

# NATIONAL HEALTH MISSION



## A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION IN RUDRAPRAYAG, UTTARAKHAND



MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA



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## ACRONYMS AND ABBREVIATIONS

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

## 1. EXECUTIVE SUMMARY

The National Health Mission (NHM) is a flagship initiative of Government of India in the public health sector. It enhances people's access to quality health care services in a colossal manner via umpteen initiatives. Since its inception, NHM has tailored itself to the needs of the society by identifying the existing lacunae and eliminating them. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs), services of which are utilized in monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of all essential components of NHM in Rudraprayag district for the year 2017-18. The assessment was carried out in the month of November to encapsulate and analyse the status of NHM activities in the Rudraprayag District. The report puts forward the key observations made during the PRC, Delhi team's visit to various health facilities of the district. It brought to surface the essential inputs provided by the key personnel of NHM. The evaluation was carried out as a desk review of the RoP and PIP of the state by the PRC team in accordance to which questionnaire schedules were prepared for field investigation. These schedules and checklist were used to collect opinions of health service providers including MO/ICs, ANMs, ASHA etc. to understand the strengths and weakness of the visited facilities. The report acts as an analysis of the status of Public Health Care system in Rudraprayag district of Uttarakhand, during the financial year 2017-18. Under NHM various components namely Maternal Health, Child Health, Infrastructure, status of human resources etc were covered and evaluated. The strengths and weaknesses observed during visits to facilities and interactions with the NHM Personnel as well as the beneficiaries are stated below.

### 1.1 Strengths

- Since progressive increase in institutional deliveries has been reported in the Rudraprayag district, it can be deduced that the districts level of MMR and IMR is gradually declining to a level as prescribed by the NHM goal.
- India's first Gold card for the beneficiaries was made under AYUSHMAN Bharat, in Rudraprayag district.



- More than 90 percent of all JSY payment to the beneficiaries was completed in Rudraprayag district. The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programme.
- Schemes under NHM were well promoted and patients under JSY were well aware about the benefits associated with the programme. The beneficiaries were satisfied with the services provided by the health staff and ASHA workers.
- With respect to innovations, district initiated and launched MAA mobile based application for high risk pregnancy. Two round of training for MAA application has been done with ASHAs and 84 smart mobile phones will be distributed soon.
- Training of ASHAs under 6 modules was held at the block level and monthly meeting with ASHAs and ANMs was facilitated by the ASHA Coordinator.
- District has 4 ambulances of 108 service and 5 Khushiyo ki Sawari (KKS).
- Overall deliveries were decreased in the district due to good family planning and migration. Mass migration happened in Rudraprayag post the Kedarnath Tragedy.
- Information, Education and Communication material was well displayed at the facilities Walls of the District Hospital were painted with information pertaining to various schemes and programmes under NHM.
- Staff quarters are available at DH, CHC, PHC and SC level and were in good condition.

## 1.2 Weaknesses

- There was shortage of medical and Para-medical staffs in the district. Many of the sanctioned posts have not been filled yet due to delay in appointment procedure.
- The newly launched family planning methods ANTARA and CHHAYA were not launched in many health facilities and it was observed that it was less promoted.
- District has total 81 Sub Centers, out of 10 SCs are accredited and only 2 SCs were working as a delivery point. It was reported that deliveries were not conducted at SC level due to no labor rooms in most of the SCs in the district.
- There was no SNCU and NRC unit in the district hospital, therefore in case of complications they have to refer beneficiaries to the Srinagar Medical College.
- Although new building has been constructed but due to scarce human resource the new facility remains non-operational.

- There were less numbers of data entry operators in the district. This resulted in increased work load and poor-quality data entry. Network connectivity was another major issue as network connectivity was very poor in around remote areas of villages.
- Location of few facilities, mostly Sub-centers were not appropriate for the pregnant women and other patients because due to hilly area they were situated at the height and no vehicles can directly reach the facility. This was also one of the reason behind no deliveries were taking place at the SC level.

## 2. INTRODUCTION

NHM envisages “Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”. The mission thus encompasses a wide range of services.

States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A state PIP is a comprehensive document comprising of situation analysis, goals and strategies and corresponding costs. A holistic reporting of commitments made in the State PIP forms an essential component of Monitoring and Evaluation of NHM progress.

The monitoring and evaluation system for various national health programmes is integral to their strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at regular intervals.

### 2.1 MONITORING AND EVALUATION APPROACH

This report discusses the monitoring & evaluation findings and observations for Rudraprayag district of Uttarakhand. The report provides a review of key population, socio-economic, health and service delivery indicators of the Rudraprayag District. 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, ARSH, bio-medical waste management, referral transport, ASHAs and status of HMIS and MCTS. This report is based on the interviews of CMO, District

Health Officials, ANM and beneficiaries. The field visits to health facilities in the district were planned in consultation with the district NHM officials.

## 2.2 METHODOLOGY

The report is based on primary data collected from the health facility visits as well secondary data collected from CMO office and DPM as Information was also collected from HMIS Web Portal for Rudraprayag district, 2017-18.

The assessment is based on the observations made and information collected during:

- a) Meeting with CMO, DPMU and other Nodal officers and NHM staff
- b) Visits to health facilities
- c) Interaction with the Beneficiaries.

Prior to the assessment of health facilities, a meeting with key personnel of NHM Rudraprayag was held. The evaluation team interacted with key program officials at District and Block level management unit of Rudraprayag along with interactions with the staff and beneficiaries at all facility level. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities. Table 1 presents the list of facilities visited during monitoring and evaluation in Rudraprayag District.

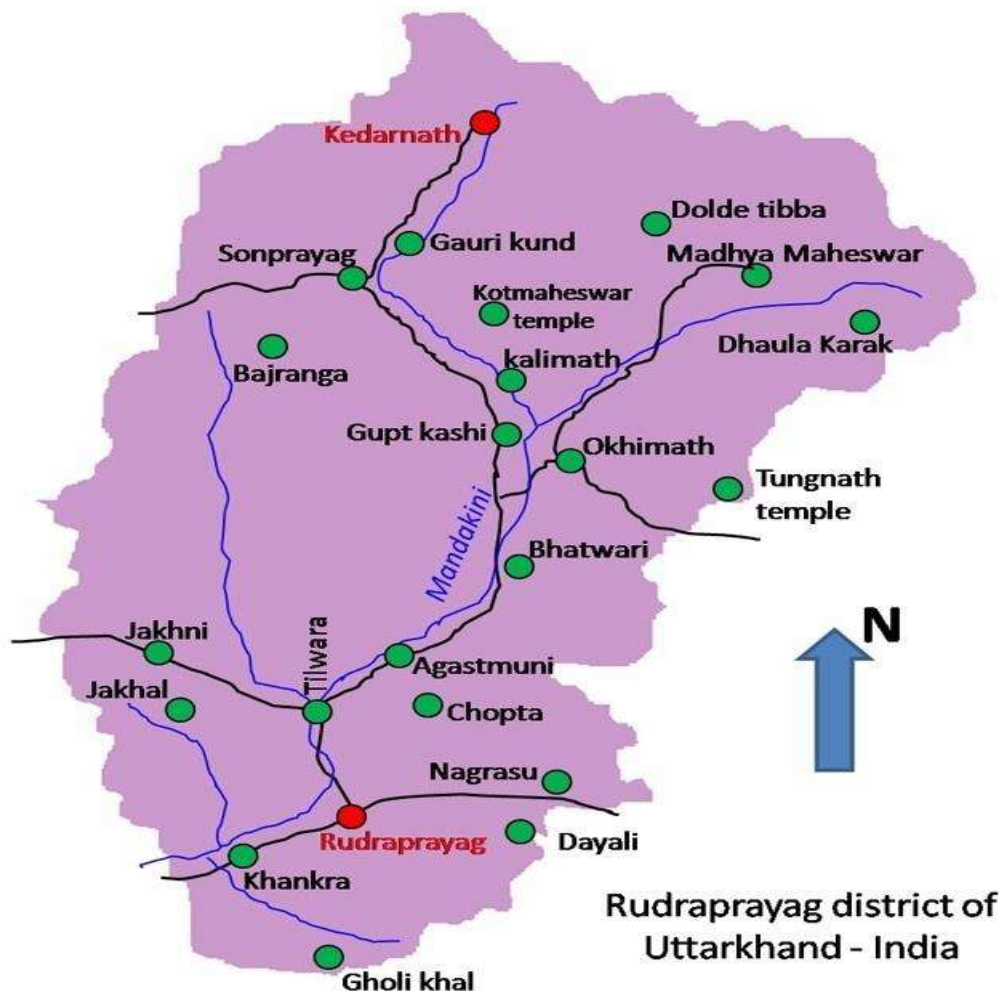
**Table 1 List of Health Facilities visited, Rudraprayag District, Uttarakhand, 2017-18**

Facility Type	Facility Name
District Hospital	District Hospital (DH), Rudraprayag
CHC	CHC, Agustmuni
PHC	PHC, Ukhimath
Sub health Centre	Sub Centre, Tilwara
Sub health Centre	Sub Centre, Tuneta

**2.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: RUDRAPRAYAG**

Rudraprayag district was established on 16th September 1997. It lies at the confluence of two rivers Alkananda and Mandakini. Rudraprayag is one of the Panch Prayags or five confluences of Alaknanda River. Rudraprayag is blessed with nature’s bounty, the climate of which depends upon the height of the region. The district was carved out from the following areas of three adjoining districts.

Whole of Augustmuni & Ukhimath block and part of Pokhri & Karnprayag block from Chamoli District. Part of Jakholi and Kirtinagar block from Tehri District. Part of Khirsu block from Pauri District. latitude: 30° North longitude: 78°-degree East. Internationally Known Shri Kedarnath Temple is at North, Madmaheshwar at East, Nagrasu at Southern East and Shrinagar at extreme South. The holy Mandakini originated from Kedarnath is the main river of the district.



**Figure 1: Map indicating location of Rudraprayag**

- **Demographical Structure**

According to the census 2011, district has a population of 242,285. Table 2 depicts the demographic indicators of the district Rudraprayag. Its population growth over the decade 2001-2011 was 6.53 per cent. The district has a population density of 122 inhabitants per square kilometer, with 95.90 per cent population living in rural area. Sex Ratio in Rudraprayag has sex ratio of 1114 female for 1000 male. District literacy rate was 81.30 per cent, higher than State and nation figures. Male literacy stood at 93.90 per cent compared to which female literacy stood lower at 70.35 per cent still higher than state and nation numbers.

**Table 2 Key demographic indicators: Uttarakhand and Rudraprayag (Census 2011)**

Indicators	India	Uttarakhand	Rudraprayag
<b>Actual Population</b>	1,210,854,977	10,086,292 (1% of India's population)	242,285 (2% of Uttarakhand's population)
<b>Male</b>	623,270,258	5,137,773	1,14,589
<b>Female</b>	587,584,719	4,948,519	1,27,696
<b>Rural</b>	833,748,852 (68.86%)	7,036,954 (69.77%)	232360 (95.90%)
<b>Male</b>	427,781,058	3,519,042	1,08,740
<b>Female</b>	405,967,794	3,517,912	1,23,620
<b>Urban</b>	377,106,125 (31.14%)	3,049,338 (30.23%)	9,925 (4.10%)
<b>Male</b>	195,489,200	1,618,731	5,849
<b>Female</b>	181,616,925	1,430,607	4,076
<b>Decadal Growth Rate</b>	17.64%	18.81%	6.53%
<b>Density/km<sup>2</sup></b>	382	189	122
<b>Area (sq. km)</b>	3,287,240	53483	1984
<b>Literates</b>	73.0%	78.82%	81.30%
<b>Male</b>	80.9%	87.4%	93.90%
<b>Female</b>	64.6%	70.01%	70.35%
<b>Sex Ratio (per/000)</b>	943	963	1,114
<b>Source: Census 2011</b>			

## 2.4 HEALTH SERVICE DELIVERY INDICATORS: UTTARAKHAND & RUDRAPRAYAG

Table 3 shows Key Health Care Indicators of Rudraprayag district for the year 2017-18. The performance of integral delivery indicators and the health outcomes which follow with respect to quantifiable goals of NHM are brought into light. Pertaining to the public health delivery system and various domains of health which are Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc. are analyzed on the basis of their input, output and outcomes.

**Table 3 Key Health Care Indicators: Uttarakhand & Rudraprayag District**

Indicators	Uttarakhand	Rudraprayag
IMR	38	19
U5MR	49	26
MMR	212	155
TFR	2.5	1.8
Percentage of Fully Immunized Children	60%	70.3%
Children aged 6-59 months who are anemic.	59.8%	58.6%
Mothers who had ANC in the first trimester	53.5%	55.5%
Mothers who had 4 Ante-Natal Care Visits	30.9%	17.2%
Mothers who received JSY Incentive for institutional delivery	49.4%	62.7%
Institutional Births	68.6%	66.5%
Women aged 15-49 who are anemic	45.1%	37.8%
Women whose BMI is below normal	18.4	14.8%
Use of any Family Planning Method	53.4%	61%

Source: NFHS 4 (2015-16) Factsheets; CMO Office, Rudraprayag, 2018.

The maternal mortality ratio (MMR), infant mortality rate (IMR), and under-five mortality rate (U5MR) are common indicators to monitor the health status of state or region and progress towards the achievement of NHM goals. The infant mortality rates vary greatly between the different states and districts. The infant mortality rate (IMR) and Under 5 mortality rates in Rudraprayag is around

19 and 26 per 1000 live births respectively. Both are lower than the state average. The infant mortality rate (IMR) for Uttarakhand is 38 and for the Rudraprayag district it is 19. While the maternal mortality ratio (MMR) for the Uttarakhand state is higher than the district of Rudraprayag. The maternal mortality rate in the district is 155 maternal deaths per 100000 live births. Child Mortality is a threat India is facing since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, 70.3 percent children received full immunization in Rudraprayag District. Children aged 6-59 months who were anaemic were 58.6 percent in Rudraprayag District. An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. Early registration of pregnancy allows for adequate care during the cycle. State level full ANC was reported to be 30.9 percent and 17.2 percent for Rudraprayag district. Percentage of Mothers who received JSY Incentive for institutional deliveries were 62.7 percent in Rudraprayag, while at state level 49.4 percent mothers received the incentive. Delivery care before and after is an important component for mother and Infant health. Percentage of Institutional deliveries was reported to be 66.5 percent for the District.

### **3. HUMAN RESOURCE & HEALTH INFRASTRUCTURE**

#### **3.1 HUMAN RESOURCE**

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 largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care manpower.

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.

Meetings with CMO, DPM and various BPMs unanimously indicated a severe shortage of specialist and surgeons in the district. Table 4 gives the status of HR availability in Rudraprayag district. There were no training conducted in the last financial year especially under NHM of the medical staff. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM.

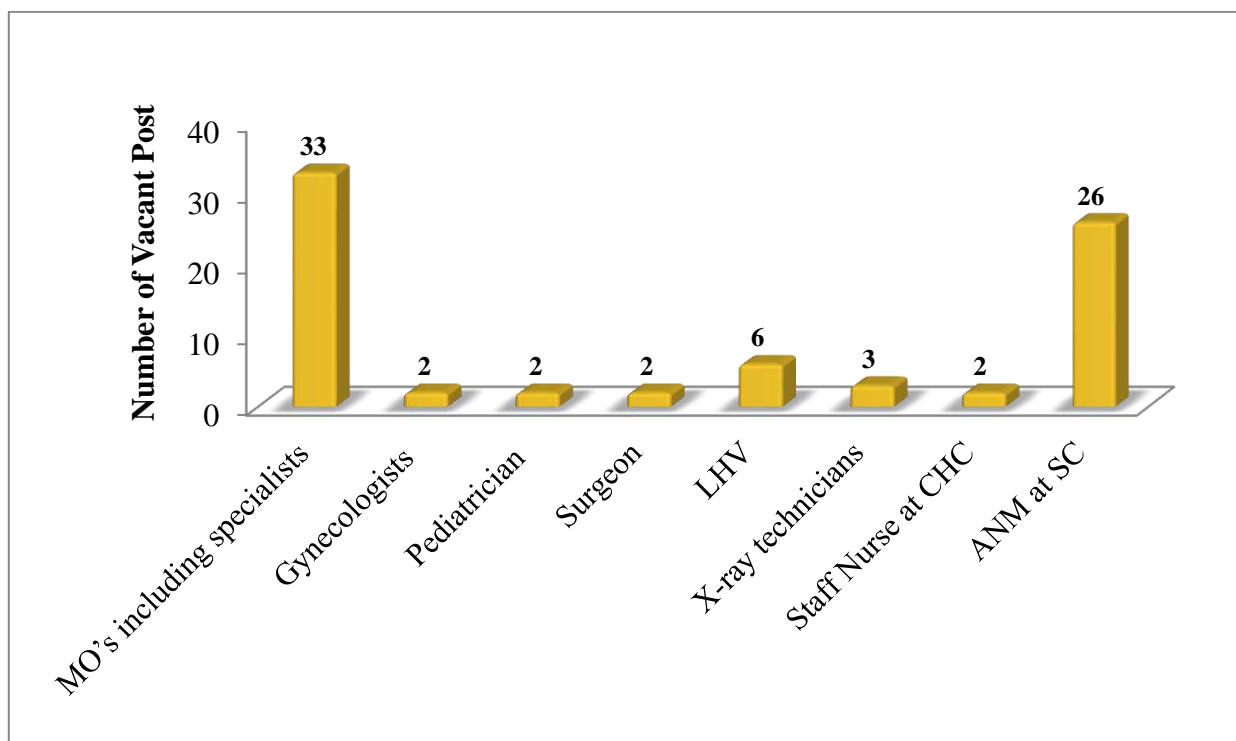
**Table 4 Status of Human Resource, Rudraprayag 2017-2018**

Position Name	Regular			Contractual		
	Sanctioned	Filled	Vacant	Sanctioned	Filled	Vacant
MO's including specialists	86	53	33	0	0	0
Gynecologists	4	2	2	0	0	0
Pediatrician	3	1	2	0	0	0
Surgeon	3	1	2	0	0	0
Nutritionist	0	0	0	0	0	
Dental Surgeon	1	1	0	1	1	0
LHV	10	4	6	0	0	0
ANM	0	0	0	0	0	0
Pharmacist	46	46	0	6	6	0
Lab technicians	2	2	0	4	4	0
X-ray technicians	4	1	3	0	0	0
Data Entry Operators	0	0	0	6	6	0
Staff Nurse at CHC	8	6	2	0	0	0
Staff Nurse at PHC	0	0	0	3	2	1
ANM at SC	82	55	26	1	1	0

Source: CMO Office, Rudraprayag, 2018.

Figure 2 indicates the status of HR in the district. Position for MO's including specialties, Gynaecologist, Paediatrician, Surgeon, LHV, ANM, X-ray technician, Staff nurse at CHC, Staff Nurse at PHC and ANM at SC were vacant in Rudraprayag district. High vacancy pertains in the district wherein 33 positions of MOs, 2 positions of Gynaecologists, 2 positions of Paediatricians, 2 positions of Surgeons, 6 position of LHV, 3 Positions of X-ray technician, 2 positions of Staff nurses and 26 positions for ANMs at SC level were vacant against the sanctioned regular post.





**Figure 2: Status of Human Resources (Permanent) Rudraprayag, 2017-18**

### 3.2 HEALTH INFRASTRUCTURE

The population norms for setting up of public health facilities in the hilly area are as under:

- Sub Centre: 1 per 3000 population
- Primary Health Centre: 1 per 20000 population
- Community Health Centre: 1 per 80000 population
- District Hospital: 1 per 35000 to 3000000 populations as per IPHS standards.

Table 5 presents the status of Health Infrastructure in Rudraprayag District. With regards to Public health infrastructure, there were 1 District Hospitals, 2 Community Health Centres (CHCs), 13 Primary Health Centres (PHCs), 81 Sub Centres (SCs), 6 Mother & child care centre, 1 Adolescent friendly Health Clinic and 18 delivery points in Rudraprayag. The district had a total of 20 accredited delivery points at the SC level. Transport facilities in the district include 4 vehicles of 108 ambulances and 4 vehicles of Khushiyo ki Sawari (KKS). District also had 2 Mobile Medical Units (MMUs) but they were non-functional.

**Table 5 Status of Health Infrastructure: Rudraprayag, Uttarakhand, 2017-18**

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	1	1	0
Sub-District hospital	0	0	0
First Referral Units (FRUs)	0	0	0
CHC	2	2	0
PHC	13	11	2
Sub Centre	81	47	34
Mother & Child Care Centers	6	6	0
Adolescent friendly Health	1 (DH)	1	0
Medical College	0	0	0
Skill Labs	0	0	0
District Early Intervention	0	0	0
Delivery Points	18	18	0
Transport Facility	Number available	Number	Remarks
108 Ambulances	4-108 / 4-KKS	4-108 / 4-KKS	
Mobile Medical Units	02	0	0

Source: CMO Office, Rudraprayag , 2018.

#### 4. MATERNAL HEALTH

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, but for women with low economic background it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system. Improving maternal health is a major focus of NHM. The Mission aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. Increasing access to and utilization of health care services is relatively important for improving maternal health outcomes and measuring quality of services provided to the pregnant women is one of the first steps towards improving it. Antenatal care and PNC assistance are essential for eliminating every preventable maternal death. However, NHM schemes like Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakram (JSSK) have been created to improve the condition of maternal health in the country.

#### 4.1 OVERVIEW- MATERNAL HEALTH

Reproductive, maternal, new-born, child, and adolescent health (RMNCH+A) approach has been launched in 2013 and it essentially aims to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 6 enlists the block wise maternal health service delivery in Rudraprayag. Total ANC registration for first trimester was 4190 in numbers while it has significantly dropped to 2576 for 3<sup>rd</sup> ANC visits. Highest number of ANC registration were reported from the block Agustmuni (2128) and Jakholi block (1292), while registration to 3 ANCs significantly dropped in all the blocks, lowest number of 3 ANCs registration was reported from block Ukhimath (450). With respect to Institutional Deliveries, a total of 2354 Institutional Deliveries in the year 2017-18 were reported out of which highest institutional deliveries were reported from Agustmuni block (1483) and lowest were reported from Jakholi block (1001) of Rudraprayag District.

**Table 6 Block wise service delivery indicators in the last financial year Rudraprayag, 2017-18**

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Augstmuni	2128	1461	229	1483
Jakholi	1292	665	145	341
Ukhimath	770	450	62	530
Total	4190	2576	436	2354

Source: CMO Office, Rudraprayag, 2018.

Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. WHO recommends that a woman not be discharged before 24 hours after delivery. Regardless of the place of birth, it is important that someone accompanies the women and new born for the first 24 hrs. after birth to respond to any changes in her or the baby's conditions. Many complications can occur in the first 24 hrs. However, in Rudraprayag the numbers of women receiving PNC within 48 hours were reported to be very low in numbers as compared to the number of women delivering.

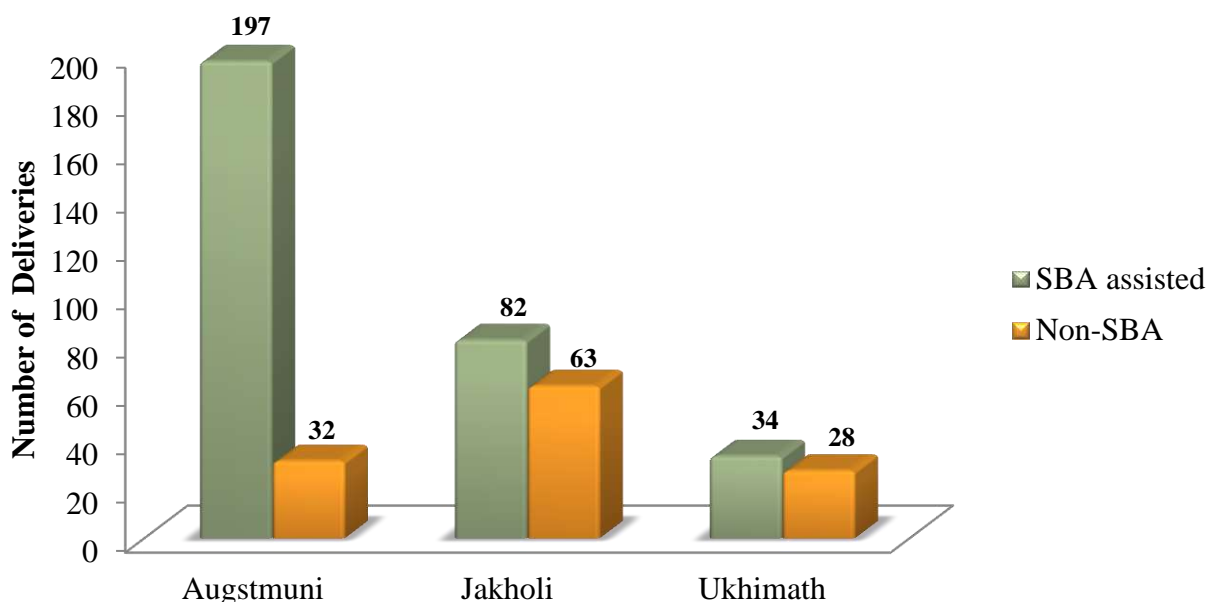
The maternal health service delivery and birth outcome in terms of TT boosters given to pregnant women, home deliveries conducted by SBA/NSBA and the status of births in the various blocks of the Rudraprayag district is shown in Table 7.

**Table 7 Block Wise Status of Maternal Health Service Delivery, Rudraprayag, 2017-18**

Block	TT1	TT2	Home Deliveries		Live Birth	Still Birth	Total Births
			SBA assisted	Non-SBA			
Augstmuni	1594	1499	197	32	1694	25	1719
Jakholi	1236	1155	82	63	484	4	488
Ukhimath	696	635	34	28	588	9	597
Total	3526	3289	313	123	2766	38	2804

Source: CMO Office, Rudraprayag, 2018.

From the table above, we can see that number of woman given TT2 is lower as compared to the number of women given TT1. With regards to home deliveries, 313 deliveries were SBA assisted and 123 were non SBA assisted. Maximum number of Non-SBA assisted deliveries were reported from Jakholi (63) and Agustmuni (32) block. Figure 3 shows the Block wise status of home deliveries attended by SBA and Non-SBA in Rudraprayag District, 2017-18. Out of total births reported (2804), 2766 were live births and 38 still birth were reported in the year 2017-18.

**Figure 3: Block Wise Status of Home Deliveries (In Numbers), Rudraprayag, 2017-18**

#### 4.2 MATERNAL DEATH REVIEW

Maternal Death Review as a strategy gives an insight into the condition of maternal health prevailing in a nation. The RCH-II National Programme Implementation Plan document clearly put forwards the MRD. MRD provides articulated information on various factors at facility,

community, regional and national level that are needed to be addressed for reducing maternal deaths. A thorough analysis of these factors can pave a way for finding the shortcoming in the services which contribute in deaths at various level and measures to be adopted in overcoming these loopholes.

**Table 8 Maternal Deaths (place, reason and stages of pregnancy) in Rudraprayag District**

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
2	-	-	2	Postpartum Haemorrhage- 2	-	2	-

Source- CMO Office, Rudraprayag, 2017-18.

Table 8 provides a review of maternal deaths during the last financial year. Only 2 maternal deaths were reported in the 2017-18. With regards to the place of death, all 2 deaths occurred during transit. The major reason for the maternal deaths in the district was postpartum hemorrhage.

### 4.3 JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana, launched in 2005 was deemed to promote institutional deliveries. It was framed in order to reduce Maternal and infant mortality rate. Being a conditional cash transfer scheme for pregnant women coming for delivery it provides an assistance of INR 1400 to mothers who deliver in institutional facilities. Since its inception Janani Suraksha Yojna has been successful in providing fine facilities for mothers leading to a surge in institutional deliveries.

**Table 9 Status of JSY Payments 2017-18 Rudraprayag, Uttarakhand**

Status of payments ( in percentage)			Record maintenance	
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs	Available	Updated
2354	436	2095	Yes	Yes

Source: CMO Office, Rudraprayag, 2018.

Table 9 indicates the status of Janani Suraksha Yojna (JSY) in last financial year. More than 90 percent of beneficiaries received payment under Janani Suraksha Yojna who had gone for Institutional delivery and 89 percent of these cases were bought by ASHA which highlights their

active role in emphasizing institutional deliveries. All the record was well maintained and was up to date. JSY registers were maintained properly at all facilities.

#### 4.4 JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

Further to enhance the quality of maternal and child care, Janani Shishu Suraksha Karyakram was launched by Government of India. This program was an initiative towards disburdening the mother and new born from the expenses of drugs, diet, diagnose & transportation. Under this scheme women delivering in the public health institutions are entitled to incur no expense at the time of delivery be it caesarean section or normal deliveries. Also the children under one year of age the beneficiaries under this scheme.

**Table 10 Block wise Status of JSSK in Rudraprayag District, 2017-18**

Block	No. of Beneficiaries under JSSK			District Total =		
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Augstmuni	1471	1283	7229		199	887
Jakholi	103	0	0		10	8
Ukhimath	526	0	0		4	78
<b>Rudrapraayg</b>				264		
<b>Total</b>	<b>2100</b>	<b>1283</b>	<b>7229</b>	<b>264</b>	<b>213</b>	<b>973</b>

Source: CMO Office, Rudraprayag, 2018.

JSSK was functioning well in the district. Beneficiaries were receiving the services of free diet; free medicines and free diagnostic. Table 10 shows the block wise status of JSSK in Rudraprayag District. A surge in the number of people availing benefits of the scheme was observed. People have gained an understanding of the programme well, as many pregnant women were reported getting benefited by the scheme. The number of beneficiaries who availed services under JSSK scheme for free diet was reported to be 2100 in numbers, 1283 for free drugs and 7229 got free diagnostic under JSSK. Transport facility was efficiently utilized by beneficiaries in Rudraprayag District. Response time for availing transport facility was short and quick as many beneficiaries reported to have been availing the transport facility. The number of beneficiaries who availed transport services from home to facility was 264, 213 for referral and 973 beneficiaries availed the transport from facility to home. Block wise, transport facility was well utilized by beneficiaries was reported from the block Augustmuni.

## 5. CHILD HEALTH

The population of children in India is 24.7 million. As per Census 2011, the share of children (0-6 years) accounts 13 percent of the total population in the Country. Child Health Goal under National Health Policy (2017) states that, “The Child Health programme under the Reproductive, Maternal, Newborn, Child and Adolescent (RMNCH+A) Strategy of the National Health Mission (NHM) comprehensively integrates interventions that improve child health and nutrition status and addresses factors contributing to neonatal, infant, under-five mortality and malnutrition. The National Population Policy (NPP) 2000, the National Health Policy 2002, Twelfth Five Year Plan (2007-12), National Health Mission (NRHM - 2005 – 2017), Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for child health”

### 5.1 NEO-NATAL HEALTH

Health of new-born has come to the attention and efforts to prevent neo natal deaths and promotion of their health is at the at most priority. The two landmark programmes, the National Rural Health Mission (NRHM) and the Reproductive, Maternal, New-born, Child and Adolescent Strategy (RMNCH+A Strategy) provided an unprecedented focus and resources for new-born health, while specifically the RMNCH+A strategy marks a significant shift in approach, basing services on a continuum-of-care model and on strengthening health systems. The first days and weeks of life are critical for the future health and survival of the child. The service delivery for neonatal health in terms of infrastructure is shown in table 11. Essential new-born care and resuscitation at all delivery points through establishment of New-born Care Corners and skilled personnel will help in increasing sustainability of neonates. No SNCU and NBSU in the entire district; only 5 NBCC were there in the district with no special staffs. In case of critical situation patients were referred to the Srinagar Medical College. SNCU and NRC are available at the medical college Srinagar which is situated at approximately 35 kms from the Rudraprayag.

### 5.2 Immunization

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

**Table 11: Block wise Status of Immunization in the last Rudraprayag 2017-18**

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		
Augstmuni	1808	2805	1562	NA	NA	NA	1678	1640	1603	1759	1759
Jakholi	1085	968	984	NA	NA	NA	1106	1150	1119	1128	1128
Ukhimath	724	936	684	NA	NA	NA	695	679	651	709	709
Total	3617	4709	3230	NA	NA	NA	3479	3469	3373	3596	3596

Source: CMO Office, Rudraprayag, 2018.

Table 11 given the block-wise status of immunization coverage in Rudraprayag District. Against the target set, all blocks achieved an average of 99 percent of full immunization coverage, Full immunization was covered for 3596 children, out which maximum number of children were covered in block Agustmuni (1759), Jakholi block (1128) and Ukhimath (709). A total of 3230 BCG dose was given to children, out of which Block Agustmuni reported highest number of BCG dose given to the children with 1562 in numbers. A total of 3596 children were given vaccine for measles. Block Agustmuni and Jakholi reported highest number of Measles coverage dose given to the children with 1759 and 1128 respectively in numbers.

### 5.3 RASTRIYA BAL SURAKSHA KARYAKARAM (RBSK)

National Health Mission has ensured significant 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 Bal 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 12 Rashtriya Bal Suraksha Karyakram Progress in Rudraprayag, 2016-2018**

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart Disease	Physically Challenged	Anemia
2017-18	843	42548	36597	1088	367	383	11	62	7
2016-17	831	44488	38017	1152	457	595	17	86	12
<b>Total</b>	1674	87036	74614	2240	824	978	28	148	19

Source: CMO Office, Rudraprayag, 2018.

In Table 12, the status of RBSK in the district for the years 2016-17 and 2017-18 is presented. About 843 schools were covered under RBSK in the year 2017-18 and 831 schools in the year 2016-17. Similarly, 87,036 children were registered under the programme in the both the years. About 36597 and 38017 numbers of children were diagnosed during the years of 2017-18 and 2016-17 respectively. Numbers of Eye and Ear diseases reported in the year 2017-18 were 367 and 383 respectively amongst children. The numbers of anaemic children in 2016-17 were 12 and in the year 2017-18 the number of children reported with the same diseases were 7. About 62 physically challenged children were identified or detected in 2017-18 and 86 were in 2016-17.

#### 5.4 RASTRIYA KISHORE SWASTHYA KARYAKRAM (RFSK)

**Table 13 Block wise status of Rastriya Kishore Swasthya Karyakram (RFSK) Rudraprayag**

Block/District	No. of Counseling session held conducted	No. of Adolescents who attended the Counseling sessions	No of Anemic Adolescents		IFA tablets given	No. of RTI/S TI cases
			Severe Anemia	Any Anemic		
Rudraprayag	55	1835	0	0	1450124	0

Source: CMO Office, Rudraprayag, 2018.

RFSK has played a very important role in the enhancing health status of adolescents at the district level. The above table 13 shows that in the year 2017-18, total 55 counseling sessions were

conducted under RKSK. A total of 1835 adolescents who attended these counseling sessions. About 1450124 IFA tablets were distributed amongst adolescent in Rudraprayag District. Regarding RTI/STI, untreated infections during adolescent and young age are among the underlying cases for poor reproductive health which can further lead to ectopic pregnancy, infertility, fetal loss and increased risk to HIV. No cases of RTI/STI amongst adolescents were reported from the district.

## 6. Family Planning

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determines 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 basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

**Table 14 Block wise Status of Family Planning in the last Rudraprayag 2017-18**

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*	
Augustmuni	335	0	355	1680	1154	364	6334	NA	153	849	95895	4
Jakholi	200	0	117	1150	221	219	1333	NA	0	510	13600	NA
Ukhimath	120	4	132	495	250	146	2196	NA	0	340	27920	NA
Total	655	4	604	3325	1625	729	9863	NA	153	1699	137415	4

Source: CMO Office, Rudraprayag, 2018.

Female sterilization was reported to be prominent method under permanent sterilization. In Table 14, the total sterilizations conducted in 2017-18, were reported to be 604 in numbers (tubectomies). Only 4 male sterilizations were reported in the last financial year. The maximum numbers of female sterilizations were reported from block Augustmuni (355) followed by Ukhimath (132) and Jakholi (117). Out of the total target specified Augustmuni (1154), Jakholi (221) and Ukhimath (250) reported to be achieving the IUCD insertion, Augustmuni block has the highest amongst the other blocks in Rudraprayag.

Among Oral pills and Emergency Contraceptives, most of the women opted for oral pills in the district. The maximum numbers of Oral pills (6334) were distributed in Augustmuni block which is higher than the set target. Total 153 emergency contraceptives have been distributed in only Augustmuni blocks of the district. Condoms distribution was the higher than the set target in the

district with a total number of 137415 condoms distributed in 2017-18. Block Augustmini (95895) reported the highest number of condom distribution. Only 4 injectable contraceptives were reported in Augustmuni block.

## 7. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

Quality of health care services is essential for the smooth functioning of the public health sector as well as the dignity and comfort 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 behaviour. 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. 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”. Table 15 shows the Status of Technical Quality in Health Facilities, Rudraprayag 2017-18.

District at present has no provision for collection of BMW management. All facilities ranging from District hospital to sub-centers were using burial pits to dispose their BMW. The district officials have made several efforts (including advertisement of e-Tendering) to hire services for BMW management but due to low budget allocation for BMW in RoP, no negotiations with any BMW company have been reached.

**Table 15 Status of Technical Quality in Health Facilities, Rudraprayag, 2017-18**

<b>Bio-Medical Waste Management</b>	<b>DH</b>	<b>CHC</b>	<b>PHC</b>
No of facilities having bio-medical pits	<b>1</b>	<b>2</b>	<b>11</b>
No. of facilities having color coded bins	<b>yes</b>	<b>yes</b>	<b>yes</b>
Outsourcing for bio-medical waste	<b>Inprocess</b>	<b>Inprocess</b>	<b>Inprocess</b>
If yes, name company	<b>MPCC</b>	<b>MPCC</b>	<b>MPCC</b>
How many pits have been filled	<b>0</b>	<b>0</b>	<b>0</b>
Number of new pits required	<b>0</b>	<b>1 Jakholi</b>	<b>1 Durgadhar</b>
<b>Infection Control</b>			
No. of times fumigation is conducted in a year	<b>12</b>	<b>12 Jakholi</b>	<b>NA</b>
Training of staff on infection control	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

Source: CMO Office, Rudraprayag, 2018.

During the visit to various health facilities, it was observed that sanitation & hygiene practice were well maintained at all the facilities and the premises and wards were also well maintained and kept

clean. Health care services will not be effective if their quality is not maintained well. Maintenance of quality in service and cleanliness helps the patient have better access to healthcare service and lowers infection rate. In district hospital separate foot wears were available to control the risk of infection for the patient in the OTs. Fumigation in OTs was conducted and records were well maintained for the same at the District hospital. Infection control at PHC and SC level was partially being taken care of. All the visited facility reported to have color coded bins. With regards to fumigation practice at the facilities, fumigation was done on monthly basis at the District Hospital and CHCs level.



**Figure 4: Colour coded bins PHC Ukhimath, Rudraprayag, 2017-18**

## 8. INFORMATION, EDUCATION AND COMMUNICATION

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviours 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 behaviours in the community. IEC materials play a crucial role in generating awareness and promoting healthy behaviour.

All IEC material hoardings, posters and citizen charter charts were properly displayed in all the facilities visited. 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 12 shows few of the IEC materials displayed at various health facilities.



Figure 5: IEC Material Displayed at Health Facilities, Rudraprayag, Uttarakhand

### 9. COMMUNITY PROCESS

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 behaviours.

The broad working status of ASHAs is highlighted in Table 16.

**Table 16 Status of ASHA Workers in Rudraprayag, 2017-18**

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	<b>320</b>
Positions vacant	<b>1</b>
Total number of meeting with ASHA ( in a Year)	<b>10</b>
Total number of ASHA resource centers/ ASHA Ghar	<b>0</b>
Drug kit replenishment	<b>0</b>
No. of ASHAs trained in last year	<b>320</b>
ASHA’s Trained in Digital Literacy	<b>0</b>
Name of trainings received	<b>1) District Level CAH</b> <b>2) Block Level Jan Samwad</b> <b>3) Block Level VHSNC</b>

Source: CMO Office, Rudraprayag, 2018.

ASHAs are the primary level of the mechanism of public healthcare under NHM. About 320 ASHA workers are presently serving under NHM in Rudraprayag district. However, there is 1 vacant position for ASHAs in the district. Further it was reported that there are a resource centers / ASHA Ghar available for ASHAs but later room was allocated to other department. Total 10 meeting with ASHAs were held in last financial year. Training is an integral way of equipping the workers, whereas no new ASHA worker has been trained in the last year. It was reported that no drug replenishment kits were available in the district.

While during interaction with ASHA workers and ANMs at the Sub Canters it was observed that ASHA were well aware about the national health programmes and the various payment they were entitled under the schemes. They have been actively promoting JSY and JSSK programme. ASHA reported timely receipt of payments. While for up grading of knowledge, training is needed to be provided to both ANM / ANM for filling up of mother and Child protection cards and HMIS data recording.

#### **10. AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMEOPATHY (AYUSH)**

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) ,so as to enhance choice of services for users and to learn from and revitalize local health care tradition is one of the major vision of NHM.

The AYUSH systems, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System in all districts. In the Health sector, there are separate directorates for Allopathy, Ayurveda and Homeopathy etc. The Government has launched the National AYUSH Mission with the objectives of providing cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs) level. Table 17 give the status of AYUSH facility in Rudraprayag for the year 2017-18.

**Table 17 Status of AYUSH in Rudraprayag, 2017-18**

<b>Block</b>	<b>No. of facilities with AYUSH health centers</b>	<b>No. of AYUSH Doctors</b>	<b>No. of patients received treatment</b>
Augstmuni	2	2	11495
Jakholi	1	1	1347
Ukhimath	0	0	0

Source: CMO Office, Rudraprayag, 2018.

In Rudraprayag district, a total of 3 AYUSH clinics were running in 3 blocks whereas Augustmini block has two and Jakholi block has 1 AYUSH clinic. No AYUSH clinic was in Ukhimath block. Moreover, there were a total of 3 AYUSH doctors working in the district. About 11495 number of patients received treatment under Augustmuni block and 1347 number of patients were received treatment in Jakholi block.

## 11. 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.

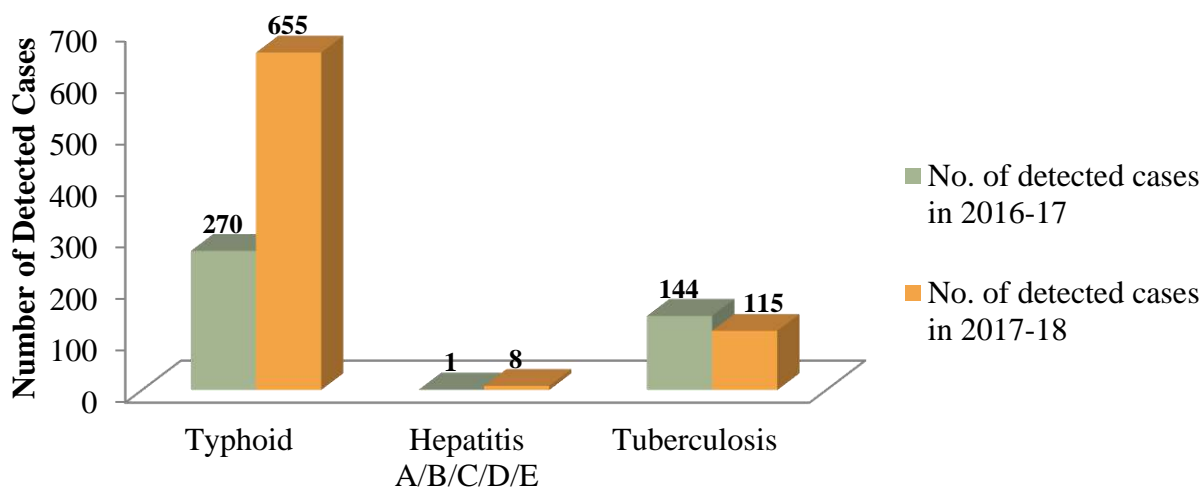
### 11.1 COMMUNICABLE DISEASE

Table 18 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected for the disease was that of Typhoid. As observed the incidence of Typhoid has increased to 655 cases in 2017- 18, as against the number of detected cases (270) in year 2016-17. Status of communicable diseases in Rudraprayag is shown in figure 10, for both the years the maximum number of cases screened annually was reported for the disease Hepatitis. As observed the incidence of Malaria has increased to 8 cases in 2017-18, as against the recorded only one case in 2016-17. Number of detected cases for Tuberculosis decreased to 115 in 2017-18, from 144 cases in 2016-17.

**Table 18 Status of Communicable disease in Rudraprayag, 2017-18**

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
Malaria	4442	0	2671	0
Dengue	19	0	75	2 (Imported)
Typhoid	1243	270	1977	655
Hepatitis A/B/C/D/E	3018	1	2519	8
Tuberculosis	2172	144	1954	115

Source: CMO Office, Rudraprayag, 2018.



**Figure 6: Status of Communicable Disease, Rudraprayag, 2017-18**

## 11.2 NON- COMMUNICABLE DISEASE

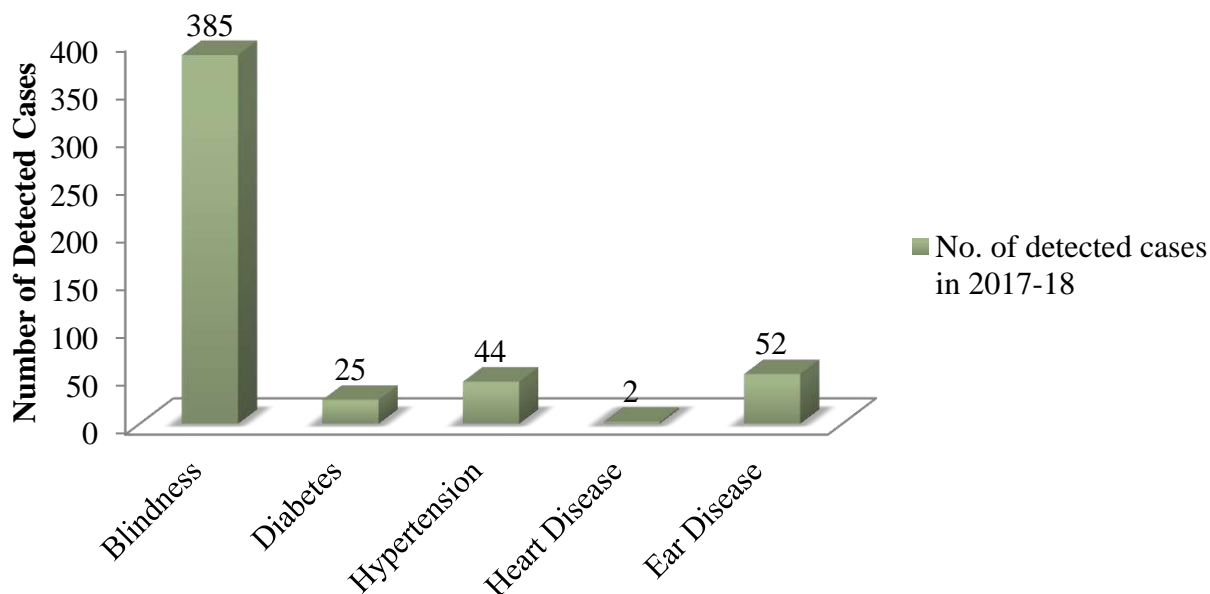
Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM. Table 19 shows the status of NCDs in Rudraprayag for the years 2016-17 and 2017-18. The incidence of Blindness remains the highest in both the years, the number of cases increased from 297 in 2016-17 to 385 in the year 2017-18. About 25 cases of Diabetes, 44 cases of hypertension, 2 cases of Heart Disease and 52 cases of Ear disease were reported in 2017-18.

**Table 19 Status of Communicable disease in Rudraprayag, 2017-18**

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	2636	297	1311	385
Mental Health	0	0	0	0
Diabetes	0	0	25	25
Hypertension	0	0	44	44
Osteoporosis	0	0	0	0
Heart Disease	0	0	2	2
Chronic Lung Disease	0	0	0	0
Others, if any	0	0	52 (Ear Disease)	52 (Ear Disease)

Source: CMO Office, Rudraprayag, 2018.





**Figure 7: Status of Non-Communicable Disease, Rudraprayag, 2017-18**

## 12. HMIS & MCTS

NHM envisages a fully functional health information system facilitating smooth flow of information for effective decision making. A robust health management information system is essential for decentralized health planning. Multiple information system in various health programs need to be integrates for seamless data exchange to enable comprehensive decision making. This requires integration of service delivery data. 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.

Table 20 shows the HMIS/MCTS Status in Rudraprayag. Under the Health Management information system, it was observed that across all the facilities HMIS and MCTS was implemented. The data of HIMS was well discussed with the staff in order to build the required corrective actions to be taken in the future. Mother and Child Tracking System was functional efficiently and the services delivery along with keeping a check on severely anaemic women and also the low birth weight babies was monitored. Both the HMIS and MCTS data was validated and updated on regular basis, thus adding to the accountability of their functioning. HMIS and MCTS data entry operators were overloaded and not well familiar with data entry of newly launched programmes.

**Table 20 HMIS/MCTS Status in Rudraprayag , 2017-18**

Parameters	Remarks
Is HMIS implemented at all the facilities?	Yes
Is MCTS implemented at all the facilities?	Yes
Is HMIS data analysed 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 anaemic 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, Rudraprayag, 2018.

### 13. BUDGET UTILIZATION

The budget utilisation summary for Rudraprayag district by the five NHM flex pools and their major components is presented in Table 21.

**Table 21 Pool Wise Budget Heads Summary in Rudraprayag, 2017-18**

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool	32175977.00	18367528.00
PART	NUHM Flexipool	0	0
PART	Flexipool for disease control	2097440.00	1392582.00
PART	Flexipool for Non-Communicable	2948113.00	181000.00
PART	Infrastructure Maintenance	0	0

Source: CMO Office, Rudraprayag, 2018.

Table 22 shows Budget Utilisation Summary by Major NHM Components, the highest part of the budget accrues to RMNCH+A flexi pool. In the last financial year, the district was not able to utilize the entire sanctioned amount for the flexi pool for NRMH + RMNCH; a detailed division according to major components in each flexi pool is presented in table below.

**Table 22 Budget Utilisation Summary by Major NHM Components, Rudraprayag 2017-18**

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
<b>13.1</b>	<b>NRHM + RMNCH plus A Flexipool</b>		
13.1.1	Maternal Health	<b>6458150.00</b>	<b>8550873.55</b>
13.1.2	Child Health	<b>110000.00</b>	<b>110000.00</b>
13.1.3	Family Planning	<b>1533000.00</b>	<b>1391630.00</b>
13.1.4	Adolescent Health/RKSK	<b>22200.00</b>	<b>10200.00</b>
13.1.6	Immunization	<b>4461165.00</b>	<b>3807552.97</b>
<b>13.2</b>	<b>NUHM Flexipool</b>		
13.2.1	Strengthening of Health Services		
<b>13.3</b>	<b>Flexipool for disease control programme (Communicable Disease)</b>		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	<b>604496.00</b>	<b>446980.35</b>
13.3.2	National Vector-Borne Disease Control programme	<b>114586.00</b>	<b>73728.00</b>
<b>13.4</b>	<b>Flexipool for Non-Communicable Diseases</b>		
13.4.1	National Mental Health programme (NMHP)	<b>82000.00</b>	<b>89682.35</b>
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	<b>532000.00</b>	<b>904550.00</b>
13.4.3	National Tobacco Control Programme (NTCP)	<b>1107500.00</b>	<b>1163702.10</b>
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	<b>0.00</b>	<b>707132.35</b>
<b>13.5</b>	<b>Infrastructure</b>		
13.5.1	Infrastructure	<b>0</b>	<b>0</b>
13.5.2	Maintenance	<b>0</b>	<b>0</b>
13.5.3	Basic training for ANM/LHVs	<b>125000.00</b>	<b>101995.00</b>

Source: CMO Office, Rudraprayag, 2018.

## 14. FACILITY WISE OBSERVATION

The observations made by the monitoring team during the visit to various health facilities in Rudraprayag are listed below. This section of report summarizes the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc., along with the observations made during the visit to the different facilities in the Rudraprayag district

## 14.1 DISTRICT HOSPITAL, RUDRAPRAYAG

The District Female Hospital in Rudraprayag was situated in the main city area and was easily accessible by everyone. The district hospital was functioning in a government building and was a 70 bedded female hospital. The hospital was providing all basic services to its beneficiaries with the objective of preventing and curing diseases and promoting health care services, especially for women. Figure 7 shows the image of District Hospital visited in Rudraprayag district.



**Figure 8: District Female Hospital, Rudraprayag, Uttarakhand**

- The district hospital had 5 MOs, 2 OBGs, 1 Anaesthetist, 1 Paediatrician, 1 General Surgeon, 9 Staff Nurses, 1 LT, 6 Pharmacist, and 1 Dental surgeon working in the hospital. Whereas there were 1 Radiographer, 1 RMNCH+A councillor and 1 Dental Surgeon working on contractual basis.
- The average numbers of OPD patients on a daily basis were roughly around 500 in general while due to seasonal variation it fluctuates and the count even goes up to 700.
- Around 5 to 10 deliveries were conducted on daily basis. The Labour room was well equipped and the drugs were also available.
- Regarding Family planning, supply of Copper T and IUCD was regular at the district hospital.
- Though there was a space crunch, but the hospital premises were clean and hygienic. Bed covers for hospital beds were also clean and in good condition.
- JSY payments were directly transferred to the accounts of the beneficiaries. About 5 percent of the beneficiaries reported that they do not have an account number or other identity proofs to open an account and therefore they faced problems in receiving the entitlement.
- Blood Bank was available at the hospital but the services of blood storage unit during 24\*7 were unavailable in this hospital.
- Hospital had functional labour room, new born care corner. There were no SNCU and NRC in the district hospital.

- Good record maintenance was observed in DH. Electricity back up and regular water supply was reported.
- The display of IEC material was effective in the facility. Posters, hoardings and wall painting for the promotion of various NHM schemes and programmes were well displayed.
- No provision of BMW in the district hospital, they dump their BMW waste in Burial pits situated in the premises of DH.
- District at present has no provision for collection of BMW management. All facilities ranging from District hospital to sub-centers were using burial pits to dispose their BMW. The district officials have made several efforts (including advertisement of e-Tendering) to hire services for BMW management but due to low budget allocation for BMW in RoP, no negotiations with any BMW company have been reached.
- The funds allocated for the JSSK diet in all three blocks are different. Rupees 115, 110 and 110 for block Agustmuni, Okhimath and Jhakholi respectively. Diet under JSSK Scheme was outsourced and the beneficiaries were quite happy with the quality of food provided.

**Table 23 Service Delivery in last two years of DWH, Rudraprayag, 2016-18**

<b>Service Utilization Parameter</b>	<b>2016-17</b>	<b>2017-18</b>
<b>OPD</b>	8261	7597
<b>IPD</b>	353	427
<b>Total deliveries conducted</b>	915	1262
<b>ANC1 registration</b>	294	413
<b>ANC 3 Coverage</b>	277	413
<b>Total MTP</b>	52	77

Source: CMO Office, Rudraprayag, 2018.

Table 23 highlights the service delivery indicators of the district hospital. Number of OPD have decreases over an year of time as in year 2016-17 the OPD was 8261 and in the year 2017-18 it has decreased to 7597. For the IPD, numbers have increase significantly. About 915 deliveries have been conducted in the year 2016-17 and 1262 deliveries were conducted in 2017-18. Number of ANC1 and ANC3 registrations has increased to 413 in year 2017-18 earlier it was 294 and 277 respectively in year 2016-17. Total MTP recorded in 2016-17 was 52 and 77 in year 2017-18.

## 14.2 COMMUNITY HEALTH CENTRE (CHC) AUGUSTMUNI, RUDRAPRAYAG

Community health centre (CHC), Augustmuni is 50 bedded facility with daily OPD of 150. The building of the facility was not in good condition. CHC is running in government owned buildings. The catchment population of this CHC was 122000 approximately. The following observations were made during the monitoring and evaluation visit:



**Figure 9: Community Health Centre (CHC) Augustmuni, Rudraprayag**

- The CHC has 1, medical superintendent, 1 physician, 2 general duty medical officer, 1 AYUSH doctor, 4 staff nurses, 2 Pharmacist, 1 AYUSH pharmacist, 1 LT, 2 Councillor, 1 data entry operator, 1 Accountant, 4 ward boy and 1 driver.
- At present average OPD per day was reported to be around 100 to 150 patients and IPD was 7 to 8 patients per day.
- More than 90 percent JSY payments has been covered at the CHC facility. For availing the benefits, few beneficiaries faced problems because of non-availability of bank accounts and AADHAAR card linkage.
- The staff quarters were available but were not sufficient in numbers to cater the number of existing staff members. Staff reported that they want the construction of more staff quarters within the available space.
- AYUSH centre was running well at this facility. While it was also reported that there was irregular supply of AYUSH medicines.
- It was reported that 17 to 18 deliveries were conducted in a month at this facility.
- Due to the lack of Anaesthetic or specialist doctors all the C-section deliveries were referred to the other facilities and only normal deliveries were conducted at this CHC.
- The infrastructure in dental department was sufficient and was well maintained. All the equipment and machines were available here.

- Immunization was done at this facility and Child friendly immunization room was constructed. Total immunization coverage of this CHC was 78 percent at the block level. Cold chain was functional at the facility.
- IEC material was well displayed and all the records and registers were maintained well.
- No provision for BMW management in the district, so they dump their medical waste in the burial pits situated in the premises of the facility.

**Table 24 Service Delivery at CHC Augustmuni, 2016-2018**

Service Utilization Parameter	2016-17	2017-18
OPD	25057	30457
IPD	629	781
MCTS entry on percentage of women registered in the first trimester	1824	1789
No. of pregnant women given IFA	1824	1789
Total deliveries conducted	183	218
ANC1 registration	1824	1789
ANC 3 Coverage	1606	1507
No. of IUCD Insertions	842	950
No. of PPIUCD insertions	65	74

Source: CMO Office, Rudraprayag, 2018.

Table 24 shows the Service Delivery at CHC Augustmini, for the years 2016-17 and 2017-18. In 2017-18, a total of 30457 OPD and 781 IPD cases were reported which has increased over an year of time. Numbers of pregnant women given IFA tablets were decreased in year 207-18. About 183 deliveries have been conducted in the year 2016-17 and 218 deliveries were conducted in 2017-18. Number of IUCD and PPIUCD insertions have increased as in 2017-18.

### 14.3 PRIMARY HEALTH CENTRE (PHC), UKHIMATH, RUDRAPRAYAG

PHC Ukhimath is the main block level PHC and was functioning in a government owned building. It was a new constructed building built. The infrastructures of the facility were setup on huge premises and have been effectively distributed to make all the services under NHM available to the patients readily. The facility was easily accessible from the main highway road. The catchment population of this PHC is around 60000. During the monitoring visit, the following observations were made:

- The facility has been awarded Kayakalp Award from last two consecutive years. The premises were observed to be very neat and hygienic. The facility had two Burial pits for bio-medical waste management, and herbal garden was maintained within the premises of the facility.
- With regards to human resources, facility has 2 MOs, 2 Staff Nurses, 1 ANM, 1 LT, 1 Pharmacist and 3 other non-medical staffs.



**Figure 10: Primary Health Centre (PHC), Ukhimath, Rudraprayag**

- Staff quarters were available for MOs and staff nurses. The facility had electricity with power back and 24 hours running supply of water. For drinking purpose water purifier was also available at the facility.
- More than 95 percent JSY payment has been done at this PHC. Few beneficiaries faced problems because of non-availability of bank accounts and AADHAAR card linkage.
- In the current financial year the facility conducted 8 cases of male sterilization, which was highest amongst all blocks of Rudraprayag district.
- The facility has around 95 percent of immunization coverage at the block level.
- The PHC had a functional cold chain and vaccinations were available for immunization. Child friendly immunization room was constructed. Records were well maintained and essential equipments were available.
- It was reported that 17 to 18 deliveries were conducted in a month at this facility. There was a separate infrastructure for deliveries and no C-section was performed at this PHC.
- There was a separate ward and space for JSY patients in the building.
- The facility has a dedicated wing for online births and deaths registration system and a huge conference room for conduction any kind of trainings.
- The DOTS centre was functional and has a separate washroom for balgum and urine collection.
- Major disease reported from this facility was respiratory problem, skin diseases. It was also reported that fungal infections was very common in winters due to people do not maintain their personal hygiene.



- There was one 108 ambulance service available at this PHC.
- The IEC material was well displayed at the PHC.

#### 14.4 SUB-CENTRE (SC), TILWARA, RUDRAPRAYAG

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. The Sub-Centre at Tilwara is functioning under the CHC Agustmuni. The ANM was residing within the premises of Sub-Centre. Catchment population for this sub centre is 3600. Figure 11 shows the image of Sub-Centre (SC) Tilwara, Rudraprayag visited by the PRC team.



**Figure 11: Sub-Centre (SC) Tilwara, Rudraprayag**

- The sub-centre had 1 ANM and 4 ASHAs working under this facility.
- No delivery facility was available at this Sub Centre. Although ANM was well trained for assisting the delivery. Very less IEC was observed at the Sub-centre.
- No delivery facility was available at this Sub Centre. Although ANM was well trained for assisting the delivery. Very less IEC was observed at the Sub-centre.
- An average OPD per day was reported to be around 5 to 7 patients. For maintenance of records, registers of JSY, Immunization and Copper T insertion were well maintained by the ANM.
- In village 4 VHND have been organised in a month on every Saturday of the week.
- Immunization of children was well promoted at the facility and vaccination of children was also done here.
- The family planning programs were also well promoted and counselling of women for the adaptation of family planning methods was done by ANM and ASHA workers.

### 14.5 SUB-CENTRE (SC), TUNETA, RUDRAPRAYAG

The Sub-centre in Tuneta was functioning in a government building. The ANM was residing within the premises of Sub-Centre. Catchment population for this sub centre is 2523. Figure 12 shows the image of Sub-Centre (SC) Tuneta, Rudraprayag. The following observations were made during the monitoring and evaluation team.



**Figure 12: Sub-Centre (SC), Tuneta, Rudraprayag**

- The sub-centre had 1 ANM, 3 ASHAs and 1 Pharmacist working under this facility.
- The SC has a good infrastructure and have separate room for OPD where pharmacist taking care of primary health issues.
- It was reported that, 4 to 5 deliveries were conducted in a month at this SC.
- Promotion of Family planning methods was well managed by the ANM and supply of Copper-T, condoms and I-pills was regular and sufficiently available.
- IEC material was displayed well. All the records and registers were well maintained.
- Immunization was done at the centre only on Wednesdays and 4 VHND in a month on every week of Saturday.
- The facility has no burial pits. It was also reported that water drainage system of the facility was not good.
- Due to shortage of ANM in the district, ANM of this SC has work load of another sub centre namely SC Pandavthali.
- The Sub-Centre had a well maintained garden at the facility premises.

## 15. CONCLUSION & RECOMMENDATIONS

### 15.1 CONCLUSION

This report explains the Monitoring and Evaluation findings of the Rudraprayag District of Uttarakhand. The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team carried out the field visits to various health care facilities of the district for quality checks and further improvement of the different components of NHM. The following healthcare facilities in Rudraprayag district of Uttarakhand was visited for Monitoring & Evaluation: District Female Hospital, CHC Augustmuni, PHC Ukhimath, Sub Centre Tilwara and Sub centre Tuneta were visited. A summary of our findings in the district is presented below:

With regards to Public health infrastructure, there were 1 District Hospitals, 2 Community Health Centres (CHCs), 13 Primary Health Centres (PHCs) and 81 Sub Centres (SCs), 6 Mother and Child care centres, 1 Adolescent friendly Health Clinic and 18 Delivery points in Rudraprayag District. The district had a total of 10 accredited delivery points at the SC level but only 2 SC are working as a delivery point. The District also reported to have been running 1 Adolescent friendly Health Clinics in the government owned buildings. While there were 6 Maternal and child care units. Infrastructure wise, the facilities visited were not in very good condition. The walls of PHCs & Sub centres facilities were tattered and required immediate renovation. Facilities had lack of space to accommodate the huge number of patients who visit there for various health issues. Sub centre Tuneta did not have regular supply of electricity and all the tasks were perform in the day light. Concerning status of HR in the district, position for MO's including specialties, Gynaecologist, Paediatrician, Surgeon, LHV, ANM, X-ray technician, Staff nurse at CHC and ANM at SC were vacant in Rudraprayag district.

Regarding Maternal Health, total ANC registration for first trimester was 4190 in numbers while it has significantly dropped to 2576 for 3<sup>rd</sup> ANC visit. Highest number of ANC registration were reported from the block Augustmuni (2128) and Jakholi block (665), while registration to 3 ANCs significantly dropped in all the blocks. With respect to Institutional Deliveries, a total of 2354 Institutional Deliveries in the year 2017-18 were reported.

With regards to home deliveries, 313 deliveries were SBA assisted and 123 were Non-SBA assisted. Only 2 maternal deaths were reported in the year 2017-18. With regards to the place of death, all 2 deaths took place in transit. Postpartum Hemorrhage was the main reasons of maternal deaths were reported. About 91 percent of beneficiaries received payment under Janani Suraksha Yojna who had gone for Institutional delivery and 89 percent of these cases were bought by ASHA which highlights their active role in emphasizing institutional deliveries. The number of beneficiaries who availed services under JSSK scheme for free diet was reported to be 2100 in numbers, 82202 for free drugs and 1283 got free diagnostic under JSSK. Transport facility was efficiently utilized by beneficiaries in Rudraprayag District. Response time for availing transport facility was short and quick as many beneficiaries reported to have been availing the transport facility.

Regarding Child Health, the district reported to have has only one 5 NBCC. There was no specific staff under NBCC. Full immunization was covered for 3596 children, out which maximum numbers of children were covered in block Augustmuni (1759) and Jakholi block (1128). About 843 schools were covered under RBSK in the year 2017-18. RSKS has played a very important role in the enhancing health status of adolescents at the district level. In the year 2017-18, total 55 counseling sessions were conducted under RSKS and an 1835 adolescents attended these counseling sessions.

In Rudraprayag district, a total of 3 AYUSH health centres were running in 3 blocks whereas Augustmuni block has two and Jalholi block has one AYUSH health centre. No AYUSH health centre in Ukhimath block. Moreover, there were a total of 3 AYUSH doctors working in the district. During the visit to Augustmuni CHC, the AYUSH health centre was running very successfully as many patients were seeking Ayurvedic treatment.

Transport facility was running well in the district. Ambulance services were well utilized by the beneficiaries and the services were reported to be timely and quick, there were 4 “108 Ambulances” service were functional and 4 ambulance of Khushiyo ki Sawari (KKS) services along with it ambulance service of 2 Mobile Medical Units (MMU) was also available in the district. Although MMUs are not in working condition.

All IEC material hoardings, posters and citizen charter charts were properly displayed in all the facilities visited. 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.

Average payment of ASHA worker was 3500 rupees, which is good as compare to other district of the Utarakhand. It also varies to 3500 to 5500 rupees which depends on the village population.

The biometric system for recording attendance of employees was installed at the District Hospital, PHCs, CHCs and cameras were also installed for regular monitoring of the activities in the health facilities.

Under the Health Management information system, it was observed that across all the facilities HMIS and MCTS was implemented. The data of HIMS was well discussed with the staff in order to build the required corrective actions to be taken in the future. Mother and Child Tracking System was functional efficiently and the services delivery along with keeping a check on severely anemic women and also the low birth weight babies was monitored.

## 15.2. RECOMMENDATIONS

For improving the service delivery in the given district, the certain following recommendations are provided based on the monitoring as stated below:

- ❖ As inefficient infrastructure obstructs the health service delivery, more infrastructural implementations are required for the district at DH and CHC level.
- ❖ Acute shortfall of medical staff i.e. MOs, Gynaecologist, Surgeons and ANMs in the district. Recruitment of medical staff especially medical specialists and anaesthesia doctors should be expedited.
- ❖ In terms of infrastructure, the Ukhimath PHC was found to be efficient enough to be upgraded to Sub – District hospital in this district. Hence it is an evident recommendation to process the same implementation for the same.
- ❖ Training of ASHAs under digital literacy should be expedited, which would eventually aid in keeping the track of mother and child in a comparatively competent manner in the district.
- ❖ Neonatal health is an important component of the RMNCH+A. However the district has no SNCU and NBSU facilitation which is a major hindrance for the treatment of exigencies.

## 16. ANNEXURES

### DH level Monitoring Checklist

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

#### Section I: Physical Infrastructure:

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

1.22	Burn Unit	Y	N	
1.23	Availability of complaint/suggestion box	Y	N	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Rogi Sahayata 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	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	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	Laproscopey-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, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	<b>O.T Equipment</b>			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	



4.29	Functional Autoclaves (H or V)	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional 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-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, Mackintosh, Pads, bandages, and gauze etc.	Y	N	

**Section VI: Other Services:**

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

**Section VII: Service Delivery in Last two financial years:**

S.No	Service Utilization Parameter	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 breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		

7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

**Section VII A: Funds Utilisation**

Sl. No	Funds	Proposed	Received	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 breast feeding within one hour of normal delivery	Y	N	
7.2b	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3b	Counselling on Family Planning done	Y	N	
7.4b	Mothers asked to stay for 48 hrs	Y	N	
7.5b	JSY payment being given before discharge	Y	N	
7.6b	Diet being provided free of charge	Y	N	

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

S. No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

**Section IX: Record Maintenance:**

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely 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)?

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

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

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

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**FRU level Monitoring Checklist**

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

**Section I: Physical Infrastructure:**

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

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

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		
2.6	MOs		
2.7	SNs		
2.8	ANMs		

2.9	LTs	
2.10	Pharmacist	
2.11	LHV	
2.12	Radiographer	
2.13	RMNCHA+ counsellors	
2.14	Others	

**Section III: Training Status of HR:**

(\*Trained in 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	Laproscope-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	

4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<b>Laboratory Equipment</b>			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

**Section V: Essential Drugs and Supplies:**

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA 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		
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>		<b>Remarks</b>
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N		
6.12	Sufficient no. of blood bags available	Y	N		
6.13	Check register for number of blood bags issued for BT in last quarter				

**Section VII: Service Delivery in last two 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 breast feeding within one hr. of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Segregation of waste in colour coded bins	Y	N	
8.5	Bio medical waste management	Y	N	
8.6	Updated Entry in the MCP Cards	Y	N	
8.7	Entry in MCTS	Y	N	
8.8	Action taken on MDR	Y	N	

**Section IX: Record Maintenance:**

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

9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.10	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**

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

**Section I: Physical Infrastructure:**

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

1.14	Functional Newborn Stabilization Unit	Y	N	
1.15	Clean wards	Y	N	
1.16	Separate Male and Female wards (at least by Partitions)	Y	N	
1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

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

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

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

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

**Section IV: Equipment**

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

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

### Section V: Essential Drugs and Supplies

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

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

**Section VI: Other Services :**

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and Sugar	Y	N	
6.4	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 breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counselling on Family Planning done	Y	N	
7.4a	Mothers asked to stay for 48 hrs	Y	N	
7.5a	JSY payment being given before discharge	Y	N	
7.6a	Diet being provided free of charge	Y	N	

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

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

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

**Section IX: Record Maintenance:**

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion



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

**Section X: Funds Utilisation**

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

**Section XI: IEC Display:**

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

**Section XII: Additional/Support Services:**

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

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

**Qualitative Questionnaires for PHC/CHC Level**

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

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 .....

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

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 .....

3. Any counselling being conducted regarding family planning measures.

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**Sub Centre level Monitoring Checklist**

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

**Section I: Physical Infrastructure:**

S.No	Infrastructure	Yes	No	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 ( <i>functional radiant warmer with neo-natal ambu bag</i> )	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

**Section II: Human Resource:**

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 <sup>nd</sup> ANM			
2.3	MPW - Male			
2.4	Others, specify			
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 and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register ( as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines )			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

**Section VII A: Funds Utilisation**

Sl. No	Funds	Proposed	Received	Utilised
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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.

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 .....

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

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 .....

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

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 .....