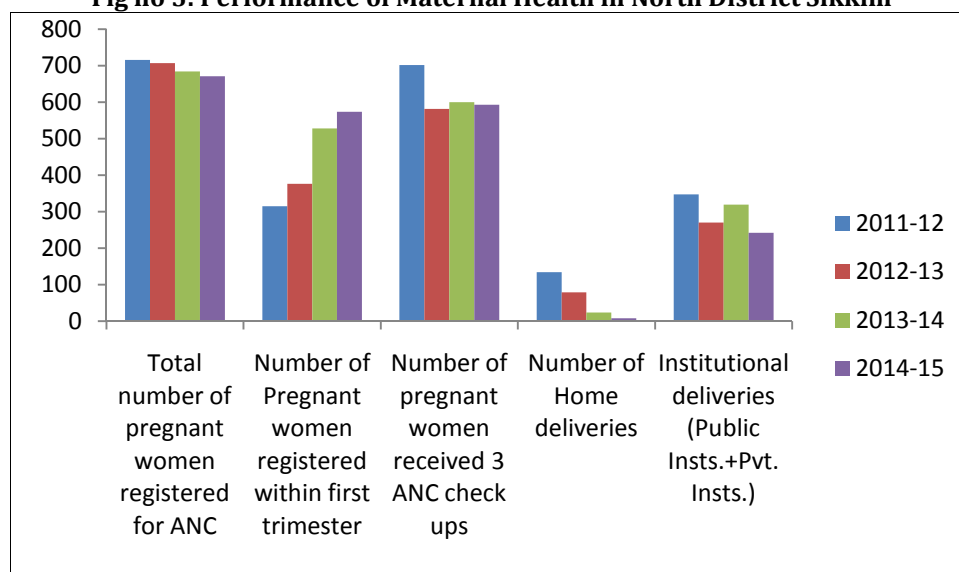
Table no 13 shows the block wise service delivery indicators of maternal health for the year 2013-14 and 2014-15. There was considerable decline in the home deliveries and increase in institutional deliveries. Blocks such as Phodong were performing well in terms of maternal health indicators.

Table 14 Block wise service delivery indicators 2013-14 & 2014-15

Block	TT1		TT2		Home Deliveries				Live Birth		Still Birth		Total Births	
					SBA assisted		Non-SBA							
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
Chungthang	137	136	141	144	10	1	3	1	49	38	0	0	49	38
Dikchu	103	72	110	94	1	1	0	0	37	26	2	0	35	26
Heegyanthang	61	48	66	54	1	0	0	0	21	8	1	0	20	8
Pabingdong	43	39	54	48	1	0	0	0	17	10	0	0	17	10
Phodong	93	90	99	98	1	0	3	1	34	41	0	1	34	40

Source: PRC-IEG Delhi Field visits, 2015

The table no 14 shows the performance of maternal health indicators such as TT booster, home deliveries, live birth, still birth and total birth. Overall indicators show that maternal health indicators were performing well in the district.

Fig no 5: Performance of Maternal Health in North District Sikkim

Source: HMIS

Fig no 4 shows the performance of Maternal Health in North District Sikkim over the years. If we see total number of pregnant women registered for ANC, there was slight decline from the year 2011-12 to 2014-15. Interestingly, increasing trend was seen in number of pregnant women who were registered in first trimester and declining trend was in number of women registered for third ANC checkup. There was considerable decline in the home deliveries. When it comes to institutional deliveries declining trend has been observed but there was over decline in the fertility rate of North Sikkim which was major concern for the officials.

3.1 JANANI SURKASHA YOJANA

Under Janani Suraksha Yojana scheme, cash assistance is being provided to the mothers of all Indian BPL group for enabling them to deliver in health institutions. Cash assistance is also being provided to SC/ST mothers. ASHAs are also eligible for Cash incentive of Rs. 600/beneficiary, if they can ensure the mother for Institutional delivery.

- Cash Assistance to Mother (inst. delivery) @ Rs, 700/- per case
- Cash Assistance to Mother (home delivery) @ Rs. 500/- per case
- ASHA incentive @ Rs. 600/- per case (inst. Delivery only)
- During delivery in urban areas : Rs 800/- (Rs. 600/- to mother & Rs 200/- to ASHA)

From the month of January 2013, the JSY incentive is being paid in the accounts of beneficiaries as per the DBT programme. Since nationalized bank doesn't exist in every town at PHC level, the beneficiaries are facing difficulty in opening bank account, as such the Mission Director, NHM has been requested to request the Ministry of Health to allow the state government to follow the old method of paying the cash assistance at least to the beneficiaries belonging to difficult and

inaccessible areas. District was trying its level best to provide the cash assistance to the beneficiaries. During the financial year 2014-15, 242 institutional deliveries, 8 home deliveries and 84 ASHAs got JSY payments.

3.2 JANANI SHISHU SURAKSHA KARYAKARAM

Under this initiative a pregnant women is entitled to free transport from home to the Government health facility between facilities, in case she is referred on account of complications, and also drop back home after 48 hours of delivery. It also include free drugs and consumables, diagnostic, blood when required and diet for the duration of a woman's stay in the facility. Similarly this scheme is also entitled for the sick children up to one year accessing public health institutions for healthcare .They also get free treatment, free transport both ways and between facilities in case of referral. Overall all the components of JSSK were working smoothly except transport which a cause of concern. More vehicles were required in the district for proper functioning of JSSK.

Table 15: Block Wise JSSK Progress in district 2014-15

Block	No. of Beneficiaries under JSSK					Total =
	Diet	Drugs	Diagnostic	Home to Facility	Transport Referral	Facility to Home
Chungthang	10	15	15	13	3	13
Dikchu	10	10	10	12	18	12
Pabingdong	4	2	4	4	19	2
Phodong	16	16	16	26	12	5

Source: PRC-IEG Delhi Field visits, 2015

Table no 15 shows the block wise performance of JSSK in the district for the financial year of 2014-15. When it comes to transport blocks Chungthang and Dikchu were performing better than other blocks in terms of home to facility transport, referral and facility to home transport.

4. CHILD HEALTH

Child health was one of the major issues in North district as in the present financial year there were 46 neonatal death reported. Although district is trying its level best to provide services through ASHAs, but still there is scope of improvement in the district. There was only one NBSU, six NBCC units in the district. There was no SNCU and NRCs in the North District. Further in the financial year 2014-15, total 22 neonates were admitted in SNCU out of which 16 people were discharged, 5 referred and there was one neonatal death in the district.

Table 16: Child Health: Block wise Analysis of Immunization 2014-15

Block	BCG	DPT			OPV		Measles	Full Immunization	
		1	2	3	0	1			2
Chungthang	38	103	127	124	29	103	127	114	113
Dikchu	26	91	104	103	26	91	104	90	90
Heegyathang	6	70	65	55	5	70	64	48	42
Passingdong	10	41	43	41	10	41	43	50	50
Phodong	41	89	93	93	40	90	93	95	95

Source: PRC-IEG Delhi Field visits, 2015

Table no 16 shows the overall trend of immunization in different blocks of North district. Immunization was one of strong point of the district where all the facilities were performing well. But out of all the blocks Chungthang and Dikchu were performing better than other blocks.

4.1 RASHTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakaram is an initiative by NHM for monitoring the child health in different districts. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. In North district, it was done on yearly basis due to shortage of staff.

Table 17: RBSK Progress Report North District

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2014-15	92	10336	4134	213	156	2	1	2096
2013-14	92	10301	3676	206	142	1	1	2060

Source: North District office 2015

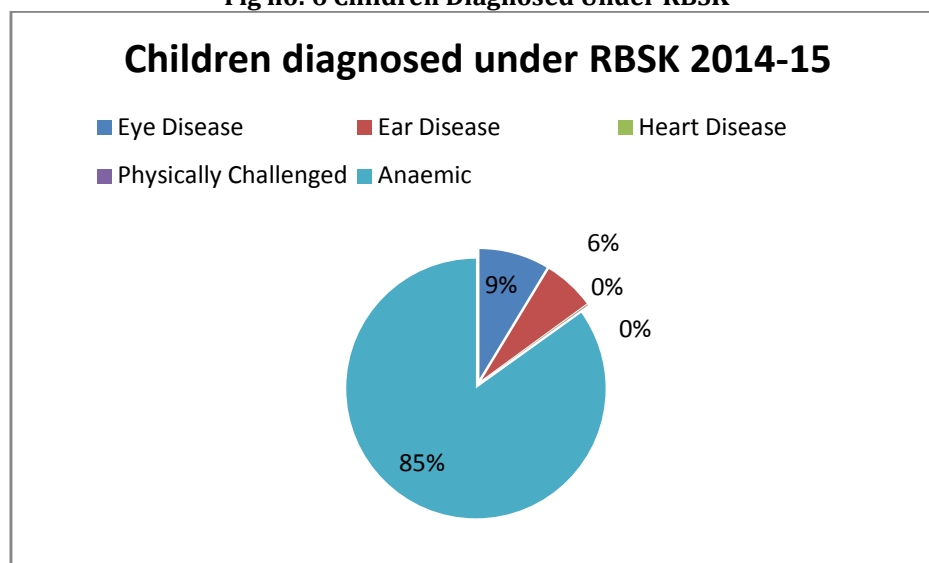
Fig no: 6 Children Diagnosed Under RBSK

Table no 17 shows the RBSK progress report of North district of two financial years 2014-15 and 2013-14. In both the years, total number of schools was 92, number of registered children were 10336 in 2014-15 and 10301 in 2013-14. The number of children diagnosed with any ailment were 4134 in 2014-15 and 3676 in 2013-14. Majority of the children which were diagnosed under RBSK program were found to be anemic. Fig no 5 shows the graphical representation of the diagnosed cases under RBSK which shows that about 85 percent of the school going children were anemic. This indicates that more awareness schedule should be introduced so that people get aware about anemia as a disease and its remedies.

5. FAMILY PLANNING

There was decline of birth rate in Sikkim and North district was no exception. As per Census 2011 report the birth rate of Sikkim is recorded as 17.6/1000 population. The Total Fertility Rate as per DLHS -III is 1.8. Since the birth rate is low and TFR is less than 2, the emphasis is mainly given on temporary method of family Planning.

Table no 18: Status of Family Planning in the North District

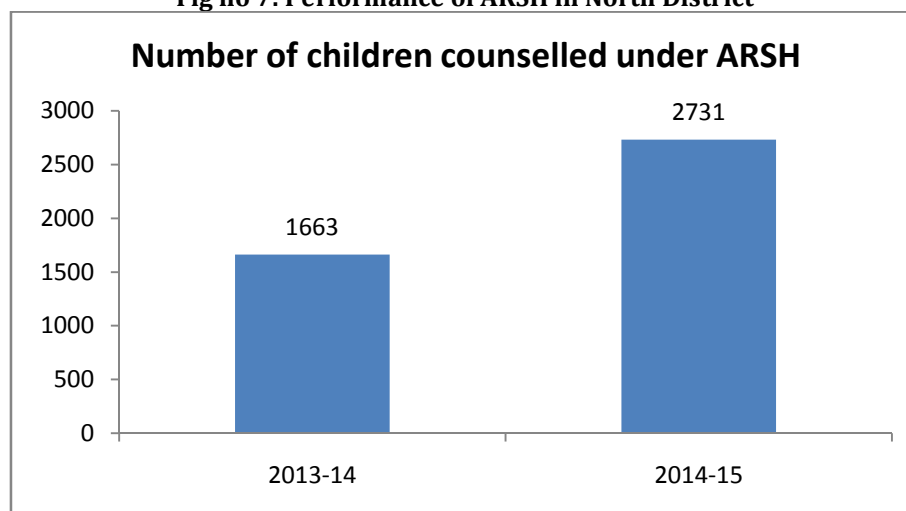
Name of the Block	Sterilization			IUD		OP		CC	
	M	F	T	Ach	%	Ach	%	Ach	%
Chungthang	0	0	0	2	-	2023	-	1898	
Dikchu	0	0	0	13	-	1622	-	1883	
Heegyathang	0	0	0	16	-	1126	-	1429	
Passingdong	0	0	0	7	-	911	-	976	
Phodong	0	0	0	9	-	1373	-	1499	

Source: North District Office 2015

Table no 18 shows the status of family planning in the district, no sterilizations were conducted in the district due to low fertility rate. More temporary methods such as Oral contraceptive and Emergency contraceptive were in use.

5.1 ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH was functional in the district and from time to time counseling sessions are being conducted in schools and facilities. In the present financial year, 15 sessions were conducted in which 1124 moderate anemic were found. Further 5625 adolescents were given Iron and Dewormin tablets and 27 were referred to higher centers. There were total 213 RTI/STI cases in ARSH clinics. Fig no.6 shows the performance of ARSH in North District for two financial year 2013-14 and 2014-15, there was a increase in the number of children counselled under ARSH scheme.

Fig no 7: Performance of ARSH in North District

Source: HMIS

6. QUALITY IN HEALTH SERVICES

All the facilities were maintaining cleanliness and sanitation in the district. The mechanism for disposing biomedical waste was 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. There was no outsourcing of the bio-medical waste.

7. COMMUNITY PROCESS IN THE DISTRICT

All ASHAs in the district had training of module 6& 7. Further trainings on topics such as TB, leprosy, IUCD, Diarrhea and Inderdhanush was given to them from time to time. Sikkim is the first state to provide honorarium of Rs 3000 per month to ASHA worker. Besides this fixed amount, on an average ASHA worker was getting Rs 700-800 as an incentive for the work in community. ASHAs were performing well in all the districts of Sikkim including North district.

Table no 19: Community process in the district

Current status of ASHAs (Total number of ASHAs)	84
ASHAs presently working	84
Positions vacant	31
Skill development/refresher training of ASHAs (List the module)	Up to 6 th & 7 th module (4 th Round)
Total number of meeting with ASHA (in a Year)	Monthly (12 meeting in a year)
Total number of ASHA resource centers/ ASHA Ghar	6
Drug kit replenishment	84

8. DISEASE CONTROL PROGRAM

Disease control program was running smoothly in the district. Tuberculosis was one of the major communicable diseases which were widely prevalent in North district. In the financial year 293 cases were screened for TB out of which 143 cases were sputum positive and later on got treatment.

9. AYUSH

AYUSH was functional in the district but its centers were limited to only one health facilities in C hungthang. More AYUSH health centers should be opened in order to promote the program.

10. INFORMATION, EDUCATION AND COMMUNICATION

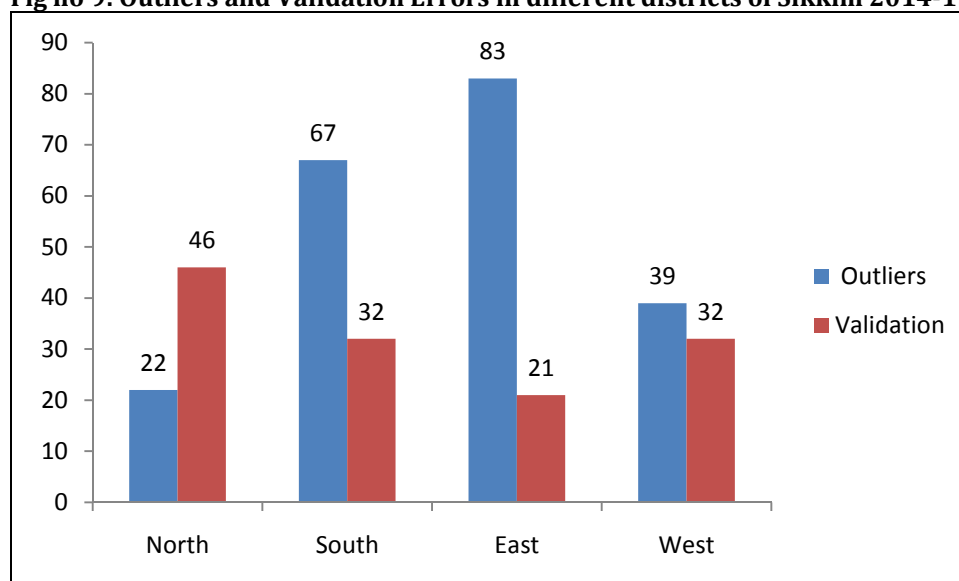
The IECs were well maintained in the district in all the facilities which were visited by PRC team. The IEC like immunization schedule, JSSK, JSY and awareness regarding TB, Malaria, Leprosy and HIV were available in the facilities. Other important posters of drug list and timings of the facility were present in the district.

Fig no.8: IEC Material in different facilities



11. HMIS& MCTS

HMIS and MCTS were functioning properly in the district. Proper data recording was done from time to time. MCTS portal was functioning well in the district; proper line listing of the pregnant women was done. Fig no 8 shows the number of outliers and validation errors in different districts of Sikkim for the financial year 2014-15. Highest number of outliers was in East district and highest number of validations was in North district.

Fig no 9: Outliers and Validation Errors in different districts of Sikkim 2014-15

Source: HMIS

12. GOOD INNOVATIONS AND PRACTICES

- Besides giving training till module 7th, ASHAs were also given training for issues such as Dengue, Diarrhoea, importance of breast feeding and newborn care.
- Special monitoring team is being constituted to prevent gender discrimination at the time of ultrasound.
- Keeping in view the increase number of tuberculosis patients, new tuberculosis hospital was in the process of construction.

12.1 FINDINGS FROM THE STATE

Sikkim as a state has been unique in the sense of introducing many initiatives such as Mukhya Mantri Sishu Suraksha Avum Sutkeri Sahayog Yojna, Mukhya Mantri Jeevan Raksha Kosh Scheme, Mukhya mantra Shrawan Shakti Samridi Yojana, Sikkim State Illness Assistance Fund, CATCH Program, Hepaittis-B, MMR and Other vaccination program, Free Medicines for MDR and XDR TB.

- Under Mukhya Mantri Sishu Suraksha Avum Sutkeri Sahayog Yojna all women coming under 19 years and above and coming under BPL category are given Rs.3000 and Rs 500 per month till the child attains the age of 6 years.
- Sikkim is the first state in the country to provide Rs.3000 as honorarium to ASHAs.
- Under Mukhya Mantri Shrawan Shakti Samridi Yojana latest and high quality hearing Aids are being provided to patients having hearing defect.

- Under CATCH program following aims and objectives are covered : a) To find out the prevalence of various diseases affecting the population, b) To detect disease/diseases at an early stage, c) To find out risk factors associated with the disease or diseases, d) To provide timely and appropriate treatment , e) To develop specific strategies and initiate appropriate preventive measures, f) To change the mindset and lifestyles of people for achieving the goal of healthy Sikkim.
- Sikkim is the first state to introduce Hepatitis-B vaccination for children. Besides this, Sikkim was also one of the few states in the country to introduce MMR vaccination for children to protect against Measles, Mumps and Rubella infections.
- The state government has taken a major step recently for improving the diet of patients admitted at STNM and district hospitals by outsourcing and streamlining the entire system of providing free diet to indoor or admitted patients.
- Patients suffering from MDR or XDR TB are being provided free medicines by the state government. Patients having valid Voters ID card issued by the state election department are eligible for availing this facility.

13. CONCLUSIONS AND RECOMMENDATIONS

13.1. MAJOR FINDINGS

- When it comes to physical infrastructure of the facilities specially district hospital there is need of improvement, as some of the sections of maternal ward were not in good condition.
- Over all district was performing in the areas of maternal health, but there was need of reaching to inaccessible areas of the district. With hilly terrain it was becoming difficult for the officials to keep track on such locations.
- Under JSSK there were issues of shortage of vehicles in the district. There was need of more vehicles so that facility of transport was easily available to the patients.
- RBSK was functional in the district, yearly 92 schools were monitored. It has been seen that out of children who were diagnosed with some ailment majority of them were anemic.
- Mission Inderdhansuh was functional in the district; there was 100 percent coverage of immunization.
- Due to low birth, there were no cases of sterilization in the district. More people were adopting spacing method such as oral contraception and emergency pills.
- ARSH clinics were functional in the district and regular counseling sessions of adolescent were held.
- There was only AYUSH clinic in the district, to popularize the concept of ayurveda there was requirement of more such clinics.

- Under disease control program RNCTP was functional. One new TB hospital was in process of construction.
- IEC material was available in the district.
- Although HMIS and MCTS portals were functioning properly but according to HMIS report regarding validations and outliers in the North district, there were 46 validation errors in the financial year 2014-15.

13.2 RECOMMENDATIONS

- As North district is one of the least populated areas in the country, our policies should be formulated according to the geographical and climatic conditions of the area. For instance, hilly terrain areas should be provided more vehicle facilities in comparison to other states.
- More ARSH and AYUSH clinics should be opened in the district.
- There were manpower constraints in the district; more specialists were required in the district.
- There was a pay difference in NHM staff including MOs and regular staff. Such a difference should not be there at least in terms of salary structure.

APPENDIX**APPENDIX 1:****NATIONAL RURAL 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**

No. of Blocks	
No. of Villages	
Population (2011)	
SC-ST Population (%)	
Literacy Rate	
Overall Sex Ratio	
Density of Population	

Health Indicators			
NMR			
IMR			
U5MR			
MMR			
TFR			
Proportion of fully immunized children			
Proportion of Pregnant receiving any ANC			
Proportion of Safe Deliveries			
Institutional Deliveries	10605		
No of women received PNC checkups within 48 hours	9323		
Full ANC (At least three ANC checkups)	25979		

2. Detail of health infrastructures 2014-15

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
SDH			

CHC FRUs			
CHC			
PHC			
Sub Centre			
Medical College			
Delivery Points			
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			

3. Human Resources under NHM 2014-15

Position Name	Sanctioned		Regular		Contractual		Total Vacant		Vacant %	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists										
Gynecologists										
Pediatrician										
Surgeon										
LHV										
ANM										
Pharmacist										
Lab technicians										
X-ray technicians										
Staff Nurse at CHC										
Staff Nurse at PHC										
ANM at PHC										
ANM at SC										

4.1. Training status of human resource 2014-15

Position Name	SBA	BeMOC	MTP	Minilap/P PS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						
Lab Technicians						
Pharmacist						
LHV/PHN						
ASHA						
Other						

* Note- Fill number of officials received training

4.2. Training status of human resource 2014-15

Position Name	IUCD insertion	RTI/STI/HI V screening	FIMNCI	NSSK	Total
MO					
LMO					
Staff Nurses					
ANM					
Lab Technicians					
Pharmacist					
LHV/PHN					
ASHA					
Other					

5.1 Block wise service delivery indicators 2013-14 & 2014-15 (Maternal Health)

Block	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-	13-	14-15	13-	14-	13-14	14-15
	37391	40683	29795	25979	2308	2056	8342	10605	9468	9523	9158	9522

Note- Please included the data for Medical College and DH

5.2 Block wise service delivery indicators 2013-14 & 2014-15 (maternal health)

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-	13-14	14-15
					13-	14-15	13-14	14-15						
	14612	14687	12629	12775	701	568	1607	1488	12371	12729	89	93	12460	12822

Note- Please included the data for Medical college and DH

5.3. Status of JSY Payments in district 2014-15

Status of payments			Mode of Payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Available	Updated	Non updated

5.4. Block wise JSSK Progress in district 2014-15

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

5.5. Maternal Death Review: 2014-15

Total Maternal Deaths	Place of Deaths			Cause of death	Month Of pregnancy			AN C Stat	Total No of childr
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delive		

6.1. Child Health: Block wise Analysis of immunization, 2014-15

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	0	1	2		
South		14706	3358	3368	3442	11084	15222	15378	18946	16982

6.2. Child Health: Detail of infrastructure & Services under Neonatal Health, 2014-15

Total SNCU	
Total NBSU	
Total NBCC	
Total Staff in SNCU	
Total Staff in NBSU	
Total NRCs	
Total Admissions in NRCs	
Total Staff in NRCs	
Anticipated Admissions in NRCs	
Discharged from NRCs	
Referred from NRCs	
Average duration of stay in NRCs	

6.3. Neonatal Health: 2014-15 (SNCU, NRCS & CDR)

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA *		Discharge	Referred	Death	LAMA *

Note- * Leave against medical advise

6.4. Neonatal Health: 2014-15 (SNCU, NRCS & CDR)

Total Deaths	Place of Deaths			Reason	Month/year in which child has died	ANC Status of mother	Birth order
	Hospital	Home	Transit				

6.5. Rashtriya Bal Suraksha Karyakram (RBSK), Progress Report 2014-15

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenge	Anemic
2014-15								
2013-14								

7. Family Planning Achievement in District 2014-15

Name Block	Target	Sterilization				IUD		OP		CC	
		Male	Female	Total	%	Ach	%	Ach	%	Ach	%
		27	1033	0160		5734		12242		293262	

8. ARSH Progress in 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				
									7112

9. Quality in health care services

Bio-Medical Waste Management	
No of facilities having bio-medical pits	
Training on bio-medical waste management	
No. of facilities having color coded bins	
Outsourcing for bio-medical waste	
Infection Control	
No. of times fumigation is conducted in a year	
Training of staff on infection control	

10. Community process in District 2014-15

Current status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Skill development/refresher training of ASHAs (List the module)	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	

11. Disease control programme progress District 2014-15

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP			
Leprosy			
Malaria			

12. AYUSH progress District 2014-15

Block	No. of facilities with AYUSH health centers	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

13. HMIS/MCTS progress District 2014-15

HMIS/MCTS		Remarks
Is HMIS /MCTS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	yes
Is the service delivery data uploaded regularly	Yes <input type="checkbox"/> No <input type="checkbox"/>	yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	yes

13. New Initiative and new innovations

Appendix 2:**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	Y	N	

	complaint/suggestion box		
	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:

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 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	No. of women transported	No. of sick infants	No. of children 1-	Free/Paid
-------	------	-------------------	--------------------------	---------------------	--------------------	-----------

		(Specify Govt./ pvt)	during ANC/INC/PNC	transported	6 years	
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	

Appendix 3:***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:

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

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 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
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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	

Appendix 4:***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	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 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:

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
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	
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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	