

NATIONAL HEALTH MISSION



**A REPORT ON
MONITORING OF IMPORTANT COMPONENT OF NHM
PROGRAMME IMPLEMENTATION IN CENTRAL DISTRICT, DELHI**

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



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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 Central District, Delhi. 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

- Significant improvement was seen in immunization programme of the District specially after the launch of Indradhanush programme which was regularly functional.
- The team comprising of CDMO, DPMU and other nodal officers were working efficiently for the better functioning of the NHM in the district.
- 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.
- As far as the OPD counts are concerned an extensive growth can be seen which shows the increased level of awareness among the common masses.
- Antenatal care which plays a very decisive role in maternal as well as the child health was seen quite promising in the district.
- Institutional Deliveries conducted in the district are quite satisfactory.
- District is active in creating awareness through different channels of communication such as nukadnataks. For creating awareness regarding Diarrhea, hand wash activities, slogan competition and poster competition was conducted.
- District quality assurance committee is being made which looking towards the level of quality assurance among facilities.
- As far as drug supply is concerned Essential Drug List is ready at disposal for the beneficiaries.

- There was no problem regarding filling up of MCTS registers by the ASHAs in the district. That shows the proper training given and timely supervision from the DPM and other nodal officers in the district.

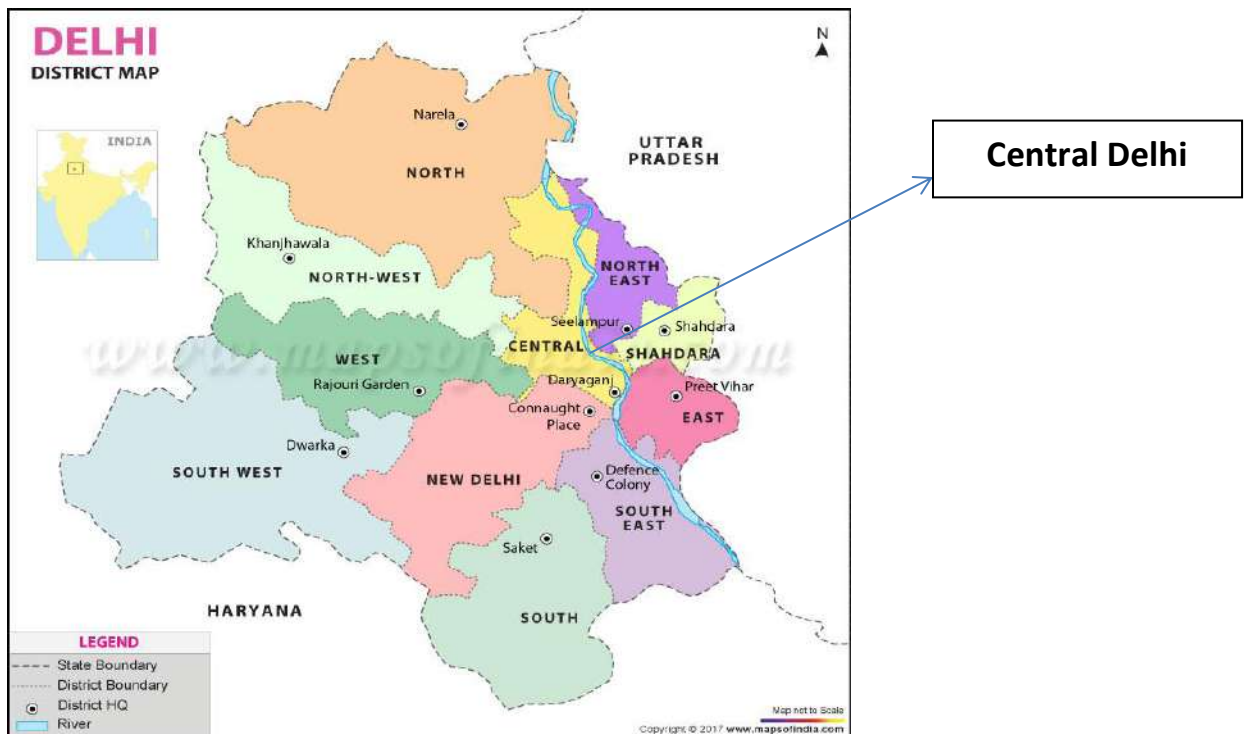
WEAKNESS OF THE DISTRICT

- One of the major problems in the district observed was unavailability of adequate human resource. Although the number of facilities is apt for the population out there but the major problem faced by the district is the shortage of MBBS Doctors and specialists.
- Polyclinics are not of much help. Since there are no facilities available for surgery and the patients have to be referred to District Hospitals for the same causing inconvenience.
- Some of the facilities like Motia Khan DGD were facing infrastructure crisis related to maintenance of buildings, water supply and power backup.
- Some of the centers are located inside very narrow lanes and there is extreme shortage of space in the facilities. At the time of OPD, patients have to wait for hours and there is no sitting place for patients.
- Migratory population is one of the major problems in the district. Due to this portals such as MCTS are also not being able to track such cases. There is no follow up for migratory population.
- JSY was also one of the problems faced in the district. There were payments issues for patients who were not having identity prove. Further in spite of opening bank account, payments were getting delayed.
- In the District Hospital there was huge shortage of number of beds and delivery tables for the patients.

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 Central 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 Central District which is located in Delhi. 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 Delhi: Central District



This report discusses the implementation status of NHM in Central District of Delhi. The report is based on the findings and observation of District Hospital (DH), three Delhi Government Dispensaries (DGDs) and one polyclinic. 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 Central district which includes one District Hospital, 3 DGDs and one polyclinic.
- 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 Central District, Delhi 2017

Facility Type	Name of the facility
District Hospital	District Hospital (DH), Lok Nayak Jay Prakash Hospital
Delhi Government Dispensary	DGD Nabi Karim
Delhi Government Dispensary	DGD Chamelion Road
Delhi Government Dispensary	DGD Motia Khan
Polyclinic	Polyclinic Timarpur

1.3 SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: DELHI AND CENTRAL DISTRICT

Delhi is located in northern India between the latitudes of 28°-24'-17" and 28°-53'-00" North and longitudes of 76°-50'-24" and 77°-20'-37" East. Delhi shares its bordering with the States of Uttar Pradesh and Haryana. Delhi has an area of 1,483 sq. kms. Its maximum length is 51.90 kms and greatest width is 48.48 kms. Delhi is situated on the right bank of the river Yamuna at the periphery of the Gangetic plains. It lies a little north of 28 n latitude and a little to the west of 78 longitude. To the west and south-west is the great Indian Thar desert of Rajasthan state, formerly known as Rajputana and, to

the east lies the river Yamuna across which has spread the greater Delhi of today. The ridges of the Aravelli range extend right into Delhi proper, towards the western side of the city, and this has given an undulating character to some parts of Delhi. The meandering course of the river Yamuna meets the ridge of Wazirabad to the north; while to the south, the ridge branches off from Mehrauli. The main city is situated on the west bank of the river.

Central district is headed by District Magistrate, who has under him/her an Additional District Magistrate, three Sub-Divisional Magistrates, three Tehsildars and two Sub-Registrars. The District Magistrate of the Central District reports to Divisional Commissioner. He/She is the controlling/supervising officer guiding and facilitating the work as well as the head of the Revenue Department at the district level. It houses the central business district and high rises. It includes Shahjahanabad (Old Delhi) which served as capital of the Mughal Empire, and is home to the monuments like the Delhi Fort and the Jama Masjid, Delhi's principal mosque.

Demographic Indicators:

Total population of central district is 582320 out which 52.7 percent is male population and 47.1 per cent is female population. The population growth is -9.9 in the district. Sex ratio in central was better in central district which was 892 in comparison to whole of Delhi and Child sex ratio is 905.

Table 2: Key Demographic Indicators: All India, Delhi & Central

Description	India	Delhi	Central	Source
Approximate population	121 Crores	1.68 crores	582320	census2011
Actual population	1,21,05,69,573	16,787,941	582320	census2011
Male	6,231,843	8,987,326	307281	census2011
Female	58,74,47,730	7800615	274499	census2011
Population growth	17.7	21.21	-9.9	census2011
Sex ratio	943	868	892	census2011
Child sex ratio	914	871	905	census2011
Density /km ²	416	11320	27730	census2011

Area km2		1483	23	census2011
Literacy	73	86.21	85.14	census2011
Male literacy	80.9	90.94	87.5	census2011
Female literacy	64.6	80.76	82.49	census2011
Child proportion (0-6 Age)	13.6	2012454	10.77	census2011
Boys proportion (0-6 Age)	13.8	1075440	10.7	census2011
Girls proportion (0-6 Age)	13.4	937,014	10.86	census2011

Literacy percentage was 85.14 per cent out of which 87.5 percent male were literate and 82.49 percent of females were literate. Child proportion (0-6 Age) was 10.77 out which boys constitute 10.70 and girls were 10.86 in proportion in the district.

Table 3: Rural-urban comparison of demographic indicators

Description	India		Delhi		Central		Source
	Rural	Urban	Rural	Urban	Rural	Urban	
Total Population	833,087,662	377,105,760	419042	16368899	-	582320	Census 2011
Male Population	427.9 (In m)	195.8	226321	8761005	-	307821	Census 2011
Female Population	405.1 (In m)	181.3	192721	7607894	-	274499	Census 2011
Sex Ratio	947	926	852	868	-	892	Census 2011
Child Sex Ratio (0-6)	919	902	814	873	-	905	Census 2011
Child Percentage	14.11	10.93	13.53	11.95	-	10.77	Census 2011
Literates	68	84	296600	12441167	-	442360	Census 2011
Average Literacy	68.9	85	81.86	86.32	-	85.14	Census 2011
Male Literacy	78.6	89.7	89.37	90.98	-	87.5	Census 2011
Female Literacy	58.8	79.9	60.87	69.06	-	82.49	Census 2011

- Table no. 3 shows the rural-urban comparison of demographic indicators among India, Delhi and Central.
- In central district there were no rural areas in the central district of Delhi.
- Sex-ratio and child sex-ratio were 892 and 905 in central district of Delhi.

- There was major problem of migratory population in the district, which was resulting in heavy burden on hospitals.

Table 4: Key Health Indicators: Central Delhi

Health Indicators	Number
Fully immunized children	29,014
ANC Registration in the first trimester	37,499
Full ANC	69,713
Safe Deliveries (Institutional + SBA attended home deliveries)	44,956
Institutional Deliveries	43,708
No. of Women received PNC checkups within 48 hours	35,351

Table 4 shows the key health and health care indicators of the district.

2. KEY FINDINGS AND OBSERVATIONS

2.1 PHYSICAL INFRASTRUCTURE AND EQUIPMENT

Central district has been one of the districts which are catering to a large number of populations including the migratory load. But there was huge issue of infrastructure in the district. Most of the DGDs were functioning in rented buildings which were a source of problem. Most of the DGDs were situated in narrow lanes and patients found difficulty in accessing them.

Table 5: Health Infrastructure of Central District

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	6	6	0
Poly Clinics	2	2	0
Mohalla Clinics	11	7	4
Delhi Government Dispensaries	31	25	6

Mother & Child Care Centres	22	22	-
MCD Hospitals	4	4	-
Medical College	2	2	-
Skill Labs	-	-	-
District Early Intervention Center	-	-	-
Delivery Points	8	8	-

District Hospital Lok Nayak Jay Prakash Narayan

Lok Nayak Jay Prakash Narayan 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.

Figure 2: View of LNJP Hospital



There was different floor for each section of the facility such as Gynaecology, Paediatrics, Family planning and other sections. Table 6 shows that almost all the physical infrastructure facilities were available in the hospital. Provision of staff quarters was available for both doctors and nurses. There was running water supply and electricity

power backup in the hospital. The wards and the labour room were found to be clean in the facility.

Table 6: Health Infrastructure of 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	Y
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

DGD Nabi Karim

DGD Nabi Karim was located in a narrow lane in the area and was functioning well. There was not much problem of infrastructure and facility had adequate amount of space. There were no staff quarters for doctors and other staff members. There was 24*7 running water supply available in the facility.

Figure 3: DGD Nabi Karim



Proper bio-medical waste mechanism was functional in the facility. The DGD was functioning in a government building. There was no provision of deliveries in the dispensary. Bio-medical waste mechanism was functional in the district. Overall it was a small facility which was capable for catering to larger number of population if it was extended.

Table 7: Health Infrastructure of DGD Nabi Karim

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	Y
Functional and Clean labour room	NA
Functional and clean toilet attached to Labour Room	NA
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	NA
Functional New Born Stabilization Unit	NA
Clean wards	NA
Separate Male and Female wards (at least by Partitions)	NA
Availability of Complaint/suggestion box	Y
Availability of Mechanisms for waste management	Y

DGD Motia Khan

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

Figure 4: DGD Motia Khan



Further there is huge crisis of water supply in the dispensary which is yet to be solved, and no power back up is available. Shortage of space is another problem, during immunization sessions there is no place for patients to wait. This facility required immediate attention by the authorities.

Table 8: Health Infrastructure of DGD Motia Khan

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

DGD Chamelion Road

DGD Chamelion Road was functioning in a government building which was in a good condition and renovated recently. No such big issues regarding infrastructure and unavailability of resources were seen in the facility. Only staff quarters were not available for the staff.

Table 9: Health Infrastructure of DGD Chamelion Road

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	Y
Functional and Clean labour room	N
Functional and clean toilet attached to Labour Room	N
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	N
Functional New Born Stabilization Unit	N
Clean wards	N
Separate Male and Female wards (at least by Partitions)	N
Availability of Complaint/suggestion box	Y
Availability of mechanisms for waste management	Y

Polyclinic Timarpur

Polyclinic Timarpur was located in a residential area and easily accessible by the nearby population. All kinds of tests are done in the facility. There is a separate department for

Ayush available. There is a provision of 3 day OPD for gynaecology, 3 day for Pediatrics, 1 day for Orthopedics and 2 days for surgery patients.

Figure 5: Polyclinic Timarpur



Table 10: Health infrastructure of Polyclinic Timarpur

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	Y
Functional and Clean labour room	N
Functional and clean toilet attached to Labour Room	N
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	N
Functional New Born Stabilization Unit	N
Functional SNCU	N
Clean wards	N
Separate Male and Female wards (at least by Partitions)	N
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 Biomedical waste management (BMW) at facility	Y
BMW outsourced	Y
Availability of ICTC Centre	Y

3. HUMAN RESOURCES: STATUS AND TRAINING

Human resource is one of the crucial aspects of any program; its importance becomes more when program is related to health policies. Lack of human resource was common problem in all 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. Further it present working post were considered to be sanctioned post only. There was need of introducing more posts under NHM especially for para-medical staff so that work load on primary referral centers should be lessened.

Figure 6: Human Resource at the facilities



Staff Position at District Hospital

- Limited NHM staff was available in the Lok Narayan Jay Prakash hospital.
- There was one Medical officer, two CDOs and six ANMs granted from NHM.
- CDOs were overloaded with work, especially one working in family planning department. She has to go from department to department to collect respective reports.
- 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 DGD Nabi Karim, Motia Khan and Chamelion Road

All facilities at the primary level were trying to manage with limited resources. In DGD Motia Khan the situation was difficult as they had limited number of resources with burden of nearby places.

Table 11: Staff Position in DGD Nabi Karim, Motia Khan and Chamelion Road

Category	Chamelion Road	Motia Khan	Nabi Karim
MO	1	1	2
SNs/GNMs	-	-	-
ANM	1	1	5
LTs	1		1
Pharmacist	1	2	1
LHV/PHN	1(NO)	-	0
Others	-	-	3

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 central 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

Infrastructure was one of the major issues in the central district. The number of OPDs is usually high in the facilities and the space available is less.

District Hospital Lok Nayak Jayprakash Hospital

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

Table 12: Equipments at LNJP 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

DGD Nabi Karim

In DGD Nabi Karim there was shortage of functional autoclave, functional radiant warmer and suction apparatus. For autoclave, facilities have made request to higher authorities but till date no action has been taken.

Table 13: Equipment in DGD Nabi Karim

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	NA
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	Y
Functional Autoclave	N
Functional ILR and Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	NA
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y

DGD Motia Khan

There was shortage of functional neonatal, paediatric and adult restoration kit in DGD Motia Khan. Further there was no functional autoclave, ILR and Deep freezer in the facility. None of the tests are conducted in the DGD testing kits and other apparatus were missing.

Table 14: Equipment in DGD Motia Khan

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

Functional Microscope	N
Functional Hemoglobinometer	N
Functional Centrifuge	N
Functional Semi autoanalyzer	N
Reagents and Testing Kits	N

DGD Chamelion Road

In DGD Chamelion Road almost all equipments except Autoclave were available and functioning properly.

Table 15: Equipment in DGD Chamelion Road

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	N
Functional Neonatal, Paediatric and Adult Resuscitation kit	N
Functional Weighing Machine (Adult and child)	Y
Functional Needle Cutter	Y
Functional Radiant Warmer	N
Functional Suction apparatus	N
Functional Facility for Oxygen Administration	Y
Functional Autoclave	Y
Functional ILR and Deep Freezer	N
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	N
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y

Polyclinic Timarpur

Polyclinic Timarpur had shortage of functional ILR and deep freezer in the facility.

Table 16: Equipment in polyclinic Timarpur

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	N
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	Y
Functional Autoclave	Y
Functional ILR and Deep Freezer	N
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	N
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y

Essential Drugs and Supplies

- In central district overall there was no shortage of drugs but it was reported that currently vaccine of Typhoid was in shortage. 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. There were no as issue regarding the supply of drugs.
- When it comes to DGD Motia Khan all drugs were available except IFA syrup, injection Magnesium Sulphate and emergency contraceptive. No tests were conducted in the facility.
- In all other facilities the condition was satisfactory and essential drugs were in supply.

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 LNJP Hospital

Service Utilization Parameter	2015-16	2016-17
OPD	1185940	990251
IPD	103311	35007
Total deliveries conducted	12027	11697
No. of C-section conducted	2710	2876
No. of nepnates initiated breast feeding within one hour	10107	8945
No. of admissions in NBSUs/ SNCU, whichever available		
No. of children admitted with SAM (severe Acute Malnutrition)		
No. of pregnant womwn referred	0	0
ANC 1 registration	7156	6045
ANC 3 coverage	7173	8269
No. of IUCD Insertions	3870	4472
No. of PPIUCD Insertion	3596	4225
No. of children fully immunized		
No. of children given ORS+Zinc		
No. of children given Vitamin A		
Total MTPs	399	366
Number of Adolescents attending ARSH clinic		
Maternal deaths	33	50
Still births	430	367
Neonatal deaths		
Infant deaths		

DGD Nabi Karim, DGD Chamelion and DGD Motia Khan

- In all the above mentioned facilities records were maintained properly.
- In DGD Motia Khan 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.

Table 18: Record maintenance of DGD Nabi Karim, Chamelion and Motia Khan

Service Utilization Parameter	DGD Nabi Karim		DGD Chamelion Road		DGD Motia Khan	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
OPD	64613	66790	39195	51621	12624	11873
IPD						
Total deliveries conducted						
No. of admissions in NBSUs, if available						
No. of sick children referred						
No. of pregnant women referred						
ANC 1 registration	534	638	4	16	18	19
ANC 3 coverage	245	230	6	11	12	9
No. of IUCD Insertions	49	125	0	2	1	2
No. of PPIUCD insertions						
No. of Vasectomy						
No. of Minilap						
No. of children fully immunized	1425	808	87	113	32	15
No. of children given Vitamin A	2147	2469	66	87	54	40
No. of MTPs conducted						
Maternal deaths						
Still birth						
Neonatal deaths						
Infant deaths						

Polyclinic Timarpur

In Polyclinic Timarpur all records were maintained properly and were regularly updated from to time to time. Other than ANMs, doctors were also regularly checking the records.

Table 19: Record Maintenance at Polyclinic Timarpur

Service Utilization Parameter	2015-16	2016-17
OPD	46362	45329
IPD		
MCTS entry on percentage of women registered in the first trimester	100	100
No. of pregnant women given IFA	12380	11534
Total deliveries conducted		
No. of C-Section Conducted		
No. of admissions in NBSUs, if available		
No. of children admitted with SAM (Severe Acute Anemia)		
No. of sick children referred	288	326
No. of pregnant women referred		
ANC 1 registration	100	99
ANC 3 coverage	121	120
No. of IUCD Insertions	9	11
No. of PPIUCD insertions		
No. of children fully immunized	249	260
No. of children given Vitamin A	520	574
No. of MTPs conducted		
No. of Adolescents attending ARSH clinic	158	162
Maternal deaths		
Still birth		
Neonatal deaths		
Infant deaths		

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.

Figure 7: Maternity Wards

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 20: Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Autonomous	24	0	0	0
CGHS	198	50	0	0
Delhi Govt	36,263	17548	640	14260
ESI	413	93	0	0
IPP VIII-MCD	2167	381	162	0
MCD	54138	34739	0	20381
MCW Centres	10229	4844	146	0
NGO	155	35	0	
Private	15630	12023	0	9067

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 21: 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
Autonomous	0	
CGHS	0	0
Delhi Govt	14828	8862
ESI	0	0
IPP VIII-MCD	128	611
MCD	15639	5035
MCW Centres	108	3988
NGO	0	
Private	4648	3641

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 22: Block wise service delivery indicator in the last financial year

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth
			SBA assisted	Non-SBA		
Autonomous		2	0	0	0	0
CGHS		103	0	0	0	0
Delhi Govt		10687	0	640	14696	397
ESI		124	0	0	0	0
IPP VIII-MCD		960	0	162	162	1
MCD		7251	0	0	20101	431
MCW Centres		5429	0	146	147	0

NGO		3	0	0		
Private		5668	0	0	9200	113

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.

- JSY payments were done from time to time in central 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. In Delhi situation becomes more complicated as most of the beneficiaries belongs to migratory population which usually don't have prove for their economically backward situation.
- 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 23: Status of JSY Payments in Central District

Status of payments for			Record Maintenance		
Institutional deliveries	Home deliveries	Deliveries brought by ASHAs	Available	Updated	Non-updated
2156	12	1999	Yes	Yes	

The above mentioned table shows the status of JSY payments in Central district, where total 2156 institutional deliveries, 12 home deliveries and 1999 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 24: Status of JSSK Services in Central District

Block	No. of Beneficiaries under JSSK			District Total		
	Diet	Drugs	Diagnostic	Transport		
				Home to facility	Referral	Facility to Home
Central	47040	46284	46315	17	374	44

Above mentioned table shows the status of JSSK services in central district. There were 47040 people who were given diet, 46284 beneficiaries availed drug facility and 46315 availed diagnostic facilities. When it comes to transport only 17 beneficiaries have availed the facility of home to facility, 374 availed the facility of referral transport and 44 used CATS ambulances from facility to home. 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 new born 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.

Table 25: New Born Care Unit

	Numbers
Total SNCU	2
Total NBSU	0
Total NBCC	0
Total Staff in SNCU	1 Paed. and 6 Staff Nurse
Total Staff in NBSU	0

Total NRCs	2
Total Admissions in NRCs	297
Total Staff in NRCs	3 MO, 1 Nutritionist and 5 Staff Nurse
Average duration stay in NRCs	

Immunization

- Immunization days are Wednesday and Friday in the district. Proper immunization cards are maintained in DH and DGDs . 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 26: Block wise Analysis of immunization in the last financial year

Block	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	1	2	3		
Autonomous	0	5	9	10	15	9	10	15	8	6
CGHS	0	0	2	4	3	2	4	3	300	281
Delhi Govt	12912	15415	92	84	97	92	84	97	1293	11687
ESI	0	0	0	11	6	0	11	6	138	221

IPP VIII-MCD	0	416	25	22	42	25	22	42	1322	1235
MCD	17639	16617	54	41	23	54	41	23	3393	3145
MCW Centres	504	2475	83	96	118	83	96	118	1054	10324
NGO	14	14	0	0	0	0	0	0	87	87
Private	5549	6499	1972	1797	1751	197	1799	1755	1826	2028

Table 27 shows that total number of 1744 neonates were admitted in SNCU, out of which 1550 were discharged, 9 were referred, 174 died and 11 were discharged against medical advice. Further no neonates were admitted in NBSU, there no referred cases and deaths.

Table 27: Neonatal Health (SNCU, NRCS and CDR)

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA
1744	1550	9	174	11	0	0	0	0	0

*Leave against medical advice

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 Central District

Block	Sterilization			IUCD Insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Centra		856	3136		1286		2046		128		82582

1					4		4		6		6
---	--	--	--	--	---	--	---	--	---	--	---

*Achieved

The above mentioned table shows the total number of sterilization in the district, there were 856 tubectomies and 3136 vasectomies in the district. Further total number of IUD operations was 1286 and oral pills were 2046. 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.

Figure 8: IEC material in the facilities in Central District



DISEASE CONTROL PROGRAMME

Disease control program was running smoothly in the district. Different disease control programs such as Leprosy, Blindness control and Malaria were functional in the district. In

previous financial year 2403 cases of diabetes were detected. When it comes to Hypertension 12951 cases were screened out of which 1457 was detected.

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. But there were suggestions for HMIS and MCTS portal to include new columns such as vaccination of typhoid and MCTS portal should be less burdened so that it does not hang easily. Further there is no record of migratory population in MCTS portal which does not track such areas. Due to migration sometimes, there is doubling of data which lead to increase in the number of outliers in the report.

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.

Figure 9: ASHA and ANM interaction in Central District



Table 29: ASHA Position in the District

Last status of ASHAs(Total number of ASHAs)	358
ASHAS PRESENTLY WORKING	351
Positions vacant	49
Total number of meeting with ASHA (in a year)	204
Total number of ASHA resource centers/ASHA Ghar	0
Drug kit replenishment	3
No. of ASHAs trained in last year	1353
No. of trainings received	Induction-81, Refresher-1272

Above mentioned table shows the position of ASHAs in the district. There were 358 ASHAs working in the district. There are 49 positions vacant in the district and yearly 204 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

- Central 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.
- HMIS/MCTS was functioning well in the district. When it comes to MCTS portal, ANMs and data entry operators are loaded with dual work for MCTS and MIS portal. If there is any mistake in any of the portal there are no ways to find them such as doubling of record.
- Family planning was functioning well in the district. Training was conducted regarding IUCD and IYCF. Whereas sterilisation is concern, vasectomy was less in number.
- 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.
- Due to increase in the work load on the District hospitals, there was adverse effect on the quality of services provided by them. The load of the district hospitals can be reduced by making DGDs and Polyclinics better in terms of infrastructure and human resource.

- 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.
- Inderadhanush program was successfully in the district. In some of the areas it reached around 90 per cent.
- Institutional delivery is free of cost; yet women face various barriers to visiting a health facility to seek delivery care, these include quality of care, availability of beds, cost of care, cultural factors, distance from their home to facility, and a lack of health awareness. These factors need to be taken care by the district health administration.
- Diarrhoea program was also functional in the district. Awareness was created through nuked natak, hand wash activities etc.
- There was no monitoring of Adolescent health clinics which was required. More adolescent health clinics should be there to cover the health issues of adolescents, especially near slum areas.
- Regular meetings regarding Maternal Death and Children Death were conducted.
- There was problem of migratory population which led to overload on hospitals.
- For screening of HIV cases, there was coordination with DSACS were 13 ICTC counsellor were provided in different facility.
- Regarding the allocation of the NHM funds to various facilities, there absorptive capacity was not properly taken into consideration. Utilization of funds as well as allocation funds both has been low.
- Health structure of Delhi being multiple agency it becomes difficult for authorities to coordinate among each other which is one of the major hindrance in almost all districts of Delhi.

- One of the major issues which central district is dealing with is overload of migratory population in the district which adversely affecting the quality of services in the district.
- To reduce this load more number of health facilities are required which can cater the need of increasing population.
- Further infrastructure is one of the lacking points of central 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.
- ASHA worker should be given importance and their problems should get redressed as they one of the important part of NHM activities which plays important role in motivating people for institutional deliveries. They should be given special cards so that they can get preference when they take their patients to any hospital. Further ASHAs who are performing well should get some incentives so that others are motivated to perform well.
- When it comes to record maintenance, most of the facilities were facing difficulty of CDOs and computers. Due to lack of computer, CDOs have to share one computer for all MCD and NHM work which some leads to error in recording of the data which need to be rectified. Otherwise in all the facilities records were maintained properly and training has been given on HMIS and MCTS portal.
- 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.
- Our experience in the district reveals that more requirements are required when it comes to managing the administrative duties as present scenario is overburdening the hospital staff.

APPENDIX I: 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/ Private 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/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						

Staff Nurses					
ANM					
LHV/PHN					

* Note- Fill number of officials who have received training

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

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

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		
				Home to Facility	Referral	Facility to Home

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	Eye Disease	Ear Disease	Heart disease	Physically challenge	Anemic
2016-17									

2015-									
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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: DISTRICT HOSPITAL 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	Laprosopy-Sterilisations		

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

Section IV: Equipment:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two 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	
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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 the health facility	Y	N	
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: DGD LEVEL QUESTIONNAIRE

DGD- 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 does the staff know how to...

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				

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

Section X: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 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 4: POLYCLINIC LEVEL QUESTIONNAIRE

PolyClinic/FRU level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

Section II: Human resource 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.	SNs		

7		
2. 8	ANMs	
2. 9	LTs	
2. 1 0	Pharmacist	
2. 1 1	LHV	
2. 1 2	Radiographer	
2. 1 3	RMNCHA+ counsellors	
2. 1 4	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	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional 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.n o	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	
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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 /Timelin e for completi on
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	