

NATIONAL HEALTH MISSION



**MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME
IMPLEMENTATION PLAN IN *KANPUR NAGAR DISTRICT*, UTTAR PRADESH**

SUBMITTED TO



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

**DR. SURESH SHARMA
ADITI SINGH
DEVANSHI KULSRESHTHA**



**POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH,
DELHI UNIVERSITY, DELHI-110007**

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Dr. Suresh Sharma
Ms. Aditi Singh

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Population Research Centre
Institute of Economic Growth
Delhi

ACRONYMS AND ABBREVIATIONS

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

EXECUTIVE SUMMARY

STRENGTHS AND WEAKNESSES

This Report focuses on the monitoring of essential components of NHM in Kanpur Nagar District of Uttar Pradesh (2017). This report has been prepared by Population Research Centre, Delhi, based on the observation made during the Monitoring and Evaluation of the key components of NHM. This report analyses and highlights the progress of NHM in the district.

The major strengths and weaknesses of the district are as below:

STRENGTHS

- The district has shown tremendous improvement in ANC registrations and SBA assisted home deliveries in the last year.
- AYUSH facilities, especially ayurvedic, are being used actively for ANCs and PNCs. These are also very helpful and get positive feedback from the beneficiaries.
- Immunization coverage of the district is quite convincing. Some of the facilities and the ASHAs are actively participating in outreach activities which has helped increase immunization coverage.
- Though there are no trained counsellors, but the MOI/Cs, ANMs and other doctors are conducting counselling sessions for adolescents and pregnant women for various menstrual, pregnancy related issues and family planning.
- Vasectomy has been increasingly accepted as a method of contraception among the male population of the district and PPIUCD among women over the last year. This is a positive step towards family planning.
- Management of biomedical waste is functioning well in the district. The facilities maintain different colored bins to segregate the waste before disposing them off.

- Sampoorna clinic is a very good initiative in the district where women aged 30-60 years are provided with free regular health checks and cervical cancer checkup, in particular.

WEAKNESSES

- ANC 3 coverage in the district is still quite below the total registrations done for ANC. Only 65% women who registered for ANC received 3 ANC checkups.
- Only 58% of the institutional deliveries are paid JSY incentives and only 47 % of the ASHAs are paid incentives for the same. These figures are extremely low when compared to the state average of 85% and 66% respectively.
- There is a huge dropout rate for all three DPT doses of vaccination. This hampers with the goal of achieving full immunisation for all and needs to be worked upon.
- There is still a big gap between no. of vasectomies and tubectomies conducted in the district, even when vasectomy is a much easier process.
- There is shortage of manpower especially because many of the sanctioned posts are lying vacant for years in the district.
- There are issues with salary payment of manpower hired through NHM. A few of the employees were not paid salaries for months.
- The sub-centres are in a very bad condition with poor infrastructure, no power connection and security issues.
- There is only one Nutritional Rehabilitation Centre (NRC) in the district. NRC is an important unit to keep in check the nutritional status of children in the district.
- Delay in Release of funds delays all the activities that are to be undertaken in the district. Generally, funds are released around October and then the district is only left with 6 months to utilise the funds which were allocated to be used for the whole year.

1. INTRODUCTION

1.1. BACKGROUND

The Ministry of Health and Family Welfare (MoHFW) has involved various Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP), 2016-17. A systematic assessment of the major components of NHM is critical for further planning and resource allocation under NHM for various schemes and programmes. While engaging with the task, PRCs would identify critical problems in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows:

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

Following the approval of National Health Mission (NHM) State Programme Implementation Plan, 2016-17 for Uttar Pradesh, the Ministry of Health and Family Welfare has asked Population Research Centre, Delhi to conduct quality monitoring of its important components. It is expected that PRCs would assume a critical role in monitoring various components of NHM for financial year 2016-17. As part of this, Delhi PRC was assigned to monitor and evaluate the NHM activities in the Kanpur Nagar district of Uttar Pradesh. The major objective of this monitoring and evaluation process was to understand the public health system in the district and to observe the health facilities available on ground. Also, to suggest them to get equipped with tools and skills required for better service delivery, and to introduce them to various replicable programmes and facilities under NHM.

1.2. STUDY APPROACH

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of Kanpur Nagar District, Uttar Pradesh. PRC Delhi Team visited the district to evaluate their health performance during the period (August 30, 2017-September 2, 2017). The Secondary District level Data was provided by the CDMO office. Health facilities from all the Four levels were selected for Supervision after discussions with the Chief Medical Health Officer and the District Program Manager. District Hospital (DH), Community Health Centre (CHCs), Primary Health Centre (PHC) and Sub-Centre (SC) were visited for supervision and monitoring. The tools used for collecting the relevant data can be seen in the Annexure section of the report. The attempt was to monitor the districts performance, understand the bottlenecks in the system and find solutions to the problems faced. Also, to support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their capacities.

After a valuable discussion with the District Program Manager five facilities were selected for monitoring purpose in the district and the same are mentioned in the table below:

TABLE 1: FACILITIES VISITED BY DELHI PRC FOR MONITORING & EVALUATION

Facility Type	Name of Facility
District Hospital	AHM & Duffrein Hospital
Community Health Centre (CHC)	Kalyanpur
Primary Health Centre (PHC)	Bitthor
Sub-Centre (SC)	Jhakhara
Sub-Centre (SC)	Raikepur

1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: KANPUR NAGAR DISTRICT, UP

Kanpur district was a district in western Uttar Pradesh till 1977, then it was divided into two districts, namely, Kanpur-nagar and Kanpur-Dehat. They were reunited again in year 1979 and then again separated in year 1981.

Kanpur Nagar district has the second highest concentration of leather Industries in India. It is also known as the Leather City of India.

It is somewhat urbanised but also constitutes a big rural population. It has a very low decadal population growth rate of 9.9% as compared to that of the whole of Uttar Pradesh (20.2%). With

maintainance and proper supervision of existing health infrastructure, the district can become a model for the entire state.

As per the 2011 census, the total population of Kanpur Nagar district of UP is 4,581,268 of which 2,259,806 are Male and 2,121,462 are female. The population density of the district is 1452persons/km²while for the whole of UP it is 829 persons/km². There is a big difference in population densities of the district and state's average. Total geographical area of UP is 240,928 km² and that of Kanpur Nagar District is 3155 km².

TABLE 2: KEY DEMOGRAPHIC INDICATORS: UTTAR PRADESH AND KANPUR NAGAR (SOURCE: CENSUS 2011)

Description	Uttar Pradesh	Kanpur Nagar District
Actual Population	199,812,341	4,581,268
Male	104,480,510	2,259,806
Female	95,331,831	2,121,462
Population Growth (2001-2011)	20.2	9.92%
Sex Ratio	912	862
Child Sex Ratio	902	873
Density/km ²	829/ km ²	1452/ km ²
Area km ²	240,928km ²	3155 km ²
Literacy	67.7	79.7
Male Literacy	77.3	83.6
Female Literacy	57.2	75.1

Table 2 depicts that the Sex Ratio for Kanpur Nagar is 862 (Female/1000 Males), which is much lower than UP's average of 912 (Female/1000 Males). Child sex ratio is also poor for Kanpur Nagar when compared to state's average. The literacy rate of Kanpur Nagar (79.7%) is higher than that of UP's (67.7%). Female Literacy rate is even more better for the district at 75.1%.

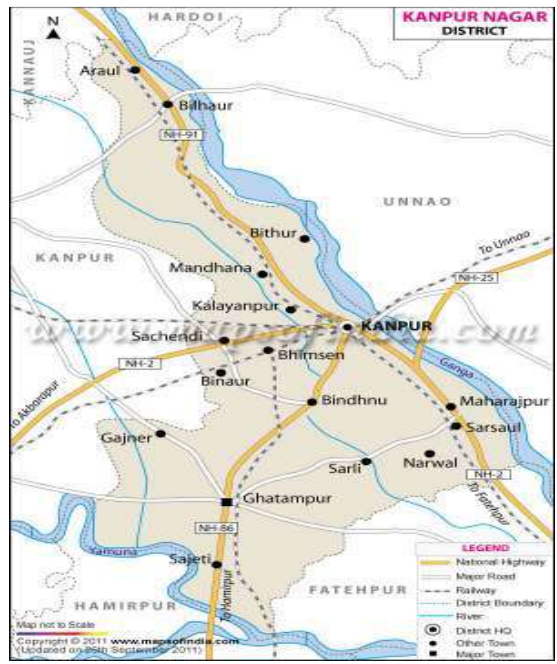


FIGURE 1: KANPUR NAGAR DISTRICT, UTTAR PRADESH

1.4. FACILITY WISE OBSERVATION

DISTRICT HOSPITAL

AHM and Duffrein (Female) District Hospital in the Kanpur Nagar District is fully functional in a government building which is easily accessible to the beneficiaries by road. The building is around 90 years old and needs to be renovated.

- The building is sanctioned for 210 beds but due to lack of space for more beds, it is operational with only 180 beds. SNCU has only 12 beds and is overoccupied most of the time.
- On an average, 750-850 deliveries are conducted in the hospital on a monthly basis. Due to shortage of beds, it becomes really difficult to accommodate all the beneficiaries. Benches are used in place of beds in such cases.



FIGURE 2: DISTRICT HOSPITAL

- SNCU is small and is overburdened. More no. of beds are required.
- There is no NRC and AYUSH unit in the hospital.
- The hospital doesn't have a blood bank at present. It also doesn't have sufficient no. of blood bags available in stock.
- The O.T is well equipped with the equipments such as pulse-oximeter, surgical diathermies, laparoscopes and autoclaves except that it does not have a ventilator. The laboratory of the facility has a functional microscope, hemoglobin meter, centrifuge, semi-auto analyzer and testing kits. Tests for TB, ECG, Endoscopy and X-RAY are not done here.
- The hospital has proper vaccine stock, Pregnancy testing kits, condoms, OCPs and IUCDs available. The beneficiaries are counseled by the doctors and nurses about the benefits of contraceptive uses and family planning.

- A new building has been built in the same campus and Laboratory, ICTS counselling and sampoorna clinic have been shifted there.



PNC Ward



SNCU



Suggestion box



Laundry Sterilisation Room

FIGURE 3: HEALTH INFRASTRUCTURE, DISTRICT HOSPITAL

- There is sufficient manpower in the labour room but more staff is requires in the wards because of high delivery load.
- 85% of the pregnant women have Hb level between 7 to 10, 10% have below 7Hb.
- The hospital doesn't have a family planning counsellor for the last 1 year. This job is done by nurses in the wards and during OPDs.
- There are no security guards in the hospital. It only has a few chaukidars. More security is required as the hospital is operational 24*7.

- Malformed children referred by RBSK teams are further referred to the Medical college for treatment.
- All the IEC material provided by the District are on display in the hospital but more can be done for improvement.
- Sampurna Clinic is a NHM initiative in the district where non-pregnant women aged 30 to 60 years can consult for general health issues and cervical cancer in particular. It guides women as to how to avoid cervical cancer and helps women who have already contracted it.
- RKS funds are not released on time. There are delays in fund transfer and even when the fund is received, the bifurcation of funds under different heads is delayed further. Also, more funds are required by the hospital under RKS for maintainence.

Table 3: Service delivery at DH, Kanpur Nagar, UP 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015 -16	2016 -17
1	OPD	123922	138590
2	IPD	19515	21020
3	Total deliveries conducted	5269	5608
4	No. of C section conducted	3059	3420
5	No. of neonates initiated breast feeding within one hour	5269	5608
6	No. of pregnant women referred	167	152
7	No. of IUCD Insertions	52	131
8	No. of PPIUCD Insertion	166	581
9	Total MTPs	274	454

Source: AHM & Duffrein District Hospital, Kanpur Nagar District, UP

- Table 3 depicts the service delivery indicators of the district hospital for financial year 2015-16 & 2016-17.
- The total no. of deliveries in the hospital has increased from 5269 in 2015-16 to 5608 in 2016-17. No. of C-section being conducted here is high and has increased from 3059 to 3420 during 2015-16 and 2016-17 respectively.
- 152 pregnant women were referred to other institutions for better services during 2016-17.
- Both IUCD and PPIUCD insertion has seen a drastic jump during 2016-17. IUCD insertions have increased from 52 to 131 and PPIUCD insertions have increased from 166 to 581 during 2015-16 and 2016-17 respectively.

- There is also an increase in no. of MTPs conducted at the hospital in 2016-17.
- No data was available with the hospital for ANC registrations and Immunisation for the past two financial years.

COMMUNITY HEALTH CENTRE, KALYANPUR

CHC in Kalyanpur of Kanpur Nagar district is functioning in a well maintained government building. The facility is easily accessible by road. The facility caters to the health services required by a rural population of 1.8 lakhs.



FIGURE 4: CHC KALYANPUR

- This CHC is a 20 bedded facility with 16 beds in ANC and PNC wards, 2 in Emergency and 2 in Operation Theatre (OT).
- The CHC is a FRU but the infrastructure has not been developed in a manner that a FRU should be. The space allotted is much less and the infrastructure also needs maintenance.
- Various schemes and services have been added under NHM but the no. of rooms are limited. There are no separate rooms for ICTC and ARSH clinics.
- There is no family planning counsellor at the facility. ICTC counsellor does family planning counselling as well. ICTC counsellor also visits the field every Saturday to follow up with the patients and their family.
- AYUSH (Homeopathy) doctor is there at the facility and attends OPD for common problems but no separate pharmacist for the same.
- Immunisation coverage is high. A survey of covered and uncovered villages is done by the ANMs with the help of ASHAs and AWWs. Following this, ANMs make plans for the number

of sessions required to cover all the areas. The supplies are made available to the ANM to carry out vaccination.



Labour Table



Cold Chain



IEC on Display



Operation Theatre Equipments

FIGURE 5: HEALTH INFRASTRUCTURE AT CHC, KALYANPUR, KANPUR NAGAR DISTRICT

- Table 4 summarizes the service delivery indicators of the Community Health Centre during 2015-16 & 2016-17.
- Total deliveries conducted at the CHC have increased marginally from 2958 to 3211 in a matter of 1 year. As can be seen in the table below, no. of ANC1 registrations have declined over the same period from 5006 to 4571.
- ANC 3 coverage has remained more or less same during 2015-16 and 2016-17.

TABLE 4: SERVICE DELIVERY AT CHC, KALYANPUR, KANPUR NAGAR, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	58443	72031
2	IPD	2203	2608
3	Total deliveries conducted	2958	3211
4	No. of C-Section Conducted	11	28
5	ANC1 registration	5006	4571
6	ANC3 Coverage	3329	3349
7	No. of Pregnant Women given IFA Tablets	4734	4685

8	No. of IUCD Insertions	2227	2020
9	No. of PPIUCD insertions	186	300
10	No. of children fully immunized	4663	4513
11	No. of children given Vitamin A	4663	4513
12	No. of Pregnant Women referred	145	119
13	No. of Sick Children referred	68	75
14	Maternal deaths	8	10
15	Still birth	34	70

Source: CHC, Kalyanpur, Kanpur Nagar District, UP

- No. of C-section deliveries have increased from 11 in 2015-16 to 28 in 2016-17.
- No. of IUCD insertions have declined marginally but PPIUCD insertions have increased from 186 in 2015-16 to 300 in 2016-17.
- 4513 children were fully immunised and given Vitamin A dose during 2016-17 as compared to 4663 during 2015-16.
- Maternal deaths increased from 8 to 10 and still births have gone up exponentially from 34 to 70 in 2015-16 and 2016-17 respectively.

PRIMARY HEALTH CENTRE, BITTHOR

The Primary Health Centre in Bitthor is operating in a well maintained government building which has also been awarded under the Kayakalp scheme of the central government. The PHC is well connected by road and is accessible to the concerned population.

- It is a 5 bedded facility and conducts 25-30 deliveries every month. No. of beds are sufficient but more beds would increase PHC's efficiency.



FIGURE 6: HEALTH INFRASTRUCTURE, PHC, BITTHOR (KANPUR NAGAR)

- There is a good takeup of AYUSH consultation and medicines. It is even used during ANC and PNC procedures.
- 102 Ambulance facility is not functional here. 108 is used to bring patient to the facility but no transport is provided for dropping back the patient.
- Beneficiaries are pushed for opening bank accounts from early ANC stages to insure high JSY payments. Diet is not being provided under JSSK at the facility as it is located a little away from the main city to get packed lunches. Also, most of beneficiaries are locals and prefer home cooked food.



3-Coloured Dustbins



Various Contraceptives available at PHC

FIGURE 7:HEALTH INFRASTRUCTURE AT PHC, BITTHOR, KANPUR NAGAR DISTRICT

- 10% of the pregnancy cases come under High Risk Pregnancy. These patients are informed during ANCs that they visit FRU unit for further assistance.
- Adolescent girls come to ANMs for counselling for menstrual problems, acne, infections and other problems.
- VHND is held once every month to interact with the locals and provide them the necessary information on health and hygiene.
- Table 5 below summarizes the service delivery indicators of the Community Health Centre during 2015-16 & 2016-17.
- Total no. of deliveries conducted at the facility has increased marginally from 296 to 308 in 2015-16 and 2016-16.
- There has also been an increase in ANC1 registrations and ANC3 Coverage from 2015-16 to 2016-17. No. of IUCD insertion has also seen a growth from 566 in 2015-16 to 653 in 2016-17 but no PPIUCD insertions have been done at the facility during the last 2 years.

TABLE 5: SERVICE DELIVERY AT PHC, BITTHOR, KANPUR NAGAR, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2015-16	2016-17
1	OPD	15520	17384
2	IPD	296	323
3	Total deliveries conducted	296	308
4	ANC1 registration	1498	1668
5	ANC3 Coverage	1306	1403
6	No. of IUCD Insertions	566	653
7	No. of children fully immunized	1064	1182
8	No. of children given Vitamin A	1064	1182
9	No. of Pregnant Women referred	14	17
10	No. of Sick Children referred	10	12
11	Still birth	7	8

Source: PHC, Bitthor, Kanpur Nagar District, UP

- No. of children fully immunised and given Vitamin A has increased from 1064 to 1182 in 2015-16 and 2016-17 respectively.
- 17 pregnant women and 12 sick children were referred to higher health facilities by the PHC in 2016-17
- There have been no maternal and neonatal deaths at the facility during the last 2 financial years. There have been 7 still births in 2015-16 and 8 in 2016-17 at the facility.

SUB-CENTRE, RAIKEPUR

The Sub-Centre is easily accessible by road and is located inside the village. It is functioning in a government building and caters to a population of 3160. It covers 3 villages and is 12Km away from the nearest PHC.

- There is 1 ANM, 3 ASHAs at the facility.
- The facility doesn't have electricity connection. It becomes really difficult to work in such conditions especially during the summers.
- There are very rare cases of Home deliveries. People cooperate with the Sub-centre staff and opt for Institutional Deliveries.



Figure 8: Health Infrastructure, SC, Raikepur, Kanpur Nagar District

- People are willing to accept sterilisation as a method of contraception. Other methods are also widely used.
- ANMs and ASHAs personally monitor IFA tablets consumption by Pregnant women resulting which the Hb level of women in th earea is good.
- The sub-centre received Rs. 10,000 in the untied funds during 2016-17 to be used for various maintenance and other activities at the sub-centre.

TABLE 6: SERVICE DELIVERY AT SC, RAIKEPUR, KANPUR NAGAR, 2016-17& 2017-18

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	No. of Pregnancies	71	28
2	No. of Pregnant women given IFA	71	28
3	ANC1 registration	71	28
4	ANC3 Coverage	65	26
5	No. of Home Deliveries	10	01
6	No. of IUCD Insertions	22	18
7	No. of children fully immunized	58	34
8	No. of children given Vitamin A	58	34
9	No. of VHNDs attended	36	15
10	No. of VHNSC meetings attended	12	05

Source: SC, Raikepur, Kanpur Nagar District, UP

- Table 6 depicts the Service Delivery indicators of the Sub-Centre for 2016-17 and April, 2017-August, 2017.

- Total Pregnancies recorded in the area catered by the this sub-centre is 71 2016-17 and 28 2017-18 (April-August).
- No deliveries have conducted at the sub-centre during 2016-17. There have been 10 home deliveries in the area under this sub-centre.
- 71 Pregnant women registered for ANC 1 and 65 of these were covered under ANC3 as well.
- 22 IUCD insertions were done in the last financial year.
- 58 children were fully immunised and given vitamin A doses. There have been no maternal, neo-natal or infant deaths in 2016-17.
- 36 VHNDs and 12 VHNSC meetings have been attended by the ANM at the sub-centre.

SUB-CENTRE, JHAKHARA

The Sub-centre which serves a population of 3,592 is functional in a government space and is easily accessible by road to the beneficiaries. It also has a quarter for ANM but neither the facility nor the quarter is in a good condition. There is seepage during rains and doors and windows are broken.

- There is 1 ANM, 3 ASHAs at the facility. All the staff is really active in the field and constantly work towards making people aware about the importance of health facilities.



FIGURE 9: HEALTH INFRASTRUCTURE, SC, JHAKHARA, KANPUR NAGAR DISTRICT

- The facility doesn't have electricity connection. It becomes really difficult to work in such conditions especially during the summers.
- Second Saturday of every month is Vaccination day at this sub-centre. There is a good immunisation coverage in the area.
- People are resistant for sterilisation. They prefer other contraceptive methods over sterilisation.

- The sub-centre received Rs. 10,000 in the untied funds during 2016-17 to be used for various maintenance and other activities at the sub-centre.

TABLE 7: SERVICE DELIVERY AT SC, JHAKHARA, KANPUR NAGAR, 2015-16 & 2016-17

Sl.No	Service Utilization Parameter	2016-17	2017-18 (April-August)
1	No. of Pregnancies (estimated)	74	30
2	No. of Pregnant women given IFA	74	30
3	Number of deliveries conducted at home	4	1
4	ANC1 registration	74	30
5	ANC3 Coverage	62	12
6	No. of IUCD Insertions	37	18
7	No. of children fully immunized	48	23
8	No. of children given Vitamin A	48	23
9	No. of VHNDs attended	42	18
10	No. of VHNSC meetings attended	12	5

Source: SC, Jhakhara, Kanpur Nagar District, UP

- Table 7 depicts the Service Delivery indicators at the Sub-Centre for 2016-17 and April, 2017-August, 2017.
- Total Pregnancies recorded in the area catered by the this sub-centre is 74 2016-17 and 30 2017-18 (April-August).
- No deliveries have been conducted at the sub-centre during 2016-17. There have been 4 home deliveries in the area under this sub-centre.
- 74 Pregnant women registered for ANC 1 and 62 of these were covered under ANC3 as well.
- 37 IUCD insertions were done in the last financial year.
- 48 children were fully immunised and given vitamin A doses. No maternal or neonatal deaths have been reported at the sub-centre.
- 42 VHNDs and 12 VHNSC meetings have been attended by the ANM at the suc-centre.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

Human resource is one of the most important factors that affects the reach, efficiency and quality of health services provided. Adequate amount of human resource is required to fulfill the health goals.

It is a major concern that many of the positions in the health facilities are vacant in the district. This increases the burden on the staff currently employed.

Lack of human resource at each level in the district, starting from specialists to CDOs, ANMs to ASHA workers, raises concern and needs attention to improve the health indicators and provision of quality health services to the population.

2.2. TRAINING STATUS OF HUMAN RESOURCE

TABLE 8: TRAINING STATUS OF HUMAN RESOURCE, KANPUR NAGAR DISTRICT, UP- 2016-17

Position Name	SBA	NSV	IUCD insertion	RTI/STI/HIV screening
Medical Officers	3	3	0	0
Staff Nurses	27	0	0	0
ANM	21	0	51	0
Lab Technician	0	0	0	2

Source: CDMO Office, Kanpur Nagar District, UP

- Table 8 depicts trainings conducted in 2016-17 for health staff in Kanpur Nagar district to train them in respective health activities to serve the people with efficient health care facilities.
- No trainings have been conducted for BeMoc, FIMNCI, MTP, Minilap and NSSK for any of the health staff in financial year 2016-17.
- 3 MOs, 27 Staff Nurses and 21 ANMs have been trained for SBA in the district during financial year 2016-17.
- 51 ANMs have been provided training for IUCD insertion and 2 Lab Technicians have been trained for RTI/STI/HIV screening in the district.
- No ASHA worker has been trained in any of the above activities.

2.3. HEALTH INFRASTRUCTURE

One of the most crucial aspects in the health sector is infrastructure. Quality, quantity and accessibility of the health infrastructure is directly proportional to the health indicators in the area.

TABLE 9: DETAILS OF HEALTH INFRASTRUCTURES 2016-17: KANPUR NAGAR DISTRICT, UP

Health Facility	Number available
District hospital	4
CHC	10
PHC	35
SC	390

Source: CDMO Office, Kanpur Nagar District, UP

- There are 4 District hospitals in the district and are all being run in government buildings.
- The district also has 10 CHCs, 44 PHCs and 390 Sub-Centres in the district.

3. 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.

Maternal Health activities in the district involve ANC registration, delivery services, post-natal care, JSY and JSSK services and managing risky deliveries. The district has well functional Health facilities with all the above activities. The district has sufficient infrastructure required to provide good MCH services.

3.1. MATERNAL HEALTH

TABLE 10: SERVICE DELIVERY INDICATORS (MATERNAL HEALTH) 2015-16 & 2016-17

District	ANC Registered	3 ANCs	Home Deliveries		Institutional Deliveries
			SBA assisted	Non-SBA	
2015-16	130603	98347	382	3272	77001
2016-17	162885	106404	706	2603	99157

Source: CDMO Office, Kanpur Nagar District, UP

- Table 10 depicts data for key maternal health indicators for Kanpur Nagar district for financial year 2015-16 & 2016-17.
- Total ANC registrations have increased by 25% but ANC 3 coverage has only increased by 8% in the district in 2016-17.
- SBA assisted Home deliveries have increased from 382 to 706 from 2015-16 to 2016-17 respectively. Also, Non-SBA attended Home deliveries have declined from 3272 in 2015-16 to 2603 in 2016-17. Total no. of Home deliveries has declined by 9% in 2016-17.

TABLE 11: OTHER KEY MATERNAL AND CHILD HEALTH INDICATORS: KANPUR NAGAR DISTRICT, UP

District	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery	Live Birth	Still Birth
2015-16	30592	21546	80877	913
2016-17	26191	18555	109630	550

Source: CDMO, Kanpur Nagar District, UP

- As can be seen in Table 11, PNC given within 48hrs after delivery has declined to 26191 in 2016-17 from 30592 in 2015-16.
- There is also a decline in PNC given between 48hrs and 14 days after delivery in the district. This is a matter of concern as Post-Natal care is one of the most important aspects of MCH under NHM.
- Total live birth in the district has increased rapidly from 80877 in 2015-16 to 1,09,630 in 2016-17. This shows that health services have helped pregnant women deliver safely but at the same time proves that family planning schemes have not been endorsed well.
- No. of still births has declined from 913 in 2015-16 to 550 in 2016-17.

3.2. JANANI SURAKSHA YOJANA

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

Kanpur Nagar district is doing below average in case of making JSY payments to beneficiaries and ASHA's incentive. This might be because of lack of awareness among the beneficiaries and lack of necessary documents like an Aadhaar card or bank account.

This needs to be resolved at the district level at the earliest to allow this scheme to reach out to the people.

TABLE 12: STATUS OF JSY PAYMENTS IN DISTRICT 2016-17

Status of payments (in percentage)			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
58	0	47.3	Yes	Yes	Nil

- Table 12 depicts that only 58% of the total institutional deliveries were successfully provided JSY benefits. 47% of the ASHAs who brought patients for institutional deliveries were given JSY incentives during 2016-17.
- Lack of awareness of opening bank accounts and about JSY benefits is one of the major reasons for such low JSY payments in the district.
- All the records of payments and beneficiaries were maintained and available at the time of visit.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is functioning average in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district.

- Diet is not being provided to the beneficiaries at some of the facilities, unavailability of space to cook meals and inability to bring diet from the city are the major reasons for this. Also, majority of the local residents prefer home cooked food than the diet provided at the facilities.
- All the drugs required are provided to the beneficiaries on time.
- There is shortage of ambulances in the district and they need to be placed evenly around the district.

3.4. MATERNAL DEATH REVIEW

Maternal death is the death of a woman while pregnant or within 42 days of the end of Pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Every maternal death that occurs within a refugee camp (of a refugee or a national) or at a referral health facility should be systematically reviewed.

A maternal death review provides a rare opportunity for a group of health staff and community members to learn from a tragic – and often preventable - event. Maternal death reviews should be conducted as learning exercises that can be help in future to avoid any such incidents. The purpose of a maternal death review is to improve the quality of motherhood and make it safe to prevent future maternal and neonatal morbidity and mortality.

Anemia and hypertension were said to be the two major causes of maternal deaths in the district.

4. CHILD HEALTH

4.1. CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. The Child health program promotes the following points;

- Neonatal Health,
- Nutrition of the child,
- Management of common childhood illness and
- Immunization of the child.

In Kanpur Nagar District child health program is functioning smoothly expect for the human resource and infrastructural constraints. The district has a SNCU but there is no Nutrition Rehabilitation Centre (NRC) yet. Staff in the district is very active and aware of their responsibilities towards using available resources efficiently to meet the goal of reducing IMR in the district.

4.2. SICK NEWBORN CARE UNIT

SNCU is functioning well in the district. The biggest concern is shortage of beds in the SNCU units. More space is required so that more children can be treated in the unit. Many times two

or more neonates share their bed due to lack of space in the SNCU even when it is not advisable.

4.3. IMMUNIZATION

- Proper immunization card are maintained in DH, PHCs, CHCs and Sub- Centers. ANMs are actively involved in the process of immunization. ANMs are also going in the interior areas of the communities to conduct immunisation drives.
- None of the facilities reported any shortage of vaccination. ASHAs are doing a great job by motivating people for timely immunization.
- Mission Indradhanush has played a key role in promoting full immunization in the district. Immunisation coverage has increased under this scheme.
- Cold chain storage was available in most of the facilities.

TABLE 13: CHILD HEALTH: ANALYSIS OF IMMUNIZATION, KANPUR NAGAR, 2016-17

District	BCG	DPT			Pentavalent			Measles	Full Immunization
		1	2	3	1	2	3		
Kanpur Nagar	144800	1009	9276	14824	132762	128128	125524	135551	155007

Source: CDMO Office, Kanpur Nagar District, UP

- Table 13 describes Immunization status of the district. A total of 144800 beneficiaries were given BCG in the district during financial year 2016-17.
- When compared to BCG dose, only 1009, 9276 & 14824 doses of DPT1, 2 & 3 were given OPV in the district. Coverage for Vaccines DPT1, 2 & 3 is quite low when compared to other vaccines.
- 132762, 128128 & 125524 infants were provided with Pentavalent 1, 2 & 3 resp. in the district during 2016-17.
- 135551 beneficiaries were given vaccine for Measles and 155007 beneficiaries were fully immunized during financial year 2016-17 in the district.

4.4. RASTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakram (RBSK) is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's which

are Defects at birth, Deficiencies, Diseases, Development delays including disability. functioning well in the district. The services under the scheme aim to cover children of 0-6 years of age in rural areas and urban slums in addition to children enrolled in classes I to XII in Government and Government aided Schools. The programme is working well in the district. Each of the blocks have two RBSK teams working to identify the 4 Ds in their respective blocks.

The district has 2 RBSK teams in each of the blocks. These teams visit schools and Anganwadi Kendras regularly for health checkup of children attending the schools or the AWCs. They also conduct awareness programs for common diseases, hygiene and other health issues. Any issues reported are given necessary treatment or else referred to various other health facilities for further help.

It is a system that helps keep in check various health issues among children from a very early stage and it also makes them aware about things to be kept in mind to avoid health complications. This has positive impact of children's health in the district.

5. FAMILY PLANNING

Family Planning is an effective way to limit the family size after attaining the desired number of children and to space child birth to allow good maternal and child health. This gives individuals and couples an option they can use to plan their family if they want to. Family planning is done through use of contraceptives and treatment of involuntary infertility.

Various temporary and permanent family planning methods being used these days are Condoms, oral contraceptive pills, IUD insertions, minilap, Vasectomy and tubectomy etc. East Delhi district is doing its bit in the best possible manner to educate and motivate people for family planning. Injectables are soon going to be introduced. It's a relatively easy to use method and the staff believes that its going to have a great impact on family planning in the district.

5.1. FAMILY PLANNING

- Table 14 depicts that the most used method in the district is condom, followed by oral Contraceptive pills.
- Significant no. of women are opting for IUCD but not as many for PPIUCD in Kanpur Nagar. People are misinformed about PPIUCD and believe that it will lead to problems in pregnancy later.
- A total of 5396 women and 475 Men opted for sterilization in the district during 2016-17. This shows that getting sterilised is still a taboo among Men in the district.

TABLE 14: FAMILY PLANNING ACHIEVEMENT, KANPUR NAGAR DISTRICT, 2016-17

District Name	Sterilization			IUCD	PPIUCD	OCP	CC
	Male	Female	Total				
Kanpur Nagar	475	5396	5871	35403	5958	119497	1162896

Source: CDMO Office, Kanpur Nagar District, UP

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

The ARSH program provides appropriate approach to address selected priority health needs and problems of adolescents. This program is not properly functional in the district of Kanpur Nagar.

Counselling to adolescents is provided by the doctors, ANMs and staff nurses, as and when required. Adolescent girls mostly discuss problems related to menstrual cycle, acne, hairfall and other related issues. There are no separate sessions conducted to make them aware about RTI/STIs.

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

AYUSH is a government department that is purposed with developing, education and research in Ayurveda, Yoga, Naturopathy, Unani, Siddha, Homoeopathy, Sowa-Rigpa (Traditional Tibetan medicine), and other Indigenous Medicine systems in India.

AYUSH is functional but there is shortage of medicines and AYUSH specific Pharmacist in the district. This hampers the functioning of the AYUSH wing. Also, most of the facilities have an AYUSH doctor but no separate room has been allocated to them.

Sometimes, shortage of AYUSH drugs force the doctors to prescribe Allopathic medicines. This destroys the whole purpose and goal of setting up a separate AYUSH wing.

8. QUALITY IN HEALTH SERVICES

8.1. INFECTION CONTROL

Kanpur Nagar District is doing its bit in maintaining the hygiene level in their facilities, however, the burden on the district is way too much and that makes it difficult for the district to maintain the quality with the given resources. All the rules for infection control are followed. They have separate footwear and masks are provided to enter Labour room and SNCU.

8.2. BIO MEDICAL WASTE MANAGEMENT

The bio medical waste generated in the district is segregated into three colored bags or dust bins (Red, Black and Yellow). The responsibility of collecting, managing and disposing off waste is outsourced to a private agency which collects the bio-medical waste from each facility in the district on alternate days.

TABLE 15: QUALITY OF HEALTH CARE SERVICES

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	4	10	27
No. of facilities having color coded bins	4	10	44
Outsourcing for bio-medical waste	Yes	Yes	Yes
Infection Control			
No. of times fumigation is conducted in a year	2	2	2
Training of staff on infection control	All	All	All

Source: CDMO Office, Kanpur Nagar District, UP

Table 15 describes status of quality of health services in the district; it was observed that all staffs

were trained on infection control. Fumigation is conducted twice in a year at each of the facilities.

Also, all the facilities in the district, i.e. 4 District hospital, 10 CHCs, 44 PHCs and 390 SCs have colour coded bins for segregating waste. Disposal of bio medical waste has been out sourced and it provides quality services to the health facilities in the district. None of the Bio-medical pits at the facilities have filled yet, hence, no more pits are required at this point of time.

8.3. INFORMATION, EDUCATION AND COMMUNICATION(IEC)

IEC was very much effective in all the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were effectively displayed. Further list of drugs, list of services were available in the in the District hospital and at PHC & CHC level as well.

9. TRANSPORT

Transport services have proved to be a boon for both the hospital staff and patients. The patients, who earlier used to have problems in accessing the health facilities, now can easily approach the nearby hospitals with 108 & 102 Ambulance services.

At many of the facilities, ambulances only provide drop and no pick-up service. This is another area that needs serious attention from the authorities.

The no. of ambulances should be increased and placed in a manner that reduces the time it takes for ambulances to reach the beneficiaries. There is also a need to create awareness about the entire structure of transportation among the population, so that, it can be used to full capacity.

10. COMMUNITY PROCESS

One of the key components of the National Rural Health Mission is to provide every village/community in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.

Although, no data was provided by the district regarding ASHAs currently working and their training status but it was informed that the ASHAs have been provided training till Module 6 and 7. ASHAs are regularly provided with replenishment kits to work in the field.

11. DISEASE CONTROL PROGRAMME

There is a provision of diagnostics for tuberculosis at many of the facilities with separate DOT rooms. Awareness of the harmful diseases is also done through proper IEC. Even the ASHAs help in mobilizing the beneficiaries for consulting a doctor at the health facility in case of any problem felt. There were well functioning Laboratories in the facilities.

The activities include screening, advisory (according to the guidelines related to the disease), training of the staff and camps are held in the district.

TABLE 16: DISEASE CONTROL PROGRAMME PROGRESS IN KANPUR NAGAR DISTRICT 2016-17

Name of the Program	No. of cases screened	No. of detected cases
Diabetes	15587	8723
Hypertension		3881
Osteoporosis		0
Heart Disease		984
Cancer		47

Source: CMHO Office, Kanpur Nagar District, UP

Table 16 depicts situation of different Disease control programme running in the District. 15587 cases have been screened for various diseases. It is observed that 8723 cases of Diabetes and 3881 cases of Hypertension have been detected. 984 cases of Heart diseases and 47 Cancer cases were also detected in the district during 2016-17.

12. HMIS

HMIS is a very good platform for all the health facilities to keep their records online which is accessible to everyone on a mouse click. This makes data keeping easy. The district has allotted trained Data entry operators to each of the facilities in the district.

There were a few problems faced by the facilities in the district regarding the portal. There has been changes in the portal recently and the CDOs have been informed of the changes but no formal training has been conducted for them. This has led to delay in data updation on the portal. On alternate day basis, this piles up the data that has to be uploaded on the HMIS portal. Many times there are issues with the internet and this again delays updation of data.

HMIS is implemented at all the facilities in the district. PHC's and Sub-centre's data is updated on HMIS portal at their respective CHCs. Programme managers at the district and block levels, use the data from the portal for monthly reviews. All the data updated on the portal is reviewed by the the data operators.

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

14. CONCLUSION AND RECOMMENDATIONS

14.1. CONCLUSION

- The health facilities in the district are working with limited resources and manpower but still are making all the efforts to improve the health indicators for the district.
- Difference in salaries of contractual and permanent staff has created a divide among them. It is one of the motivation for the staff to put in all their effort. Hence, it is important to take up this issue and discuss with each of the stakeholders to come to a solution.
- ARSH needs to be setup in a proper manner in the district to cater to the health needs of adolescents who are most vulnerable and need guidance, counselling and treatment.
- AYUSH doctors are working with many constarints such as infrastructure and shortage of medicines. This wing requires more attention.

- JSY payments percentage is very low in the district. It is disappointing that it is far below the state's average. Looking at the figures, it can be said that JSY has not done much to encourage institutional deliveries.
- A few of the facilities have made attempts for innovation and using available resources in a better manner. The same can be replicated for rest of the facilities in the district.
- ASHAs are the backbone of the mission and its important to provide them with proper facilities, training and incentives to put in their best effort. There have been incidents of irregularities in ASHAs payments in the district. Only 48% of the ASHAs are paid JSY incentives.
- Delay in transfer of RKS funds is a big challenge and hampers the health facilities in the district. Allocation of funds should be made district specific and should be made on time for proper usage.

14.2. RECOMMENDATIONS

- Incentives for the health staff should be increased and more efforts should be made to fill in the vacant positions to avoid any shortage of staff in the district. It is recommended that proper trainings be arranged for the them and regular refresher training should also be conducted. Training of Trainers is also an important aspect that should be focused on.
- ASHAs should be provided with proper training and should be brought into mainstream. They play a very crucial role at the ground level and hence, should be given sufficient incentives for their job.
- ARSH needs to setup in a proper manner in the district to cater to the health needs of adolescents who need guidance, counselling and treatment.
- AYUSH doctors should be provided with proper AYUSH medicines and other equipments to achieve the goal that the AYUSH wing has been set up with.
- Sampoorna Clinic should be extended to CHC and PHC levels as well to increase awareness about health among women who tend to neglect it.
- Sub-Centres don't have electricity connection. This worsens the working conditions for ANMs and ASHAs. Each sub-centre should be provided with electricity connection.
- District as a whole and individual facilities should be given some liberty to use funds allocated to them according to their needs.

- Under the digital India Programme, all health staff can be trained for using digital form of data keeping devices and instead of maintaining registers, which is a time taking and tedious process, data can directly be saved in digital formats. This will simplify the process of maintaining records and make it less time consuming.

15. ANNEXURE 1

15.1. DISTRICT LEVEL MONITORING CHECKLIST



National Health Mission

Monitoring of District PIP

Population Research Centre, Institute of Economic Growth, Delhi

Evaluation of key indicators of the district

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

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			
Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource 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				
Data Entry Operators				

Any other, please specify				
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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

4.1. 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					

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	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*

Note- * Leave against medical advise

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

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

6.5. Rashtriya Bal 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*

8. ARSH Progress in District in the last financial year

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

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. 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"/>	

15.2. DISTRICT HOSPITAL MONITORING CHECKLIST

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		
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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	

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	
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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?

15.3. CHC/PHC LEVEL MONITORING CHECKLIST

CHC/PHC 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 Quartersfor 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	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.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
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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

15.4. SC LEVEL MONITORING CHECKLIST

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
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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	Y	N	

	care(thermoregulation, breastfeeding and asepsis)			
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	Y	N	

	the health facility			
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	