

# NATIONAL HEALTH MISSION



## A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN NEW DELHI DISTRICT, DELHI



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## TABLE OF CONTENTS

|                                                                                       |    |
|---------------------------------------------------------------------------------------|----|
| EXECUTIVE SUMMARY .....                                                               | 6  |
| 1. INTRODUCTION .....                                                                 | 8  |
| 1.1 OBJECTIVES OF THE STUDY .....                                                     | 8  |
| 1.2 DEMOGRAPHIC PROFILE: DELHI AND NEW-DELHI DISTRICT .....                           | 9  |
| 1.3 HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: DELHI AND NEW-DELHI DISTRICT ..... | 11 |
| 2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE .....                                     | 12 |
| 2.1 HUMAN RESOURCE .....                                                              | 12 |
| 2.2 HEALTH INFRASTRUCTURE .....                                                       | 13 |
| 3. MATERNAL HEALTH .....                                                              | 14 |
| 3.2 JANANI SURAKSHA YOJANA .....                                                      | 16 |
| 3.3 JANANI SHISHU SURAKSHA KARYAKRAM .....                                            | 17 |
| 3.4 MATERNAL DEATH REVIEW .....                                                       | 17 |
| 4. CHILD HEALTH .....                                                                 | 19 |
| 4.2 IMMUNIZATION .....                                                                | 20 |
| 4.3 RASHTRIYA BAL SURAKSHA KARYAKRAM .....                                            | 21 |
| 5. FAMILY PLANNING .....                                                              | 22 |
| 6. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH .....                                    | 22 |
| 7. QUALITY IN HEALTH SERVICES .....                                                   | 23 |
| 7.1 BIO MEDICAL WASTE MANAGEMENT .....                                                | 23 |
| 7.2 INFORMATION EDUCATION AND COMMUNICATION .....                                     | 23 |
| 8. REFERRAL <b>TRANSPORT</b> .....                                                    | 24 |
| 9. COMMUNITY PROCESS .....                                                            | 24 |
| 10. DISEASE CONTROL PROGRAMME .....                                                   | 25 |
| 11. HMIS & MCTS .....                                                                 | 26 |
| 12 FACILITY WISE OBSERAVATIONS .....                                                  | 26 |
| 13 CONCLUSION AND RECCOMENDATIONS .....                                               | 34 |
| 14 ANNEXURES .....                                                                    | 36 |

## LIST OF TABLES

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Table 1: List of Visited Health Facilities in New Delhi District, 2017 .....            | 9  |
| Table 2: Key Demographic Indicators: Delhi & New Delhi District .....                   | 10 |
| Table 3: Key Health and Health Care Indicators: Delhi and New Delhi District.....       | 11 |
| Table 4: Human Resource: New Delhi District.....                                        | 12 |
| Table 5: Details of Health Infrastructure: New Delhi District.....                      | 13 |
| Table 6: Key Maternal Health Indicators .....                                           | 14 |
| Table 7: Status of JSY Payments in New Delhi District, 2016-17 .....                    | 16 |
| Table 8: JSSK Progress in New Delhi District, 2016-17 .....                             | 17 |
| Table 9: Maternal Death Review, New Delhi, 2016-17 .....                                | 18 |
| Table 10: Reason for Maternal Deaths.....                                               | 18 |
| Table 11: Details of Child Health Infrastructure, New Delhi, 2016-17.....               | 19 |
| Table 12: Immunization Status, New Delhi .....                                          | 20 |
| Table 13: Family Planning Achievement in the District .....                             | 22 |
| Table 14: Community Process in New Delhi District, 2016-17 .....                        | 24 |
| Table 15: Disease Control Programme Progress in New Delhi District.....                 | 25 |
| Table 16: Service Delivery in last two years of Safdarjung Hospital.....                | 27 |
| Table 17: Service Delivery in last two years of Polyclinic, Basant Gaon.....            | 28 |
| Table 18: Service Delivery in last two years of DGD Mahipalpur, New Delhi.....          | 30 |
| Table 19: Service Delivery in last two years of DGD Rajokri, New Delhi .....            | 31 |
| Table 20: Service Delivery in last two years of Maternity Home, Munirka, New Delhi..... | 32 |
| Table 21: Service Delivery in last two years of SPUHC, Samalka, New Delhi .....         | 34 |

## LIST OF FIGURES

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Figure 1: Delhi District Map.....                                                       | 10 |
| Figure 2: ANC & PNC Checkups in New Delhi District in the year 2015-16 and 2016-17..... | 15 |
| Figure 3: Status of Immunization in New Delhi District in the year 2015-16 and 2016-17. | 21 |
| Figure 4: Bio Medical Waste Management in visited Facilities.....                       | 23 |
| Figure 5: IEC Display at visited Facilities.....                                        | 23 |
| Figure 6: Referral Transport.....                                                       | 24 |
| Figure 7: Safdarjung Hospital, New Delhi.....                                           | 26 |
| Figure 8: Polyclinic, Basant Gaon, New Delhi.....                                       | 27 |
| Figure 9: DGD Mahipalpur, New Delhi.....                                                | 29 |
| Figure 10: DGD, Rajokri, New Delhi .....                                                | 30 |
| Figure 11: Maternity Home, Munirka, New Delhi.....                                      | 32 |
| Figure 12: SPUHC, Samalka, New Delhi.....                                               | 33 |

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## ACRONYMS AND ABBREVIATIONS

|                |                                                                |              |                                       |
|----------------|----------------------------------------------------------------|--------------|---------------------------------------|
| <b>ANC</b>     | Ante Natal Care                                                | <b>MCTS</b>  | Mother and Child Tracking System      |
| <b>ANM</b>     | Auxiliary Nurse Midwife                                        | <b>MDR</b>   | Maternal Death Review                 |
| <b>AYUSH</b>   | Ayurveda, Yoga & Naturopathy,<br>Unani, Siddha and Homoeopathy | <b>MMU</b>   | Mobile Medical Unit                   |
| <b>BEMOC</b>   | Basic Emergency Obstetric Care                                 | <b>MOIC</b>  | Medical Officer In Charge             |
| <b>BMW</b>     | Biomedical waste                                               | <b>MoHFW</b> | Ministry of Health and Family Welfare |
| <b>BSU</b>     | Blood Storage Unit                                             | <b>NBSU</b>  | New Born Stabilization Unit           |
| <b>CDMO</b>    | Chief District Medical Officer                                 | <b>NSSK</b>  | NavjatShishu Suraksha Karyakram       |
| <b>CHC</b>     | Community Health Centre                                        | <b>NSV</b>   | No Scalpel Vasectomy                  |
| <b>DH</b>      | District Hospital                                              | <b>OCP</b>   | Oral Contraceptive Pill               |
| <b>DPM</b>     | District Programme Manager                                     | <b>OPV</b>   | Oral Polio Vaccines                   |
| <b>ECG</b>     | Electrocardiography                                            | <b>PIP</b>   | Programme Implementation Plan         |
| <b>EMOC</b>    | Emergency Obstetric Care                                       | <b>PNC</b>   | Post Natal Care                       |
| <b>HMIS</b>    | Health Management Information<br>System                        | <b>PRC</b>   | Population Research Centre            |
| <b>IEC</b>     | Information, Education and<br>Communication                    | <b>RBSK</b>  | Rashtriya Bal Suraksha Karyakram      |
| <b>IPD</b>     | In Patient Department                                          | <b>RKS</b>   | Rogi Kalyan Samiti                    |
| <b>IUCD</b>    | Intra Uterine Contraceptive Device                             | <b>RPR</b>   | Rapid Plasma Reagin                   |
| <b>IYCF</b>    | Infant and Young Child Feeding                                 | <b>SBA</b>   | Skilled Birth Attendant               |
| <b>JSSK</b>    | Janani Shishu Suraksha Karyakram                               | <b>SKS</b>   | Swasthya Kalyan Samiti                |
| <b>JSY</b>     | Janani Suraksha Yojana                                         | <b>SN</b>    | Staff Nurse                           |
| <b>LHV</b>     | Lady Health Visitor                                            | <b>SNCU</b>  | Special New Born Care Unit            |
| <b>LSAS</b>    | Life Saving Anaesthetic Skill                                  | <b>TFR</b>   | Total Fertility Rate                  |
| <b>LT</b>      | Laboratory Technician                                          | <b>TT</b>    | Tetanus Toxoid                        |
| <b>M&amp;E</b> | Monitoring and Evaluation                                      | <b>VHND</b>  | Village Health and Nutrition Day      |

## EXECUTIVE SUMMARY

This report is based on the NHM PIP Monitoring visit to New Delhi District of Delhi. A team from PRC, Delhi interacted with NHM Officials and visited several healthcare facilities in the New Delhi district and based on the data collection and observations during this Monitoring Exercise, found the below listed strengths and weaknesses of the district.

### STRENGTHS:

- There has been a remarkable improvement in the number of pregnant woman registered for ANC in past three years for the New Delhi District. It has seen an increase of about 25 percent.
- The drug delivery system is functioning well with most of the essential drugs available in all public health facilities. Medical equipments like the BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional. There was supply of pregnancy testing kits, urine albumin and sugar testing kit and OCPs in all of the facilities visited.
- The bio waste mechanism is functioning well in the district and the collection of waste is outsourced to private agency. Different colored bins are maintained in the facilities where in all the waste was being segregated before it gets disposed off.

### WEAKNESSES:

- It was reported that New Delhi is a peculiar district since it has multiple healthcare providers including the Delhi Government, NDMC, MCD, Railways, Army, ESI etc. Existence of multiple agencies is resulting in lack of coordination.
- There are reporting problems from MCD and CGHS health facilities. The healthcare facilities under these agencies are not willing to provide data to the district office. Also repeated communications have to be sent to provide utilisation certificates. The district is not able to submit the HMIS Data timely due to the delay on the part of other healthcare agencies.
- At times, in order to retrieve data, the district is forced to send their MIS Experts to the facilities. The District has 14 CDEOs many of whom many have been deputed to CGHS and NDMC hospitals to facilitate data collection. Also, most of the CDEOs are simultaneously in charge of 3 facilities on HMIS and RCH data and record maintenance.

- The District has a shortage of Doctors. 3 MOICs have resigned in the current year and the district has no clear guidelines on replacement. Also there is a shortage of ANMs. Only 20 out of 41 sanctioned posts are currently filled. There have been no new recruitments from the Delhi State Health Mission (DSHM) in the past considerable time.
- The RoP for the district is usually delayed. This leaves only 5-6 months for fund utilization.
- The district has their ASHAs deputed in MCD and other agencies. The payments and incentives for these ASHAs get delayed because the MOICs in-charge delay the verification.
- Contractual employment and low salaries fail to provide job security and is impacting the performance of staff. It is also resulting in paucity of staff at various levels.
- There is shortage of some basic drugs and supplies in the district like vitamin A, typhoid vaccine and RCH registers.
- Location of certain facilities (DGD, Mahipalpur for instance) is such that approaching the facility is not feasible conveniently, particularly in monsoon. Sewer water collects in front of the facility regularly. Better location of the health centre is of the need.
- No dedicated ARSH/Family Planning Councillors in the District.
- There is lack of training to the health staff in the district. There was no training held for EmoC, BeMoc, LSAS, F-IMNCI, Quality and minilap sterilization in the last financial year.

## 1. INTRODUCTION

National Health Mission (NHM) earlier known as National Rural Health Mission was launched to make health care more accessible and affordable to all especially who are vulnerable and underserved and now it has become one of the integral parts of the health services in the country. The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2017-18. It is expected that a timely and systematic assessment of the key components of NHM is critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns 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 conditionality and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation

PRC Delhi is engaged in quality monitoring of State PIPs in – Delhi, Uttar Pradesh, Haryana and Rajasthan. This report discusses the M&E findings and observations for New Delhi District in Delhi. Before visiting New Delhi District, the M&E Team reviewed the Delhi PIP document and prepared semi-structured interview schedules for District Programme Manager (DPM), Facility Staff and Beneficiaries.

### 1.1 OBJECTIVES OF THE STUDY

Major objectives of this monitoring and evaluation PIP study are:

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource required for better service facilities.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.



- To analyse implementation and performance of different scheme under NHM such as JSSK, NRC, RBSK, ARSH, etc.
- To analyses other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- Availability of finance for the NHM activities in the district.

Before visiting the different level of healthcare facilities we had an enriching session with NHM officials of the district. The main motive of the interaction with the officials such as CDMO, DPMO and MCD Nodal officer, was to know their problems and take their opinions for the improvement of the program. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit of New Delhi District. The field visits to health facilities in the district were planned in consultation with the district NHM officials. The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below.

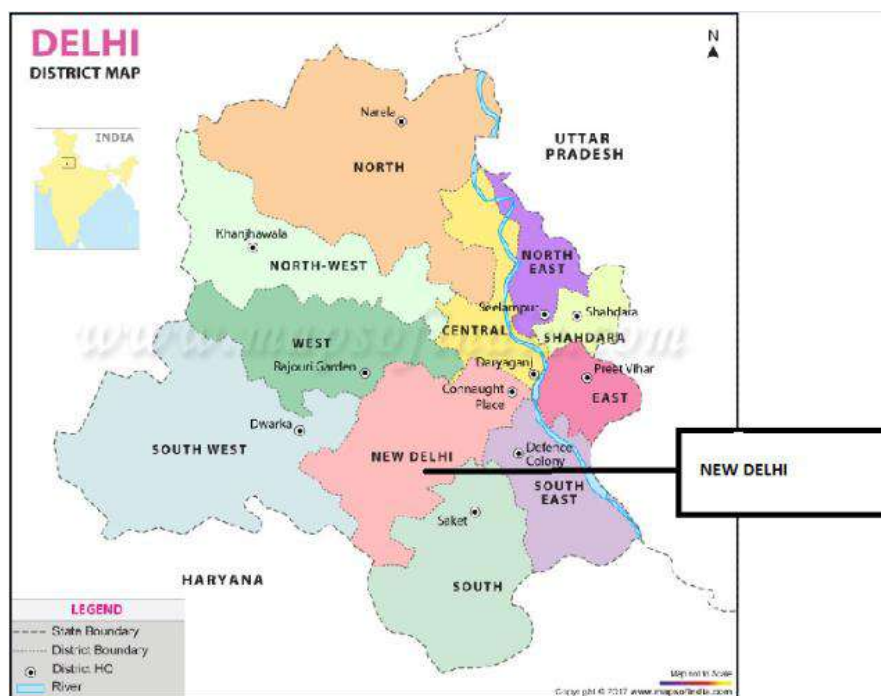
**Table 1: List of Visited Health Facilities in New Delhi District, 2017**

| Facility Type         | Name of the facility                          |
|-----------------------|-----------------------------------------------|
| District Hospital     | Safdarjung hospital                           |
| Primary Health Centre | Aam Aadmi Polyclinic, Basant Gaon             |
| Primary Health Centre | Dispensary Delhi Government (DGD), Mahipalpur |
| Primary Health Centre | Dispensary Delhi Government (DGD), Rajokri    |
| Primary Health Centre | M&CW Centre, Munirka                          |
| Sub Centre            | Seed PUHC, Samalka                            |

## 1.2 DEMOGRAPHIC PROFILE: DELHI AND NEW-DELHI DISTRICT

Delhi is the capital of India and is the third largest city located on the Indo-Gangetic plain and situated on the floodplains of the Yamuna River. Spanning an area of 1483 sq km, it is home to a sizeable population of 19 million. Delhi initially had 9 districts which came into existence in January 1997 but later in 2012 two new districts namely Shahdara and South East came into existence thus presently Delhi is divided into 11 districts namely North, North East, North-West, West, Central, South, South-East, South-West, East, New Delhi and Shahdara. New Delhi

district is one of the eleven districts. It covers an area equal to 35 km square and is a totally urban district. It has three subdivisions namely Vasant Vihar, Delhi Cantonment and Chankyapuri. The map of South district is given in figure 1.



**Figure 1: Delhi District Map**

Table 2 lists some of the key demographic indicators for Delhi and New Delhi District.

**Table 2: Key Demographic Indicators: Delhi & New Delhi District**

| Description               | Delhi    | New Delhi | Source      |
|---------------------------|----------|-----------|-------------|
| Population                | 16787941 | 1133434   | Census 2011 |
| Sex Ratio                 | 868      | 822       | Census 2011 |
| Density/km <sup>2</sup>   | 11320    | 4057      | Census 2011 |
| Area km <sup>2</sup>      | 1483     | 35        | Census 2011 |
| Literacy                  | 86.21    | 88.3      | Census 2011 |
| Schedule Caste population | 2812309  | 33245     | Census 2011 |
| Schedule Tribe population | NIL      | NIL       | Census 2011 |

The district has a population of 1133434. This equals to around 7% of the total population of Delhi. The literacy rate of the district is 88.3%. This is slightly higher than the literacy rate for Delhi as whole. The sex ratio of the New Delhi District is 822 females per 1000 males which falls short of the same for Delhi which is 868 per 1000 males. The population density of Delhi is 11,320 per sq. Km while for New Delhi it is 4057 per sq. Km.

### 1.3 HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: DELHI AND NEW-DELHI DISTRICT

Uptake of family planning methods is higher for the State as compared to the New Delhi District. JSY Payments are low for the State of Delhi (8%). However they are even lower for the New Delhi District.(4%). Proportion of mothers who had Ante Natal Checkup in the first trimester is higher for Delhi (63.8%) as compared to the District New Delhi. (56.4%) More awareness is needed to motivate mothers to get early ANC. Also, the proportion of women receiving PNC Care within two days of delivery is quite low for the district (49.1%) as compared to the State. (62.6%)

Anemia amongst women seems to be quite prevalent in New Delhi District with approximately 58% of women aged 15-49 having anemia. 11% Women in the district have BMI below normal.

**Table 3: Key Health and Health Care Indicators: Delhi and New Delhi District**

| Indicators                                                    | Delhi<br>(NFHS 2015-16) | New-Delhi<br>(NFHS 2015-16) |
|---------------------------------------------------------------|-------------------------|-----------------------------|
| IMR                                                           | 35                      | NA                          |
| U5MR                                                          | 47                      | NA                          |
| TFR                                                           | 1.7                     | NA                          |
| Use of any Family Planning Method                             | 52.9%                   | 42.3%                       |
| Mothers who had ANC in the first trimester                    | 63.8%                   | 56.4%                       |
| Mothers who had 4 Ante-Natal Care Visits                      | 68.8%                   | 74.8%                       |
| Mothers who received JSY Incentive for institutional delivery | 8%                      | 4%                          |
| Institutional Births                                          | 84.4%                   | 82.6%                       |
| No. Of women received PNC checkups within 48 hours            | 62.6%                   | 49.1%                       |
| Women aged 15-49 who are anemic                               | 44.3%                   | 57.8%                       |
| Women whose BMI is below normal                               | 14.8%                   | 11.1%                       |

Source: NFHS 4 (2015-16) Factsheets.

## 2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE

### 2.1 HUMAN RESOURCE

The meeting of the PRC Team with the district health officials and the facility visits revealed the state of human resource in the district. There are no Gynaecologists, Paediatrician and dedicated ARSH/ Family Planning Counselors in the district. Almost fifty percent positions for Medical Officers and ANMs lie vacant. Also during the facility visits, it was reported that the contractual nature of job is hampering the quality of work by health personnel. They are overburdened with work and yet are paid way less than the regular staff. This leads to low levels of motivation for the staff. However, it was observed that despite these problems, the health personnel are delivering their best possible.

**Table 4: Human Resource: New Delhi District**

| Position Name              | Sanctioned | In Position | Total Vacant |
|----------------------------|------------|-------------|--------------|
| MO's including specialists | 14         | 5           | 9            |
| Gynaecologists             |            | NIL         |              |
| Paediatrician              |            | NIL         |              |
| PHN                        | 1          | 0           | 1            |
| ANM                        | 40         | 21          | 19           |
| Pharmacist                 | 9          | 1           | 8            |
| Lab technicians            | 11         | 8           | 3            |
| NO/AAYA/SC/PEON            | 16         | 3           | 13           |
| Data Entry Operators       | 19         | 14          | 5            |
| Staff Nurse                | 5          | 2           | 3            |
| BCC Officer                | 1          | 0           | 1            |
| Pathologist                | 1          | 0           | 1            |

Source: CDMO OFFICE, New Delhi District, 2017.

A severe need of data entry operators and class fourth employees was noted. Most of the CDEOs are simultaneously in charge of 3 facilities on HMIS and MCTS data and record maintenance.

## 2.2 HEALTH INFRASTRUCTURE

The Health Infrastructure of New Delhi District is quite extensive. It comprises of the following: 7 District Hospitals, 14 Delhi Government Dispensaries, 5 Mohalla Clinics, 1 Seed PUHC, 7 Delivery Points and 3 Medical Colleges. Multiple agencies such as Delhi Government, MCD, Railways, Central Government, Army, ESI etc have their health facilities located in the New-Delhi District.

**Table 5: Details of Health Infrastructure: New Delhi District**

| Health Facility               | Number available | Govt. building | Rented building/<br>Under const. |
|-------------------------------|------------------|----------------|----------------------------------|
| District hospital             | 7                | 7              | 0                                |
| Mohalla Clinics               | 5                | 0              | 5                                |
| Polyclinics                   | 1                | 1              | 0                                |
| Delhi Government Dispensaries | 14               |                |                                  |
| MCD hospital                  | 2                | 2              | 0                                |
| Medical College               | 3                | 3              | 0                                |
| Seed PUHC                     | 1                | 0              | 1                                |
| Delivery Points               | 7                |                |                                  |

Source: CDMO OFFICE, New Delhi District, 2017.

The physical infrastructure of the health facilities visited was disparate. While the polyclinic at Basant Gaon and the Maternity Home in Munirka, functioning in the government building were in a very good condition, the infrastructure of the Seed PUHC at Samalka and DGD Mahipalpur was quite dissatisfactory. At the Seed PUHC, there is no waiting room for the patients which results in overcrowding. Also, the only room for OPD is also used for IUCD insertions. The facility also requires a separate room for DOTs Provider. While the building of the DGD at Mahipalpur is too old and several portions of the ceiling have come down. The facility is dingy and there is no proper ventilation. It was reported that during rainfall, a lot of water gets collected inside the facility.

### 3. MATERNAL HEALTH

#### 3.1 MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM. NHM aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. NHM schemes like Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram have been created to improve the condition of maternal health prevalent in the country.

**Table 6: Key Maternal Health Indicators**

| SLNO | ANC AND PNC                                           | 2015-2016* | 2016-17 |
|------|-------------------------------------------------------|------------|---------|
| 1.   | Total women registered for ANC                        | 85848      | 100491  |
| 2.   | No of Women registered in the first trimester.        | 21469      | 21279*  |
| 3.   | Number of pregnant women who received 3 ANC checkups. | 57131      | 66570   |
| 4.   | Number of Women registered under JSY.                 | 1767       | 1595*   |
| 5.   | Number of Women given TT1                             |            | 22318   |
| 6.   | Number of Women given TT2                             | 20187      | 19152   |
| 7.   | Total Institutional Deliveries                        | 43445      | 43963   |
| 8.   | Total Home Deliveries                                 | 440        | 456     |
| 8a.  | SBA Attended                                          | 13         | 10      |
| 8b.  | Non SBA Attended                                      | 427        | 446     |
| 9.   | PNC within 48 hours after delivery                    | 41987      | 43021   |
| 10.  | PNC between 48 hours and 14 days of delivery          | 13533      | 15870   |
| 11.  | Still births                                          | 1189       | 1131    |
| 12.  | Live births                                           | 43395      | 44025   |
| 13.  | Total Births                                          | 44584      | 45156   |

Source: CDMO OFFICE, New Delhi District, 2017. \* Source: HMIS

Table 12 shows the key maternal health indicators for the last two financial years 2015-16 and 2016-17 for the New Delhi District. It can be observed that home deliveries were 456 in the year 2016-17 and further bifurcation shows that out of total home deliveries more than 90% were conducted by Non SBA. However, compared to other parts of Delhi, the number of Home Deliveries for this District is less. Number of Still Births for the district has reduced slightly for the year 2016-17 compared to the year 2015-16.

Figure 2 highlights the status of ANC and PNC Checkups in the district. The total number of women who registered for ANC Checkups has seen a rise in the last financial year compared to the year 2015-2016. However, the number of women who got registered in the first trimester continues to be a small proportion of total registrations. As observed across all districts of Delhi, even for this district, it was reported that the proportion of women getting 3<sup>rd</sup> ANC drops compared to the total ANC registrations due to the process of migration. By the time of 3<sup>rd</sup> ANC, women move back to their home towns to deliver.

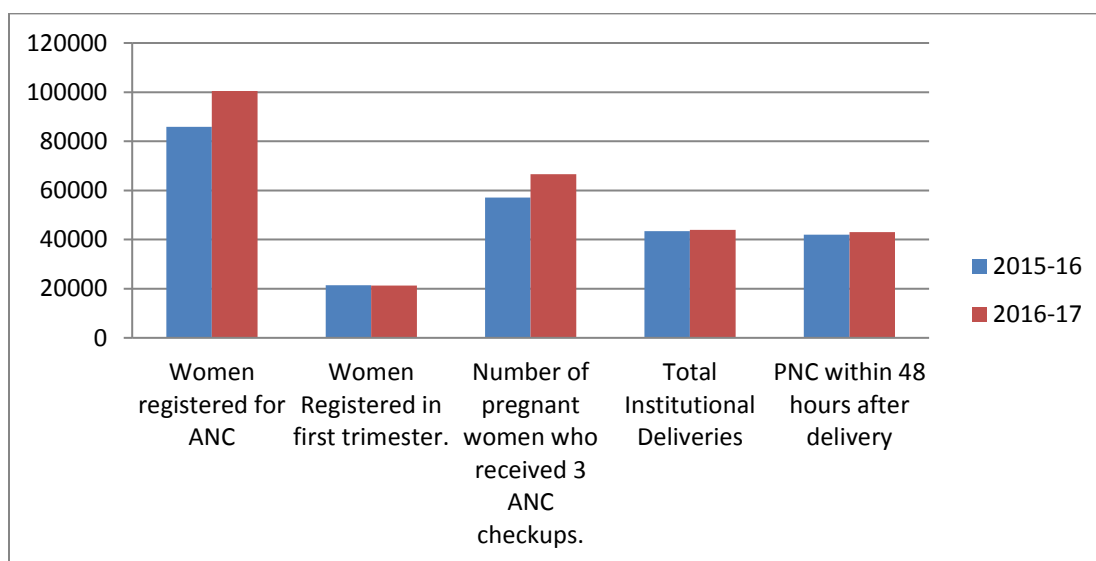


Figure 2: ANC & PNC Checkups in New Delhi District in the year 2015-16 and 2016-17

### 3.2 JANANI SURAKSHA YOJANA

Janani Suraksha Yojana is an initiative for safe mother hood under NHM. The initiative was implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, was launched on 12th April 2005 in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care.

The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women. Wherever, AWW and TBAs or ASHA like activist has been engaged in this purpose, she can be associated with this Yojana for providing the services.

The scheme documents that registered pregnant women should receive payments in one installment at the time of discharge from the institution where the delivery took place, with the ANM/ASHA being responsible to ensure disbursement. JSY also provides a small amount of financial assistance—500 rupees—for births at home for pregnant women (aged 19 years and older) living below the poverty line, and for the first two births.

Table 12 shows the status of JSY payments in the district for the year 2016-17. Only 2-3% of total woman who delivered in the last financial year, received the JSY Incentive. It was reported that the poor performance of the Scheme in this district is because beneficiaries either don't have bank account or identity proofs such as AADHAR cards which have become mandatory for claiming the incentive. Also it was reported that beneficiaries consider Rs. 600 to be negligible.

**Table 7: Status of JSY Payments in New Delhi District, 2016-17**

| Status of payments for   |                 |                             | Record maintenance |         |             |
|--------------------------|-----------------|-----------------------------|--------------------|---------|-------------|
| Institutional deliveries | Home Deliveries | Deliveries brought by ASHAs | Available          | Updated | Non updated |
| 865                      | 30              | 620                         | 895                | 895     | 0           |

Source: CDMO OFFICE, New Delhi District, 2017.



### 3.3 JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is another initiative taken by NRHM 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) 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.

**Table 8: JSSK Progress in New Delhi District, 2016-17**

| No. Of Beneficiaries under JSSK | 2016-2017 |
|---------------------------------|-----------|
| Diet                            | 51026     |
| Drugs                           | 53384     |
| Diagnostic                      | 26224     |
|                                 |           |

Source: CDMO OFFICE, New Delhi District, 2017.

JSSK was functional in the district .Table 15 represents the JSSK beneficiary's status for the financial year 2016-17 for New-Delhi District. Under JSSK, free diet was provided to 51026 beneficiaries, free drugs to 53384 beneficiaries and free diagnostic to 26224 beneficiaries.

### 3.4 MATERNAL DEATH REVIEW

The process of maternal death review (MDR) has been implemented and institutionalized by all the States as a policy since 2010. Each facility is required to conduct MDR according to the guidelines and report deaths along with the analysis for cause of death.

Table 16 indicates the total number of maternal deaths that have occurred in the New Delhi District with the place and month of pregnancy of these deaths. A total number of 148 maternal deaths were reported during the year of 2016-17.

**Table 9: Maternal Death Review, New Delhi, 2016-17**

| Total Maternal Deaths | Place of Deaths |      |         | Month Of pregnancy |                 |               |
|-----------------------|-----------------|------|---------|--------------------|-----------------|---------------|
|                       | Hospital        | Home | Transit | During pregnancy   | During Delivery | Post Delivery |
| 148                   | 148             | 0    | 0       | 103                | 40              | 5             |

Source: CDMO OFFICE, New Delhi District, 2017.

In the meeting at CDMO office, it was conveyed that a high rate of Maternal Deaths is due to the location of major delivery points and hospitals such as Safdarjung in the district, where people from several other Districts and States come for delivery. Thus the number 148 not only captures the deaths for the district but also for other Districts and States. Table 10 shows the major reasons behind maternal deaths in the district. Hypertension and Sepsis appear to be more prevalent causes of maternal deaths while no death was caused due to obstetric complications in last financial year in the New Delhi District.

**Table 10: Reason for Maternal Deaths**

| Reason for Maternal Death | Number of Deaths |
|---------------------------|------------------|
| Haemorrhage               | 12               |
| Obstetric Complications   | 0                |
| Sepsis                    | 24               |
| Hypertension              | 29               |
| Abortion                  | 1                |
| Others                    | 82               |

Source: CDMO OFFICE, New Delhi District, 2017.

## 4. CHILD HEALTH

### 4.1 CHILD HEALTH

The child health programme under the National Health Mission (NHM) comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India. It is now well recognised that child survival cannot be addressed in isolation as it is intricately linked to the health of the mother, which is further determined by her health and development as an adolescent. Therefore, the concept of Continuum of Care, that emphasises on care during critical life stages in order to improve child survival, is being followed under the national programme. Another dimension of this approach is to ensure that critical services are made available at home, through community outreach and through health facilities at various levels (primary, first referral units, tertiary health care facilities). The newborn and child health are now the two key pillars of the Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCH+A) strategic approach.

**Table 11: Details of Child Health Infrastructure, New Delhi, 2016-17**

|                     | Numbers | whether established in last financial year (Yes/No) |
|---------------------|---------|-----------------------------------------------------|
| Total SNCU          | 0       | No                                                  |
| Total NBSU          | 0       | NO                                                  |
| Total NBCC          | 7       | Yes                                                 |
| Total Staff in SNCU | 0       | No                                                  |
| Total Staff in NBSU | 0       | No                                                  |
| Total NRCs          | 1       | Yes                                                 |

Source: CDMO OFFICE, New Delhi District, 2017.

To address the issues of higher neonatal and early neonatal mortality, facility based newborn care services at health facilities have been emphasized. Setting up of facilities for care of Sick New Born such as Special New Born Care Units (SNCUs), New Born Stabilization Unit (NBSUs) and New Born Care Corners (NBCCs) at different levels is a thrust area under NHM.

Table number 11 shows the infrastructure of child health in the New Delhi district. It shows that there are seven New Born Care Corners and 1 Nutritional Rehabilitation Centre in the district.

## 4.2 IMMUNIZATION

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. The thrust areas under the Immunization Programme include: Intensification of Routine Immunization, Eliminating Measles and Japanese Encephalitis related deaths and Polio Eradication.

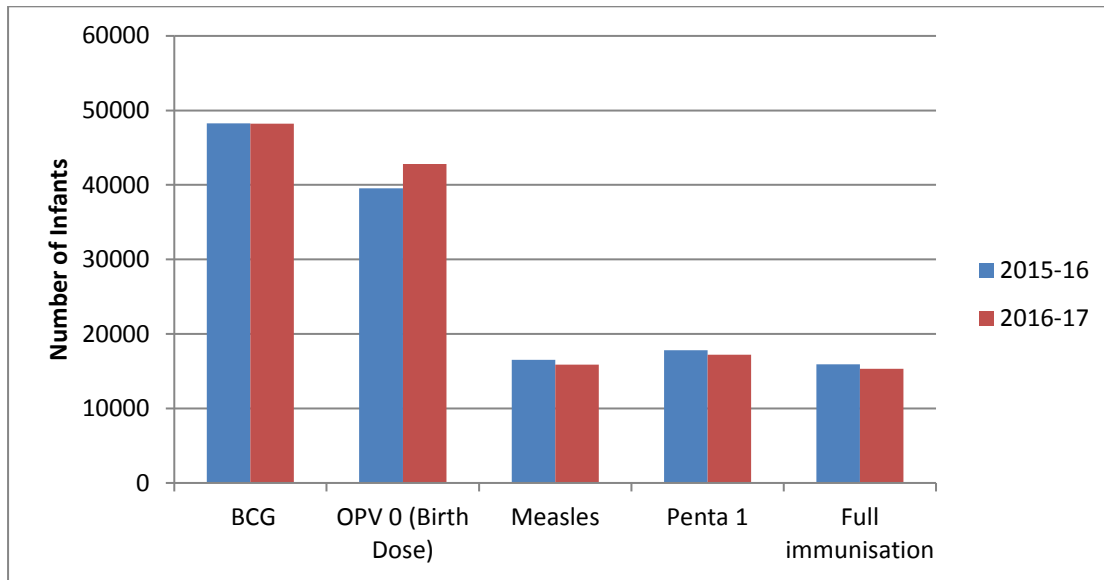
Immunization program was running smoothly in the district, ASHAs and ANMs were working efficiently and working hard to meet the targets in the district. Furthermore Mission Indradhanush is functional in the district capturing a large number of children in the district. Immunization sessions are organized regularly.

**Table 12: Immunization Status, New Delhi**

| S.NO | Vaccination        | 2015-16*<br>Number of Infants | 2016-17<br>Number of Infants |
|------|--------------------|-------------------------------|------------------------------|
| 1.   | BCG                | 48283                         | 48224                        |
| 2.   | DPT1               | 672                           | 252                          |
|      | DPT2               | 988                           | 223                          |
|      | DPT3               | 1131                          | 211                          |
| 3.   | OPV 0 (Birth Dose) | 39529                         | 42823                        |
|      | OPV1               | -                             | 17184                        |
|      | OPV2               | -                             | 15189                        |
|      | OPV3               | -                             | 14834                        |
| 4.   | Measles            | 16524                         | 15863                        |
| 5.   | Penta 1            | 17796                         | 17195                        |
|      | Penta 2            | 15534                         | 15207                        |
|      | Penta 3            | 15055                         | 14861                        |
| 6.   | Full immunisation  | 15940                         | 15303                        |

Source: CDMO OFFICE, New Delhi District, 2017. \*HMIS

Table 12 shows the performance of immunization programme in the New Delhi district. Huge Dropout can be seen in OPV dose from the dose given at birth to the first dose. However beyond first dose, the numbers for the following doses are consistent.



**Figure 3: Status of Immunization in New Delhi District in the years 2015-16 and 2016-17**

The number of fully immunised infants for the year 2016-17 is 15303 which are slightly less than the number of infants fully immunised in the year 2015-16.

The data shows a huge fall in the number of Infants given DPT Doses from the year 2015-16 to 2016-17. This can possibly be explained by uptake of Penta, which covers all diseases for which DPT is given. The figures for number of infants given BCG, Measles and Penta are comparable across the two time periods. These are also shown in Figure 3.

#### **4.3 RASHTRIYA BAL SURAKSHA KARYAKRAM**

Rashtriya Bal Swasthya Karyakram is an initiative by NHM for monitoring the child health in the different districts. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

At current, the programme is not functional in the district.

## 5. FAMILY PLANNING

Family planning is an important component of NHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child mortality and morbidity. Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Table 19 given below shows the family planning achievement in the New-Delhi district for the past financial year. Overall, according to the data Condoms seems to be the most effective method of family planning. The district does not set any targets for family planning.

**Table 13: Family Planning Achievement in the District**

| Block | Sterilization |      |        | IUCD insertions |      | Oral Pills |       | Emergency Contraceptives |      | Condoms |        |
|-------|---------------|------|--------|-----------------|------|------------|-------|--------------------------|------|---------|--------|
|       | Target        | Male | Female | Target          | Ach* | Target     | Ach*  | Target                   | Ach* | Target  | Ach*   |
|       |               | 118  | 3067   |                 | 9752 |            | 14491 |                          | 1097 |         | 505713 |
|       |               |      |        |                 |      |            |       |                          |      |         |        |

Source: CDMO OFFICE, New Delhi District, 2017.

ANMs and ASHAs have been effectively counseling people for family planning. The constant motivation provided by them has resulted in increased IUCD insertions and sterilization. Also, these efforts are pushed further during the World Population Day Fortnight.

## 6. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key-determinant of India's overall health, mortality, morbidity and population growth scenario. Therefore investment in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing STI incidence and reducing HIV prevalence.

It was found that ARSH was functional in the New Delhi District. Every Saturday the ARSH counselling was taking place at all visited facilities. The adolescents were being given counselling in the health facilities on delay of marriages, prevention of teenage pregnancies, safe abortions etc. Also, young girls were given counselling for menstrual problems faced by them.

At most of the facilities, adolescents came for skin problems such as acne. However there were a few cases of RTI/STI problems as well.

## 7. QUALITY IN HEALTH SERVICES

### 7.1 BIO MEDICAL WASTE MANAGEMENT



Figure 4: Bio Medical Waste Management in visited Facilities.

Bio-medical waste management was functioning well in the district. There were different coloured bins in which the waste is segregated and then disposed off and biomedical waste management was done through contractual basis in the district. There were separate dustbins and the residual was collected by the contracted agency on the next day.

### 7.2 INFORMATION EDUCATION AND COMMUNICATION



Figure 5: IEC Display at visited Facilities.

Information Education and Communication (IEC) was effective in the New Delhi District. All visited facilities in the district were displaying charts and posters of the different schemes organised under NRHM such as JSSK, JSY and benefits of immunization. Furthermore there were many charts reflecting the benefits and various methods of family planning, Posters were constantly updated as and when new schemes are introduced.

## 8. REFERRAL TRANSPORT

Referral transport was available in the district to provide pick and drop facilities to the beneficiaries. The beneficiaries are aware of the free facility; however, locals and people staying nearby used their own vehicle for transport. All ambulances are CAT (102) AMBULANCES. The district has a total of 22



Figure 6: Referral Transport

Ambulances.

## 9. COMMUNITY PROCESS

To understand the working of health services and facilities at the grass root level, the PRC team interacted with the ANMs and ASHAs during their visit to the facilities.

Table 20 gives details about the Accredited Social Health Activists under the NHM Program. There are a total of 224 ASHAs currently deployed in the district. The table also shows that 6 vacancies are yet to be filled.

**Table 14: Community Process in New Delhi District, 2016-17**

| Last status of ASHAs (Total number of ASHAs)     |                           |
|--------------------------------------------------|---------------------------|
| ASHAs presently working                          | 224                       |
| Positions vacant                                 | 6                         |
| Total number of meeting with ASHA ( in a Year)   | Every month of every ASHA |
| Total number of ASHA resource centers/ ASHA Ghar | 1                         |
| Drug kit replenishment                           | 220                       |
| No. of ASHAs trained in last year                | 93                        |

Source: CDMO OFFICE, New Delhi District, 2017.



It was observed that some of the ANMs were given refresher training on HMIS. They were well averse with the procedure for filling up the formats. They were engrossed in spreading awareness through talks and other programmes.

The ASHAs during the facility visits complained that there is no provision for money spent on photocopying the documents and thus they end up spending quite a bit of their earnings on the same. Also it was reported that at times ASHAs end up losing their incentives for reasons not communicated to them.

Given the importance of role played by ASHAs in improvement of institutional delivery, immunization and family planning; their incentives should be increased.

## 10. DISEASE CONTROL PROGRAMME

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD) surpassing the burden of Communicable diseases like water-borne or vectorborne diseases, TB, HIV, etc. The Non-Communicable Diseases like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes, etc. are estimated to account for around 60% of all deaths. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and Diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. Table 15 gives some information on the incidence of Diabetes and Hypertension in the New Delhi District. It shows that for both Diabetes as well as Hypertension, the Number of detected cases is less for 2016-17 as compared to 2015-16.

**Table 15: Disease Control Programme Progress in New Delhi District**

| Name of the Programme/<br>Disease | 2015-16               |                       | 2016-17               |                       |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                   | No. of cases screened | No. of detected cases | No. of cases screened | No. of detected cases |
| Diabetes                          | 21454                 | 2182                  | 20115                 | 1319                  |
| Hypertension                      | 23845                 | 3319                  | 28319                 | 2057                  |

Source: CDMO OFFICE, New Delhi District, 2017.

There was a provision of diagnostics for tuberculosis at specific facilities with separate DOT rooms. Awareness of the harmful diseases was also done through proper IEC. ASHAs were helping 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.

## 11. HMIS & MCTS

HMIS and MCTS are two most important part of NHM functioning which includes reporting and compiling of the data which includes performance of basic indicators of maternal and child health care in the district. The MCTS reporting is now done in the RCH Portal.

It was reported that due to existence of several agencies providing health services in the district, and their non-cooperation with the district office makes the collection and updating of data challenging. Also, there were some issues in reporting of the data mainly due to shortage of staff in the district.

It is suggested that ANMs and other staff at the facilities must be trained for HMIS, so that they can provide a helping hand to the CDEOs. Also, provisioning of handy computer tablets for direct data uploading on portals and avoiding entries would reduce duplication of work and improve efficiency.

## 12 FACILITY WISE OBSERAVATIONS

### 12.1 SAFDARJUNG HOSPITAL



Figure 7: Safdarjung Hospital, New Delhi

Safdarjung, a 1531 bedded Hospital is located at Ring Road, Opposite AIIMS Hospital, Safdarjung West, Ansari Nagar East, New Delhi. We visited obstetric care gynecology department in the Hospital and the following was conveyed. The average per day delivery load at the hospital is 100 deliveries. The Hospital is overloaded most of the times and patients have to share beds. The doctor reported that the PFMS portal work is too overburdening

and eats into the clinical work that doctors are supposed to do. It was suggested that there should be some accounts officer recruited to do such work. Also, it was reported that the department does not receive the NHM IEC material timely.

**Table 16: Service Delivery in last two years of Safdarjung Hospital**

| S. No | Service Utilization Parameter | 2015-16 | 2016-17 |
|-------|-------------------------------|---------|---------|
| 1     | Total deliveries conducted    | 26494   | 27207   |
| 2     | No. of C section conducted    | 5961    | 6678    |
| 3     | No. of IUCD Insertions        | 5005    | 5166    |
| 4     | Total MTPs                    | 680     | 540     |
| 5     | Maternal deaths               | 94      | 117     |
| 6     | Still births                  | 710     | 688     |

Source: Safdarjung Hospital, 2017

Table 16 shows the performance of various service delivery indicators for last two years at Safdarjung hospital. The figures for total deliveries conducted show that it is one of the major hospitals sought for delivery services. There has been a rise in maternal deaths from 94 to 117 in the last two financial years. However, the cases of Still Births have seen a reduction from 710 to 688.

## 12.2 POLYCLINIC, BASANT GAON



**Figure 8: Polyclinic, Basant Gaon, New Delhi.**

The Aam Aadmi Polyclinic at Basant Gaon is easily assessable from the nearest road ahead. It is functioning in a government building, which is in a very good condition. However, **the facility doesn't have water connection.** The facility provides Specialist Clinic for Medicine, ENT, ORTHO, EYE, SURGERY and GYNAE for which the specialists visit the clinic on specified days.

The polyclinic has 2 ANMs, 1 Lab Technician, 1 pharmacist and 7 ASHAs as staff under NHM. The staff at the facility frequently organises health talks to create awareness on importance of hygiene, practices such as breast feeding, vector born diseases etc.

Although the facility has a functional lab but there are several test which are not being done such as CBC, HB, malaria etc and for these the specialists refer people to moholla clinics. Lab Services provided include urine albumin and sugar, HIV and Blood Sugar. Most of the essential equipments were available like BP instrument, Stethoscope, and Autoclave. Calorie meter was not working. Drugs were received timely. All Registers including OPD, ANC, PNC, and Immunisation etc are maintained. In the last financial year, trainings have been conducted for Immunisation and cold chain, IUD AND PPIUCD.

The CDEO at the facility complained that there are several issues with the RCH PORTAL including frequent freezing of the portal, incorporation of new links about which the CDEOs are not informed and thus they face problems in accessing and working with those. Another issue discussed by the CDEO was pertaining to the entry in the RCH PORTAL of TT injection for children. The portal doesn't accept the entry if it is not within a certain time duration of immunisation schedule of the child. This leads to data as showing low immunization status even when the child has been given the injection but not in the prescribed time duration. This is also linked to incentives to ASHAs and thus they lose out on their payments.

**Table 17: Service Delivery in last two years of Polyclinic, Basant Gaon**

| S.No | Service Utilization Parameter            | 2015-16 | 2016-17 |
|------|------------------------------------------|---------|---------|
| 1    | OPD                                      | 31227   | 37768   |
| 2    | First ANC registration                   | 236     | 268     |
| 3    | Third ANC Coverage                       | 101     | 139     |
| 4    | No. of IUCD Insertions                   | 57      | 21      |
| 5    | No. of children fully immunized          | 272     | 273     |
| 6    | No. of children given Vitamin A          | 673     | 882     |
| 7    | No. of adolescents attending ARSH clinic | 58      | 47      |
| 8    | No of pregnant women given IFA tablets   | 465     | 602     |

Source: Polyclinic, Basant Gaon, 2017

Table 17 gives the Service Utilization Parameters for the facility for last two years. The no. of women getting ANC3 reduces to almost half in proportion to ANC1 registration. And the reason

cited was again migration to their local place of residence. The number of IUCD insertions done at the facility has seen a fall from 57 to 21. Thus there is a need to create more awareness on family planning. ARSH Counseling is being done at the polyclinic; however the number of adolescents attending suggests that there is a low uptake of the same.

**An NGO- ARYA SAMAJ located near the polyclinic is also providing immunization coverage in the area. However according to the MOIC, the order in which vaccination is done by the NGO is not right and can be harmful for the children. Despite several attempts by the ANMs to warn people about the wrong vaccination, the NGO still finds numerous takers.**

### 12.3 DELHI GOVERNMENT DISPENSARY, MAHIPALPUR

Functioning in a Village Panchayat Building, DGD Mahipalpur caters to an average of 200-300 patients daily. The physical infrastructure of the DGD is in a very bad condition. **The building is too old and several portions of the ceiling have come down.** The facility is dingy and there is no proper ventilation. It was reported that during rainfall, a lot of water gets collected inside the facility. The facility has 24\*7 running water supply and electricity power back up.



Figure 9: DGD Mahipalpur, New Delhi

The Catchment population for the facility is 70,000. The DGD has 3 Medical officers, 5 ANMs, 1 Lab Technician, 2 Pharmacists, 2 SSC AND 1 Nursing Officer. However it was reported that most of the times at least 1 Medical officer is deputed to some other health facility in the district. There has been no training of the staff in the last financial year. There is an adequate supply of most of the essential drugs. However it was reported that most of the laboratory equipments were old and obsolete. Lab Services provided include hemoglobin, urine albumin and sugar, serum bilirubin test, blood sugar, RPR, TB, HIV, HCV, CRP, ESR, ASO and Typhidot.

Bio-medical waste collection is outsourced and is collected once in a week. The facility practices segregation of waste into color coded bins. All Registers including OPD, ANC, PNC, and

Immunization etc are maintained. The IEC Display at the facility was not very satisfactory. Although health talks are conducted, the staff reported that there is not much uptake of the same.

**Table 18: Service Delivery in last two years of DGD Mahipalpur, New Delhi**

| S.No | Service Utilization Parameter   | 2015-16 | 2016-17 |
|------|---------------------------------|---------|---------|
| 1    | OPD                             | 68570   | 79567   |
| 2    | No. of pregnant women referred  | 490     | 510     |
| 3    | First ANC registration          | 522     | 536     |
| 4    | Third ANC Coverage              | 37      | 88      |
| 5    | No. of IUCD Insertions          | 35      | 94      |
| 6    | No. of children fully immunized | 536     | 532     |
| 7    | No. of children given Vitamin A | 1308    | 875     |

Source: DGD, Mahipalpur, 2017

Table 18 shows the performance of the facility over the past two years and from the table we can see that facility is catering to large number of patients. OPDs have been very high in last two years. The ANC Coverage falls to around 10% of total registrations by the time of ANC3, which according to the medical staff happens due to migratory nature of population. Women prefer to deliver at their hometowns and thus migrate from Delhi. Also ASHAs find it difficult to convince women to get all the ANCs done. The facility has seen an upsurge in the number of IUCD insertions from 35 in 2015-16 to 94 in 2016-17.

The ANMs and ASHAs at the facility reported that people living in army residence do not get their children immunized saying that they have separate provision in the Army Hospitals. This affect the incentives of ASHAs whose coverage areas have the army residential area marked for them.

## 12.4 DELHI GOVERNMENT DISPENSARY, RAJOKRI



**Figure 10: DGD, Rajokri, New Delhi**

The DGD is functioning in a rented building. Although it is accessible from the nearest road ahead, it was reported that there is no public conveyance available. The facility has 24 hours running water but only two rooms have connection pipes. The room in which IUCD Insertions are done has no water. The toilet is common for males and females but was clean.

The facility has 3 ANMs, 1 medical officer, 1 lab technician, 1 Pharmacist, 1 Nursing Officer, 1 Dressor and 1 DOTS Provider as human resource. In last financial year, there was only training on IUD and immunization and cold chain. No training for BeMOC, NSV, mini lap, F-IMNCI, MTP or others was conducted.

Among the general equipments, the facility has BP instrument, weighing machine, facility for oxygen parameter and autoclave. The microscope has been non functional for past 2-3 years. **Among the essential drugs, vaccines for typhoid and Vitamin A were not available.** There is supply of urine albumin and sugar testing kits, OCPs, EC pills, IUCDs. However, the facility does not have supply for sanitary napkins. The laboratory services for haemoglobin, urine and sugar, blood sugar, RPR and HIV are available. The facility does not have teats available for CBC, serum bilirubin, malaria and T.B.

It has mechanisms for biomedical waste management. There are different coloured bins in which the waste is segregated and then disposed off. However the waste is being collected once a week. **The ASHAs at the facility complained that there is no provision for money spent on photocopying the documents and thus they end up spending quite a bit of their earnings on the same. Also it was reported that at times ASHAs end up losing their incentives for reasons not communicated to them.**

**Table 19: Service Delivery in last two years of DGD Rajokri, New Delhi**

| S. No | Service Utilization Parameter   | 2015-16 | 2016-17 |
|-------|---------------------------------|---------|---------|
| 1     | OPD                             | 41746   | 46665   |
| 3     | No. of pregnant women referred  | 710     | 777     |
| 4     | First ANC registration          | 655     | 679     |
| 5     | Third ANC Coverage              | 328     | 322     |
| 6     | No. of IUCD Insertions          | 26      | 49      |
| 8     | No. of children fully immunized | 507     | 524     |
| 9     | No. of children given Vitamin A | 850     | 153     |

Source: DGD, Rajokri, 2017

Table 19 depicts the various service delivery indicators of the facility DGD Rajokri and from the table we observe that the No of IUCD Insertions is few for the facility. Thus there is a need to council and motivate people for uptake of family planning. The OPD for the facility is quite huge. The number of children given vitamin A has fallen sharply, and it was reported that it is due to the unavailability of the vaccine. The proportion of third ANC in comparison to First ANC registrations falls to almost 50%.

## 12.5 MATERNITY HOME, MUNIRKA

Functioning in a government building, the Maternity Home is accessible from the nearest road ahead. Maternity home has become fully functional only from June 2017. There has been 1 Delivery since then. At present there are just two doctors for running a maternity home. Although the centre is functional from 2013 but lab services have started only from February 2107.

The facility has no sweeper, no nursing female officer, no ward aaya and just 1 ward boy. The lab technician comes only thrice a week. Previously the facility didn't have running water supply. There have been no trainings of the staff in the last financial year. It has mechanisms for biomedical waste management. There are different colored bins in which the waste is segregated and then disposed off.



Figure 11: Maternity Home, Munirka, New Delhi

Table 20: Service Delivery in last two years of Maternity Home, Munirka, New Delhi

| S. No | Service Utilization Parameter   | 2015-16 | 2016-17 |
|-------|---------------------------------|---------|---------|
| 1     | OPD                             | 9813    | 10032   |
| 2     | No. of pregnant women referred  | -       | -       |
| 3     | First ANC registration          | 84      | 159     |
| 4     | Third ANC Coverage              | 59      | 128     |
| 5     | No. of IUCD Insertions          | 0       | 0       |
| 6     | No. of PPIUCD insertions        | 0       | 0       |
| 7     | No. of children fully immunized | 431     | 652     |
| 8     | No. of children given Vitamin A | 1254    | 1295    |

Source: Maternity Home, Munirka, 2017

The facility does not have a heavy OPD since it has a Polyclinic attached to it. The number of women coming for ANC is also not very high. There have been no IUCD insertions in the last two financial years. However, at present the IUCD insertions are being done at the facility. Number of children being given vitamin A has increased in the last financial year. The facility has become fully functional only in the current year, thus the service utilization is low for previous years.



**The facility is facing acute staff crunch and thus is not able to run smoothly. Fresh appointments are needed to be made and vacant positions should be filled.**

## 12.6 SEED PUHC, SAMALKA

Functioning in a rented building, the seed PUHC caters to on an average of 125-150 patients daily. It is accessible from the nearby road and has 24\*7 hours water supply. The physical infrastructure of the facility is not adequately maintained and is insufficient for the present load. There is no waiting room for the patients which results in overcrowding. Also, the only room for OPD is also used for IUCD insertions. The facility also requires a separate room for DOTs Provider. The Staff feels that the annual increment in their salaries should be higher.



**Figure 12: SPUHC, Samalka, New Delhi**

The seed PUHC has 1 MOIC, 3 ANM's, 1 Lab Technician and 1 Pharmacist. In the last financial year, trainings have been conducted for Doctors and ANMs for Immunization and cold chain, IUD AND RTI/STI. Most of the essential equipments were available like BP instrument, Stethoscope, and Autoclave. Calorie meter was not working. Drugs were received timely. EDL list was displayed.

Lab Tests provided include hemoglobin, Urine albumin and Sugar, blood sugar, RPR, HBSAG, ESR and Platelets. Family planning counseling is done regularly with special focus during the World Population Day. The place had display of IEC materials.

Record Maintenance for the facility was appropriate. All registers including OPD, ANC, PNC, FP, Drug stock and immunization etc were up to date. Bio Medical waste was being segregated accordingly in the color coded bins. The facility needs more ANM's to cater to the catchment population.

**Table 21: Service Delivery in last two years of SPUHC, Samalka, New Delhi**

| S. No | Service Utilization Parameter   | 2015-16 | 2016-17 |
|-------|---------------------------------|---------|---------|
| 1     | OPD                             | 31592   | 36678   |
| 2     | No. of pregnant women referred  | 78      | 73      |
| 3     | First ANC registration          | 621     | 629     |
| 4     | Third ANC Coverage              | 294     | 371     |
| 5     | No. of IUCD Insertions          | 123     | 69      |
| 6     | No. of PPIUCD insertions        | 15      | 34      |
| 7     | No. of children fully immunized | 442     | 423     |
| 8     | No. of children given Vitamin A | 787     | 773     |

Source: Seed PUHC, Samalka, 2017

Table 21 gives the service utilization parameters for the Seed PUHC for last two financial years. The OPD for the facility is huge, given that there is just one MOIC deputed at the facility. The number of IUCD insertions has gone down in 2016-17. Number of fully immunized children and number of children given Vitamin A has not seen any increase in the last financial year. More spread of awareness by ASHAs and ANMs might help in increasing the uptake.

## 13 CONCLUSION AND RECCOMENDATIONS

### 13.1 CONCLUSION

Population Research Centre, Delhi has been assigned the task of monitoring and evaluation of various schemes under National Health Mission by The Ministry of Health and Family Welfare. PRC team is expected to carry out the field visit of the state for quality checks and interact with the members associated with the Program to understand the various dimensions of the program and existing loopholes in its implementation at its grass root level. This report discusses the Monitoring and Evaluation findings of the New Delhi District of Delhi. The health facilities visited by the team comprises of: District Hospital Safdarjung, Polyclinic Basant Gaon, DGD Mahipalpur, DGD Rajokri, Maternity Home Munirka and SPUHC Samalka.

- The physical infrastructure of the health facilities visited was disparate. While the polyclinic at Basant Gaon and the Maternity Home in Munirka, functioning in the government building were in a very good condition, the infrastructure of the Seed PUHC at Samalka and DGD Mahipalpur was quite dissatisfactory.
- There is shortage of staff in the district, especially for the specialists, ANMs and CDEOs. The facilities have heavy OPDS and there are few doctors in comparison to the need for them.

- With multiple healthcare providers including the Delhi Government, NDMC, MCD, Railways, Army, ESI etc in the New Delhi District, there is problem of lack of cooperation and reporting problems. These agencies are not willing to provide data to the district office.
- ARSH is functioning in the district with the Doctors in-charge of the facilities doing counseling on every Saturday. However there are no Dedicated ARSH Counselors in the district.
- The district is doing its best to achieve higher levels of Immunization. Outreach sessions are organized to cover the areas with no health facility.
- IUCD insertion and usage of condom were the main methods of family planning utilized in the district.
- It was observed that there were all the essential equipments in the visited facilities. The equipments like BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional.
- It was reported that facilities receive all IEC materials on time except for Safdarjung Hospital. All facilities had adequate display of the same.
- Under JSSK, beneficiaries are receiving the services of free diet and free medicines. JSY payments on the other hand were very low for the district.

## 13.2 RECCOMENDATIONS

- NHM related coordination between State health department and other agencies should be regularly reviewed by higher authorities. There should be some authority to coordinate among all departments. The agencies must be clearly communicated that they have to send data to the concerned district office.
- There should be regular monitoring of the physical infrastructure of seed PUHCs and other facilities functioning in non-government buildings.
- The guidelines concerning the filling up of vacant positions must be issued and the positions must be filled.
- It is suggested that ANMs and other staff at the facilities must be trained for HMIS, so that they can provide a helping hand to the CDEOs. Also, provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers could help.
- Regular supplies of Vitamin A and Typhoid should be provided to the facilities. Also, provision should be made for Sanitary Napkins.
- RoP should be sent to the district in time so that they can plan and invest as per as requirement.

## 14 ANNEXURES

### 14.1 DH LEVEL MONITORING CHECKLIST

|                                                                                       |                                                 |                          |
|---------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|
| <b>Name of District:</b> _____                                                        | <b>Name of Block:</b> _____                     | <b>Name of DH:</b> _____ |
| <b>Catchment Population:</b> _____                                                    | <b>Total Villages:</b> _____                    |                          |
| <b>Date of last supervisory visit:</b> _____                                          |                                                 |                          |
| <b>Date of visit:</b> _____                                                           | <b>Name &amp; designation of monitor:</b> _____ |                          |
| <b>Names of staff not available on the day of visit and reason for absence:</b> _____ |                                                 |                          |

#### 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                                                        | Y   | N  |                    |

|      |                                                                             |   |   |
|------|-----------------------------------------------------------------------------|---|---|
|      | Rehabilitation Centre                                                       |   |   |
| 1.20 | Functional BB/BSU, specify                                                  | Y | N |
| 1.21 | Separate room for ARSH clinic                                               | Y | N |
| 1.22 | Burn Unit                                                                   | Y | N |
| 1.23 | Availability of complaint/suggestion box                                    | Y | N |
|      | Availability of mechanisms for Biomedical waste management (BMW)at facility | Y | N |
| 1.24 | BMW outsourced                                                              | Y | N |
| 1.25 | Availability of ICTC/ PPTCT Centre                                          | Y | N |
| 1.26 | Availability of functional Help Desk                                        | Y | N |

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

| S. no | Category            | Regular | Contractual | Remarks if any |
|-------|---------------------|---------|-------------|----------------|
| 2.1   | OBG                 |         |             |                |
| 2.2   | Anaesthetist        |         |             |                |
| 2.3   | Paediatrician       |         |             |                |
| 2.4   | General Surgeon     |         |             |                |
| 2.5   | Other Specialists   |         |             |                |
| 2.6   | MOs                 |         |             |                |
| 2.7   | SNs                 |         |             |                |
| 2.8   | ANMs                |         |             |                |
| 2.9   | LTs                 |         |             |                |
| 2.10  | Pharmacist          |         |             |                |
| 2.11  | LHV                 |         |             |                |
| 2.12  | Radiographer        |         |             |                |
| 2.13  | RMNCHA+ counsellors |         |             |                |
| 2.14  | Others              |         |             |                |

**Section III: Training Status of HR in the last financial year:**

| S. no | Training | No. trained | Remarks if any |
|-------|----------|-------------|----------------|
| 3.1   | EmOC     |             |                |
| 3.2   | LSAS     |             |                |
| 3.3   | BeMOC    |             |                |
| 3.4   | SBA      |             |                |
| 3.5   | MTP/MVA  |             |                |

|      |                             |  |  |
|------|-----------------------------|--|--|
| 3.6  | NSV                         |  |  |
| 3.7  | F-IMNCI                     |  |  |
| 3.8  | NSSK                        |  |  |
| 3.9  | Mini Lap-Sterilisations     |  |  |
| 3.10 | Laproscopy-Sterilisations   |  |  |
| 3.11 | IUCD                        |  |  |
| 3.12 | PPIUCD                      |  |  |
| 3.13 | Blood storage               |  |  |
| 3.14 | IMEP                        |  |  |
| 3.16 | Immunization and cold chain |  |  |
| 3.15 | Others                      |  |  |

### Section IV: Equipment:

| S. No | Equipment                                                   | Yes | No | Remarks |
|-------|-------------------------------------------------------------|-----|----|---------|
| 4.1   | Functional BP Instrument and Stethoscope                    | Y   | N  |         |
| 4.2   | Sterilised delivery sets                                    | Y   | N  |         |
| 4.3   | Functional Neonatal, Paediatric and Adult Resuscitation kit | Y   | N  |         |
| 4.4   | Functional Weighing Machine (Adult and child)               | Y   | N  |         |
| 4.5   | Functional Needle Cutter                                    | Y   | N  |         |
| 4.6   | Functional Radiant Warmer                                   | Y   | N  |         |
| 4.7   | Functional Suction apparatus                                | Y   | N  |         |
| 4.8   | Functional Facility for Oxygen Administration               | Y   | N  |         |
| 4.9   | Functional Foetal Doppler/CTG                               | Y   | N  |         |
| 4.10  | Functional Mobile light                                     | Y   | N  |         |
| 4.11  | Delivery Tables                                             | Y   | N  |         |
| 4.12  | Functional Autoclave                                        | Y   | N  |         |
| 4.13  | Functional ILR and Deep Freezer                             | Y   | N  |         |
| 4.14  | Emergency Tray with emergency injections                    | Y   | N  |         |
| 4.15  | MVA/ EVA Equipment                                          | Y   | N  |         |
| 4.16  | Functional phototherapy unit                                | Y   | N  |         |
| 4.17  | Dialysis Equipment                                          | Y   | N  |         |
| 4.18  | <b>O.T Equipment</b>                                        |     |    |         |
| 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 |  |
|      | <b>Laboratory Equipment</b>     |   |   |  |
| 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         |                |
| <b>S. No</b> | <b>Supplies</b>                                                                                    | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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         |                |
| <b>S. No</b> | <b>Essential Consumables</b>                                                                       | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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         |                |
| <b>S.No</b> | <b>Blood bank / Blood Storage Unit</b>                                | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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                                          | Y   | N  |         |

|      |                                          |   |   |  |
|------|------------------------------------------|---|---|--|
|      | OPV given                                |   |   |  |
| 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  |         |

**14.2 FRU LEVEL MONITORING CHECKLIST**

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

## Section I: Physical Infrastructure:

| S.No  | Infrastructure                                                                               | Yes | No | Additional Remarks |
|-------|----------------------------------------------------------------------------------------------|-----|----|--------------------|
| 1.1   | Health facility easily accessible from nearest road head                                     | Y   | N  |                    |
| 1.2   | Functioning in Govt building                                                                 | Y   | N  |                    |
| 1.3   | Building in good condition                                                                   | Y   | N  |                    |
| 1.4   | Staff Quarters for MOs                                                                       | Y   | N  |                    |
| 1.5   | Staff Quarters for SNs                                                                       | Y   | N  |                    |
| 1.6   | Staff Quarters for other categories                                                          | Y   | N  |                    |
| 1.7   | Electricity with power back up                                                               | Y   | N  |                    |
| 1.9   | Running 24*7 water supply                                                                    | Y   | N  |                    |
| 1.10  | Clean Toilets separate for Male/Female                                                       | Y   | N  |                    |
| 1.11  | Functional and clean labour Room                                                             | Y   | N  |                    |
| 1.12  | Functional and clean toilet attached to labour room                                          | Y   | N  |                    |
| 1.13  | Functional New born care corner ( <i>functional radiant warmer with neo-natal ambu bag</i> ) | Y   | N  |                    |
| 1.14  | Functional Newborn Stabilization Unit                                                        | Y   | N  |                    |
| 1.16  | Functional SNCU                                                                              | Y   | N  |                    |
| 1.17  | Clean wards                                                                                  | Y   | N  |                    |
| 1.18  | Separate Male and Female wards (at least by partitions)                                      | Y   | N  |                    |
| 1.19  | Availability of Nutritional Rehabilitation Centre                                            | Y   | N  |                    |
| 1.20  | Functional BB/BSU, specify                                                                   | Y   | N  |                    |
| 1.21  | Separate room for ARSH clinic                                                                | Y   | N  |                    |
| 1.22  | Availability of complaint/suggestion box                                                     | Y   | N  |                    |
| 1.23  | Availability of mechanisms for Biomedical waste management (BMW) at facility                 | Y   | N  |                    |
| 1.23a | BMW outsourced                                                                               | Y   | N  |                    |
| 1.24  | Availability of ICTC Centre                                                                  | Y   | N  |                    |

## Section II: Human resource:

| S. no | Category            | Numbers | Remarks if any |
|-------|---------------------|---------|----------------|
| 2.1   | OBG                 |         |                |
| 2.2   | Anaesthetist        |         |                |
| 2.3   | Paediatrician       |         |                |
| 2.4   | General Surgeon     |         |                |
| 2.5   | Other Specialists   |         |                |
| 2.6   | MOs                 |         |                |
| 2.7   | SNs                 |         |                |
| 2.8   | ANMs                |         |                |
| 2.9   | LTs                 |         |                |
| 2.10  | Pharmacist          |         |                |
| 2.11  | LHV                 |         |                |
| 2.12  | Radiographer        |         |                |
| 2.13  | RMNCHA+ counsellors |         |                |
| 2.14  | Others              |         |                |

### Section III: Training Status of HR:

| S. no | Training                    | No. trained | Remarks if any |
|-------|-----------------------------|-------------|----------------|
| 3.1   | EmOC                        |             |                |
| 3.2   | LSAS                        |             |                |
| 3.3   | BeMOC                       |             |                |
| 3.4   | SBA                         |             |                |
| 3.5   | MTP/MVA                     |             |                |
| 3.6   | NSV                         |             |                |
| 3.7   | F-IMNCI                     |             |                |
| 3.8   | NSSK                        |             |                |
| 3.9   | Mini Lap-Sterilisations     |             |                |
| 3.10  | 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 |  |
|      | <b>Laboratory Equipment</b>                                 |   |   |  |
| 4.1a | Functional Microscope                                       | Y | N |  |
| 4.2a | Functional Hemoglobinometer                                 | Y | N |  |
| 4.3a | Functional Centrifuge                                       | Y | N |  |
| 4.4a | Functional Semi autoanalyzer                                | Y | N |  |
| 4.5a | Reagents and Testing Kits                                   | Y | N |  |

### Section V: Essential Drugs and Supplies:

| S.No | Drugs                             | Yes | No | Remarks |
|------|-----------------------------------|-----|----|---------|
| 5.1  | EDL available and displayed       | Y   | N  |         |
| 5.2  | Computerised inventory management | Y   | N  |         |
| 5.3  | IFA tablets                       | Y   | N  |         |
| 5.4  | IFA tablets (blue)                | Y   | N  |         |
| 5.5  | IFA syrup with dispenser          | Y   | N  |         |
| 5.6  | Vit A syrup                       | Y   | N  |         |
| 5.7  | ORS packets                       | Y   | N  |         |
| 5.8  | Zinc tablets                      | Y   | N  |         |
| 5.9  | Inj Magnesium Sulphate            | Y   | N  |         |
| 5.10 | Inj Oxytocin                      | Y   | N  |         |
| 5.11 | Misoprostol tablets               | Y   | N  |         |
| 5.12 | Mifepristone tablets              | Y   | N  |         |
| 5.13 | Availability of antibiotics       | Y   | N  |         |
| 5.14 | Labelled emergency tray           | Y   | N  |         |

|             |                                                                                                    |            |           |                |
|-------------|----------------------------------------------------------------------------------------------------|------------|-----------|----------------|
| 5.15        | Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc. | Y          | N         |                |
| 5.16        | Adequate Vaccine Stock <i>available</i>                                                            | Y          | N         |                |
| <b>S.No</b> | <b>Supplies</b>                                                                                    | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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         |                |
| <b>S.No</b> | <b>Essential Consumables</b>                                                                       | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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         |                |
| <b>S.No</b> | <b>Blood bank / Blood Storage Unit</b>                                | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 6.11        | Functional blood bag refrigerators with chart for temp. recording     | Y          | N         |                |
| 6.12        | Sufficient no. of blood bags available                                | Y          | N         |                |
| 6.13        | Check register for number of blood bags issued for BT in last quarter |            |           |                |

### Section VII: Service Delivery in last two quarters:

| S.No | Service Utilization Parameter                                       | Q1 | Q2 | Remarks |
|------|---------------------------------------------------------------------|----|----|---------|
| 7.1  | OPD                                                                 |    |    |         |
| 7.2  | IPD                                                                 |    |    |         |
| 7.3  | Expected number of pregnancies                                      |    |    |         |
| 7.4  | MCTS entry on percentage of women registered in the first trimester |    |    |         |
| 7.5  | No. of pregnant women given IFA                                     |    |    |         |
| 7.6  | Total deliveries conducted                                          |    |    |         |

|       |                                                             |  |  |  |
|-------|-------------------------------------------------------------|--|--|--|
| 7.7   | No. of assisted deliveries( Ventouse/ Forceps)              |  |  |  |
| 7.8   | No. of C section conducted                                  |  |  |  |
| 7.9   | Number of obstetric complications managed, pls specify type |  |  |  |
| 7.10  | No. of neonates initiated breast feeding within one hour    |  |  |  |
| 7.11  | Number of children screened for Defects at birth under RBSK |  |  |  |
| 7.12  | RTI/STI Treated                                             |  |  |  |
| 7.13a | No of admissions in NBSUs/ SNCU, whichever available        |  |  |  |
| 7.13b | Inborn                                                      |  |  |  |
| 7.13c | Outborn                                                     |  |  |  |
| 7.14  | No. of children admitted with SAM                           |  |  |  |
| 7.15  | No. of sick children referred                               |  |  |  |
| 7.16  | No. of pregnant women referred                              |  |  |  |
| 7.17  | ANC1 registration                                           |  |  |  |
| 7.18  | ANC 3 Coverage                                              |  |  |  |
| 7.19  | ANC 4 Coverage                                              |  |  |  |
| 7.20  | No. of IUCD Insertions                                      |  |  |  |
| 7.21  | No. of Tubectomy                                            |  |  |  |
| 7.22  | No. of Vasectomy                                            |  |  |  |
| 7.23  | No. of Minilap                                              |  |  |  |
| 7.24  | No. of children fully immunized                             |  |  |  |
| 7.25  | Measles coverage                                            |  |  |  |
| 7.26  | No. of children given ORS + Zinc                            |  |  |  |
| 7.27  | No. of children given Vitamin A                             |  |  |  |
| 7.28  | No. of women who accepted post-partum FP services           |  |  |  |
| 7.29  | No. of MTPs conducted in first trimester                    |  |  |  |
| 7.30  | No. of MTPs conducted in second trimester                   |  |  |  |
| 7.31  | Number of Adolescents attending ARSH clinic                 |  |  |  |
| 7.32  | Maternal deaths, if any                                     |  |  |  |
| 7.33  | Still births, if any                                        |  |  |  |
| 7.34  | Neonatal deaths, if any                                     |  |  |  |
| 7.35  | Infant deaths, if any                                       |  |  |  |

### Section VII a: Service delivery in post natal wards:

| S.No | Parameters | Yes | No | Remarks |
|------|------------|-----|----|---------|
|------|------------|-----|----|---------|



|      |                                                                                                   |   |   |  |
|------|---------------------------------------------------------------------------------------------------|---|---|--|
| 7.1a | All mothers initiated breast feeding within one hr of normal delivery                             | Y | N |  |
| 7.2a | Zero dose BCG, Hepatitis B and OPV given                                                          | Y | N |  |
| 7.3a | Counseling on IYCF done                                                                           | Y | N |  |
| 7.4a | Counseling on Family Planning done                                                                | Y | N |  |
| 7.5a | Mothers asked to stay for 48 hrs                                                                  | Y | N |  |
| 7.6a | JSY payment being given before discharge                                                          | Y | N |  |
| 7.7a | Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)                   |   |   |  |
| 7.8a | Any expenditure incurred by Mothers on travel, drugs or diagnostics( <i>Please give details</i> ) | Y | N |  |
| 7.9a | Diet being provided free of charge                                                                | Y | N |  |

### Section VIII: Quality parameter of the facility:

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

| S.No | Essential Skill Set                                                         | Yes | No | Remarks |
|------|-----------------------------------------------------------------------------|-----|----|---------|
| 8.1  | Manage high risk pregnancy                                                  | Y   | N  |         |
| 8.2  | Provide essential newborn care(thermoregulation, breastfeeding and asepsis) | Y   | N  |         |
| 8.3  | Manage sick neonates and infants                                            | Y   | N  |         |
| 8.4  | Correctly uses partograph                                                   | Y   | N  |         |
| 8.5  | Correctly insert IUCD                                                       | Y   | N  |         |
| 8.6  | Correctly administer vaccines                                               | Y   | N  |         |
| 8.7  | Segregation of waste in colour coded bins                                   | Y   | N  |         |
| 8.8  | Adherence to IMEP protocols                                                 | Y   | N  |         |
| 8.9  | Bio medical waste management                                                | Y   | N  |         |
| 8.10 | Updated Entry in the MCP Cards                                              | Y   | N  |         |
| 8.11 | Entry in MCTS                                                               | Y   | N  |         |
| 8.12 | Action taken on MDR                                                         | Y   | N  |         |

### Section IX: Record Maintenance:

| S. no | Record | Available and Updated and Correctly filled | Available but Not maintained | Not Available | Remarks/T imeline for completion |
|-------|--------|--------------------------------------------|------------------------------|---------------|----------------------------------|
|       |        |                                            |                              |               |                                  |

|      |                                                 |  |  |  |
|------|-------------------------------------------------|--|--|--|
| 9.1  | OPD Register                                    |  |  |  |
| 9.2  | IPD Register                                    |  |  |  |
| 9.3  | ANC Register                                    |  |  |  |
| 9.4  | PNC Register                                    |  |  |  |
| 9.5  | Indoor bed head ticket                          |  |  |  |
| 9.6  | Line listing of severely anaemic pregnant women |  |  |  |
| 9.7  | Labour room register                            |  |  |  |
| 9.8  | Partographs                                     |  |  |  |
| 9.9  | FP-Operation Register (OT)                      |  |  |  |
| 9.10 | OT Register                                     |  |  |  |
| 9.11 | FP Register                                     |  |  |  |
| 9.12 | Immunisation Register                           |  |  |  |
| 9.13 | Updated Microplan                               |  |  |  |
| 9.14 | Blood Bank stock register                       |  |  |  |
| 9.15 | Referral Register (In and Out)                  |  |  |  |
| 9.16 | MDR Register                                    |  |  |  |
| 9.17 | Infant Death Review and Neonatal Death Review   |  |  |  |
| 9.18 | Drug Stock Register                             |  |  |  |
| 9.19 | Payment under JSY                               |  |  |  |
| 9.20 | Untied funds expenditure (Check % expenditure)  |  |  |  |
| 9.21 | AMG expenditure (Check % expenditure)           |  |  |  |
| 9.22 | RKS expenditure (Check % expenditure)           |  |  |  |

### Section X: Referral linkages in last two quarters:

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

### Section XI: IEC Display:

| S.No | Material | Yes | No | Remarks |
|------|----------|-----|----|---------|
|------|----------|-----|----|---------|

|       |                                                             |   |   |  |
|-------|-------------------------------------------------------------|---|---|--|
| 11.1  | Approach roads have directions to the health facility       | Y | N |  |
| 11.2  | Citizen Charter                                             | Y | N |  |
| 11.3  | Timings of the health facility                              | Y | N |  |
| 11.4  | List of services available                                  | Y | N |  |
| 11.5  | Essential Drug List                                         | Y | N |  |
| 11.6  | Protocol Posters                                            | Y | N |  |
| 11.7  | JSSK entitlements ( Displayed in ANC Clinics/, PNC Clinics) | Y | N |  |
| 11.8  | Immunization Schedule                                       | Y | N |  |
| 11.9  | JSY entitlements( Displayed in ANC Clinics/, PNC Clinics)   | Y | N |  |
| 11.10 | Other related IEC material                                  | Y | N |  |

### 14.3 PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST

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

#### Section I: Physical Infrastructure:

| S.No | Infrastructure                                           | Yes | No | Additional Remarks |
|------|----------------------------------------------------------|-----|----|--------------------|
| 1.1  | Health facility easily accessible from nearest road head | Y   | N  |                    |
| 1.2  | Functioning in Govt building                             | Y   | N  |                    |
| 1.3  | Building in good condition                               | Y   | N  |                    |
| 1.4  | Staff Quarters for MOs available                         | Y   | N  |                    |
| 1.5  | Staff Quarters for SNs available                         | Y   | N  |                    |
| 1.6  | Staff Quarters for other categories                      | Y   | N  |                    |
| 1.7  | Electricity with power back up                           | Y   | N  |                    |
| 1.9  | Running 24*7 water supply                                | Y   | N  |                    |

|      |                                                                                    |   |   |
|------|------------------------------------------------------------------------------------|---|---|
| 1.10 | Clean Toilets separate for Male/Female                                             | Y | N |
| 1.11 | Functional and clean labour Room                                                   | Y | N |
| 1.12 | Functional and clean toilet attached to labour room                                | Y | N |
| 1.13 | Functional New born care corner(functional radiant warmer with neo-natal ambu bag) | Y | N |
| 1.14 | Functional Newborn Stabilization Unit                                              | Y | N |
| 1.15 | Clean wards                                                                        | Y | N |
| 1.16 | Separate Male and Female wards (at least by Partitions)                            | Y | N |
| 1.17 | Availability of complaint/suggestion box                                           | Y | N |
| 1.18 | Availability of mechanisms for waste management                                    | Y | N |

## Section II: Human resource:

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

## Section III: Training Status of HR

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

|      |                             |  |
|------|-----------------------------|--|
| 3.9  | IUD                         |  |
| 3.10 | RTI/STI                     |  |
| 3.11 | Immunization and cold chain |  |
| 3.12 | Others                      |  |

### Section IV: Equipment

| S. No | Equipment                                                   | Yes        | No        | Remarks        |
|-------|-------------------------------------------------------------|------------|-----------|----------------|
| 4.1   | Functional BP Instrument and Stethoscope                    | Y          | N         |                |
| 4.2   | Sterilised delivery sets                                    | Y          | N         |                |
| 4.3   | Functional neonatal, Paediatric and Adult Resuscitation kit | Y          | N         |                |
| 4.4   | Functional Weighing Machine (Adult and infant/newborn)      | Y          | N         |                |
| 4.5   | Functional Needle Cutter                                    | Y          | N         |                |
| 4.6   | Functional Radiant Warmer                                   | Y          | N         |                |
| 4.7   | Functional Suction apparatus                                | Y          | N         |                |
| 4.8   | Functional Facility for Oxygen Administration               | Y          | N         |                |
| 4.9   | Functional Autoclave                                        | Y          | N         |                |
| 4.10  | Functional ILR and Deep Freezer                             | Y          | N         |                |
| 4.11  | Functional Deep Freezer                                     |            |           |                |
| 4.12  | Emergency Tray with emergency injections                    | Y          | N         |                |
| 4.13  | MVA/ EVA Equipment                                          | Y          | N         |                |
|       | <b>Laboratory Equipment</b>                                 | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 4.14  | Functional Microscope                                       | Y          | N         |                |
| 4.15  | Functional Hemoglobinometer                                 | Y          | N         |                |
| 4.16  | Functional Centrifuge,                                      | Y          | N         |                |
| 4.17  | Functional Semi autoanalyzer                                | Y          | N         |                |
| 4.18  | Reagents and Testing Kits                                   | Y          | N         |                |

### Section V: Essential Drugs and Supplies

| S.No | Drugs                             | Yes | No | Remarks |
|------|-----------------------------------|-----|----|---------|
| 5.1  | EDL available and displayed       | Y   | N  |         |
| 5.2  | Computerised inventory management | Y   | N  |         |
| 5.3  | IFA tablets                       | Y   | N  |         |
| 5.4  | IFA tablets (blue)                | Y   | N  |         |
| 5.5  | IFA syrup with dispenser          | Y   | N  |         |
| 5.6  | Vit A syrup                       | Y   | N  |         |

|             |                                                                                                    |            |           |                |
|-------------|----------------------------------------------------------------------------------------------------|------------|-----------|----------------|
| 5.7         | ORS packets                                                                                        | Y          | N         |                |
| 5.8         | Zinc tablets                                                                                       | Y          | N         |                |
| 5.9         | Inj Magnesium Sulphate                                                                             | Y          | N         |                |
| 5.10        | Inj Oxytocin                                                                                       | Y          | N         |                |
| 5.11        | Misoprostol tablets                                                                                | Y          | N         |                |
| 5.12        | Mifepristone tablets                                                                               | Y          | N         |                |
| 5.13        | Availability of antibiotics                                                                        | Y          | N         |                |
| 5.14        | Labelled emergency tray                                                                            | Y          | N         |                |
| 5.15        | Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc. | Y          | N         |                |
| 5.16        | Adequate Vaccine Stock <i>available</i>                                                            | Y          | N         |                |
| <b>S.No</b> | <b>Supplies</b>                                                                                    | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 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         |                |
| <b>S.No</b> | <b>Essential Consumables</b>                                                                       | <b>Yes</b> | <b>No</b> | <b>Remarks</b> |
| 5.23        | Gloves, Mckintosh, Pads, bandages, and gauze etc.                                                  | Y          | N         |                |

### Section VI: Other Services :

| S.no | Lab Services            | Yes | No | Remarks |
|------|-------------------------|-----|----|---------|
| 6.1  | Haemoglobin             | Y   | N  |         |
| 6.2  | CBC                     | Y   | N  |         |
| 6.3  | Urine albumin and Sugar | Y   | N  |         |
| 6.4  | Serum Bilirubin test    | Y   | N  |         |
| 6.5  | Blood Sugar             | Y   | N  |         |
| 6.6  | RPR                     | Y   | N  |         |
| 6.7  | Malaria                 | Y   | N  |         |
| 6.8  | T.B                     | Y   | N  |         |
| 6.9  | HIV                     | Y   | N  |         |
| 6.10 | Others                  | Y   | N  |         |

### Section VII: Service Delivery in last two quarters:

| S.No | Service Utilization Parameter | Q1 | Q2 | Remarks |
|------|-------------------------------|----|----|---------|
| 7.1  | OPD                           |    |    |         |

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

### Section VII a: Service delivery in post natal wards:

| S.No | Parameters                                                            | Yes | No | Remarks |
|------|-----------------------------------------------------------------------|-----|----|---------|
| 7.1a | All mothers initiated breast feeding within one hr of normal delivery | Y   | N  |         |

|      |                                                                                                   |   |   |
|------|---------------------------------------------------------------------------------------------------|---|---|
| 7.2a | Zero dose BCG, Hepatitis B and OPV given                                                          | Y | N |
| 7.3a | Counseling on IYCF done                                                                           | Y | N |
| 7.4a | Counseling on Family Planning done                                                                | Y | N |
| 7.5a | Mothers asked to stay for 48 hrs                                                                  | Y | N |
| 7.6a | JSY payment being given before discharge                                                          | Y | N |
| 7.7a | Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)                   |   |   |
| 7.8a | Any expenditure incurred by Mothers on travel, drugs or diagnostics( <i>Please give details</i> ) | Y | N |
| 7.9a | Diet being provided free of charge                                                                | Y | N |

### Section VIII: Quality parameter of the facility

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

| S.No | Essential Skill Set                                                         | Yes | No | Remarks |
|------|-----------------------------------------------------------------------------|-----|----|---------|
| 8.1  | Manage high risk pregnancy                                                  | Y   | N  |         |
| 8.2  | Provide essential newborn care(thermoregulation, breastfeeding and asepsis) | Y   | N  |         |
| 8.3  | Manage sick neonates and infants                                            | Y   | N  |         |
| 8.4  | Correctly Uses Partograph                                                   | Y   | N  |         |
| 8.5  | Correctly insert IUCD                                                       | Y   | N  |         |
| 8.6  | Correctly administer vaccines                                               | Y   | N  |         |
| 8.7  | Alternate Vaccine Delivery (AVD) system functional                          | Y   | N  |         |
| 8.7  | Segregation of waste in colour coded bins                                   | Y   | N  |         |
| 8.8  | Adherence to IMEP protocols                                                 | Y   | N  |         |

### Section IX: Record Maintenance:

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



|      |                                                 |  |  |  |
|------|-------------------------------------------------|--|--|--|
| 9.4  | PNC Register                                    |  |  |  |
| 9.5  | Indoor bed head ticket                          |  |  |  |
| 9.6  | Line listing of severely anaemic pregnant women |  |  |  |
| 9.7  | Labour room register                            |  |  |  |
| 9.8  | Partographs                                     |  |  |  |
| 9.9  | OT Register                                     |  |  |  |
| 9.10 | FP Register                                     |  |  |  |
| 9.11 | Immunisation Register                           |  |  |  |
| 9.12 | Updated Microplan                               |  |  |  |
| 9.13 | Drug Stock Register                             |  |  |  |
| 9.14 | Referral Registers (In and Out)                 |  |  |  |
| 9.15 | Payments under JSY                              |  |  |  |
| 9.16 | Untied funds expenditure (Check % expenditure)  |  |  |  |
| 9.17 | AMG expenditure (Check % expenditure)           |  |  |  |
| 9.18 | RKS expenditure (Check % expenditure)           |  |  |  |

### Section X: Referral linkages in last two quarters:

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

### Section XI: IEC Display:

| S.No | Material                                              | Yes | No | Remarks |
|------|-------------------------------------------------------|-----|----|---------|
| 11.1 | Approach roads have directions to the health facility | Y   | N  |         |
| 11.2 | Citizen Charter                                       | Y   | N  |         |

|       |                                |   |   |
|-------|--------------------------------|---|---|
| 11.3  | Timings of the Health Facility | Y | N |
| 11.4  | List of services available     | Y | N |
| 11.5  | Essential Drug List            | Y | N |
| 11.6  | Protocol Posters               | Y | N |
| 11.7  | JSSK entitlements              | Y | N |
| 11.8  | Immunization Schedule          | Y | N |
| 11.9  | JSY entitlements               | Y | N |
| 11.10 | Other related IEC material     | Y | N |

### Section XII: Additional/Support Services:

| Sl. no | Services                                   | Yes | No | Remarks |
|--------|--------------------------------------------|-----|----|---------|
| 12.1   | Regular fumigation (Check Records)         | Y   | N  |         |
| 12.2   | Functional laundry/washing services        | Y   | N  |         |
| 12.3   | Availability of dietary services           | Y   | N  |         |
| 12.4   | Appropriate drug storage facilities        | Y   | N  |         |
| 12.5   | Equipment maintenance and repair mechanism | Y   | N  |         |
| 12.6   | Grievance redressal mechanisms             | Y   | N  |         |
| 12.7   | Tally Implemented                          | Y   | N  |         |

### 14.4 SUB CENTRE LEVEL MONITORING CHECKLIST

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

### Section I: Physical Infrastructure:

| S.No | Infrastructure                             | Yes | No | Remarks |
|------|--------------------------------------------|-----|----|---------|
| 1.1  | Subcentre located near the main habitation | Y   | N  |         |
| 1.2  | Functioning in Govt building               | Y   | N  |         |

|      |                                                                                       |   |   |  |
|------|---------------------------------------------------------------------------------------|---|---|--|
| 1.3  | Building in good physical condition                                                   | Y | N |  |
| 1.4  | Electricity with power back up                                                        | Y | N |  |
| 1.5  | Running 24*7 water supply                                                             | Y | N |  |
| 1.6  | ANM quarter available                                                                 | Y | N |  |
| 1.7  | ANM residing at SC                                                                    | Y | N |  |
| 1.8  | Functional labour room                                                                | Y | N |  |
| 1.9  | Functional and clean toilet attached to labour room                                   | Y | N |  |
| 1.10 | Functional New Born Care Corner<br>(functional radiant warmer with neonatal ambu bag) | Y | N |  |
| 1.11 | General cleanliness in the facility                                                   | Y | N |  |
| 1.12 | Availability of complaint/suggestion box                                              | Y | N |  |
| 1.13 | Availability of deep burial pit for biomedical waste management / any other mechanism | Y | N |  |

## Section II: Human Resource:

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

## Section III: Equipment :

| S.No | Equipment                                  | Available and Functional | Available but non-functional | Not Available | Remarks |
|------|--------------------------------------------|--------------------------|------------------------------|---------------|---------|
| 3.1  | Haemoglobinometer                          |                          |                              |               |         |
| 3.2  | Any other method for Hemoglobin Estimation |                          |                              |               |         |
| 3.3  | Blood sugar testing kits                   |                          |                              |               |         |
| 3.4  | BP Instrument and Stethoscope              |                          |                              |               |         |
| 3.5  | Delivery equipment                         |                          |                              |               |         |
| 3.6  | Neonatal ambu bag                          |                          |                              |               |         |
| 3.7  | Adult weighing machine                     |                          |                              |               |         |
| 3.8  | Infant/New born weighing machine           |                          |                              |               |         |

|      |                         |  |  |  |
|------|-------------------------|--|--|--|
| 3.9  | Needle & Hub Cutter     |  |  |  |
| 3.10 | Color coded bins        |  |  |  |
| 3.11 | RBSK pictorial tool kit |  |  |  |

### Section IV: Essential Drugs:

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

### Section V: Essential Supplies

| S.No | Essential Medical Supplies          | Yes | No | Remarks |
|------|-------------------------------------|-----|----|---------|
| 5.1  | Pregnancy testing Kits              | Y   | N  |         |
| 5.2  | Urine albumin and sugar testing kit | Y   | N  |         |
| 5.3  | OCPs                                | Y   | N  |         |
| 5.4  | EC pills                            | Y   | N  |         |
| 5.5  | IUCDs                               | Y   | N  |         |
| 5.6  | Sanitary napkins                    | Y   | N  |         |

### Section VI: Service Delivery in the last two quarters:

| S.No | Service Utilization Parameter   | Q1 | Q2 | Remarks |
|------|---------------------------------|----|----|---------|
| 6.1  | Number of estimated pregnancies |    |    |         |
| 6.3  | No. of pregnant women given IFA |    |    |         |
| 6.4  | Number of deliveries            |    |    |         |

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

### Section VIII: Record Maintenance:

| Sl. No | Record                                                   | Available and Upto-date and correctly filled | Available but non-maintained | Not Available | Remarks |
|--------|----------------------------------------------------------|----------------------------------------------|------------------------------|---------------|---------|
| 8.1    | Untied funds expenditure (Rs 10,000-Check % expenditure) |                                              |                              |               |         |
| 8.2    | Annual maintenance grant (Rs 10,000-Check % expenditure) |                                              |                              |               |         |
| 8.3    | Payments under JSY                                       |                                              |                              |               |         |
| 8.4    | VHND plan                                                |                                              |                              |               |         |

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

### Section X: IEC display:

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

