

NATIONAL HEALTH MISSION



**A REPORT ON
MONITORING OF IMPORTANT COMPONENT OF NHM
PROGRAMME IMPLEMENTATION IN BALRAMPUR DISTRICT, UTTAR PRADESH**

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



**DR. SURESH SHARMA
ALISHA KHAN**

**POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
UNIVERSITY OF DELHI ENCLAVE NORTH CAMPUS, DELHI 110007
August, 2017**

TABLE OF CONTENTS

TABLE OF CONTENTS	1
LIST OF TABLES	2
LIST OF FIGURES	2
ACKNOWLEDGEMENT	3
ACRONYMS AND ABBREVIATIONS	4
1. INTRODUCTION	7
1.2. OBJECTIVES OF THE STUDY	8
1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: DELHI AND CENTRAL	9
2. KEY FINDINGS & OBSERVATIONS	12
2.1 PHYSICAL INFRASTRUCTURE&EQUIPMENT	12
3. HUMAN RESOURCES: STATUS & TRAINING	19
4. SERVICE DELIVERY AND RECORD MAINTENANCE	22
5. MATERNAL HEALTH	27
6. CHILD HEALTH	31
7. FAMILY PLANNING	35
8. INFORMATION EDUCATION AND COMMUNICATION	38
9. HMIS AND MCTS	38
10. PERFORMANCE OF ASHA IN THE DISTRICT	40
11. GOOD INNOVATIONS AND PRACTICES	40
12. KEY CONCLUSIONS AND RECOMMENDATIONS	41
APPENDIX 1: DISTRICT NODAL QUESTIONNAIRE	44
APPENDIX 2: DISTRICT HOSPITAL QUESTIONNAIRE	53
APPENDIX 3: CHC LEVEL QUESTIONNAIRE	62
APPENDIX 4: PHC LEVEL QUESTIONNAIRE	69
APPENDIX 5: SC LEVEL QUESTIONNAIRE	76

LIST OF TABLES

Table 1: List of visited healthcare facilities in Balrampur District, Uttar Pradesh 2017	9
Table 2: Key Demographic Indicators: Balrampur and Uttar Pradesh	10
Table 3: Key Health Indicators: Balrampur	11
Table 4: Health Infrastructure of Balrampur District	12
Table 5: Health Infrastructure of Female DH	15
Table 6: Health Infrastructure of CHC Tulsipur	17
Table 7: Health Infrastructure of PHC Balrampur	18
Table 8: Health Infrastructure of SC Bhangusara	19
Table 9: Health Infrastructure of SC Khagaijot	20
Table 10: Staff Position in Balrampur	21
Table 11 : Staff Position in CHC Tulsipur and PHC Balrampur	22
Table 12: Equipment at Female DH	23
Table 13: Equipments at CHC Tulsipur	24
Table 14: Equipments at PHC Balrampur	26
Table 15 : Equipments at SC Khagaijot	26
Table 16: Equipment at SC Bhangusara	28
Table 17: Service Delivery in last two financial years in Female DH	28
Table 18: Record Maintenance of CHC Tulsipur	29
Table 19: Service Delivery of PHC Balrampur	30
Table 20: Service Delivery at SC Bhangusara and SC Khagaijot	31
Table 21: Block wise service delivery indicators in last financial year	21
Table 22: Block wise service delivery indicators of PNC in the last financial year	31
Table 23: Block wise service delivery indicator	32
Table 24: Status of JSY Payments in Balrampur District	34
Table 25: Status of JSSK Services in Balrampur District	35
Table 26: New Born Care Unit	36
Table 27: Block wise analysis of immunization in the last financial year	37
Table 28: Family Planning position in Central District	38
Table 29: ASHA position in the district	40

LIST OF FIGURES

Fig 1: NHM PIP Study Uttar Pradesh: Balrampur	7
Fig 2: A Unit in Female DH	13
Fig 3: CHC Tulsipur	15
Fig 4: PHC Balrampur	17
Fig 5: SC Rampur Bhangusara	18
Fig 6: Wards in Female DH	22
Fig 7: Interviewing JSY Beneficiaries	33
Fig 8: SNCU at Female DH	36
Fig 9: HMIS data entry at the facilities	39

ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in Balrampur district of Uttar Pradesh was successfully completed due to the help and cooperation received from District NHM Staff and support extended by officials from State Medical, Health and Family Welfare Department.

First of all, we are thankful to Mission Director for their corporation towards Monitoring team without which this evaluation would not have been possible.

We gratefully acknowledge the support from the Chief Medical Officer of Balrampur district. We specially thank the District Nodal Officers, District Programme Manager and the staff at District Project Management Unit of Central district for their help.

The Monitoring & Evaluation exercise heavily relies on the cooperation and enthusiasm of the health facility staff and we thank them for their active involvement during the monitoring visits in the districts. We especially thank the Development Programme Manager and ASHA Coordinator from Balrampur district for insights regarding performance of NHM.

Last but not the least, credit goes to all the NHM officials, ANMs, ASHAs and beneficiaries who spent their time and responded to the questions with enthusiasm.

Dr. Suresh Sharma
Alisha Khan

August, 2017

Population Research Centre
Institute of Economic Growth
Delhi

ACRONYMS AND ABBREVIATIONS

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
CDMO	Chief District Medical Officer
CHC	Community Health Care Centre
DGD	Delhi Government Dispensary
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
MH	Maternity Home
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

This report primarily focuses on the quality monitoring of Programme Implementation Plan (2017-2018) of Balrampur District, Uttar Pradesh. PRC Delhi was engaged in the task of monitoring the functioning of Public Health facilities of Central District. Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study which included interaction with the ANMs, ASHAs, beneficiaries and a few stake holders of the programme.

STRENGTHS OF THE DISTRICT

- One of the main strengths of the district is the team comprising of CDMO, DPMU and other nodal officers that were working efficiently for the better functioning of NHM in the district.
- As far as ANC registrations are concerned, situation is improving but still lot can be done.
- Trainings of the ASHAs are conducted regularly at district level itself and the ASHAs were trained till seventh module. Further the performance of the ASHA workers was regularly monitored by the ASHA coordinator and ANMs.
- HMIS is one of the strong points of the district as recording is been done properly in the facilities.
- Immunization coverage of both the State and district are quite convincing. This shows that ANMs, ASHAs are performing their duties well and hardly.
- There was well established SNCU in the district hospital which has helped to reduce infant mortality rate in the district.
- Blood bank was functional in the District hospital of Balrampur.
- ASHAs are getting their incentive regularly in the district, there are no issues regarding their payment.
- Proper targets have been set up for both JSY and JSSK schemes in the district.
- Breast feeding has increased up to 70% due to ASHAs initiatives and hard work.
- Institutional deliveries have seen a rise in the district as compared to previous years.

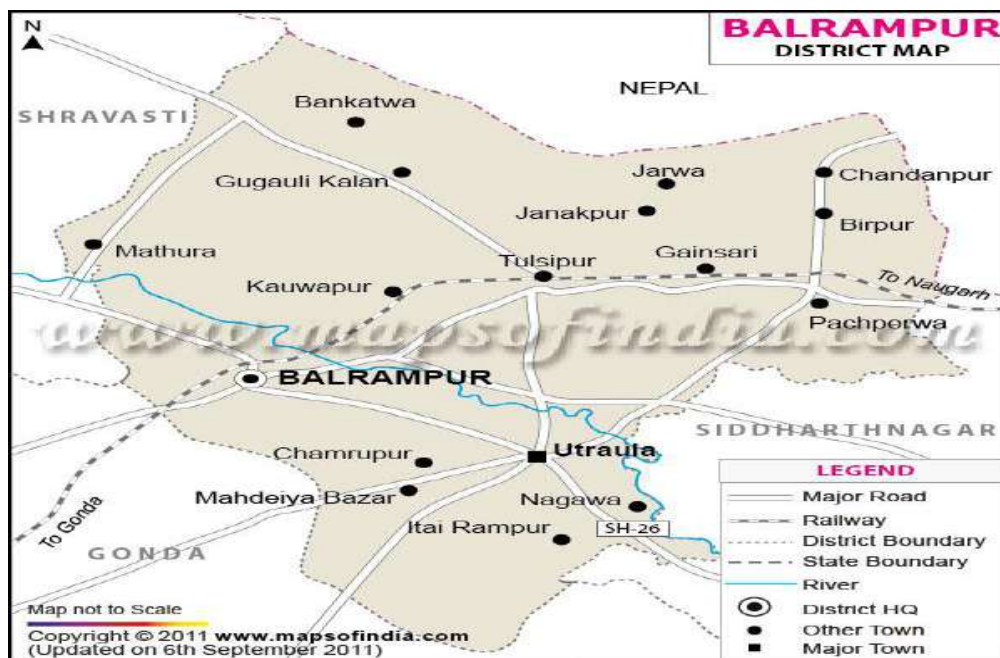
WEAKNESS OF THE DISTRICT

- Human Resource which is said to be the backbone of any system was found to be too fragile in District. Lack of manpower especially at the higher levels was something unnerving.
- There was no Anesthetic in the whole district which was a major problem in conducting the surgeries.
- Shortage of staff at CHC and PHC level causing impediments in providing smoothed service to the common masses.
- Family Planning was major issue in the area, there was lack of awareness regarding family planning methods.
- Sanitation level was not satisfactory in the district and requires improvement.
- RBSK was not functioning well and the vehicles were not moving regularly to provide the services.
- One of the major problem was availability of drinking water in many facilities.
- There was no vehicle available for referred patients.
- As per the district data account assistant report sometimes network problems are faced which delays the reporting on the portal.

1. INTRODUCTION

An effective feedback regarding the progress in implementation of key components of NHM could be helpful for both planning and resource allocation purposes. Therefore, following the approval of National Health Mission (NHM) State Programme Implementation Plan (PIP) 2017-2018 Balrampur District, the Ministry of Health and Family Welfare (MoHFW) has asked Population Research Centre, Delhi (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPS it is expected that PRCs would evolve quality parameters and would assume a critical role in monitoring various components of NHM. As part of this, our Delhi PRC was assigned to monitor and evaluate the NHM activities in the Balrampur District which is located in Uttar Pradesh. The major objective of this whole monitoring and evaluation process was to have a common understanding about the district public health system and to bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable programmes and facilities under NHM.

Figure 1: NHM PIP Study Uttar Pradesh: Balrampur



This report discusses the implementation status of NHM in Balrampur District of Uttar Pradesh. The report is based on the findings and observation of District Hospital (DH), one Community Health Centre(CHC), one Primary Health Centre(PHC) and two Sub Centres(SC). Before visiting the field semi-structured interview schedules for Chief Medical Officer (CMO), District program manager (DPM) and other NHM officials were prepared. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with the officials such as CMO, DPM and nodal officers, through which, the constraints and opinions were taken for the improvement of the program.

1.2 OBJECTIVES OF THE STUDY

The present study would focus on the performance of the district in NHM activities. This study would analyze different issues and problems of the district. This study includes monitoring of Programme Implementation Plan (PIP) in the district. Further performance of various health indicators would be taken into account which is of utmost importance. This study will help the program managers and policy makers to strengthen the implementation of NHM and overcome the constraints which are coming in the way of successful implementation. The main focus of this study is 'Mother and Child health care' which includes status of ANC, PNC, immunization and family planning. Further special focus would be laid on spreading of awareness among the masses. Apart from the above mentioned factors, other factors would be discussed which are essential for the smooth running of the district such as:

- Key Demographic Indicators of the District.
- Availability of Infrastructure.
- Availability and performance of Human Resource.
- Training of Human Resource.
- Availability of Drugs and Equipment.
- How far quality services have been provided to the beneficiaries.
- Performance of schemes such as JSY and JSSK in the district.

- Provision of IEC material in the district.
- Availability of finance for the NHM activities in the district.

Specific objectives of the study are as follows:

- To visit the facilities of Balrampur district which includes one District Hospital(DH), one CHC, one PHC and two SCs.
- Over all study is based on the performance of various programmes in the facilities visited. Main thrust of the study is on Reproductive and Child Health care under NHM.
- Study will evaluate condition of physical infrastructure and human resources in the district.
- To look into various other components which are essential for the smooth functioning of the PIP at the grass root level in the district.

Table 1: List of visited healthcare facilities in Balrampur District, Uttar Pradesh 2017

Facility Type	Name of the facility
District Hospital(DH)	Female District Hospital (MILK Hospital)
Community Health Centre(CHC)	CHC Tulsipur
Primary Health Centre(PHC)	PHC Balrampur
Sub Centre(SC)	Sub Centre Bangusara
Sub Centre(SC)	Sub Centre Khagaijot

1.3 SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: Balrampur

Balrampur is a city and a municipal board in Balrampur district in the state of Uttar Pradesh, India. It is situated on the bank of river Rapti and is the district headquarters of Balrampur district. The creation of Balrampur District was done by G.D.No. 1428/1-5/97/172/85-R-5 Lucknow dated May 25, 1997 by the division of District Gonda. Siddharth Nagar, Shrawasti, Gonda District, are situated in the east-west and south sides respectively and Nepal State are Situated in its northern side. One of the most popular Hindu worship place is situated in Tulsipur about 27 kilometers from the district headquarters. It is known as Devi Patan. The temple has the distinction of having included

in 51 "Shaktipeethas" of Goddess Durga according to Hindu mythology. Balrampur city is in close vicinity of Shravasti where Lord Gautam Buddha is considered to have displayed his supernatural powers in the spiritual transformation of Angulimala, a famous dacoit who wore a necklace (mala) of fingers (anguli). It has an average elevation of 105 metres (344 ft). The area of the district is 336917 Hec. In which the agriculture irrigated area is 221432 Hec. In the north of the district is situated the Shivalics ranges of the Himalayas which is called Tarai Region.

District is consists of three tehsils Viz-Balrampur, Tulsipur and Utraula. There are Nine Blocks and thirteen Police Stations in the district. Blocks Balrampur, Harraiya Satgharwa and Balrampur Urban Area lies under sub-district (Tehsil) Balrampur, Block Tulsipur, Gainsri and Pachperwa under Tulsipur Sub-district and Block Utraul, Sriduttganj, Regara Bazar and Gaindasbujurg are situated under Utraula Tehsil.

Demographic Indicators:

According to 2011 Census, the total population of the district is 21.48 lakhs of which 11.17 lakhs are males and 10.31 lakhs are females. The district accounts for 1 per cent of the total population of the state. The decadal growth rate during 2001-2011 recorded in the district was 27.74 per cent that is higher than the state average of 20.09 per cent. The population density is 642 person per sq. km. The sex ratio is 928 females per 1000 males that is higher than the state level (908 in 2011). The child sex ratio in the age group 0-6 in the district is lower (950 females per 1000 males) higher than the state average (914).

Table 2: Key Demographic Indicators: Balrampur and Uttar Pradesh

Description	Balrampur	Uttar Pradesh	Source
Total Population (In Lakh)	21.48	1958.81	census2011
Decadal Growth (%)	27.74	20.09	census2011
Crude Birth Rate	35.4	24.8	census2011
Crude Death Rate	10.4	8.3	census2011
Natural Growth Rate	24.9	16.5	census2011
Sex Ratio	928	908	census2011
Child Sex Ratio	950	899	census2011
Schedule Cast Population(In Lakh)	2.90	351	census2011

Schedule Tribe Population(In Lakh)	0.25	11	census2011
Total Literacy Rate (%)	51.76	69.72	census2011
Male Literacy Rate (%)	61.66	79.24	census2011
Female Literacy Rate (%)	40.92	59.26	census2011

Literacy percentage was 51.76 per cent out of which 61.66 percent male were literate and 40.92 percent of females were literate.

Table 3: Key Health Indicators: Balrampur

Health Indicators	Number	Percentage/Ratio
NMR		68
IMR		87
U5MR		117
MMR		366
TFR		409
Fully immunized children	46142	75.03
ANC Registration in the first trimester	22363	31.09
Full ANC	44902	62.42
Safe Deliveries (Institutional + SBA attended home deliveries)	34393	54.12
Institutional Deliveries	32299	50.83
No. of Women received PNC checkups within 48 hours	24967	72.59

Table 3 shows the key health and health care indicators of the district. The Infant Mortality Rate (IMR) is 87 which is quite high. The MMR is 366 and U5MR is 117. Further 75.03 per cent of the children received full immunization in the district. 62.42 per cent of the pregnant women received full ANC checkup and 72.59 per cent women received PNC checkups within 48 hours of the delivery. Also institutional deliveries in the district were 50.83.

2. KEY FINDINGS AND OBSERVATIONS

2.1 PHYSICAL INFRASTRUCTURE AND EQUIPMENT

Health Infrastructure seems quite steady in Balrampur. District is trying its best to provide health facilities to the people. There are separate hospitals for males and females. This has led to division of work load between the two divisions.

There number of 108 ambulances are 16, 102 ambulances are 22 and two referral transport/ALS in the district and all the functional.

Table 4: Health Infrastructure of Balrampur District

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	3	3	0
Poly Clinics	0	0	0
Mohalla Clinics	0	0	0
Delhi Government Dispensaries	0	0	0
Mother & Child Care Centres	0	0	0
MCD Hospitals	0	0	0
Medical College	0	0	0
Skill Labs	0	0	0
District Early Intervention Center	0	0	0
Delivery Points	73+1	73	01

District Female Hospital (MILK Hospital)

Female District hospital was centrally located and one of the over loaded hospitals of the district. The infrastructure of the hospital was found to be satisfactory and well maintained.

Fig 2: A Unit in Female District Hospital



There was different floor for each section of the facility such as Gynaecology, Paediatrics, Family planning and other sections. Table 5 shows that almost all the physical infrastructure facilities were available in the hospital. Provisions of staff quarters were not available for doctors. There was running water supply and electricity power backup in the hospital. One of the problems was unavailability of Nutritional Rehabilitation Centre.

Table 5: Health Infrastructure of Female District Hospital

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	Y
Staff Quarters for SNs	Y
Staff Quarters for other categories	Y
Electricity with power back up	Y

Running 24*& water supply	Y
Clean toilets separate for Male/Female	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional New Born Stabilization Unit	Y
Functional SNCU	Y
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	Y
Availability of Nutritional Rehabilitation Centre	N
Functional BB/BSU, specify	Y
Separate room for ARSH clinic	Y
Burn Unit	Y
Availability of Complaint/suggestion box	Y
Availability of mechanisms for Biomedical waste management (BMW) at facility	Y
BMW outsourced	Y
Availability of ICTC/PPTCT Centre	Y
Availability of Functional Help Desk	Y

CHC Tulsipur

There was not much problem of infrastructure and there was adequate amount of space in CHC Tulsipur. There were no separate clean toilets for male and female. There was 24*7 running water supply available in the facility.

Fig 3: CHC Tulsipur



Proper bio-medical waste mechanism was functional in the facility. The Community Health Centre was functioning in a government building. Bio-medical waste mechanism was functional in the facility. There was no Nutritional Rehabilitation Centre available and no separate room for ARSH clinic.

Table 6: Health Infrastructure of CHC Tulsipur

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	N
Staff Quarters for SNs	N
Staff Quarters for other categories	N
Electricity with power back up	Y
Running 24*& water supply	Y
Clean toilets separate for Male/Female	N
Functional and Clean labour room	Y

Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional SNCU	N
Functional New Born Stabilization Unit	Y
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	Y
Availability of Nutritional Rehabilitation Centre	N
Functional BB/BSU, specify	N
Separate room for ARSH Clinic	N
Availability of Complaint/suggestion box	Y
Availability of Mechanisms for waste management	Y
BMW Outsourced	N
Availability of ICTC Centre	Y

PHC Balrampur

The PHC was easily accessible and located in government building. The PHC Balrampur had huge infrastructure problem and the condition of the building was not satisfactory and requires renovation.

Further there are no staff quarters available for MOs. One of the major problem is unavailability of separate clean toilets for male and female. Also separate wards for male and female are missing. This facility required immediate attention by the authorities.

Fig. 4: PHC Balrampur



Table 7: Health Infrastructure of PHC Balrampur

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	N
Staff Quarters for SNs	Y
Staff Quarters for other categories	Y
Electricity with power back up	Y
Running 24*7 water supply	Y
Clean toilets separate for Male/Female	N
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional New Born Stabilization Unit	N
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	N
Availability of Complaint/suggestion box	Y
Availability of mechanisms for waste management	N

Sub Centre Banghusara and Khagaijot

Sub Centre Banghusara was in good condition infrastructure wise. Only problem was unavailability of mechanism for waste management.

Fig. 5: Subcentre Rampur Banghusara



Table 9: Health Infrastructure of Sub Centre Banghusara

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Electricity with power back up	Y
Running 24* & water supply	Y
ANM quarter available	Y
ANM residing at SC	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
General Cleanliness in the facility	Y
Availability of Complaint/suggestion box	N
Availability of mechanisms for waste management	N

The Sub Centre at Khagaijot was not up to the standards. One of the major problem was running water supply. Also no functional clean toilets were attached to labour room. There was no functional new born care corner in the facility.

Table 9: Health Infrastructure of Sub Centre Khagaijot

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Electricity with power back up	Y
Running 24* & water supply	N
ANM quarter available	Y
ANM residing at SC	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	N
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	N
General Cleanliness in the facility	Y
Availability of Complaint/suggestion box	N
Availability of mechanisms for waste management	N

3. HUMAN RESOURCES: STATUS AND TRAINING

Lack of Human Resource is one of the major flaws of district which in turn responsible for the weaker health indicators. Specially, crunch of senior officials and specialists at the facilities is causing a major hindrance. Limited resources for education and especially for higher education were the reasons behind such gloomy results.

The number of ANMs and ASHAs are quite satisfactory and genuinely working for the district. Clashes between permanent and contractual staff also pose a problem for the entire Health system and service delivery by the district. Shortage of staff at the CHCs and PHCs causes impediments in providing smoothed service to the common masses. Even the data entry operators particularly related to HMIS in District hospital are well

trained and efficient enough to fill the data both offline and online. However the major problem faced by the MO/IC in the District hospital is of LHVs and Paramedical staff.

Table 10: Staff position in Balrampur

Position Name	Sanctioned	Contractual	Vacant
MO's including specialists	9	0	9
Gynecologists	2	0	2
Pediatrician	0	0	0
Surgeon	0	0	0
LHV	0	0	0
ANM	74	48	26
Pharmacist	0	0	0
Lab Technicians	2	0	2
X-ray technicians	0	0	0
Data Entry Operators	10	10	0
Staff Nurse at CHC	43	34	9
Staff Nurse at PHC	16	14	2
ANM at PHC	0	0	0
ANM at SC	70	44	26
Data Entry Operators	9	9	0
Any Other, please specify (Anesthetist)	1	0	1

Staff Position at District Hospital

- Limited NHM staff was available in the Female District hospital.
- There was one specialist, no Medical Officer and two ANMs granted from NHM.
- Clarity was required within the staff members for smooth functioning of the facility.
- With over loaded facilities more NHM staff can be appointed, especially in HMIS and MCTS section for better recording of data.

Staff Position at CHC Tulsipur and PHC Balrampur

Table 11: Staff Position in CHC Tulsipur and PHC Balrampur

Category	CHC Tulsipur	PHC Balrampur
MO	1	4
SNs/GNMs	7	4
ANM	-	27
LTs	1	2
Pharmacist	3	11
LHV/PHN	-	6
Others	-	15

Training Status of Human Resource among facilities

Training is essential part for developing human resource mechanism which is essential for overall development of the public health mechanism. In Balrampur district as well, training was conducted from time to time, especially of ANM and ASHAs. District scenario shows that refresher training is given from time to time to HMIs and MCTS staff. Further IUCD training was given to ANMS, but so far no doctors have been involved in it.

Among facilities, in district hospital in current year only refresher training of HMIS has been given to CDOs. In all the facilities staff was trained in Family planning, Bio-medical waste management, Anaemia , Mini Lap, RTI/STI, IUD insertion, Immunization and Cold Chain.

EQUIPMENTS IN THE FACILITIES

In some of the facilities shortage of equipment was seen.

Fig. 6: Wards in the Female District Hospital



Female District Hospital

All instruments were functional and no such shortage of equipment was observed in the district hospital.

Table 12: Equipments at Female District Hospital

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	Y
Functional Neonatal, Paediatric and Adult Resuscitation kit	Y
Functional Weighing Machine (Adult and child)	Y
Functional Needle Cutter	Y
Functional Radiant Warmer	Y
Functional Suction apparatus	Y
Functional Facility for Oxygen Administration	Y

Functional Foetal Doppler/CTG	Y
Functional Mobile light	Y
Delivery Tables	Y
Functional Autoclave	Y
Functional ILR and Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/ EVA Equipment	Y
Functional phototherapy unit	Y
O.T Equipment	
O.T Tables	Y
Functional O.T Lights, ceiling	Y
Functional O.T lights, mobile	Y
Functional Anesthesia machines	Y
Functional Ventilators	Y
Functional Pulse-oximeters	Y
Functional Multi-para monitors	Y
Functional Surgical Diathermies	Y
Functional Laparoscopes	Y
Functional C-arm units	Y
Functional Autoclaves (H or V)	Y
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y
Functional Ultrasound Scanners	Y
Functional C.T Scanner	Y
Functional X-ray units	Y
Functional ECG machines	Y

CHC Tulsipur

In CHC Tulsipur there was shortage of functional neonatal, pediatric and adult resuscitation kit and suction apparatus.

Table 13: Equipment in CHC Tulsipur

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y

Sterilised delivery sets	Y
Functional Neonatal, Paediatric and Adult Resuscitation kit	N
Functional Weighing Machine (Adult and child)	Y
Functional Needle Cutter	Y
Functional Radiant Warmer	Y
Functional Suction apparatus	N
Functional Facility for Oxygen Administration	Y
Functional Autoclave	Y
Functional ILR and Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	N
Functional phototherapy unit	Y
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y

PHC Balrampur

There was shortage of functional Radiant warmer, suction apparatus and facility for oxygen administration. Further there was no functional centrifuge and semi autoanalyzer among the laboratory equipment.

Table 14: Equipment in PHC Balrampur

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	Y
Functional Neonatal, Paediatric and Adult Resuscitation kit	Y
Functional Weighing Machine (Adult and child)	Y
Functional Needle Cutter	Y
Functional Radiant Warmer	N
Functional Suction apparatus	N
Functional Facility for Oxygen Administration	N
Functional Autoclave	Y
Functional ILR and Deep Freezer	Y

Functional Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	N
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	N
Functional Semi autoanalyzer	N
Reagents and Testing Kits	Y

Sub Centre Khagaijot

In Sub Centre Khagaijot Haemoglobinometer and RBSK pictorial tool kit was not available and some of the equipment were not functional.

Table 15: Equipment in Sub Centre Khagaijot

Equipment	Available and functional	Available but non-functional	Not Available
Haemoglobinometer			Y
Any other method for Haemoglobin Estimation			Y
Blood sugar testing kits	Y		
BP instrument and stethoscope	Y		
Delivery equipment		Y	
Neonatal ambu bag		Y	
Adult weighing machine	Y		
Infant/New born weighing machine	Y		
Needle and Hub Cutter	Y		
Color coded bins	Y		
RBSK pictorial tool kit			Y

Sub Centre Bhangusara

In Sub Centre Bhangusara Haemoglobinometer and RBSK pictorial tool kit was not available and BP instrument was not functional.

Table 16: Equipment in Sub Centre Banghusara

Equipment	Available and functional	Available but non-functional	Not Available
Haemoglobinometer			Y
Any other method for Haemoglobin Estimation	Y		
Blood sugar testing kits			Y
BP instrument and stethoscope		Y	
Delivery equipment	Y		
Neonatal ambu bag	Y		
Adult weighing machine	Y		
Infant/New born weighing machine	Y		
Needle and Hub Cutter	Y		
Color coded bins	Y		
RBSK pictorial tool kit			Y

Essential Drugs and Supplies

- In Balrampur district overall there was no shortage of drugs as such. Further there was central system of procurement of drugs which was working smoothly in the district.
- In district hospital all drugs were available and regular in supply. Only IFA Syrup with dispenser was not available.
- When it comes to CHC Tulsipur there was shortage of IFA syrup with dispenser, Vit A syrup, Inj Magnesium Sulphate, Mifepristone tablets and antibiotics.
- In PHC Balrampur IFA Syrup with dispenser, Mifepristone tablets and labeled emergency trays were not available.
- There was shortage of Mitroprostol tablets, antibiotics and drugs for common ailments such as PCM, metronidazole, anti allergic drugs, etc. Similar situation was observed in Sub Centre Khagaijot.

4. SERVICE DELIVERY AND RECORD MAINTENANCE

Service delivery and record maintenance are one of the few important aspects of NHM monitoring and evaluation. Records are checked of each facility and it is seen that whether it is properly maintained through HMIS portal.

Record Maintenance at District Hospital

- Record maintenance is an integral part of NHM which is essential for proper tracing of the mechanism working of the system.
- When it comes to maintenance of HMIS and MCTS portal, CDOs were working efficiently but they were less in numbers. Often two facilities were sharing one CDO which lead to decrease in the pace of work. Further in some of the facility there was issue of computers, either they were not working or they have to be shared for all portals which affected the data quality adversely.
- All facilities were maintaining their registers properly and they were updated from time to time.
- All the records were properly maintained by different sections of the facility.
- All mothers were initiated breast feeding within one hour of normal delivery in the facility.
- Immunization program was working properly in the district hospital. Zero doses BCG, Hepatitis B and OPV are given to the children. Further program **Inderadhanush** was working effectively in the district.
- Family planning initiatives were taken; people were counseled for family planning after PNC has been done. Further counseling is being done for the newly married couples.
- JSY cheques were given from time to time and were given after the delivery. There was the system of account payee cheque in the district. But only problem was of account payee cheques, as most of the times beneficiaries don't have accounts in the bank. Further most of the time beneficiaries who are coming under BPL section don't have proper documents to support their status , in that scenario claiming their JSY money becomes a difficult task.

- All services of diagnostics, medicine and diet were provided free in the hospital.

Table 17: Service Delivery in last two financial years in Female District Hospital

Service Utilization Parameter	2015-16	2016-17
OPD	32086	33957
IPD	5051	4302
MCTS entry on percentage of women registered in the first trimester	-	50%
No. of pregnant women given IFA	-	-
Total deliveries conducted	3025	3205
No. of C-section conducted	371	327
No. of admissions in NBSUs/ SNCU, whichever available	-	-
No. of children admitted with SAM (severe Acute Malnutrition)	-	-
No. of sick children referred	-	-
No. of pregnant women referred	159	311
ANC 1 registration	7371	9323
ANC 3 coverage	7371	9323
No. of IUCD Insertions	455	635
No. of PPIUCD Insertion	294	613
No. of children fully immunized	-	-
No. of children given Vitamin a	-	-
Total MTPs	-	-
Number of Adolescents attending ARSH clinic	-	3521
Maternal deaths	6	8
Still births	221	243
Neonatal deaths	-	-
Infant deaths	-	-

CHC, PHC and Sub Centre

Table 18: Record maintenance of CHC Tulsipur

Service Utilization Parameter	2015-16	2016-17
OPD	46254	19156
IPD	7419	1914
MCTS entry on percentage of women registered in the first trimester	156	42
No. of pregnant women given IFA	487	117
Total deliveries conducted	3493	1070
No. of C-Section Conducted	0	0
No. of admissions in NBSUs, if available	0	43

No. of children admitted with SAM (Severe Acute Anemia)	0	0
No. of sick children referred	0	0
No. of pregnant women referred	0	2
ANC 1 registration	487	116
ANC 3 coverage	201	41
No. of IUCD Insertions	62	9
No. of PPIUCD insertions	308	27
No. of children fully immunized	226	36
No. of children given Vitamin A	226	36
No. of MTPs conducted	0	0
No. of Adolescents attending ARSH clinic	0	0
Maternal deaths	0	0
Still birth	144	35
Neonatal deaths	0	0
Infant deaths	0	0

- In all the mentioned facilities records were maintained properly.
- In CHC Tulsipur there was problem of resources in spite of that the facility was trying to manage with limited resources. There was some problem in the quality of stationary in the facility.
- Immunization program was functioning well in the facilities. Family planning camps were organized from time to time in all the facilities.
- There were issue regarding JSY payments in the whole district. People were facing difficulties in opening accounts due to problem in opening of bank accounts as cheques are given account payee.

Table19: Service Delivery of PHC Balrampur

Service Utilization Parameter	2015-16	2016-17
OPD	59423	53487
IPD	1159	1115
Total deliveries conducted	1720	2115
No. of admissions in NBSUs, if available	-	-
No. of sick children referred	-	-
No. of pregnant women referred	-	-
ANC 1 registration	8526	7917

ANC 3 coverage	4183	4489
No. of IUCD Insertions	616	764
No. of PPIUCD insertions	49	144
No. of Vasectomy	0	5
No. of Mimplap	37	41
No. of children fully immunized	5578	4882
No. of children given Vitamin A	5578	4882
No. of MTPs conducted	0	0
Maternal deaths	4	13
Still birth	74	68
Neonatal deaths	0	0
Infant deaths	0	0

Table 20: Service Delivery at SC Bhangusara and SC Khagaijot

Service Utilization Parameter	SC Bhangusara		SC Khagaijot	
	2015-16	2016-17	2015-16	2016-17
No. of estimated pregnancies	293	293	315	315
No. of pregnant women given IFA	85	79	146	94
No. of deliveries conducted at SC	64	21	37	25
No. of deliveries conducted at home	27	9	9	5
ANC1 registration	203	72	237	124
ANC3 coverage	138	7	87	20
No. of IUCD insertions	15	20	10	5
No. of children fully immunized	167	87	136	73
No. of children given Vitamin A	167	87	136	73
No. of children given IFA Syrup	-	-	0	0
No. of Maternal deaths recorded	0	0	0	0
No. of still birth recorded	2	3	1	0
Neonatal deaths recorded	0	0	0	0
No. of VHNDs attended	84	32	48	38
No. of VHNSC meeting attended	0	01	0	0

5. MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM to reduce Maternal and Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NHM to reduce maternal morbidity and mortality.

Table 20 shows the block wise service delivery indicators in the last financial year. The performance of the district seems fairly well. Home deliveries have seen slight decrease so far and there was increase in SBA assisted home deliveries and decrease in Non- SBA assisted home deliveries.

Table 21: Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Balrampur Rural	8010	4236	2353	2401
Tulsipur	9328	5590	4055	3696
Gainsari	5940	5640	3881	1361
Pachperwa	7268	5514	4735	3286
Haraiya Satghrwa	8789	4001	2463	5662
Sriduttganj	5586	4034	1491	2529
Utraula	6147	4558	1519	4183
Gaindas Bujurg	5223	3496	2097	1906
Rehra Bazar	7207	5410	3523	3503
Urban	8434	2423	0	3772

Table 21 gives the block wise service delivery indicators of PNC in the last financial year. As per the officials PNC registration have increased so far.

Table 22: Block wise service delivery indicators of PNC in the last financial year

Block	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Balrampur Rural	3032	1519

Tulsipur	1383	2229
Gainsari	1720	1475
Pachperwa	2160	3880
Haraiya Satghrwa	7091	7007
Sriduttganj	2529	3083
Utraula	1208	941
Gaindas Bujurg	2434	1530
Rehra Bazar	2304	3301

The block wise delivery indicator shows the provision of home deliveries. It was observed that there is increase in still birth, one of the major contributing factor behind this is increase in migratory population, where pregnant women comes at the peak hour of their delivery which leads to have negative implication on both mother and child.

Table 23: Block wise service delivery indicator in the last financial year

Block	TT1	TT2	Home Deliveries		Still Birth
			SBA assisted	Non-SBA	
Balrampur Rural	7330	6759	77	2276	101
Tulsipur	8876	8383	0	4055	155
Gainsari	5550	5658	0	3881	68
Pachperwa	6810	6070	96	4639	77
Haraiya Satghrwa	7423	6940	0	2463	224
Sriduttganj	5367	4963	345	1146	62
Utraula	5617	5318	114	1405	61
Gaindas Bujurg	4620	5010	338	1759	29
Rehra Bazar	6650	6799	1124	2399	29

Janani Surkasha Yojana

Janani Suraksha Yojana is an initiative for safe motherhood under NHM. It basically aims at reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women.

Fig. 7: Interviewing JSY Beneficiaries

- JSY payments were done from time to time in Balrampur district but only problem was the issue of account payee cheques as most of the beneficiaries don't have account.
- Most of the time people don't have proper documents which becomes major issue when it comes to opening of bank account.
- Proper records are maintained in every facility and are updated from time to time. Community health workers such as ASHA and ANMs support beneficiaries in opening their bank account.
- There should be provision of staying till 48 hours after the delivery and at the time of discharge patient amount should be transfer. Further procedure of amount transfer should be less complicated so that more people can utilise the benefits of JSY.

Table 24: Status of JSY Payments in Balrampur District

Status of payments for			Record Maintenance		
Institutional deliveries	Home deliveries	Deliveries brought by ASHAs	Available	Updated	Non-updated
30816	5	25897	Yes	Yes	

The above mentioned table shows the status of JSY payments in Balrampur district, where total 30816 institutional deliveries, 5 home deliveries and 25897 ASHAs were given JSY payments. There major issues of JSY payments in the district. Beneficiaries were getting difficulty in accessing their payments due to problems related to opening of bank account.

Janani Shishu Suraksha Karyakaram

JSSK is another initiative taken by NHM for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women. Free entitlement services are as follows 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

The JSSK program was functioning well in the district. The patients were getting free medicines, laboratory testing and referral transport. But there was problem in laboratory services as most of the facilities at primary level were not providing all the essentials tests because of which they have to go outside. When it comes to transport, there was problem in transport facility from home to facility and facility to home.

Table 25: Status of JSSK Services in Balrampur District

Block	No. of Beneficiaries under JSSK			District Total		
	Diet	Drugs	Diagnostic	Transport		
				Home to facility	Referral	Facility to Home
Balrampur Rural	613	0	0	520	28	624
Tulsiपुर	2543	0	0	1532	0	1403
Gainsari	950	0	0	584	0	539
Pachperwa	2655	0	0	2964	166	2854
Haraiya Satghrwa	2807	0	0	1774	106	1256
Sriduttganj	2243	0	0	1820	38	1659
Utraula	2729	0	0	1986	0	2406
Gaindas Bujurg	623	0	0	1840	0	2226
Rehra Bazar	553	0	0	3885	154	3513

Above mentioned table shows the status of JSSK services in Balrampur district. There is immediate need for creating awareness regarding services provided by JSSK, especially provision of free transport. As it has been observed that in most of the cases people are not aware about the free transport facility and even if they are aware they are not ready to use the services due to stigma attached to the ambulance services.

CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. The Child health program promotes the following points; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. District child health program was functioning well; both District hospital and CHC were having special newborn care corner. Instead of Nutrition rehabilitation centre, there were malnutrition centres in the facilities. Immunization programs were functioning smoothly in the district.

Sick New Born Care Unit

SNCU was present in District hospital was functionally well in the district as compare to other district. But more beds can be allotted to SNCUs to cater wider population in their respective areas.

Fig. 7: SNCU at Female District Hospital



Table 26: New Born Care Unit

	Numbers
Total SNCU	01
Total NBSU	01
Total NBCC	36
Total Staff in SNCU	7+9
Total Staff in NBSU	2
Total NRCs	1
Total Admissions in NRCs	-
Total Staff in NRCs	4+2+1+1
Average duration stay in NRCs	-

Immunization

- Proper immunization cards are maintained in the facilities . ANMs are actively involved in the process of immunization.
- Inderadhanush program was running smoothly in the district. ANMs and ASHAs were going to the field regularly and covering the untouched areas.
- But more IEC material could have been displayed regarding immunization, which could create more awareness among people.
- Further Cold chain storage was available in the most of the facilities but facilities which didn't have deep freezers they were managing with refrigerators.
- Over all the entire immunization program is functioning well in the district.

Table 26 shows the block wise analysis of immunization in the last financial year. The immunization programme was running at full strength in the district and significant improvement was seen from last year.

Table 27: Block wise Analysis of immunization in the last financial year

Block	OPV at birth	BC G	DPT			OPV			Measles	Full Immunization
			1	2	3	1	2	3		
Balrampur Rural	2505	6763	15	339	471	6745	5609	4888	5244	5546
Tulsiapur	3366	9920	3	137	245	7960	7550	7195	6800	6769
Gainsari	2226	5613	345	522	737	5547	4800	4291	4766	4766
Pachperwa	4051	7216	53	380	586	6017	5552	4975	4493	4380
Haraiya Satghrwa	2505	7422	6	284	578	6892	6038	4951	5264	4726
Sriduttganj	2470	5534	14	207	353	4335	4134	3979	3695	3650
Utraula	4019	4204	505	695	742	4823	4751	4680	4340	4047
Gaindas Bujurg	1958	6118	342	565	760	4817	4335	4295	3144	3111
Rehra Bazar	1188	586	58	73	91	596	573	547	6029	5574

		6	6	4	0	6	1	7		
DHQ	4616	576 3	74	78	69	293 1	258 9	211 3	2218	3573

7. FAMILY PLANNING

District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning. When it comes to sterilisation there more of female sterilisation comparison to male sterilisation due to stigma attached to it.

Table 28: Family Planning position in Balrampur District

Block	Sterilization			IUCD Insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Balrampur	1408	1	72	2297	77	1509	288 4	80	20	3699	5702
Gaindas Bujurg	696	0	17	1133	116	746	217 3	0	265	1828	1315 1
Gaindas	458	0	56	744	0	490	460 7	0	140	1200	1887 8
Haraiya Satghrwa	1148	0	101	1875	93	1231	191 3	180	14	3018	2356 2
Pachperwa	914	0	143	1488	0	980	151 1	150	0	2401	1055 2
Rehra	1076	0	79	1752	216	1154	609 2	120	76	2827	7796 0
Sriduttganj	726	1	44	1182	36	778	198 5	0	0	1908	5070 7
Tulsipur	1257	0	74	2051	25	1347	451 0	150	50	3301	1522 3
Utraula	1241	0	91	202	54	1330	758 9	150	157 0	3261	9341 5

More awareness regimes were required to create awareness regarding family planning practices.

8. INFORMATION EDUCATION AND COMMUNICATION (IEC)

IEC was there in the facilities of central district. But more display material can be put regarding ARSH, family planning imitative and importance of ANC which would be help tool in creating awareness regarding such trivial issues.

HMIS AND MCTS

HMIS and MCTS were functioning well in the district. Data entry operators were recording the data from time to time. It was one of the plus points of the district as it helps maintained a record of the achieved status of various programs. MCTS portal helped to track anaemic women and child in the district, proper record was maintained and checking was done from time to time. Overall both HMIS and MCTS were working well in the district.

Fig. 9: HMIS data entry at the facilities



PERFORMANCE OF ASHA IN THE DISTRICT

ASHA is one of the important components of NHM which is essential for the RCH program of every state in India. In central district ASHAs were working efficiently to ensure that NHM services are provided to the beneficiaries in their area. But issues such as timely payment to ASHA workers, ensuring that they get their incentives on time should be dealt in a more affirmative manner. Besides of giving them incentive nominal pay should be given to them, so that get encouragement to work further. During ASHA meeting it was observed that most of the ASHAs were not happy with their incentive and increment is required. There was overall dissatisfaction among ASHA workers in the district, as they were overloaded with work with less of recognition in their respective fields.

Table 29: ASHA Position in the District

Last status of ASHAs(Total number of ASHAs)	
ASHAS PRESENTLY WORKING	1830
Positions vacant	126
Total number of meeting with ASHA (in a year)	108
Total number of ASHA resource centers/ASHA Ghar	0
Drug kit replenishment	0
No. of ASHAs trained in last year	1752
No. of trainings received	Induction CCSP HBNC

Above mentioned table shows the position of ASHAs in the district. There were 1830 ASHAs working in the district. There are 126 positions vacant in the district and yearly 108 meetings are being held in the district.

GOOD INNOVATIONS AND PRACTICES IN THE DISTRICT

There was Whatsapp group is been made by DPMU which discusses the regular activity of NHM among different nodal officers. This will track different progress reports from different heads of NHM. DPMU of the district was very active and was working actively in smooth functioning of the NHM activities. Maternal and Infant death reports were prepared from time to time and were discussed in review meeting regularly.

KEY CONCLUSIONS AND RECOMMENDATIONS

- Balrampur is one of the regions which suffer from floods and bad condition of roads. These reasons play an important role in making this district a high focus district.
- Lack of funds was one of the major issues in the district, as for past one month funds were not transferred in the district.
- HMIS department can develop a plan for orientation of frontline workers and managers to improve data quality. State Demographic Cell and HMIS department should plan and conduct orientation of block and district level officials to improve data analysis and provision of appropriate feedback.
- Sub-centres are working in a proper manner in the district, so more emphasis should be laid on them so that they can perform exceptionally great in their areas.
- ASHA workers and ANMs are performing equally well in the district, more incentive based schemes can be introduced in the district so that they are encouraged to perform better.
- There was lack of awareness for family planning methods in the district.
- Shortage of Human resource especially MOs and other specialists like Anesthetics and pediatrician in district is the primary issue that needs to be tackled. Thus, there should be strengthening of Human Resource Development Strategy.
- Balrampur district is a flood terrain due to which there are no proper roads in the district. This is one of the reasons behind hindrance in providing health services as many hamlets and villages are accessible only on foot which consumes both time and energy.
- ARSH wing in the facilities should get established in the district as soon as possible.
- Minimum number of contractual staff such as staff nurses should be given to the facilities which can help in reducing the work load of the doctors.
- Balrampur district was trying its best to improve the quality of services in their district. In order to provide quality services, time to time meetings are been done with different nodal persons.

- According to the officials, there was problem of infrastructure in the district. Many buildings need repairing which was a major issue which needs to be repaired in the district.
- Toilet facilities and drinking water supplies are one of the major problems in most of the facilities. In most of the cases patients have to bring their own water. Further for hospital staff as well there was no proper supply of water available.
- Lack of human resource was a common problem in al over district. Further when it comes to paramedical staff, most of the people who were coming from far of areas often demanded nearby places for their post. For that they often approached MLAs for recommendations. This created hindrance in the pace of work.
- More awareness regimes such as Family Planning, benefits of ANC and PNC should be introduced in the district. So that even people in the interior parts of the region become aware of it.
- For the implementation JSY, documentation came out to be a major problem which was proving hindrance in the successful implementation of the scheme.
- Whereas JSSK is concern, some of the essential drugs were not available in the facility but they refused to share the shortage with the concern authorities. The accessibility of the amount should be made simple as often patients face difficulty in JSY procedures which discourages them to leave the JSY amount.
- Awareness about the benefits of JSY and JSSK was very limited. There should be more awareness programs launched to create awareness about such program, for that ASHA workers can be used as a good catalyst in creating awareness.
- Further infrastructure is one of the lacking points of Balrampur district which needs to be improved immediately. There should be mechanism which looks after providing all the basic facilities to the different centers.
- Schemes such JSY and JSSK should be evaluated regularly so that necessary changes can be introduced from time to time which makes such schemes more effective.
- So far NHM funds has been utilised but somewhere more clarity should be shown in the usage of the funds. Funds given under NRM programs such as maintenance

fund, corpus grant and untied fund have been given far less than the actual requirements.

APPENDIX 1: DISTRICT NODAL QUESTIONNAIRE**NATIONAL HEALTH MISSION****MONITORING OF DISTRICT PIP**

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT**1. Detail of demographic & health indicators for the last financial year**

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/
District hospital			
CHC			
PHC			

SC			
Mother & Child Care Centers			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Adolescent Friendly Health Clinic			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

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

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

Position Name	SBA	BeMOC	MTP	Minilap/PP S	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						

ANM					
LHV/PHN					

* Note- Fill number of officials who have received training

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

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

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

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	TT1	TT2

Note- Please include the data for Medical College and DH

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

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

--	--	--

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons	(% of deaths due to reasons given below)	Time of Death		
	Hospital	Home	Transit			During pregnancy	During Delivery	Post Delivery
				Hemorrhage				

				Obstetric Complications				
				Sepsis				
				Hypertension				
				Abortion				
				Others				

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

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

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

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

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

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

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

Note- * Leave against medical advise

6.4. Neonatal Deaths in the last financial year

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

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

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

Block	Sterilization	IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms

	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*

*Achievement

8. Rashtriya Kishor Swasthya Karyakram (RKSK)/ARSH Progress in District in the last financial year

Block	No. of AHDs conducted	No. of Adolescents who attended the Counseling sessions	No. of Anemic Adolescents		Number of WIFS beneficiaries	No. of RTI/STI cases	No. of Peer Educators
			Severe Anemia	Any Anemia			

9. Quality in health care services

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

10. Community process in District in the last financial year

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

11.1 Disease control programme progress in District (Communicable Diseases)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB						
Leprosy						
Malaria						
Japanese Encephalitis						
Others, if any						

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

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

Sl. no	Scheme/Programme	Funds	
		Sanctioned	Utilized
13.1	RCH Flexible Pool		
13.2	NHM Flexible Pool		
13.3	Immunization cost		
13.4	NIDDCP		
13.5	NUHM		
13.6	Communicable disease Control Programmes		
13.7	Non Communicable disease Control Programmes		
13.8	Infrastructure Maintenance		

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

HMIS/MCTS	Remarks

Is HMIS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is MCTS implemented at all the facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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"/>	
Do programme managers at all levels use HMIS data for monthly reviews?	Yes <input 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 anemic women, low birth weight babies and sick neonates	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the service delivery data uploaded regularly	Yes <input 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 type="checkbox"/> No <input type="checkbox"/>	
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"/>	

APPENDIX 2: DH LEVEL QUESTIONNAIRE

DH level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of DH: _____
 Catchment Population: _____ Total Villages: _____
 Date of last supervisory visit: _____
 Date of visit: _____ Name & designation of monitor: _____
 Names of staff not available on the day of visit and reason for absence: _____

Section I: Physical Infrastructure:

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

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

Section II: Human Resource under NHM in the last financial year:

S. no	Category	Regular	Contractual	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 in the last financial year:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		

3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	

4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock available	Y	N	

S. No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S. No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		

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

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

S. No	Parameters	Yes	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
7.2b	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3b	Counselling on Family Planning done	Y	N	
7.4b	Mothers asked to stay for 48 hrs	Y	N	

7.5b	JSY payment being given before discharge	Y	N	
7.6b	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

Section IX: Record Maintenance:

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

Section X: IEC Display

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

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....
.....
.....

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

.....
.....
.....

APPENDIX 3: CHC LEVEL QUESTIONNAIRE

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	
1.23 a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource under NHM in last financial year :

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:

(*Trained in Past 5 years)

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 Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

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

5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <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 financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

Section IX: Record Maintenance:

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

9.8	Partographs				
9.9	OT Register				
9.10	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

APPENDIX 4: PHC LEVEL QUESTIONNAIRE

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 under NHM in last financial year:

S. no	Category	Regular	Contractual	Remarks if any
2.1	MO			
2.2	SNs/ GNMs			
2.3	ANM			
2.4	LTs			
2.5	Pharmacist			
2.6	LHV/PHN			
2.7	Others			

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	

4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <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 (Rapid Plasma Reagin)	Y	N	
6.7	Malaria	Y	N	
6.8	T.B	Y	N	
6.9	HIV	Y	N	
6.10	Others	Y	N	

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		

7.19	Infant deaths		
------	---------------	--	--

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counselling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility

Through probing questions and demonstrations assess the staff know how to...

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				

9.4	PNC Register			
9.5	Indoor bed head ticket			
9.6	Line listing of severely anaemic pregnant women			
9.7	Labour room register			
9.8	OT Register			
9.9	FP Register			
9.10	Immunisation Register			
9.11	Updated Microplan			
9.12	Drug Stock Register			
9.13	Referral Registers (In and Out)			
9.14	Payments under JSY			

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	Y	N	
12.2	Functional laundry/washing services	Y	N	

12.3	Availability of dietary services	Y	N
12.4	Appropriate drug storage facilities	Y	N
12.5	Equipment maintenance and repair mechanism	Y	N
12.6	Grievance redressal mechanisms	Y	N
12.7	Tally Implemented	Y	N

Qualitative Questionnaires for PHC/CHC Level

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

.....

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

.....

3. Any counselling being conducted regarding family planning measures.

.....

APPENDIX 5: SC LEVEL QUESTIONNAIRE

Sub Centre level Monitoring Checklist

Name of District: _____	Name of Block: _____	Name of SC: _____
Catchment Population: _____	Total Villages: _____	Distance from PHC: _____
Date of last supervisory visit: _____		
Date of visit: _____	Name & designation of monitor: _____	
Names of staff posted and available on the day of visit: _____		
Names of staff not available on the day of visit and reason for absence : _____		

Section I: Physical Infrastructure:

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

Section II: Human Resource:

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

Section III: Equipment :

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	Y	N	
5.2	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 years:

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

Section VII: Record Maintenance:

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

	day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

- Since when you are working here, and what are the difficulties that you face in running the Sub-centre.

- Do you get any difficulty in accessing the flexi pool.

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

