

NATIONAL HEALTH MISSION



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NHM PROGRAMME IMPLEMENTATION IN NORTH DISTRICT, SIKKIM



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List of Acronyms and Abbreviations

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

Executive Summary

The National Health Mission represents the principal undertaking of the government of India for the overall Indian Health scenario. The most important determinant that evaluates the advancement of the NHM is the Monitoring and Evaluation actions which are carried out by the Ministry of Health and Family Welfare in a successive basis. An established network of 18 Population Research Centre (PRCs) in 17 major states shoulders the responsibility of monitoring the State Programme Implementation Plans as a representative of the Ministry of Health and Family Welfare.

This report hence focuses on the monitoring of essential components of NHM in North district of Sikkim for the year 2017-18. The assessment was conducted in the month of October, 2018 and highlights upon the status of NHM activities in the given district of Sikkim.

Furthermore, the report underlines the key observations made during the PRC, Delhi team's visit to five health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation follows up a desk review of the Record of Proceeding (RoP) and Program Implementation Plans (PIPs) of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

In addition, Beneficiaries who are spotted at the health facilities visited were interviewed about the utilization of JSSK, out of pocket expenditure, knowledge & awareness and birth preparedness. The strengths and weaknesses observed with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc are also discussed below:

Strengths

- ⊕ The National Health Mission (NHM) has been a successful undertaking in the district with all health facilities running in government building.
- ⊕ Since District Hospital Building was razed down by repeated earthquakes, all the health services, CMO's Office, are now running under makeshift in the Staff Quarter, initially allotted to Doctors.
- ⊕ Construction of Emergency & Trauma Centre, Blood Bank in DH, Mangan is in progress.

- ⊕ Construction of Acclimatization-cum-PHSC building at Thangu is in Progress.
- ⊕ Immunisation coverage very much significant and has comparatively achieved its target.
- ⊕ Rashtriya Bal Swasthya Karyakram (RBSK) is functional in all blocks.
- ⊕ The district conducted monthly VHNDs, VHNC meetings, timely ASHAs training with respect of awareness interventions as well.
- ⊕ District Early Intervention Centre (DEIC) is active and effectual.
- ⊕ Rashtriya Kishor Swasthya Karyakram (RKSK) is well-operative in the district.
- ⊕ The District also has CATCH (Comprehensive Annual and Total Checkup for Healthy Sikkim) programme running successfully.
- ⊕ Mobile Medical Units are functional in the district.
- ⊕ IEC/BCC actions have successfully done its task of spreading awareness regarding various aspects of health entitlements for the beneficiaries.
- ⊕ JSY programme was successful in increasing Institutional deliveries.
- ⊕ JSSK initiatives' are operative and effective in the district.
- ⊕ The district hospital took distinctive measures to prevent maternal deaths. Further, nutritional support for BPL and high priority cases.
- ⊕ The Government of Sikkim, under the Health Care Human service & Family Welfare Department has launched the "PROUD MOTHER" scheme to motivate mothers to undergo institutional delivery and opt for two children with provision of monetary assistance.
- ⊕ AYUSH facilities of the district are in some way functional. However, more incentives required.
- ⊕ Under Family Planning, Antara Programme has been launched and serviceable at the District Hospital. However, non-Injectable methods are more preferred.
- ⊕ The Communicable disease control programme is effective and functional in the district.
- ⊕ The Data Entry Operators were well aware of all schemes running in the district leading to successful update of district data in HMIS. However, other issue holds back timely update.
- ⊕ The quality coordinator of the district oversees performance concerning Kayakalp. BMW Management is efficient; deep burial pits at block and peripheral level.

Weaknesses

- Roads in North District are very difficult to access. Owing to high altitude, the district is subjected to natural calamities very frequently making a challenge for health facilities to cater to the needs of beneficiaries in one hand and beneficiaries to reach out to access health services on the other;
- The main District Hospital (DH) building has been subjected to two major earthquakes and thus been demolished. The new building is under construction with further constraints in acquiring raw materials which further delays the process in building the new District Hospital building.
- A 100 bedded, District Hospital has been reduced to a 40-50 bedded health facility owing to obstacles and constraint at present.
- The District hasn't received untied funds in the last two financial years. The most reported issue faced by the district was in the matters regarding budget. There is great delay in funds assigned to reach the health facilities
- Electricity in the district is of fluctuating nature.
- The Total Fertility Rate (TFR) is reported to be lower than that of the overall state TFR.
- Birth rate is significantly lower in the North District than the overall State.
- HMIS Data validation for error is not undertaken effectually.
- Wastage of vaccine in the present Immunization scenario where supply per unit of vaccine is more than required, hence the wastage.
- Since North Sikkim is a sensitive district; affects IEC to some extent where IEC material cannot be displayed at certain crucial location owing to security reasons
- Mental health issues are on the rise in the district with increasing number of cases with coming years comprising mostly Depression, suicidal feelings.
- There was a universal scarcity of Human Resources in the district with respect to Medical staff as well as other general staff required at each facility level.
- Infrastructural issues at block level due to building being old and outdated.
- Delay in payment under JSY program. Even so funds for JSSY are not received on time thus at times expenses are reportedly borne by the HR themselves.
- The district did not receive funds for ASHAs for the last two financial years.

Introduction

National Health Mission (NHM) previously known as National Rural Health Mission was launched in order to make health care more accessible and affordable to all especially who are vulnerable and underserved and at the moment, it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also, the need for an effective Inter-sectoral convergent action to address the wider social determinants of health is envisioned.

The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. A timely and systematic assessment of the key components of NHM is important 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.

This monitoring report concerned the North district in Sikkim where the monitoring was carried out in the month of October 2018. In the district apart from the Chief Medical Officer's meeting (based at District Hospital Mangan), Mangan District Hospital, Primary Health Centre, Hee-Gyanthang, Primary Health Centre Dikchu, and Sub Centre Lingdong were visited.

This report provides a review of key population, socio-economic, health and service delivery indicators of the North District, Sikkim. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK

and JSY schemes, Family Planning, ARSH, Bio-Medical waste management, Referral Transport, ASHA scheme, Communicable, Non-Communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries as well as the data reported through the questionnaire provided by the team.

The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below:

Table 1: Health Facilities visited in the PIP Monitoring of North District

Facility Type	Name of the facility
District Hospital (DH)	District Hospital, Mangan
Primary Health Centre (PHC)	Primary Health Centre Hee-Gyanthang
Primary Health Centre (PHC)	Primary Health Centre Dikchu
Sub-Centre (PHSC)	Sub-Centre Lingdong

Objectives

The given are the objectives which are to be followed as the NHM norms and guidelines:

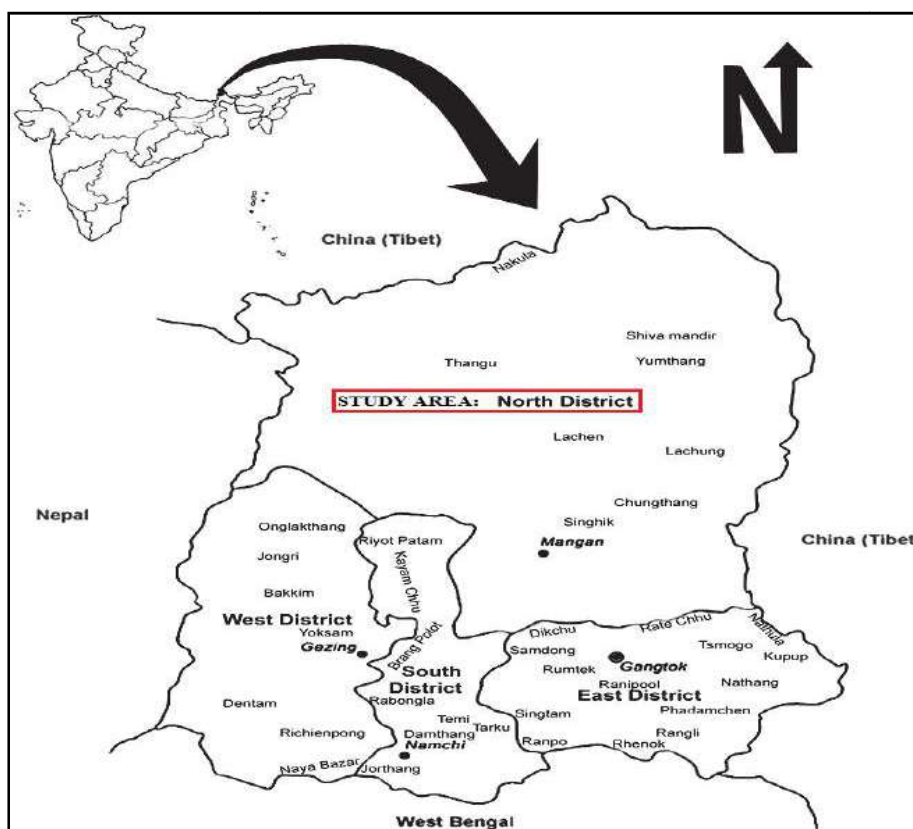
- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyze and ascertain the implementation and performance of different scheme under NHM such as JSSK, NRC, RBSK, ARSH, etc.
- To analyze other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess availability of finance for the NHM activities in the district.

1. District Profile: North Sikkim

Sikkim is a small hilly State in the Northern Himalayas with formidable physical features. It is bounded by vast stretches of the Tibetan Plateau in the North, the Chumbi Valley of Tibet and the kingdom of Bhutan in the North, the Federal Democratic Republic of Nepal in the West and Darjeeling District of West Bengal in the south.

The state of Sikkim has a total area of 7096 sq.kms and stretched over 112 kms from North to South and 64 kms from North to West. It lies in the North Northern Himalayas between 27°00'46" to 28°07'48" North Latitude and 88°00'58" to 88°55'25" North Longitude.

Figure 1: Integrated map of Sikkim and North District in India



North Sikkim is one of the four administrative districts of the Indian state of Sikkim. Geographically, North district is located at latitude 27°31' N and longitude 88°32' E and occupies an area of 4226 sq.km. Mangan, the district headquarter has an average elevation of 956m. This district shares its boundary with China in North and East and both China & Nepal in

the West and with other three districts of the state in the south. The capital of North Sikkim is Mangan, which is also a Nagar Panchayat. It is the hub of all administrative activity in the state. North district occupies an area of 964 km² and is the second smallest district area wise in the state. The district has been divided into two sub-divisions namely Mangan and Chungthang. These two Sub-divisions are further supported by a network of four Block Administrative Centres and twenty one Gram Panchayat units. Two villages under Chungthang sub division have a system of local administration called Dzumsa headed by PIPPON – A head of Village. A total of 150 villages are there in the district.

Table 2: Key Demographic Parameters of North District, Sikkim and India

Parameter	India	Sikkim	North District
Actual Population	1,210,569,573	610,577	43,709
Male	623,121,843	323070	24,730
Female	587,447,730	287507	18,979
Population Growth	17.7	12.89	6.53
Area Sq. Km	3287240	7096	4226
Density/km ²	382	86	10
Proportion to Sikkim Population (in %)	-	100	7.2
Sex Ratio	943	890	767
Child Sex Ratio	919	957	929
Average Literacy	72.99	81.42	78.01
Male Literacy	80.89	86.55	83.3
Female Literacy	64.64	75.61	70.97
Total Child Population (0-6)	164,478,150	64,111	4,677
Male Population (0-6)	85,732,470	32,761	2,425
Female Population (0-6)	78,745,680	31,350	2,252
Total Fertility Rate (TFR)	2.3	1.2	1.2
Birth Rate		17	13
Infant Mortality Rate (IMR)	34	19	19
Maternal Mortality Rate (MMR)		8	NA
3 or more ANC's		84.8	82.7
Women who had Institutional Deliveries		7,651	219

Source: Census 2011

Table 2 elaborates the key demographic details of the North District Sikkim in the following observations as such:

- ☑ The district is home to about 0.43 lakh people, among them about 0.24 lakh (24 per cent) are male and about 0.19 lakh (18.97 per cent) are female. The population of the district equals to only 7.16 per cent of the total population of Sikkim.
- ☑ Of the total Female population in Sikkim, 6.6 per cent resides in the North District.
- ☑ Literacy rate (children under 6 are excluded) of North District is 78.1 per cent out of which 83.3 per cent of male and 70.97 per cent of female population.
- ☑ Child (aged under 6 years) population of North district is 10.7 per cent, among them 51.85 per cent are boys and 48.1 per cent are girls.
- ☑ The population growth rate of North District is 6.53 per cent which is very much lower than the state growth rate of 12.89 percent.
- ☑ The sex ratio of the North District reveals that the female population is comparatively more outnumbered than the state estimate where data shows 873 females per 1000 males in North District while that for Sikkim is 767.
- ☑ The child sex ratio for the district is 929 as against 957 for the state.
- ☑ North district has population density of 10 persons per square kilometers which is significantly less than the state average of 86 persons per square kilometers.

1.1 Health Profile

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in North with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, etc. Table 3 presents the health profile of North district for the year 2017-18

Table 3: Health and Health Care Service Delivery Indicators, North District

Health And Health Care Service Delivery Indicators	North District
I) Maternal Health	
Total Number Of Pregnant Women Registered For ANC	264
% 1st Trimester Registration To Total ANC Registrations	87.9
% Pregnant Woman Received 4 Or More ANC Checkups To Total ANC Registrations	179
% Pregnant Women Given 180 IFA To Total ANC Registration	71.6
II) Delivery and Post-Delivery Care	
Number Of Home Deliveries	2
% SBA Attended Home Deliveries To Total Reported Home Deliveries	50.0
% Home deliveries to Total Reported Deliveries	3.5
Institutional Deliveries	55
% Institutional Deliveries To Total Reported Deliveries	96.5
% Institutional Deliveries To Total ANC Registrations	20.8
% Women Discharged In Less Than 48 Hours Of Delivery To Total Reported Deliveries	1.8
% Women Getting 1st Post-Partum Checkup Between 48 Hours And 14 Days To Total Reported Deliveries	243.9
% Newborns Breast Fed Within 1 Hour Of Birth To Total Live Birth	96.4
% Newborns Weighed At Birth To Live Birth	98.2
III) Child Health	
Number Of Fully Immunized Children (9-11 Months)	251
Number Of Cases Of Childhood Diseases (0-5 Years): Measles	2
Number Of Cases Of Childhood Diseases (0-5 Years): Diarrhoea	201
IV) Immunization Coverage	
Fully Immunized Children	90.4 per cent
V) Family Planning	
Total Sterilisation Conducted	8
% Male Sterilisation (Vasectomies) to Total sterilisation	0
% Post-Partum Sterilisations to Total Female Sterilisations	12.5
Number of Combined Pills Distributed	3,529
Number of Condom pieces distributed	6,165
VI) Facility Service Delivery	
IPD (Number)	557
OPD (Allopathic)	30,330

Source: -HMIS, North District, 2017-18

Most needed and vital component for Maternal Health is Antenatal Care (ANC). ANC is a methodical care of women during pregnancy to make certain the wellbeing of mother and foetus. Taking up the ANC provides for timely supervision of complications so as to ensure a safe birth plan and assign a facility for delivery. Early registration of pregnancy sees to it that adequate care is provided from the utmost initiation and through entire duration of the gestation period. In North, 87.9 per cent of women registered for ANC in the first trimester. IFA supplementation was given to 71.6 per cent of all women who registered for ANC.

A vital component of Infant Health is proper Delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed, only 50.0 percent of all home deliveries are SBA attended in North. Institutional deliveries is an important initiative by NHM for both mother and child care. 96.5 per cent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 96.4 per cent of the newborns were breast fed within 1 hour of delivery and 98.2 per cent of newborns were weighted at birth. 243.9 per cent of women the 1st post-partum checkup within 48 hours and 14 days of delivery.

With regards to the service delivery for the Child Health, North observes 90.4 per cent of full immunization coverage rate (as per the District Profile reported, CMO Office, 201 8-19). The most common childhood disease is reported as diarrhea and in the year 2017-18, the district had 210 cases of diarrhoeal disease.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 100 per cent of all sterilization conducted in 2017-18 in North. Total Sterilization Conducted was 8, all of which was conducted at government health facility

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services is summarized in section 6 of Table 3. The OPD patient load is as high as 30,330 in 2017-18 as against 557 IPD Patients.

2. Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are mainly based on the necessities. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources are required in order to meet the demands in the public sector.

The Public Health Care Infrastructure includes of Sub Health Centres at the most peripheral level, Primary Health Centres envisaged to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

Presenting a different scenario altogether, the Medical Infrastructure in the North District, Sikkim was characterized by a District Hospital, Primary Health Centres, Sub-Centre and a recently upgraded medical amenities namely, the health and wellness centers.

2.1. Human Resource

Chief Medical Officer (CMO) Meeting and discussions with DPM and BPMs time and again mentioned manpower crisis as a major restraining factor affecting the NHM effectiveness in the district. However, this was not the lone issue constraining the Medical components in the district. With deficit of Medical and Para-medical Human Resource, the district is also subject to irregular internet connectivity which retrains the backend functioning of all medical facilities hence to a large extent prevent convergence in North district at all facility levels. Sub-optimal Human Resource capacity at subordinate hierarchal level of health facilities in the district runs alongside the said issue.

Table 4 depicts the Human Resource (HR) availability at the district hospital in North. There is an acute shortage of specialists namely Dental and AYUSH doctors, Pediatrician, Surgeon, Nutritionist, Gynecologists.

Overall, a significant shortage significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system. The following Table 4 illustrates the Human Resource Position in the North District, Sikkim.

Table 4: Human Resource (HR) position in the North District

Position Name	Regular	Contractual
MO's including specialists	0	10
Gynecologists	1	-
Pediatrician	-	-
Surgeon	-	-
Nutritionist	-	NA
Dental Surgeon	-	NA
LHV	6	-
ANM	23	-
Pharmacist	-	6
Lab technicians	3	1
X-ray technicians	2	2
Data Entry Operators	NA	NA
Staff Nurse at PHC	13	13
ANM at PHC	5	-
ANM at SC	23	-
Data Entry Operators	NA	NA
Any other, please specify	-	-

Source: CMO Office, North District, 2017-18

Table 5 illustrates the training status of HR in the north district in the year 2017-18. Six MOs were trained in IUCD insertion, RTI/STI/HIV screening, F-IMNCI, NSSK. Two SNs were trained in IUCD insertion and F-IMNCI. Three ANMs were trained in IUCD insertions.

Table 5: HR Training status in North District

Position Name	IUCD Insertion	RTI/STI/HIV screening	F-IMNCI	NSSK	Total
Medical Officers	6	6	6	6	6
Lady Medical Officers	-	-	-	-	-
Staff Nurses	2	-	2	-	4
ANM	3	-	-	-	3
LHV/PHN	-	-	-	-	-

Source: CMO Office, North District, 2017-18

2.2. Health Infrastructure

With regards to Public health infrastructure, there are one District Hospital, five Primary Health Centres (PHCs) and nineteen Sub Centres (SCs) in North District. In addition, one District Early Intervention Centre (DEIC) is also functioning in the district. It has also been reported that Sub-Centers are on the way to be converted to Health and Wellness Centres. Table 6 presents the details of Health Infrastructure in North District.

The population norms for setting up of public health facilities in Hilly areas are as under:

- ✚ Sub Centre: 1 per 3,000 population
- ✚ Primary Health Centre: 1 per 20,000 population
- ✚ Community Health Centre: 1 per 80,000 population

Table 6: Details of Health Infrastructure, North District

Health Facility	Number available	Govt. building	Rented building
District hospital	1	1	0
First Referral Units (FRUs)	-	-	-
CHC	-	-	-
PHC	5	5	0
Sub Centre	19	19	0
Mother & Child Care Center	-	-	-
Adolescent friendly Health Clinic	-	-	-
Medical College	-	-	-
Skill Labs	-	-	-
District Early Intervention Centre	1	1	0
Delivery Points	-	-	-
Transport Facility	Number available	Number functional	
108 Ambulances	-	-	
102 Ambulance	-	-	
Referral Transport ALS	JSSK/Govt.	JSSK/Govt.	
Mobile Medical Units	1	1	

Source: CMO Office, North District, 2017-18

All the facilities are run in a government. Transport facilities in the district include ‘Referral transports ALS’ and one MMU. However, the district lacks ‘108’ and ‘102’ Ambulances.

Table 7 highlights the details of infrastructure parameters of the facilities visited as provided by the specific health facilities as well as based on observations. The District Hospital, Mangan, and CHC Rhenock has all facilitations, however, for PHC Pakyong all amenities available except that of staff quarter for SNs. For Sub-Centers either the Staff quarter was not in usable conditions with lack of water and electricity or else or present at all Observation reveals the scarce state where the SC lack electricity supply and piped water supply and complaints/suggestion box as well.

Among the visited health facilities, PHC Pakyong reportedly having cleans wards. Also, there was clean separate toilets. The Facility also has a building donated by the AAI. PHC Pakyong, being a Kayakalp awardee rightfully exhibits a Kayakalp worthy general cleanliness all around its facility premises.

Table 7: Status of Health Infrastructure in facilities visited, North District

Facilities Visited Physical Infrastructure Indicators	DH Mangan	PHC Hee-Gyanthang	PHC Dikchu	SC Lingdong
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes
Functioning in Govt building	Yes	Yes	Yes	Yes
Building in good condition	Yes	No	Yes	No
Residential Quarters for medical and Para medical staff.	Yes (only Doctors)	Yes (only Doctors)	Yes	No
Regular electric supply available?	Yes	No	No	No
Piped Water Supply (24*7)	Yes	Yes	Yes	No
Clean wards	Yes	Yes	Yes	Yes
Clean separate Toilets	Yes	Yes	Yes	No
Availability of complaint/suggestion box	Yes	Yes	No	No

Source: CMO Office, North District, 2017-18

Having mentioned all the observations made by visiting the health facilities and reported facts it can be concluded in terms of health infrastructure that before North Sikkim lay quite a challenge to resolve the issue of lack of Staff quarters for Paramedical Staffs at PHCs and at Sub-Centres as well as direct its optimal best to meet its medical obligations. Systematic monitoring of health facilities undertaken can ensure compliance to IPHS norms over a period of time.

3. Maternal Health

Maternal Health is a key aspect for the development of any country in terms of increasing equity & alleviating poverty. The survival and well-being of mothers is not only important in their own right but are also crucial to solving large broader, economic, social and developmental upfront.

Maternal health refers to the health of women during pregnancy, over childbirth and through the post-partum period. While motherhood is often a positive and fulfilling experience, but for many unfortunate women it is associated with suffering, ill-health and even death. The foremost causes of maternal morbidity and mortality include hemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. The RMNCH+A strategy aims to reduce and be disposed to eliminate child and maternal mortality through strengthening of health care delivery system in terms of maternal and child health amenities.

With state innovative programme in Sikkim namely, Prime Minister's PROUD MOTHER's scheme, which not only target the declining TFR, Birth rate but also guarantee the Health and Wellbeing of Mother and Child, being the main precedence of the scheme; the state sincerely collaborates with the NHM core components on making the health objectives in terms of RMNCH+A a gradual walk towards success.

3.1. Overview

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of Maternal and Reproductive Health. Such interventions when implemented efficiently can offer high coverage with high quality in the different stages of Maternal Health. Table 8 summarizes the performance indicators by various selected stages for the last financial year.

IUCD insertion is a priority area under birth-spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method in 2017-18 was 100 per cent. In 2017-18, percentage of male sterilization procedures to total sterilizations accounts to be nil. This is because of the falling TFR of overall Sikkim being 1.2 only; hence, no permanent family planning methods are encouraged and opted in the North District.

Table 8: Maternal Health indicators, North District

Stages	Indicators	2017-18
Pre Pregnancy / Reproductive age	PPIUCD Insertions (public) to Total Institutional Deliveries (%)	7.7
	Male sterilization to total sterilization conducted (%)	0
	IUCD insertions to all family planning methods (IUCD plus permanent) (%)	100
Pregnancy care	1st Trimester registration to total ANC registration (%)	89.4
	Pregnant women received 4 ANC check-ups to total ANC registration (%)	81
	Pregnant women given 180 IFA to total ANC registration (%)	77.5
	Cases of pregnant women with Obstetric Complications and attended to reported deliveries (%)	0
	Pregnant women receiving TT2 or Booster to total number of ANC registered (%)	103.5
Child Birth	SBA attended home deliveries to total reported home deliveries (%)	50
	Institutional deliveries to total ANC registration (%)	27
	C-Section to reported deliveries (%)	0
	New-born breast fed within 1 hour to live births (%)	100
Postnatal, maternal & new born care	Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions (%)	2.5
	New-born weighing less than 2.5 kg to new-born weighed at birth (%)	7.5
	Infants 0 to 11 months old who received Measles to reported live births (%)	303.7

Source: HMIS, North District, 2017-18

With regards to accessibility of ANC services, 89.4 per cent of women registered in first trimester in 2017-18. 81 per cent of women received 4 ANC checkups. With availability of IFA tablets, percentage of women who received 180 IFA tablets was 77.5 per cent. No women were found with obstetric complications in 2017-18.

In 2017-18, 50 per cent of all home deliveries were attended by a skilled birth attendant; but the district do require further improvement from the present level. No C-section deliveries were reported in North District in the year 2017-18.

Postnatal care is on the other hand another key health care facilitation integral to maternal health. It is important to see to it that women are kept under observation up to 48 hours after institutional delivery. In North, 2.5 percent of women were discharged under 48 hours of delivery in public institutions. 100 per cent of newborn were breast fed within 1 hour of delivery. Improving from initial rates, only 7.5 per cent of newborns weighed less than 2.5 kg at birth.

Table 9 represents the block wise maternal health scenario in North District. Apart from Chungthang block, all other blocks reveals decline in ANC coverage. Two and three home deliveries were reported in Chungthang and Mangan block respectively. Mangan block is reported to be of the most number of institutional deliveries, followed by Dikchu and Chungthang.

Table 9: Block wise Status of Maternal Health in North District

Block	ANC Registered	3-ANCs	Home Deliveries	Institutional Deliveries	PNC within 48 hours after delivery	PNC between 48 hours and 14 days after delivery
Chungthang	130	137	2	30	32	81
Dikchu	94	84	0	31	31	72
Hee-Gyanthang	74	40	0	3	3	15
Mangan	134	99	3	101	104	106
Passingdang	43	32	0	14	14	27
Phodong	94	82	0	18	18	64

Source: CMO, North District, 2018-19

Table 10 represents the block wise service delivery indicators in North district. One stillborn was reported in the Dikchu block. Two non SBA attended home deliveries were reported in Mangan Block. No home deliveries were reported in Dikchu, Hee-Gyanthang, Passingdang and Phodong block. TT1 and TT2 follow-up were comparatively acceptable in all blocks apart from Hee-Gyanthang block. Phodong Block shows a complete TT1 and TT2 follow up coverage.

Table 10: Block wise service delivery indicator status in North District

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Chungthang	114	120	1	1	32	0	32
Dikchu	78	75	0	0	31	1	32
Hee-Gyanthang	50	37	0	0	3	0	3
Mangan	122	107	1	2	102	0	102
Passingdang	33	29	0	0	14	0	14
Phodong	82	82	0	0	18	0	18

Source: CMO, North District, 2018-19

3.2. Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand advancement scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been acclaimed as an effective scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities in the rural areas.

Table 11 highlights that in North, 293 women who delivered in institutional facilities received JSY Payments and 324 of them were bought by ASHA which also highlights their active role in emphasizing institutional deliveries. Payments are made mostly via check and DBT transfers.

Table 11: Status of JSY Payments in North District

Status of payments for JSY		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs
293	1	324
Record maintenance		
Available and Updated		

Source: HMIS, North District, 2017-18

In North District, beneficiaries were sufficiently aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. However, the major drawback in the smooth channel and proper processing of payments under JSY is that there was delay on receiving funds for JSY schemes which in turn lead to untimely payments and thus women obligatorily had to get discharged without payment.

3.3. Janani Shishu Suraksha Karyakram (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to reduce out of pocket expenditure for pregnant women and sick new-born and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to completely free and no expense delivery including Caesarean section. Related entitlements have been put in place for all sick newborns & infants accessing public health facilities.

Out of pocket expenditure on diagnostics and transport was reported and observed in the district. JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back from facility to the home. No beneficiary in the facilities visited reported spending on drugs.

Table 12 reveals the status of JSSY performance in the North District. 65 pregnant women were provided free medicines, while 7 of them availed diet from the facility. All 65 of the pregnant women who availed medicines also required diagnostics aid. 7 women availed home to facility transport and drop back home while 5 of them required Interfacility transport. As for infants in need under JSSK, one infant required medicine and diagnostics. 5 availed home to facility transport and drop back home while none required Interfacility transport.

Table 12: Status of JSSY in North District

Facilities for Pregnant women under JSSK					
Medicines	Diet	Diagnostics	Home to facility transport	Interfacility transfers	Drop Back home
65	7	65	7	5	7
Facilities for Infants under JSSK					
Medicines	Diagnostics	Free	Home to facility transport	Interfacility transfers	Drop Back home
1	1		5	0	5

Source: HMIS, North District, 2017-18

3.4. Maternal Death Review

Maternal Death Review (MDR) as a strategy has been presaged out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. As per the reported data provided by the DPM, North, Table 13 illustrates the Number of Maternal Deaths and the Place and month of Pregnancy as concluded by the District. In all blocks in North District, no maternal deaths were reported in the last financial year, 2017-18.

Table 13: Status of Maternal Death Review (MDR), North District

Total Maternal Deaths	Place of Death			Month of Pregnancy		
	Hospital	Home	Transit	During Pregnancy	During Delivery	Post Delivery
0	0	0	0	0	0	0

Source: CMO Office, North District, 2017-18

4. Child Health

The RMNCH+A under the National Health Mission (NHM) also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health.

Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017. Child population is 9.8 percent of the total population in North District.

The key thrust areas under child health include:

Thrust Area 1: Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn

Thrust Area 2: Nutrition

- Promotion of optimal Infant and Young Child Feeding Practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition

Thrust Area 3: Management of Common Childhood illnesses

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunization

- Intensification of Routine Immunization
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication

4.1. Neonatal Health

The district has observed 77 institutional deliveries in year 2017-18 of the total 79 deliveries as presented in Table 14. Of the total newborns, 100 per cent were weighed at birth. 6 newborns had a birth weight of less than 2.5 kg of the total home deliveries in the district. The total home deliveries in the district for the last financial year were 2 which accounts to 2.53 per cent of total deliveries in North District.

Table 14: Status of Neonatal Health, North District

Essential Newborn Care (Home + Institutional)	2017-18
Total reported deliveries	79
Total Number of reported live births	79
Number of Newborns weighed at birth	79
Number of Newborns having weight less than 2.5 kg	6
Number of Home deliveries	2
Institutional deliveries (Public Insts. +Pvt. Insts.)	77
Number of Infants given OPV 0 (Birth Dose)	80
Number of Infants given BCG	80
Number of Infants given Measles	233
Number of fully immunized children (9-11 months)	237

Source: HMIS, North, Standard Report, 2017-18

The service delivery for neonatal health in terms of infrastructure is discussed in Table 15. The district has one NBSU and lacked SNCU. Total there are 2 staff in NBSU. The total number of NBCC is 1 in the district. The district also lacked NRC.

Table 15: Neonatal Health Infrastructure Status, North District

Facility Type	Nos.	Total Staff in SNCU	Health Facility	Nos.	Total Staff in NRCs
Total SNCU	0	0	Total NRCs	0	0
Total NBSU	1	Total Staff in NBSU	Total Admissions in NRCs	0	0
Total NBCC	1	2	Average duration of stay in NRCs 0 days		

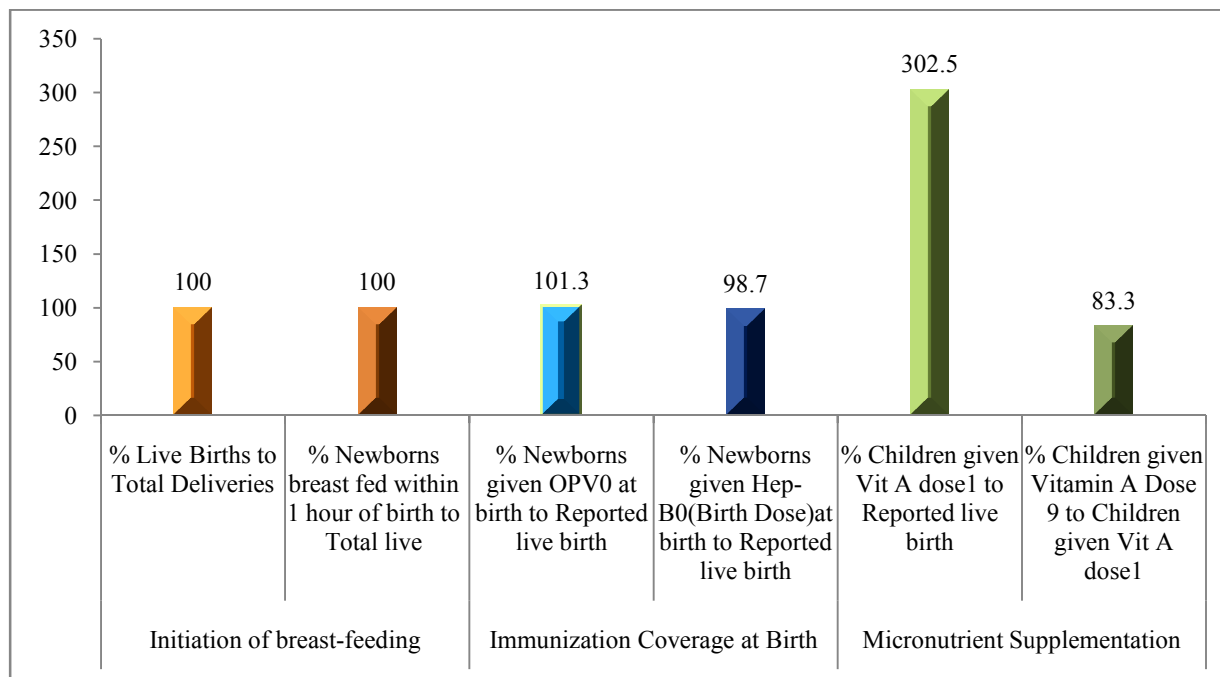
Source: CMO Office, North District, 2017-18

4.2. Nutrition

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is fundamental to all the achievement of other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

RMNCH implementation in terms of nutrition includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, Figure 2 depicts that, 79 newborns in the district were breast-fed within 1 hour of delivery which accounts to 100 per cent of the total live births. Early initiation of breast feeding is crucial to child nutrition and should be promoted. Percentage of children given Vitamin A dose 1 is reported to be 302.5 per cent while the number of children given Vitamin A dose 9 is 83.8 per cent.

Figure 2: Status of Child Health Nutrition, North District



Source: HMIS, North District, Standard Report, 2017-18

4.3. Management of Common Childhood Illnesses

Every year roughly 8 million children in developing countries die before they reach their fifth birthday; amongst which many loses their lives during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infections (mostly pneumonia), diarrhoea (including dysentery), malaria, or severe malnutrition or a fatal combination of these conditions.

In India, common childhood illnesses in children under 5 years of age include fever acute respiratory infections, diarrhoea and malnutrition (43 per cent) – and often in combination. In North, 407 children were identified with diarrhoea out of which only 43 of them are treated in Inpatients which accounts only a meager mass of 10.57 per cent. No children are stricken by Malaria, while 4 are afflicted with Measles, none with AFP and 5 with TB. Upper respiratory infections is the second most incidental childhood disease where 76 children are afflicted whereas 15 are reported being asthmatic.

Pertussis, Diphtheria and Tetanus Neonatorum has successfully been eliminated with no children afflicted by the same.

Table 16: Status of Incidence of all Childhood Illness, North District

Childhood Diseases	
Pneumonia	4
Asthma	15
Sepsis	0
Diphtheria	0
Pertussis	0
Tetanus Neonatorum	0
Tuberculosis (TB)	5
Acute Flaccid Paralysis (AFP)	0
Measles	4
Malaria	0
Diarrhoea	407
Diarrhoea treated in Inpatients	43
Children admitted with upper respiratory infections	76
Severe Acute Malnutrition (SAM)	0

Source: HMIS, North district, Standard Report, 2017-18

4.4. Immunisation

Immunization Programme is one of the key interventions for protection of children from life threatening situations, which are avertable. Immunization programme under NHM is one of the major public health interventions in the country.

Table 17 presents the immunization coverage scenario in North district at block-wise. With a target kept at 522 children, OPV was successfully administered to 91.37 per cent of children, while BCG accounted at 91.57 per cent. DPT vaccination was reportedly updated to pentavalent vaccine, where the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases but five diseases, including Hepatitis B and Hemophilia influenza type b as well. Measles vaccination successfully administered to 424 children accounting to coverage of 81.22 per cent.

Full immunization of the District overall for the year 2017-18 accounts for 522 children which is 81.22 per cent against the target assigned.

Table 17: Immunization coverage of all blocks in North District

Block	Target	OPV			BCG	Pentavalent			Measles	Full Immunization
		1	2	3		1	2	3		
Chungthang	120	115	116	119	31	115	116	119	103	103
Dikchu	72	82	82	73	32	82	81	73	61	61
Hee-Gyanthang	58	38	37	41	2	38	35	41	32	32
Mangan	124	111	106	113	103	111	106	113	115	115
Passingdang	52	38	39	34	14	38	39	34	39	39
Phodong	96	93	98	99	19	93	100	99	74	74
Total	522	477	478	479	201	477	477	479	424	424

Source: CMO Office, North District, 2017-18

4.5. Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 18 elaborates the status of RBSK progress report for the last two financial years. In North district, as per the discussion in the CMO meeting, 98 schools have been visited in 2017-18 with number of children registered being 4525 males and 4461 females. 80 per cent children were diagnosed with Dental diseases in 2017-18, while 30 per cent skin diseases were reported in the year 2106-17. 20 per cent of eye diseases and 2 per cent ear diseases were reported in both the financial years. However, cases being physically challenged or Anemia was none.

Table 18: Status of RBSK in North District

Years	2017-18	2016-17
No. of Schools	98	150 (includes ICDS)
No. of children registered	4525 (male), 4461 (female)	8986
Children Diagnosed (per cent)	80 (Dental)	30 (Skin)
Eye Disease (per cent)	20	20
Ear Disease (per cent)	2	2
Heart disease	0	0
Physically challenged	0	0
Anaemic	0	0

Source: CMO Office, North District, 2017-18

5. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing privilege of choices for contraceptive methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 19: Status of Non-Injectable Family Planning Methods, North District

Block	Sterilization		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms
	Male	Female				
DHS	0	0	42	3,529	2	6,165

Source: CMO Office, North District, 2017-18

Table 19 throws light upon the status of Non-Injectable family planning methods in North district in the year 2017-18. Female non-permanent family planning is noted to be the lead means under Family planning methods used and encouraged. No sterilization was conducted in the North District.

With regards to IUCD insertion, 42 total insertions were conducted in 2017-18. Around 6,165 condom pieces were distributed in the North District. 3,529 combined oral pills were distributed out while 2 Emergency pills were distributed.

6. Rashtriya Kishor Swasthya Karyakram (RKSK)

With a view to address, the health and development needs of the adolescent population Ministry of Health and Family Welfare launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on the 7th of January 2014. RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy. Whilst core programming principles for RKSK are health promotion and a community based approach expanded scope of the programme includes nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. RKSK units are mandated to focus on the following specific interventions:

- WIFS
- Facility based RKSK Services
- Community based RKSK Services
- Menstrual Hygiene scheme

In the district, there are one male and one female counselor at district level hospitals in terms with the RKSK program.

Table 20 makes clear the status of RKSK progress in the last financial year 2017-18. Total 49 girls and 68 boys have registered in AFHC (Adolescents friendly Health Clinic) in 2017-18. Out of the total registered, over and above 93 girls and 99 boys received clinical services. And 103 girls and 115 boys received counselling.

Table 20: Status of RKSK program in North District

RKSK	Numbers
Girls registered in AFHC	49
Boys registered in AFHC	68
Out of registered, Girls received clinical services	93
Out of registered, Boys received clinical services	99
Out of registered, Girls received counseling	103
Out of registered, Boys received counseling	115

Source: HMIS, Standard Report, North District, 2017-18

7. Quality Management in Health Care Services

Quality of health care services is essential to the smooth functioning of the public health sector as well as the dignity and well-being of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates and promotion of healthy behavior. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is sustainable.

Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities.

Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is “Infection control” and “Health Care Waste Management”.

7.1. Health Care Waste Management

Bio-medical waste outsourcing for safe, environment friendly disposal and color-coded bins were observed in most of the facilities across the district. Table 20 shows a broad status of Health care waste management in North. The health facilities opted for biomedical pits as the method of biomedical waste disposal.

With regards to sterilization practices in the district, record for fumigation of OTs was kept/ maintained. The district hospital was orderly maintained and even laundry service was functional in the hospital premises. Medical consumables were present at the facility in ample amount and hygiene was maintained which was observed by the visiting team.

The District Hospitals (DH) reported that Bio-Medical Wastes were not outsourced; the facility has Bio-medical Pits. However, a new pit is in requirement for the forthcoming years. All the PHCs and CHC reported having Bio-medical Pits with requirement of new pits relayed by all facilities. No reports on fumigation and staff training on infection were shared by the CMO Office. All the facilities, namely DH and the five PHCs have color coded bins in usage at their facility premises.



Figure 3: Color-coded Bins

Table 21: Health Care waste Management in North District

Bio-Medical Waste Management	No. of facilities
No of facilities having bio-medical pits	6
No. of facilities having color coded bins	6
Outsourcing for bio-medical waste	NA
If yes, name company	-
Infection Control	
No. of times fumigation is conducted in a year	NA
Training of staff on infection control	NA

Source: CMO Office, North District, 2017-18

7.2. Information Education Communication (IEC)

**Figure 4: IEC display in Health Facilities in North District**

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period

of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behavior.

The visited facilities put in place the procured IEC material in place. Hoardings, posters and citizen charts were properly displayed, which serve to inform the beneficiaries the name and the availability of medicine, programme running in the districts as well as benefits to avail. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc. Figure 4 shows few of the IEC materials cited by the team during visits to various health facilities.

8. Community Process

The Accredited Social Health Activists (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviors.

The broad working status of ASHAs is highlighted in Table 21. At present, a total of 84 ASHAs are working in the district. 12 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. At present, there are no vacant positions for ASHAs. There is one ASHA Resource centre in the North District. 31 vacant positions of ASHAs were reported by the CMO Office. No report on ASHA being trained in Digital Literacy reported.

Table 22: ASHA Status, North District

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	84
Positions vacant	31
Total number of meeting with ASHA (in a Year)	12
Total number of ASHA resource centers/ ASHA Ghar	5
Drug kit replenishment	84
No. of ASHAs trained in last year	84
ASHA's Trained in Digital Literacy	NA

Source: CMO Office, North District, 2017-18

9. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NRHM. The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

For the financial year 2017-18, 353 patients received AYUSH treatment in North district as depicted in Table 23 below. In terms of percentage of Total OPD, AYUSH OPD accounts 1.6 per cent in the district. AYUSH acceptance and usage is comparatively much lower in the district. This reveals the state of AYUSH and the need to resolve the same in the district. Inadequate funds are also a reason for such a meager intake of AYUSH; hence, supply side issue is clearly hindering the smooth proceedings of AYUSH. There is only one AYUSH Health Centre. There are at present three AYUSH Doctors in the district. Only homeopathy medicines were available and distributed in the district.

Table 23: Status of AYUSH in North District

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment
DHM	1	1	353

Source: CMO Office, North District, 2017-18

10. Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

10.1. Communicable Diseases

Table 24 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In North, No cases of Malaria, Dengue, Typhoid, Hepatitis B, Influenza, Filariasis, Japanese Encephalitis was screened, hence no cases were detected as well as reported by the CMO Office. However, 183 cases of Tuberculosis were screened out of which 13 were detected to be positive in the year 2016-17, while in 2017-18, out of 46 screened cases only 2 was found to be positive.

Table 24: Status of Communicable Diseases Programme, North District

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of screened	No. of detected cases
Malaria	-	-	-	-
Dengue	-	-	-	-
Typhoid	-	-	-	-
Hepatitis B	-	-	-	-
Influenza	-	-	-	-
Tuberculosis	183	13	46	2
Filariasis	-	-	-	-
Japanese Encephalitis	-	-	-	-
Others, if any	-	-	-	-

Source: CMO Office, North District, 2016-17 and 2017-18

10.2. Non-Communicable Diseases

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

Table 25 depicts the status of NCDs in North District in the years 2016-17 and 2017-18. No. of cases of screening have been high for all of Diabetes, Hypertension, and blindness. Hypertension is the highest detected non-communicable disease in 2016-17, while blindness was reported to be the leading non-communicable diseases with 1007 detected out of the 2095 screened. The incidence of Hypertension has declined in 2017-18 with 115 detected cases. Most widespread diseases reported was blindness while second most widespread disease is found to be hypertension with 115 people afflicted in 2017-18, which also an declined rate from 1365 number of detected cases in 2016-17, being the most reported cases in the same year.

Number of patients detected with Mental illness has increased from 979 to 1007 in 2017-18. The status of Mental Health is critical to observe in the district. Out of 2095 cases screened, 1007 have been detected of mental disorder in 2017-18. Mental health and well-being must be taken seriously since detected cases also reveal an aggravated scenario.

Table 25: Status of Non-Communicable Diseases in North District

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	2003	979	2095	1007
Mental Health	26	04	103	33
Diabetes	1200	322	206	85
Hypertension	5300	1365	463	115
Osteoporosis	-	-	-	-
Heart Disease	83	08	-	-
Obesity	-	-	-	-
Cancer	-	-	-	-
Fluorosis	-	-	-	-
Chronic Lung Disease	-	-	-	-
Others, if any	-	-	-	-

Source: CMO Office, North District, 2016-17 and 2017-18

11. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

As per the observations of the monitoring team, HMIS data in the district suffers serious errors, the primary cause of which remains the acute shortage of internet connectivity. Data entry operators/statisticians etc. are effectively trained and made aware about the tasks of NHM which is an improved situation from previous times. In such a scenario, data uploaded are not getting uploaded and validated on time and such further delay the timely sanction of funds or all the major heads, namely JSSK, RBSK and RKSK etc. Initiatives must be undertaken to resolve the given situation for smooth channel of information and smooth running of the health system consequently.

As depicted in Table 26, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

Table 26: HMIS Status, North District

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

Source: CMO Office, North, 2018

12. Budget Utilisation

The budget utilization summary for North district by the five NHM flexi pools and their major components is presented in Table 27.1 and Table 27.2.

The highest part of the budget accrues to NRHM + RMNCH plus A and Flexipool for NCD. The District did not receive NUHM Flexipool and Budget for infrastructure maintenance. Also, funds for Family Planning were not utilized. Basic training for ANM/LHVs requires fund which is utilized from the infrastructure budget, however with no infrastructure budget such training gets affected as well. No fund for elderly health was sanctioned to the district as well.

The delay in timely sanctioning of funds is the initial and major issue which in turn causes hindrance in all the undertaking of the district. Thus, it is highly recommended that the timely allocation be dispensed.

Table 27.1: Status of Budget Utilization, North District

S.No.	Budget Head	Budget (in lakh)	Expenditure (As on 31 Dec, 2017) (in lakh)
PART I	NRHM + RMNCH plus A Flexipool	263.85	255.58
PART II	NUHM Flexipool	-	-
PART III	Flexipool for disease control programme	33.09	30.49
PART IV	Flexipool for Non-Communicable Diseases	19.77	13.24
PART V	Infrastructure Maintenance	-	-

Source: CMO Office, North District, 2018

Table 27.2: Status of Budget Utilization, North District

S.No	Scheme/Programme	Funds 2017-18 (in lakh)	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexipool		
13.1.1	Maternal Health	15.29	8.58
13.1.2	Child Health	5.77	0.45
13.1.3	Family Planning	2.88	-
13.1.4	Adolescent Health/RKSK	0.67	0.69
13.1.6	Immunization	7.00	7.28
13.2	NUHM Flexipool		
13.2.1	Strengthening of Health Services	-	-
13.3	Flexipool for disease control programme (Communicable Disease)		
13.3.1	Integrated Disease Surveillance Programme	6.02	6.38

13.3.2	National Vector-Borne Disease Control	2.69	1.05
13.4	Flexipool for Non-Communicable Diseases		
13.4.1	National Mental Health programme (NMHP)	16.48	11.66
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	-	-
13.4.3	National Tobacco Control Programme (NTCP)	1.57	0.76
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	1.98	0.83
13.5	Infrastructure		
13.5.1	Infrastructure	-	-
13.5.2	Maintenance	-	-
13.5.3	Basic training for ANM/LHVs	-	-

Source: CMO Office, North District, 2018

13. Facility Wise Observations

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc

The monitoring team visited the following health facilities comprising one District Hospital (DH), two Primary Health Centres (PHCs) and one Sub-Center (SC).

13.1. District Hospital, Mangan



Figure 5: District Hospital, Singtam (Originally: Doctor's Staff Quarter)

The District Hospital of the North District, Sikkim was situated at Mangan. The District Hospital was easily accessible from nearest road head. The Main hospital building was demolished by two consecutive earthquakes and thus CMO's Office; all OPD, other services were functioning in makeshift in the Staff quarter originally allotted to Doctors. Initially a 100 bedded facility, the facility size has been reduced to 40-50 bedded owing to current constraints.

The Medical Officer-in-charge at the facility was observed to be highly efficient and orderly in keeping the health facility functional as well as systematic to the fullest, given its infrastructure and Human Resource provided at the health facility.

The following are the observations and key findings on visit to the facility as well as reported by the human resource staff at the hospital:

- ✚ The new Hospital Building which is under construction in the same premises; as of now will tentatively take three years to be usable and functional.
- ✚ The hospital has staff quarters available for staffs, namely MOS, and other categories. Provision of electricity with back-up and 24*7 piped running water was present at the facility.
- ✚ There was clean and functional labour room with clean usable toilet attached to the labour room.
- ✚ Separate male and female wards and separate male and female clean and functional toilets were also present.
- ✚ Functional newborn care corner comprising of functional radiant warmer with neonatal ambu bag was available. However, functional SNCU was not present.
- ✚ Nutritional Rehabilitation centre was also not available at the facility. The facility also lacked a burn unit.
- ✚ There was a separate room for ARSH clinic at the hospital.
- ✚ Mechanism for Bio-Medical waste management (BMW) was available and effectively functional. BMW was not outsourced.
- ✚ Complaint/suggestion box was present.
- ✚ The hospital has no Rogi Sahayta Kendra/functional Help Desk at its premises.
- ✚ Functional ICTC/PPTCT centers were present.
- ✚ In the matter of Human Resources under NHM, the District Hospital has one regular OBG, five contractual MOs, six regular and nine contractual SNs, twenty-eight regular and one contractual ANMs, six regular and two contractual LTs, five contractual Pharmacists, six regular and one contractual LHV, two contractual and two regular Radiographers, and two regular and one contractual Dental Surgeons. However the facility lacked RMNCH+A counselor, Nutritionist, Anesthetist, Pediatrician, general specialists and other specialists

- ✚ As per reported accounts, training on SBA, F-IMNCI, NSSK, IUCD and Immunization and cold chain has been conducted on the HR in the last financial year. 6 MOs and 6 ASHAs have been trained respectively.
- ✚ In terms of availability of equipment, the hospital had all required equipment available except Functional facility for Oxygen Administration, functional foetal Doppler/CTG and Dialysis equipment.
- ✚ As per OT equipment availability, the hospital lacked all equipments as required in OT to be functional. As for lab equipment available, all except functional CT scanner was available.
- ✚ In terms of essential drugs and supplies at the hospital, all except Urine and albumin testing and Sanitary napkins were available. However, computerized inventory management was not available as well.
- ✚ All lab tests with CBC, RPR, Blood Sugar, LFT, TB, HIV being the important ones, was available. The facility lacked a Blood storage unit.
- ✚ Concerning to services delivered in the last financial year, OPD was recorded to be 18374 while IPD was 932. Total deliveries conducted at the hospital accounted to 197, with none of them being conducted as C-section. 100 per cent of all neonates were introduced to breast feeding within one hour of birth. 569 ANCs registration was recorded with 100 per cent of them following up 4 ANCs.
- ✚ In terms of family planning method prevalent in the North district, IUCD insertion accounted to 42 insertions, while that of PPIUCDs were 0. And no MTPs were conducted at the hospital.
- ✚ Three infant deaths were recorded at the facility. On a positive note likewise, no maternal, neonatal deaths and still births were recorded at the facility.
- ✚ In matter concerning to post-natal services provided at the facility, all mothers were initiated to breast feeding within one hour of normal delivery as well as asked to stay for 48 hours post-delivery with diet available free of charge and all neonates were given zero dose BCG, Hepatitis B and OPV and given JSY payments before discharge at the facility.
- ✚ In terms of essential skill set, the facility was not able to manage high risk pregnancy, provide essential new born care and manage sick neonates and infants to name the critical ones highly in requirement. However, segregation of waste in color coded bins, bio-

medical waste management, updated entry in MCP cards, entry in MCTS and action taken on MDR was successfully undertaken by the facility.

- ✚ As of untied funds received, all amounts have been completely utilized.
- ✚ All records with key ones relating to OPD, IPD, ANC, PNC etc were available, updated, and correctly filled except OT register, blood bank register which was at present status not available.
- ✚ All IEC materials were correctly displayed at the District Hospital as per the guidelines set by the IPHS.
- ✚ As for additional support, all except regular fogging were available.

13.2. Primary Health Centre (PHC) Hee-Gyanthang



Figure 6: PHC Hee-Gyanthang

The Primary Health Centre (PHC) Hee-Gyanthang, located in the Hee-Gyanthang block was at a distance of 12 Kms from the District HQ. The PHC catered medical needs of 9 neighboring villages. Easily accessible from the nearest road head, the PHC was functioning in a government building but the building was rather affected by the 2015 earthquake hence few walls exhibited cracks and fissures especially the female ward.

The following are the observations made on visit to the facility and as per reported by the human resources assigned at the facility:

- ✚ In a somewhat existing condition with running water supply and electricity was available, the facility has provision of staff quarter for MOs, however, no staff quarter provision was there for SNs. Mostly electricity power back-up is used for maintaining the cold chain in terms of storing vaccines for immunization.
- ✚ The facility has clean functional labour room with a clean usable toilet attached to the labour room. Functional Newborn Care Corner (with functional radiant warmer and neonatal ambu bag) is also present at the facility. However, they lack a Functional Stabilization Unit.
- ✚ The PHC has clean separate wards for male and Female and clean toilets for male and female separately.

- ✦ As for Bio-Medical waste management, the facility has sharp pits and deep burial pits available for the same.
- ✦ Complaint/suggestion box was not available at the PHC.
- ✦ In the matter concerning Human Resource assigned at the PHC, the HR under NHM at the Facility are one regular MO, contractual SNs/GNMs, two regular and one contractual ANMs, contractual LTs, one contractual pharmacist and one regular LHV/PHN.
- ✦ As for the training status of Human Resource in the last financial year, the HR of the PHC were trained in BeMOC, MTP/MVA, F-IMNCI, NSSK, MiniLap, RTI/STI and Immunization cold chain.
- ✦ In the facility, all medical equipment and laboratory apparatuses were available except adult resuscitation kit and MVA/EVA equipment. However, radiant warmer was reported to be non-Functional.
- ✦ All essential drugs and supplies were available at the facility except EDL display and computerized inventory management. Essential consumables namely, Gloves, Mckintosh, Pads, Bandages, and gauze etc. were present as well.
- ✦ Pertaining to Lab services available at the PHC, all lab tests except, CBC, Urine albumin and sugar and RPR, were available.
- ✦ In the matter of services delivered at the facility in the last one year, OPD in the last financial year was 1,578 whereas IPD was 41. Total number of deliveries conducted was 3 only; with number of pregnant women referred to a higher center (STNM, Gangtok) was 0.
- ✦ In terms of ANC registration, 55 women was accounted however ANC 3 coverage decline to 45 women in the facility concerned.
- ✦ In terms of Family Planning methods prevalent at the PHC level, the facility has catered to 8 beneficiaries with respect to IUCD insertions, while number of PPIUCD insertions was recorded to be 0. Since the TFR was at a lower rate, no permanent methods, namely, vasectomy and MiniLap was conducted. Also, no MTP was conducted at the facility in the last two years.
- ✦ Concerning to mortality, no maternal, infant and neonatal deaths were reported. There was no still born at the facility as well. Also, 70 children were fully immunized, with 180 children given vitamin A.

- ✚ In post-natal wards services, as reported by the facility, all mothers initiated breastfeeding within one hour of normal delivery, neonates were given zero dose BCG, Hepatitis B, and OPV and the mothers were asked to stay for 48 hours post-delivery and charge free diet provided as well. Also counseling on Family Planning was also done.
- ✚ However, JSY payments were not being given before discharge.
- ✚ The health facility had all the essential skills pertaining essential newborn care, management of neonates and infants, correct administration of vaccine, AVD, waste segregation and adhered to the IMEP protocols as well, except high risk pregnancy management,
- ✚ All records were available, updated and correctly filled, except, OT and FP register.
- ✚ All IEC materials pertaining to citizens charter, lists of services available, JSY entitlements, Immunization schedule etc as per the guidelines of the IPHS were aptly displayed at the facility.
- ✚ Additional services included fumigation, grievances redressal mechanism etc.
- ✚ The facility, in its present level of infrastructure was reported to be sufficient to cater to the present load.

13.3. Primary Health Centre (PHC) Dikchu



Figure 7: PHC Dikchu

The Primary Health Centre (PHC) Dikchu was located at the Dikchu block in easily assessable vicinity. The PHC caters to the health needs of 37 villages. Functioning in Government building, the 10 bedded health facility was in a good condition overall.

The following are the observations made on visit to the Dikchu PHC and also as reported by the MOIC:

- ✚ An easily accessible health facility, running in a government building, PHC Dikchu had the provision of electricity with power back-up which was mostly used for maintaining cold chain with respect of Immunization. However, 24*7 running piped water supply was not available.
- ✚ Staff Quarter was available and resided by Doctors, SNs and other categories as well.
- ✚ The facility has functional and clean labour room with a clean usable toilet attached to the labour room. The facility also has the facility of separate toilets for male and female.
- ✚ As for the availability of functional new born Care corner comprising of radiant warmer and neonatal ambu bag, the facility possessed the same. The facility however, has no functional Newborn Stabilization Unit as well.

- ✚ The wards for both IPD and OPD were in general was clean. There was a separate male and female ward as well.
- ✚ In matters concerning Bio-Medical Waste management, the facility has sharp pit and deep burial pit.
- ✚ Complaint and suggestion box was available as well.
- ✚ In terms of Human Resource assigned at the health facility, the facility has two regular and two contractual MOs, two (one regular +one contractual) SNs/GNMs, Four regular and four contractual ANMs, two (one regular +one contractual) Lab Techs, two (one regular +one contractual) pharmacist, two (one regular +one contractual) LHV.s.
- ✚ As for the training status of HR in the last financial year, one HR on BeMOC, four on SBA, one on MTP, four on IMNCI, two on F-IMNCI, two on NSSK, four on IUD, two on RTI/STI and four on Immunization and cold chain were trained.
- ✚ The facility has all equipment available and all essential drugs available, except EDL display, computerized inventory management, and sanitary napkins.
- ✚ As for lab test services available at the facility, all tests were available.
- ✚ With respect to services delivered in the last one year, it was reported that the OPD last year was 4,430 beneficiaries. As for IPD, no record register was present to report during visit. Total deliveries conducted at the facility were 84 in the year 2017-18 and as for current FY record, 92 deliveries were conducted at the facility.
- ✚ In terms of family planning methods conducted at the facility, 5 IUCDs in 2017-18 and 4 in 2018-19 and 6 PPIUCDs in 2017-18 and 12 in 2018-19 were inserted. No permanent method of family planning was conducted at the facility. Also, no MTPs were conducted as well.
- ✚ No maternal, neonatal deaths and stillborn were reported at the facility. However, two infant deaths was reported.
- ✚ As regards to post-natal wards services, all mothers initiated breast feeding within one hour of normal delivery, neonates were given zero dose BCG, Hepatitis B and OPV and the family has been counseled on family planning. Even so, all mothers were asked to stay 48 hours post-delivery at the facility with diet being provided free of charge. Also, JSY payments were given before discharge.

- ✚ The quality of the facility in terms of providing essential newborn care, managing of high risk pregnancy, managing sick newborns, AVD system, adherence to IMEP protocols were maintained.
- ✚ All records were available, updated and filled correctly namely OPD, IPD registers, ANC-PNC registers labor room register to name important few, but OT register was not available at the facility.
- ✚ All IEC materials were displayed as the IPHS norms in the health facility.
- ✚ Additional support services conducted at the facility included regular fumigations, appropriate drug store facility, equipment maintenance and repair mechanism and grievances redressal mechanism as well.
- ✚ As reported by the MO present at the facility, the PHC is much underutilized the medical services it is capable of catering to the surrounding beneficiaries and villages.

13.4. Sub-Centre Lingdong, Block Hee-Gyanthang



Figure 8: SC Lingdong

The Lingdong Sub-Centre is located in the Hee-Gyanthang Block, caters to 4 villages, and is at a distance of 8 kms from the Primary Health Center (PHC), Hee-Gyanthang. The Sub-Center catered to a catchment population of 1,264 and provided medical services to 5 neighboring villages. The Sub-Centre was situated near the main habitation, functioning in a Government Building.

The following are the observations made on visit as well as the specifics accounted by the staff at the Sub-Centers:

- ✚ The Health facility was not in a good physical condition. It lacked electricity with back-up, 24*7 running water supply. It has a functional labour room, with usable clean toilets attached. However, the facility lacked a Functional Newborn Care Corner (with radiant warmer and neo-natal ambu bag),
- ✚ Complaint and suggestion box, which is a mandatory component as per the NHM guidelines, was not available at the facility.
- ✚ With Respect to Bio-Medical Waste (BMW) management, the Sub-Center did not have the mechanism of deep burial pits available.

- ✚ As per the current status, the facility has one ANM, one MPW-Male, one FWA and three ASHAs as Human Resources allotted.
- ✚ All other equipment as per norms was available at the facility however, non-functional.
- ✚ In terms of Availability of sufficient numbers of essential drugs, namely IFA tablets, Vitamin A, ORS Syrup, Zinc tablet, Inject-able Oxytocin, Misoprostol, Antibiotics and common ailments drugs like PCM, Metronidazole, anti-allergy drugs etc were available. However, Injectable Magnesium sulphate was not available.
- ✚ As per essential medical supplies available at the facility, all medical items were available, however sanitary napkins were expired hence unfit to be offered at the facility.
- ✚ Concerning to service delivery in the last two years, estimated numbers of pregnancies was recorded to be 32 and 31 in 2016-17 and 2017-18 respectively, while, the same number of IFA tablets were given in the two consecutive years. The facility conducted 1 delivery in 2017-18 from 0 deliveries in 2016-17. 2 home deliveries were conducted in the area under the care of the given Sub-Centre in 2016-17.
- ✚ 27 women registered for ANC 1 in 2017-18, while 31 women were recorded to be covered in ANC3.
- ✚ No Maternal Death was reported in the given facility for the last two financial years. One Neonatal, one Still birth were reported in the facility.
- ✚ A total number pertaining to 48 VHNDs were conducted and attended in the last financial years. And 12 VHNSC meetings were attended as well.
- ✚ the number of children fully immunized and given vitamin A has declined in the last financial year from 38 and 80 to 30 to 60 respectively from 2016-17 to 2017-18.
- ✚ As per records maintained at the Sub-center, all records pertaining to JSY payments, VHND plan, Eligible couple register, MCH register (as per GOI), Delivery register, stock register, Referral register, line listing of anemic pregnant women, families under RBSK, vaccine supply as well as work plan from MCTS Portal was available and maintained.
- ✚ In the matter of IEC Display, except Citizens charter was displayed at the facility.
- ✚ As reported by the HR, the facility suffered in terms of reliable and permanent source of electricity, and had to bear somehow with the usage of temporary lights and has undependable source of water supply.

14. Conclusion and Recommendations

The Population Research Centre, Delhi embarked on the monitoring of NHM, PIP in various states, wherein the teams carry out the field visit of the state for quality checks of the different components of NHM. This report gives details on the Monitoring and Evaluation findings of the North District of Sikkim. The following healthcare facilities in North District are visited for Monitoring & Evaluation District Hospital(Singtam), CHC Rhenock, PHC Pakyong, SC Rorathang and SC Changey Senti. A summary of our findings in the district is presented below:

The district has 1 DHs, 5 PHCs and 19 SCs. With respect to transport, JSSK referral transports are available. One Mobile Medical Unit (MMU) is available. All facilities visited are running in government buildings. However, the infrastructure of the facilities at peripheral and block level needed upgrade. Location of the visited facilities was easily assessable. Further, Inhabitable Staff quarters are not available in the visited facilities with respect to Sub-Centres and few PHCs as well. Lack of specialized staff was observed for Pediatrician, Dental Surgeon, ASHAs and AYUSH Doctors in the district.

Since District Hospital Building was razed down by repeated earthquakes, all the health services, CMO's Office, are now running under makeshift in the Staff Quarter, initially allotted to Doctors. Main DH building construction is ongoing which will tentatively take three years to complete.

Out of the total reported live birth in North experienced, figures reveals a higher proportion of women coming under the envelop of Institutional delivery. Both JSY and JSSK are functional in the district. However, delay in JSY payments due to lack of funds and internet connectivity as required for DBT transfers. ASHA is observed to be fairly active in bringing women for Institutional deliveries. MDR records 0 maternal deaths occurring in the North district. The district has the following infrastructure for child care: 1 NBSUs and 1 NBCCs. Notable degree of immunization was recorded in 2017-18. The district has functional RBSK as well. A total of one-forty-five MMU camps have been held in the last financial year.

The District also has CATCH (Comprehensive Annual and Total Checkup for Healthy Sikkim) programme running successfully. Total seventy-five CATCH camps have been conducted in the district in the last financial year. The most reported issue faced by the district was in the matters regarding budget. There is great delay in funds assigned to reach the health facilities.

The district hospital took distinctive measures to prevent maternal deaths by admitting the beneficiary immediately as the first step of treatment policy undertaken. Further, nutritional support amounting to Rs 500 as well as additional Rs 2500 (from government of Sikkim) for BPL and high priority cases. Immunisation coverage was very much significant and has comparatively achieved its target vaccination undertaking with one day-stay trip to remote villages for vaccination and other initiatives and measures.

In North, Male sterilization is not conducted, with TRF being low, community opting late marriage, and likewise late pregnancy. PPIUCD insertion mostly dominates the family planning method adopted. Certain facilities experienced non-availability of Oral Pills for Medical Termination of Pregnancy. Blindness leads in terms of non-communicable diseases with hypertension being the second most detected cases in the year 2017-18. An up rise in the number of detected cases in mental health was seen, implying call for greater awareness needs.

Various National Programmes namely, National Mental Health Programme, Non-Communicable Diseases (NCD), National Programme for prevention and control of Cancer, Diabetes, Cardiovascular diseases and strokes (NPCDCS), National Leprosy eradication Programme (NLEP), national programme for the health care of elderly (NPHCE) etc, running in the district.

Only DH has AYUSH health centre in the district. Currently 31 vacant positions for ASHAs prevail in the district, for the community processes at grass root or peripheral level.

14.1 Recommendations

Based on the monitoring the following recommendations for improving the service delivery in the district are made-

- ☑ Health facilities that essentially stand non-functional with respect to various NHM activities must be identified and worked on or dropped off with respect to requirement and effectiveness, this includes SCs and PHCs. This, in turn, entails regular monitoring and supervision and makes certain optimal utilization of resources.
- ☑ Training with respect to HMIS data reporting is mandatory and important as well. In order to ensure smooth functioning of the activities, manpower shortage must be resolved. Also, Access to essential drugs must be highlighted by the district and supply should match the demand side as per the block requirements.
- ☑ Formulation and strengthening of District Quality Assurance committee is advised, considering the wide scope of improvement that exists with regards to infection control practices.
- ☑ Delay in fund allocation must be resolved so as to ensure smooth proceedings in all the health components under NHM.
- ☑ Provision of alternate routes to avail the health services for the beneficiaries as well as alternative means to reach out and cater to the medical needs of the district as roads in the district is subject to the wraths of natural calamities with frequent landslides and recurring rainfall disrupting normalcy and cutting off deprived villages from the main centre.

15. Annexure

DH level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of DH: _____

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

Date of visit: _____ Name & designation of monitor: _____

Names of staff not available on the day of visit and reason for absence: _____

Section I: Physical Infrastructure:

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

1.23	Availability of complaint/suggestion box	Y	N	
1.24	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.25	BMW outsourced	Y	N	
1.26	Availability of ICTC/ PPTCT Centre	Y	N	
1.27	Rogi Sahayta Kendra/ 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	Anesthetist			
2.3	Pediatrician			
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+ counselors			
2.14	Nutritionist			
2.15	Dental Surgeon			
2.16	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-Sterilizations		

3.10	Laparoscopy-Sterilizations		
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	Sterilized delivery sets	Y	N	
4.3	Functional Neonatal, Pediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	

4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-Para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
Laboratory Equipment				
4.1a	Functional Microscope	Y	N	
4.2a	Functional Haemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi auto analyzer	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	Computerized 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	Labeled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, Metronidazole, anti-	Y	N	

	allergic drugs etc.			
5.15	Adequate Vaccine Stock <i>available</i>	<i>Y</i>	<i>N</i>	
S. No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	<i>Y</i>	<i>N</i>	
5.18	Urine albumin and sugar testing kit	<i>Y</i>	<i>N</i>	
5.19	OCPs	<i>Y</i>	<i>N</i>	
5.20	EC pills	<i>Y</i>	<i>N</i>	
5.21	IUCDs	<i>Y</i>	<i>N</i>	
5.22	Sanitary napkins	<i>Y</i>	<i>N</i>	
S. No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mackintosh, Pads, bandages, and gauze etc.	<i>Y</i>	<i>N</i>	

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Hemoglobin	<i>Y</i>	<i>N</i>	
6.2	CBC	<i>Y</i>	<i>N</i>	
6.3	Urine albumin and sugar	<i>Y</i>	<i>N</i>	
6.4	Blood sugar	<i>Y</i>	<i>N</i>	
6.5	RPR	<i>Y</i>	<i>N</i>	
6.6	Malaria	<i>Y</i>	<i>N</i>	
6.7	T.B	<i>Y</i>	<i>N</i>	
6.8	HIV	<i>Y</i>	<i>N</i>	
6.9	Liver function tests(LFT)	<i>Y</i>	<i>N</i>	
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	<i>Y</i>	<i>N</i>	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	<i>Y</i>	<i>N</i>	
6.17	Sufficient no. of blood bags available	<i>Y</i>	<i>N</i>	
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	2016-17	2017-18
7.1	OPD		
7.2	IPD		

7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated brNorth 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	Utilized
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 brNorth feeding within one hour of normal delivery	Y	N	
7.2b	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3b	Counseling on Family Planning done	Y	N	
7.4b	Mothers asked to stay for 48 hrs	Y	N	
7.5b	JSY payment being given before discharge	Y	N	

7.6b	Diet being provided free of charge	Y	N	
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S. No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breast feeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in color 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 anemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunizations Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the health facility	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the health facility	Y	N	

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

.....

FRU level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

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

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

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anesthetist		
2.3	Pediatrician		
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+ counselors		
2.14	Others		

Section III: Training Status of HR:

(*Trained in Last year)

S. no	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

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

5.14	Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first		

	trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

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

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

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

Section VIII: Quality parameter of the facility:

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, brNorthfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in color 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 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	Immunization Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				

9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs 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 North by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

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

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

Section III: Training Status of HR (*Trained in Last Financial Year)

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	

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

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		

7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

11.10	Other related IEC material	Y	N	
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Section XII: Additional/Support Services:

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

Qualitative Questionnaires for PHC/CHC Level

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

.....

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

.....

3. Any counselling being conducted regarding family planning measures.

.....

Sub Centre level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

Section II: Human Resource:

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 nd ANM			
2.3	MPW - Male			

2.4	Others, specify			
2.5	ASHAs			

Section III: Equipment:

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	Y	N	
5.2	Urine albumin and sugar testing kit	Y	N	

5.3	OCPs	Y	N	
5.4	EC pills	Y	N	
5.5	IUCDs	Y	N	
5.6	Sanitary napkins	Y	N	

Section VI: Service Delivery in the last two years:

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

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	

8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	
8.6	SBA Protocol Posters	Y	N	
8.7	JSSK entitlements	Y	N	
8.8	Immunization Schedule	Y	N	
8.9	JSY entitlements	Y	N	
8.10	Other related IEC material	Y	N	

Qualitative Questionnaires for Sub-Centre Level

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

2. Do you get any difficulty in accessing the flexi pool?

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

