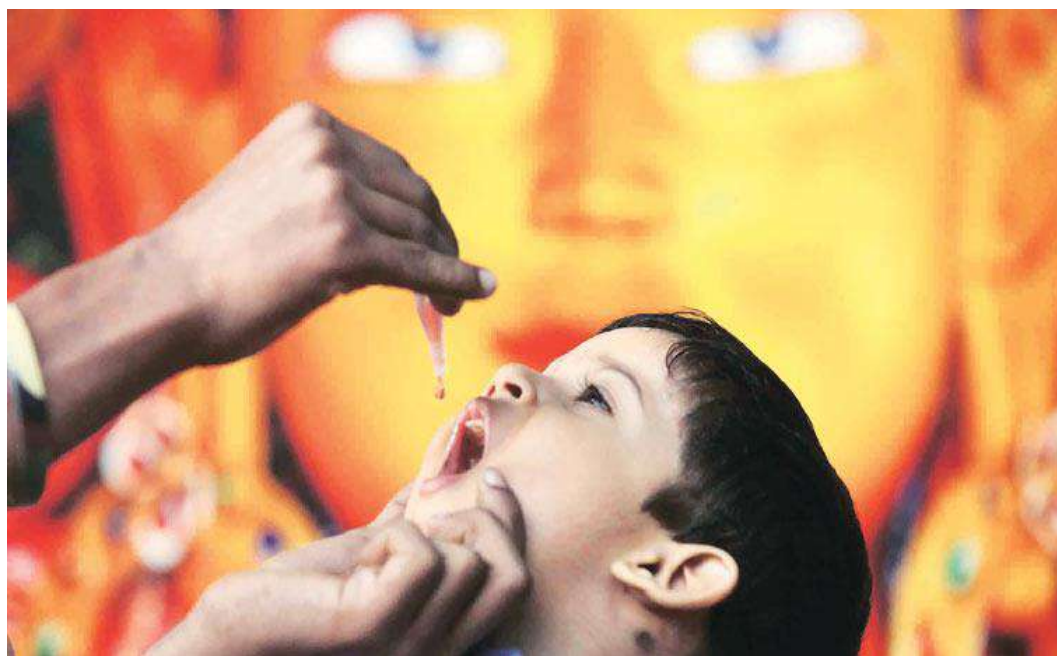


NATIONAL HEALTH MISSION



A REPORT ON
MONITORING OF IMPORTANT COMPONENT OF NHM
PROGRAMME IMPLEMENTATION IN SAWAI MADHOPUR, RAJASTHAN

SUBMITTED TO
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA



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Last but not the least, credit goes to all the NHM officials, ANMs, ASHAs and beneficiaries who spent their time and responded to the questions with enthusiasm.

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ACRONYMS AND ABBREVIATIONS

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

EXECUTIVE SUMMARY

This report primarily focuses on the quality monitoring of Programme Implementation Plan (2017-2018) of Sawai Madhopur District, Rajasthan. PRC Delhi was engaged in the task of monitoring the functioning of Public Health facilities of Sawai Madhopur District. Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study which included interaction with the ANMs, ASHAs, beneficiaries and a few stake holders of the programme.

STRENGTHS OF THE DISTRICT

- Significant improvement was seen in immunization programme of the district. A new program called Intensive Mission Indradhanush (IMI) has been launched recently for further improvement in the immunization.
- Inderdhanush program was functional in the district, where regular reports were send in the district office. DPMU of the district was directly in contact in all the nodal officers and dealing with different issues directly.
- Some of CHCs were functioning very well in the district such as CHC of Bonli. This CHC was dealing with first gravid cases as well as complicated cases. There was proper coordination between the CHC and district hospital.
- Trainings of the ASHAs are being conducted at district level itself and till seventh modules ASHAs were train. Further ASHA coordinator was regularly interacting with ASHA workers and monitoring their performances.
- District is active in creating awareness through different channels of communication such as nukadnataks. For creating awareness regarding Diarohea, hand wash activities, slogan competition and poster competition was conducted.
- Maternal mortality and infant mortality reports are prepared from time to time, there is committee which is dealing with such reports where the reason of death is being discuss and further what measures can be taken.
- Disease control programs such Leprosy, Malaria, RNTCP and HIV are running smoothly in the district.

- One of the initiatives taken in the district is the construction of ADARSH PHCs which have improved the infrastructure of the facilities and have been very beneficial.
- Significant decrease in number of home deliveries have also been observed in the district.
- SNCU is working steadily in many facilities and has helped in decreasing Infant Mortality Rate (IMR) of the district.
- As far as display of IEC material is concerned it was well maintained.
- There was no problem regarding filling up of MCTS registers by the ASHAs in the district. That shows the proper training given and timely supervision from the BPMs and DPM in the district.

WEAKNESS OF THE DISTRICT

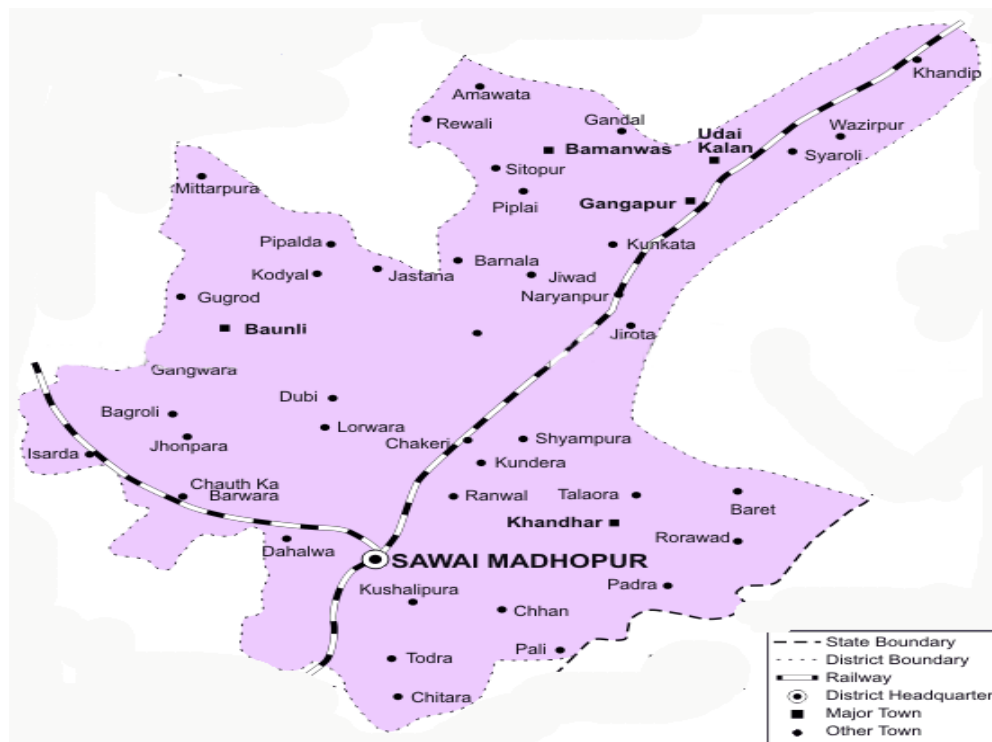
- There was huge infrastructure problem in the district. Facilities at the primary level were facing huge infrastructure crisis which is related to maintenance of buildings, water supply and power backup.
- Human Resource which is said to be the backbone of any system was found to be too fragile in District. The paramedical staff was not sufficient and ANMs usually quit the job in the middle.
- Shortage of staff at CHC and PHC level causing impediments in providing smoothed service to the common masses.
- Family Planning was major issue in the area, there was lack of awareness regarding family planning methods.
- Sanitation level was not satisfactory in the district and requires improvement.
- One of the major problem was unavailability of drinking water in many facilities.
- Facilities were also facing crisis regarding the equipments, for instance in one of the facility hemoglobinometre was not functional due to which patients have to go out and get there haemoglobin check. It is also affecting the reporting mechanism of the facility.
- Due to heavy burden of patients, there is also increase in out of pocket expenditure among patients.

- ASHAs were functional in the district were not getting their incentives on time. Further they were not happy with the new policies included for deciding incentives of the ASHA.
- There was problem of reporting in the district because of shortage of human resource and infrastructure. In most of the facilities one CDO was shared by four facilities, further in some of the centres there was only one computer which has to be shared by ANMs and CDO both. For betterment of quality of data proper resources should be provided to the facilities.
- JSY was a major problem in the district. There were payments issues for patients who were not having identity prove. Further in spite of opening bank account, payments were getting delayed. There was urgent need of simplifying the process of JSY payments.

1. INTRODUCTION

An effective feedback regarding the progress in implementation of key components of NHM could be helpful for both planning and resource allocation purposes. Therefore, following the approval of National Health Mission (NHM) State Programme Implementation Plan (PIP) 2017-2018 Sawai Madhopur District, the Ministry of Health and Family Welfare (MoHFW) has asked Population Research Centre, Delhi (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs it is expected that PRCs would evolve quality parameters and would assume a critical role in monitoring various components of NHM. As part of this, our Delhi PRC was assigned to monitor and evaluate the NHM activities in the Sawai Madhopur District which is located in Rajasthan. The major objective of this whole monitoring and evaluation process was to have a common understanding about the district public health system and to bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable programmes and facilities under NHM

Figure 1: NHM PIP Study Rajasthan: Sawai Madhopur



This report discusses the implementation status of NHM in Sawai Madhopur District of Rajasthan. The report is based on the findings and observation of District Hospital (DH), one Community Health Centre(CHC), one Primary Health Centre(PHC) and two Sub Centres (SC). Before visiting the field semi-structured interview schedules for Chief Medical Officer (CMO), District program manager (DPM) and other NHM officials were prepared. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with the officials such as CMO, DPM and nodal officers, through which, the constraints and opinions were taken for the improvement of the program.

1.2 OBJECTIVES OF THE STUDY

The present study would focus on the performance of the district in NHM activities. This study would analyze different issues and problems of the district. This study includes monitoring of Programme Implementation Plan (PIP) in the district. Further performance of various health indicators would be taken into account which is of utmost importance. This study will help the program managers and policy makers to strengthen the implementation of NHM and overcome the constraints which are coming in the way of successful implementation. The main focus of this study is 'Mother and Child health care' which includes status of ANC, PNC, immunization and family planning. Further special focus would be laid on spreading of awareness among the masses. Apart from the above mentioned factors, other factors would be discussed which are essential for the smooth running of the district such as:

- Key Demographic Indicators of the District.
- Availability of Infrastructure.
- Availability and performance of Human Resource.
- Training of Human Resource.
- Availability of Drugs and Equipment.
- How far quality services have been provided to the beneficiaries.
- Performance of schemes such as JSY and JSSK in the district.

- Provision of IEC material in the district.
- Availability of finance for the NHM activities in the district.

Specific objectives of the study are as follows:

- To visit the facilities of Sawai Madhopur district this includes one District Hospital (DH), one CHC, one PHC and two SCs.
- Over all study is based on the performance of various programmes in the facilities visited. Main thrust of the study is on Reproductive and Child Health care under NHM.
- Study will evaluate condition of physical infrastructure and human resources in the district.
- To look into various other components which are essential for the smooth functioning of the PIP at the grass root level in the district.

Table 1: List of visited healthcare facilities in Sawai Madhopur District, Rajasthan 2017

Facility Type	Name of the facility
District Hospital(DH)	District Hospital (Samanya Chikitsalya)
Community Health Centre(CHC)	CHC Bonli
Primary Health Centre(PHC)	PHC Khirni
Sub Centre(SC)	Sub Centre Menpura
Sub Centre(SC)	Sub Centre Karmoda

1.3 SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: Sawai Madhopur

Rajasthan is the largest state of the Republic of India (covers 10.4% of India) and is located in the northwest part of India. A significant proportion of the State is covered by inhospitable Thar Desert, also known as the Great Indian Desert. Rajasthan shares its borders with Gujarat, Madhya Pradesh, Uttar Pradesh, Haryana and Punjab. All the districts of Rajasthan could be divided into three categories namely: Plane areas (20 districts), tribal areas (7 districts) and desert areas (6 districts). The tiger city Sawai Madhopur has five sub-units or blocks namely Bamanwas, Baunli, Gangapur, Khandar, and Sawai Madhopur. Industrial works are the major occupation of the population in Sawai Madhopur.

The total geographical area of Rajasthan is 342,239 sq. km and for Sawai Madhopur it is 4,498 sq. km. In 2011, the population density of Rajasthan is computed to be 200 persons per sq km which is lower than the national average 382 per sq km. The population density of Sawai Madhopur is even low at 297 persons per sq. Km however it is higher than state.

Rajasthan contributes to around 5.7 percent of the total Indian population. According to the Census of India, 2011 the state has a population of 6.86 crores. Further, the Census of India 2011 informs that the urban population in the last 10 years has increased by 24.87 percent while population growth was 75.13 percent for rural Rajasthan. The population of males and females are 35,550,997 and 32,997,440 respectively. The district of Sawai Madhopur enumerated a population of 1,335,551 of which 704,031 are males and 631,520 are females. The district accounts for 1.95 percent of Rajasthan's population.

Demographic Indicators:

According to Census of India 2011, the total population growth for Rajasthan in this decade (2001-11) was 21.3 percent while there was a decadal change of 19.56 percent in the population for Sawai Madhopur. Children under 0-6 formed 15.06 percent of Sawai Madhopur of which boys and girls proportion (0-6 age) are 15.28 percent & 14.83 percent, respectively. The proportion of scheduled caste population is 16.7 percent and the proportion of scheduled tribe is around 8.4 percent in the state.

Table 2: Key Demographic Indicators: India, Sawai Madhopur and Rajasthan

Description	India	Rajasthan	Sawai Madhopur
Approximate Population	121 Crores	6.86 Crores	
Actual Population	1,21,05,69,573	68,548,437	1,335,551
Male	62,31,21,843	35,550,997	704,031
Female	58,74,47,730	32,997,440	631,520
Population Growth	17.7	21.31%	19.56%
Percentage of total population	NA	5.66%	1.95%
Sex Ratio	943	928	897
Child Sex Ratio	NA	888	913
Density/km²	382	200	297
Area km²	NA	342,239	4,498
Literacy	73%	66.11%	65.39
Male Literacy	80.9%	79.19%	81.51
Female Literacy	64.6%	47.76%	47.51
Child Proportion (0-6 Age)	13.6%	NA	15.06%
Boys Proportion (0-6 Age)	13.8%	NA	15.28%
Girls Proportion (0-6 Age)	13.4%	NA	14.83%
Schedule Caste population (Crore)	0.97%	16.67%	NA
Schedule Tribe population (Crore)	0.71%	8.43%	NA

The overall sex ratio in Rajasthan is 928 females per 1000 males. It may be noted that the sex ratio of Rajasthan is lower than the sex ratio of India (940 as per census 2011). Nevertheless, the sex ratio of Rajasthan has shown some improvements when compared to Census 2001 (sex ratio was 922 females per 1000 males). The child sex ratio (0-6 years of age) is very low in Rajasthan at around 888 girls per 1000 boys. The sex ratio in Sawai Madhopur is also in worse than the state. Sawai Madhopur displays an overall sex ratio of 897 females per 1000 males and child sex ratio of 913 girls per 1000 boys in 2011.

As per the Census data of 2011, the literacy rate in Rajasthan has seen an upward trend and is computed to be 66.1 percent. This figure however is lower than the national average. Male literacy is significantly higher 79.2 percent while female literacy is much lower at 47.8 percent indicating significant gender differentials in education. The literacy rate of Sawai Madhopur in 2011 is 65.39 with very sharp gender inequalities in literacy rates (male and female literacy are 81.51 and 47.51 percent, respectively).

Table 3: Key Health Indicators: Sawai Madhopur

Health Indicators	Number	Percentage/Ratio
NMR	33	
IMR	43	
U5MR	163	
MMR	183	
TFR	3.6	
Fully immunized children	30607	82.32
ANC Registration in the first trimester	25457	58.08
Full ANC	32230	73.53
Safe Deliveries (Institutional + SBA attended home deliveries)	32819	82.36
Institutional Deliveries	32797	82.30
No. of Women received PNC checkups within 48 hours	21502	

Table 3 shows the key health and health care indicators of the district. The Infant Mortality Rate (IMR) is 43 . The MMR is 183 and U5MR is 163. Further 82.32 per cent of the children received full immunization in the district. 73.53 per cent of the pregnant

women received full ANC checkup and 21502 women received PNC checkups within 48 hours of the delivery. Also institutional deliveries in the district were 82.36.

2. KEY FINDINGS AND OBSERVATIONS

2.1 PHYSICAL INFRASTRUCTURE AND EQUIPMENT

Health Infrastructure seems quite steady in Sawai Madhopur. District is trying its best to provide health facilities to the people. There are separate hospitals for males and females. This has lead to division of work load between the two divisions.

There number of 108 ambulances are 16, 102 ambulances are 14 and 4 Mobile Medical Units in the district and all the functional.

Table 4: Health Infrastructure of Sawai Madhopur District

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	1	1	0
Poly Clinics	0	0	0
Mohalla Clinics	0	0	0
State Government Dispensaries	2	2	0
Mother & Child Care Centres	1	1	0
MCD Hospitals	0	0	0
Medical College	0	0	0
Skill Labs	1	1	0
District Early Interventon Center	0	0	0
Delivery Points	29	29	0

District Hospital (Samanya Chikitsalya)

District hospital was centrally located and one of the over loaded hospitals of the district. The infrastructure of the hospital was found to be satisfactory and well maintained. There was different floor for each section of the facility such as Gynaecology, Paediatrics, Family

planning and other sections. Table 5 shows that almost all the physical infrastructure facilities were available in the hospital. Provisions of staff quarters were not available for doctors. There was running water supply and electricity power backup in the hospital.

Table 5: Health Infrastructure of District Hospital

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	Y
Staff Quarters for SNs	Y
Staff Quarters for other categories	Y
Electricity with power back up	Y
Running 24*& water supply	Y
Clean toilets separate for Male/Female	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional New Born Stabilization Unit	Y
Functional SNCU	Y
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	Y
Availability of Nutritional Rehabilitation Centre	Y
Functional BB/BSU, specify	Y
Separate room for ARSH clinic	Y
Burn Unit	Y
Availability of Complaint/suggestion box	Y
Availability of mechanisms for Biomedical waste management (BMW) at facility	Y

BMW outsourced	Y
Availability of ICTC/PPTCT Centre	Y
Availability of Functional Help Desk	Y

CHC Bonli

There was not much problem of infrastructure and there was adequate amount of space in CHC Bonli. There were no separate clean toilets for male and female. There was 24*7 running water supply available in the facility.

Proper bio-medical waste mechanism was functional in the facility. The Community Health Centre was functioning in a government building. Bio-medical waste mechanism was functional in the facility. There was no functional SNCU, no Nutritional Rehabilitation Centre available and no separate room for ARSH clinic.

Table 6: Health Infrastructure of CHC Bonli

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	Y
Staff Quarters for SNs	Y
Staff Quarters for other categories	Y
Electricity with power back up	Y
Running 24*& water supply	Y
Clean toilets separate for Male/Female	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional SNCU	N

Functional New Born Stabilization Unit	Y
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	Y
Availability of Nutritional Rehabilitation Centre	N
Functional BB/BSU, specify	Y
Separate room for ARSH Clinic	N
Availability of Complaint/suggestion box	Y
Availability of Mechanisms for waste management	Y
BMW Outsourced	Y
Availability of ICTC Centre	Y

PHC Khirni

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

Further there are no staff quarters available for other staff members. One of the major problem is unavailability of new born stabilization unit. This facility required immediate attention by the authorities.

Table 7: Health Infrastructure of PHC Khirni

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Staff Quarters for Mos available	Y
Staff Quarters for SNs	Y
Staff Quarters for other categories	N

Electricity with power back up	Y
Running 24*7 water supply	Y
Clean toilets separate for Male/Female	Y
Functional and Clean labour room	Y
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	Y
Functional New Born Stabilization Unit	N
Clean wards	Y
Separate Male and Female wards (at least by Partitions)	Y
Availability of Complaint/suggestion box	Y
Availability of mechanisms for waste management	Y

Sub Centre Menpura and Karmoda

Sub Centre Banghusara was in good condition infrastructure wise but there was no provision of delivery due to unavailability of functional labour room and new born care corner.

Table 8: Health Infrastructure of Sub Centre Menpura

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Electricity with power back up	Y
Running 24*& water supply	Y
ANM quarter available	Y
ANM residing at SC	Y
Functional and Clean labour room	N
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	N
General Cleanliness in the facility	Y
Availability of Complaint/suggestion box	Y
Availability of mechanisms for waste management	Y

The Sub Centre at Karmoda was also lacking in functional and clean labour room. There was no functional new born care corner in the facility.

Table 9: Health Infrastructure of Sub Centre Karmoda

Infrastructure	YES/NO
Health facility easily accessible from nearest road head	Y
Functioning in Govt. Building	Y
Building in good condition	Y
Electricity with power back up	Y
Running 24*& water supply	Y
ANM quarter available	Y
ANM residing at SC	Y
Functional and Clean labour room	N
Functional and clean toilet attached to Labour Room	Y
Functional New Born care corner (functional radiant warmer with neo-natal ambu bag)	N
General Cleanliness in the facility	Y
Availability of Complaint/suggestion box	Y
Availability of mechanisms for waste management	Y

3. HUMAN RESOURCES: STATUS AND TRAINING

Lack of Human Resource is one of the major flaws of district which in turn responsible for the weaker health indicators. Specially, crunch of senior officials and specialists at the facilities is causing a major hindrance. Limited resources for education and especially for higher education were the reasons behind such gloomy results.

The number of ANMs and ASHAs are quite satisfactory and genuinely working for the district. Clashes between permanent and contractual staff also pose a problem for the entire Health system and service delivery by the district. Shortage of staff at the CHCs and PHCs causes impediments in providing smoothened service to the common masses. Even the data entry operators particularly related to HMIS in District hospital are well trained and efficient enough to fill the data both offline and online. However the major problem faced by the MO/IC in the District hospital is of LHVs and Paramedical staff.

Table 10: Staff position in Sawai Madhopur

Position Name	Sanctioned	Contractual	Vacant
MO's including specialists	-	-	-
Gynecologists	-	-	-
Pediatrician	-	-	-
Surgeon	-	-	-
LHV	-	-	-
ANM	69	16	53
Pharmacist	13	1	12
Lab Technicians	4	3	1
X-ray technicians	-	-	-
Data Entry Operators	12	9	3
Staff Nurse at CHC	109	20	89
Staff Nurse at PHC	100	8	92
ANM at PHC	22	6	16
ANM at SC	47	5	42
Data Entry Operators	-	-	-
Any Other, please specify (Anesthesist)	-	-	-

Staff Position at District Hospital

- Almost all specialists were appointed in the District Hospital.
- Clarity was required within the staff members for smooth functioning of the facility.
- With over loaded facilities more NHM staff can be appointed, especially in HMIS and MCTS section for better recording of data.

Staff Position at CHC Bonli and PHC Khirni

Table 11: Staff Position in CHC Bonli and PHC Khirni

Category	CHC Bonli	PHC Khirni
MO	-	2
SNs/GNMs	-	3
ANM	-	2
LTs	-	1
Pharmacist	-	1
LHV/PHN	-	-
Others	1	-

Training Status of Human Resource among facilities

Training is essential part for developing human resource mechanism which is essential for overall development of the public health mechanism. In Sawai Madhopur district as well, training was conducted from time to time, especially of ANM and ASHAs. District scenario shows that refresher training is given from time to time to HMIs and MCTS staff. Further IUCD training was given to ANMS, but so far no doctors have been involved in it.

Among facilities, in district hospital in current year only refresher training of HMIS has been given to CDOs. In all the facilities staff was trained in Family planning, Bio-medical waste management, Anaemia , Mini Lap, RTI/STI, IUD insertion, Immunization and Cold Chain.

EQUIPMENTS IN THE FACILITIES

District Hospital

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

Table 12: Equipments at District Hospital

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	Y
Functional Neonatal, Paediatric and Adult Resuscitation kit	Y
Functional Weighing Machine (Adult and child)	Y
Functional Needle Cutter	Y
Functional Radiant Warmer	Y
Functional Suction apparatus	Y
Functional Facility for Oxygen Administration	Y
Functional Foetal Doppler/CTG	Y
Functional Mobile light	Y
Delivery Tables	Y
Functional Autoclave	Y
Functional ILR and Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/ EVA Equipment	Y
Functional phototherapy unit	Y
O.T Equipment	
O.T Tables	Y
Functional O.T Lights, ceiling	Y
Functional O.T lights, mobile	Y
Functional Anesthesia machines	Y
Functional Ventilators	Y
Functional Pulse-oximeters	Y
Functional Multi-para monitors	Y
Functional Surgical Diathermies	Y
Functional Laparoscopes	Y
Functional C-arm units	Y
Functional Autoclaves (H or V)	Y
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y
Functional Ultrasound Scanners	Y
Functional C.T Scanner	Y
Functional X-ray units	Y
Functional ECG machines	Y

CHC Bonli

In CHC Bonli there was no shortage of equipment and was quite well maintained.

Table 13: Equipment in CHC Bonli

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

PHC Khirni

In PHC Khirni there was only shortage of functional autoclave otherwise all the equipment were present in the facility.

Table 14: Equipment in PHC Khirni

Equipment	Yes/ No
Functional BP Instrument and Stethoscope	Y
Sterilised delivery sets	Y
Functional Neonatal, Paediatric and Adult Resuscitation kit	Y
Functional Weighing Machine (Adult and child)	Y

Functional Needle Cutter	Y
Functional Radiant Warmer	Y
Functional Suction apparatus	Y
Functional Facility for Oxygen Administration	Y
Functional Autoclave	N
Functional ILR and Deep Freezer	Y
Functional Deep Freezer	Y
Emergency Tray with emergency injections	Y
MVA/EVA Equipment	Y
Laboratory Equipment	
Functional Microscope	Y
Functional Hemoglobinometer	Y
Functional Centrifuge	Y
Functional Semi autoanalyzer	Y
Reagents and Testing Kits	Y

Sub Centre Menpura

In Sub Centre Menpura almost all the equipments were available and functional except Neonatal ambu bag.

Table 15: Equipment in Sub Centre Menpura

Equipment	Available and functional	Available but non-functional	Not Available
Haemoglobinometer	Y		
Any other method for Haemoglobin Estimation	Y		
Blood sugar testing kits	Y		
BP instrument and stethoscope	Y		
Delivery equipment	Y		
Neonatal ambu bag			Y
Adult weighing machine	Y		
Infant/New born weighing machine	Y		
Needle and Hub Cutter	Y		
Color coded bins	Y		
RBSK pictorial tool kit	Y		

Sub Centre Karmoda

In Sub Centre Karmoda Neonatal ambu bag and RBSK pictorial tool kit was not available.

Table 16: Equipment in Sub Centre Karmoda

Equipment	Available and functional	Available but non-functional	Not Available
Haemoglobinometer	Y		
Any other method for Haemoglobin Estimation	Y		
Blood sugar testing kits	Y		
BP instrument and stethoscope	Y		
Delivery equipment	Y		
Neonatal ambu bag			Y
Adult weighing machine	Y		
Infant/New born weighing machine	Y		
Needle and Hub Cutter	Y		
Color coded bins	Y		
RBSK pictorial tool kit			Y

Essential Drugs and Supplies

- In Sawai Madhopur district overall there was no shortage of drugs as such. Further there was central system of procurement of drugs which was working smoothly in the district.
- In district hospital all drugs were available and regular in supply. Only labelled emergency tray was not available.
- When it comes to CHC Bonli there was no shortage of drugs and supplies.
- In PHC Khirni all drugs were available only IUCDs were not in supply.
- There was shortage of Inj Magnesium sulphate, Inj Oxytocin and Misoprostol tablets in sub-centre Karmoda.

4. SERVICE DELIVERY AND RECORD MAINTENANCE

Service delivery and record maintenance are one of the few important aspects of NHM monitoring and evaluation. Records are checked of each facility and it is seen that whether it is properly maintained through HMIS portal.

Record Maintenance at District Hospital

- Record maintenance is an integral part of NHM which is essential for proper tracing of the mechanism working of the system.
- When it comes to maintenance of HMIS and MCTS portal, CDOs were working efficiently but they were less in numbers. Often two facilities were sharing one CDO which lead to decrease in the pace of work. Further in some of the facility there was issue of computers, either they were not working or they have to be shared for all portals which affected the data quality adversely.
- All facilities were maintaining their registers properly and they were updated from time to time.
- All the records were properly maintained by different sections of the facility.
- All mothers were initiated breast feeding within one hour of normal delivery in the facility.
- Immunization program was working properly in the district hospital. Zero doses BCG, Hepatitis B and OPV are given to the children. Further program **Inderadhanush** was working effectively in the district.
- Family planning initiatives were taken; people were counseled for family planning after PNC has been done. Further counseling is being done for the newly married couples.
- JSY cheques were given from time to time and were given after the delivery. There was the system of account payee cheque in the district. But only problem was of account payee cheques, as most of the times beneficiaries don't have accounts in the bank. Further most of the time beneficiaries who are coming under BPL section don't have proper documents to support their status, in that scenario claiming their JSY money becomes a difficult task.

- All services of diagnostics, medicine and diet were provided free in the hospital.

Table 17: Service Delivery in last two financial years in District Hospital

Service Utilization Parameter	2015-16	2016-17
OPD	-	231661
IPD	-	24405
Total deliveries conducted	6836	7172
No. of C-section conducted	674	982
No. of neonates initiated breast feeding within one hour	5616	7887
No. of admissions in NBSUs/ SNCU, whichever available	1801	2195
No. of children admitted with SAM (severe Acute Malnutrition)	117	122
No. of pregnant women referred	30	22
ANC 1 registration	2315	1690
ANC 3 coverage	394	496
No. of IUCD Insertions	52	26
No. of PPIUCD Insertion	266	944
No. of children fully immunized	327	307
No. of children given ORS+Zinc	-	-
No. of children given Vitamin A	327	307
Total MTPs	38	55
Number of Adolescents attending ARSH clinic	-	-
Maternal deaths	8	4
Still births	147	186
Neonatal deaths	216	212
Infant deaths	55	40

CHC, PHC and Sub Centre

Table 18: Record maintenance of CHC Bonli

Service Utilization Parameter	2015-16	2016-17
OPD	97329	107990
IPD	3962	8241
MCTS entry on percentage of women registered in the first trimester	249	261
No. of pregnant women given IFA	295	258
Total deliveries conducted	1318	1208
No. of C-Section Conducted	0	0

No. of admissions in NBSUs, if available	-	120
No. of children admitted with SAM (Severe Acute Anemia)	-	-
No. of sick children referred	80	84
No. of pregnant women referred	55	98
ANC 1 registration	288	300
ANC 3 coverage	199	231
No. of IUCD Insertions	198	118
No. of PPIUCD insertions	129	429
No. of children fully immunized	290	267
No. of children given Vitamin A	283	267
No. of MTPs conducted	154	159
No. of Adolescents attending ARSH clinic	-	-
Maternal deaths	0	0
Still birth	27	16
Neonatal deaths	-	-
Infant deaths	-	-

- In all the mentioned facilities records were maintained properly.
- In CHC Bonli there was problem of resources in spite of that the facility was trying to manage with limited resources. There was some problem in the quality of stationary in the facility.
- Immunization program was functioning well in the facilities. Family planning camps were organized from time to time in all the facilities.
- There were issue regarding JSY payments in the whole district. People were facing difficulties in opening accounts due to problem in opening of bank accounts as cheques are given account payee.

Table19: Service Delivery of PHC Khirni

Service Utilization Parameter	2015-16	2016-17
OPD	35932	40201
IPD	966	1285
Total deliveries conducted	299	301
No. of admissions in NBSUs, if available	-	-
No. of sick children referred	-	-
No. of pregnant women referred	-	-

ANC 1 registration	1212	1143
ANC 3 coverage	1062	1033
No. of IUCD Insertions	47	89
No. of PPIUCD insertions	66	111
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of children fully immunized	881	989
No. of children given Vitamin A	881	-
No. of MTPs conducted	-	-
Maternal deaths	-	-
Still birth	-	-
Neonatal deaths	-	-
Infant deaths	-	-

Table 20: Service Delivery at SC Menpura and SC Karmoda

Service Utilization Parameter	SC Menpura		SC Karmoda	
	2015-16	2016-17	2015-16	2016-17
No. of estimated pregnancies	67	70	93	95
No. of pregnant women given IFA	51	23	120	63
No. of deliveries conducted at SC	1	2	0	0
No. of deliveries conducted at home	0	0	0	0
ANC1 registration	51	23	120	63
ANC3 coverage	49	17	83	39
No. of IUCD insertions	12	11	19	9
No. of children fully immunized	47	33	83	58
No. of children given Vitamin A	47	33	83	58
No. of children given IFA Syrup	-	-	-	-
No. of Maternal deaths recorded	-	-	-	1
No. of still birth recorded	0	0	0	2
Neonatal deaths recorded	0	0	3	2
No. of VHNDs attended	35	21	41	21
No. of VHNSC meeting attended	12	7	12	7

5. MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NHM to reduce Maternal and Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NHM to reduce maternal morbidity and mortality.

Table 21 shows the block wise service delivery indicators in the last financial year. The performance of the district seems fairly well. Home deliveries have seen slight decrease so far and there was increase in SBA assisted home deliveries and decrease in Non- SBA assisted home deliveries.

Table 21: Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries
Bamahwas	4042	2843	2	1338
Bonli	6221	5355	1	3276
Gangapur	8563	7553	6	5354
Kandhar	4272	3128	8	2420
Sawai Madhopur	6403	5586	5	1931
DH+private	12520	7765	0	18478
Total	42021	32230	22	32797

Table 22 gives the block wise service delivery indicators of PNC in the last financial year. As per the officials PNC registration have increased so far.

Table 22: Block wise service delivery indicators of PNC in the last financial year

Block	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Bamahwas	796	1402
Bonli	2934	4153
Gangapur	4786	2476
Kandhar	2415	2153

Sawai Madhopur	1980	3868
DH+private	8591	-
Total	21502	14052

The block wise delivery indicator shows the provision of home deliveries.

Table 23: Block wise service delivery indicator in the last financial year

Block	TT1	TT2	Home Deliveries		Live Births	Still Birth
			SBA assisted	Non-SBA		
Bamahwas	2084	2002	2	0	1357	11
Bonli	3346	3252	1	0	3202	59
Gangapur	5859	5778	6	0	12101	97
Kandhar	2304	1947	6	2	2374	31
Sawai Madhopur	3607	3564	3	2	1938	42
DH+private	4881	4188	0	0	11498	222
Total	22081	20731	18	4	32470	462

Janani Surkasha Yojana

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

- JSY payments were done from time to time in Sawai Madhopur district but only problem was the issue of account payee cheques as most of the beneficiaries don't have account.
- Most of the time people don't have proper documents which becomes major issue when it comes to opening of bank account.
- Proper records are maintained in every facility and are updated from time to time. Community health workers such as ASHA and ANMs support beneficiaries in opening their bank account.

- There should be provision of staying till 48 hours after the delivery and at the time of discharge patient amount should be transfer. Further procedure of amount transfer should be less complicated so that more people can utilise the benefits of JSY.

Table 24: Status of JSY Payments in Sawai Madhopur District

Status of payments for			Record Maintenance		
Institutional deliveries	Home deliveries	Deliveries brought by ASHAs	Available	Updated	Non-updated
29613	0	13172	Yes	Yes	

The above mentioned table shows the status of JSY payments in Sawai Madhopur district, where total 29613 institutional deliveries, no home deliveries and 13172 ASHAs were given JSY payments. There major issues of JSY payments in the district. Beneficiaries were getting difficulty in accessing their payments due to problems related to opening of bank account.

Janani Shishu Suraksha Karyakaram

JSSK is another initiative taken by NHM for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women. Free entitlement services are as follows 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

The JSSK program was functioning well in the district. The patients were getting free medicines, laboratory testing and referral transport. But there was problem in laboratory services as most of the facilities at primary level were not providing all the essentials tests

because of which they have to go outside. When it comes to transport, there was problem in transport facility from home to facility and facility to home.

Table 25: Status of JSSK Services in Sawai Madhopur District

Block	No. of Beneficiaries under JSSK			District Total		
	Diet	Drugs	Diagnostic	Transport		
				Home to facility	Referral	Facility to Home
Bamahwas	752	1233	1242	1275	39	1210
Bonli	2713	3261	3261	776	6	2831
Gangapur	5295	5040	5340	1339	27	4730
Kandhar	2404	2405	2405	380	107	2210
Sawai Madhopur	969	1933	1915	989	81	1678
DH+private	8102	8591	6115	-	177	2791
Total	20235	22463	20278	4759	437	15450

Above mentioned table shows the status of JSSK services in Sawai Madhopur district. There is immediate need for creating awareness regarding services provided by JSSK, especially provision of free transport. As it has been observed that in most of the cases people are not aware about the free transport facility and even if they are aware they are not ready to use the services due to stigma attached to the ambulance services.

CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. The Child health program promotes the following points; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. District child health program was functioning well; both District hospital and CHC were having special new born care corner. Instead of Nutrition rehabilitation centre, there were malnutrition centres in the facilities. Immunization programs were functioning smoothly in the district.

Sick New Born Care Unit

SNCU was present in District hospital was functionally well in the district as compare to other district. But more beds can be allotted to SNCUs to cater wider population in their respective areas.

Table 26: New Born Care Unit

	Numbers
Total SNCU	1
Total NBSU	4
Total NBCC	28
Total Staff in SNCU	3 MO, 11 SN
Total Staff in NBSU	4 MO, 5 SN
Total NRCs	3
Total Admissions in NRCs	75
Total Staff in NRCs	5
Average duration stay in NRCs	4

Immunization

- Proper immunization cards are maintained in the facilities . ANMs are actively involved in the process of immunization.
- Inderadhanush program was running smoothly in the district. ANMs and ASHAs were going to the field regularly and covering the untouched areas.
- But more IEC material could have been displayed regarding immunization, which could create more awareness among people.
- Further Cold chain storage was available in the most of the facilities but facilities which didn't have deep freezers they were managing with refrigerators.
- Over all the entire immunization program is functioning well in the district.

Table 27 shows the block wise analysis of immunization in the last financial year.

The immunization programme was running at full strength in the district and significant improvement was seen from last year.

Table 27: Block wise Analysis of immunization in the last financial year

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
				1	2	3	1	2	3		
Bamahwas	4933	729	3500	-	-	-	3688	3719	3719	4142	4063
Bonli	6796	2796	3848	-	-	-	5507	5630	5656	5944	5760
Gangapur	9543	6325	9181	-	-	-	8277	7882	8064	7991	7909
Kandhar	5087	1824	2353	-	-	-	4082	3976	3944	4196	4164
Sawai Madhopur	7350	1731	2321	-	-	-	5613	5680	6184	6200	6677
DH+private	3471	1031 9	1135 6	-	-	-	2530	2402	2232	2499	2497
Total	3718 0	2372 4	3355 9	-	-	-	2969 7	2928 9	2979 9	30972	31070

7. FAMILY PLANNING

District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning. When it comes to sterilisation there more of female sterilisation comparison to male sterilisation due to stigma attached to it.

Table 28: Family Planning position in Sawai Madhopur District

Block	Sterilization			IUCD Insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*
Bamahwas	1188	0	699	1430	1656	1258	849			1438	952
Bonli	1643	0	1083	1970	2566	1733	458			1982	609
Gangapur	2305	7	1251	2768	3147	2433	194 7			2783	244 3
Kandhar	1226	0	993	1475	1900	1297	396			1483	581
Sawai Madhopur	1776	1	906	2130	2148	1873	159 9			2142	221 4
DH+private	835	25	751	1006	2042	884	158			1011	196
Total	8973			1077 9	1366 1	9478	558 8			10839	715 1

More awareness regimes were required to create awareness regarding family planning practices.

8. INFORMATION EDUCATION AND COMMUNICATION (IEC)

IEC was there in the facilities of Sawai Madhopur district. But more display material can be put regarding ARSH, family planning imitative and importance of ANC which would be help tool in creating awareness regarding such trivial issues.

HMIS AND MCTS

HMIS and MCTS were functioning well in the district. Data entry operators were recording the data from time to time. It was one of the plus points of the district as it helps maintained a record of the achieved status of various programs. MCTS portal helped to track anaemic women and child in the district, proper record was maintained and checking was done from time to time. Overall both HMIS and MCTS were working well in the district.

PERFORMANCE OF ASHA IN THE DISTRICT

ASHA is one of the important components of NHM which is essential for the RCH program of every state in India. In central district ASHAs were working efficiently to ensure that NHM services are provided to the beneficiaries in their area. But issues such as timely payment to ASHA workers, ensuring that they get their incentives on time should be dealt in a more affirmative manner. Besides of giving them incentive nominal pay should be given to them, so that get encouragement to work further. During ASHA meeting it was observed that most of the ASHAs were not happy with their incentive and increment is required. There was overall dissatisfaction among ASHA workers in the district, as they were overloaded with work with less of recognition in their respective fields.

Table 29: ASHA Position in the District

Last status of ASHAs(Total number of ASHAs)	907
ASHAS PRESENTLY WORKING	907
Positions vacant	201
Total number of meeting with ASHA (in a year)	907
Total number of ASHA resource centers/ASHA Ghar	-
Drug kit replenishment	700
No. of ASHAs trained in last year	796
No. of trainings received	-

Above mentioned table shows the position of ASHAs in the district. There were 907 ASHAs working in the district. There are 201 positions vacant in the district and yearly 907 meetings are being held in the district.

GOOD INNOVATIONS AND PRACTICES IN THE DISTRICT

There was Whatsapp group is been made by DPMU which discusses the regular activity of NHM among different nodal officers. This will track different progress reports from different heads of NHM. DPMU of the district was very active and was working actively in smooth functioning of the NHM activities. Maternal and Infant death reports were prepared from time to time and were discussed in review meeting regularly.

KEY CONCLUSIONS AND RECOMMENDATIONS

- HMIS department can develop a plan for orientation of frontline workers and managers to improve data quality. State Demographic Cell and HMIS department should plan and conduct orientation of block and district level officials to improve data analysis and provision of appropriate feedback.
- Sub-centres are working in a proper manner in the district, so more emphasis should be laid on them so that they can perform exceptionally great in their areas.
- ASHA workers and ANMs are performing equally well in the district, more incentive based schemes can be introduced in the district so that they are encouraged to perform better.

- ARSH wing in the facilities should get established in the district as soon as possible.
- Minimum number of contractual staff such as staff nurses should be given to the facilities which can help in reducing the work load of the doctors.
- Sawai Madhopur district was trying its best to improve the quality of services in their district. In order to provide quality services, time to time meetings are been done with different nodal persons.
- According to the officials, there was problem of infrastructure in the district. Many buildings need repairing which was a major issue which needs to be repaired in the district.
- Toilet facilities and drinking water supplies are one of the major problems in most of the facilities. In most of the cases patients have to bring their own water. Further for hospital staff as well there was no proper supply of water available.
- Lack of human resource was a common problem in al over district. Further when it comes to paramedical staff, most of the people who were coming from far of areas often demanded nearby places for their post. For that they often approached MLAs for recommendations. This created hindrance in the pace of work.
- More awareness regimes such as Family Planning, benefits of ANC and PNC should be introduced in the district. So that even people in the interior parts of the region become aware of it.
- For the implementation JSY, documentation came out to be a major problem which was proving hindrance in the successful implementation of the scheme.
- Whereas JSSK is concern, some of the essential drugs were not available in the facility but they refused to share the shortage with the concern authorities. The accessibility of the amount should be made simple as often patients face difficulty in JSY procedures which discourages them to leave the JSY amount.
- The management and record maintenance of finances at all levels of health facilities needs to be improved. In case of the absence of accountant from his/her post for a longer tenure, there needs to be a means to have alternative arrangements to hire accountants for such a purpose.
- Irregularity of the payments for the ASHA's and the lab technicians needs to be curtailed. Back log payments should be paid as soon as possible.

- Data pooling, recording and maintenance should be made water-tight, with cross checking the data before entering into the HMIS portal and transferring the data entering personals from one facility to another within a schedule to update the data in each facility.
- More Referral Ambulances should be deployed with respect to the delivery load in the PHC and CHC. Special services should be provided to the area inaccessible by public transport.
- Well timed servicing of the ambulances should be conducted to prevent from being unserviceable.
- Timely assessment of the quality and quantity of health infrastructure (labor table, NBCC) needs to be done, in order to get an idea of the requirement of the facilities and the level of maintenance needed to be done to the infrastructure.
- Proper planning of wards in terms of connectivity of the labor room to the maternity ward, likewise the connectivity of the maternal ward to washrooms etc should be done before the construction of the facility. For those facilities already having such haphazard planning, connecting passages should be constructed.
- Post delivery ward of DH hospital should expand as per the delivery load of the facility, to make the process of accessing the doctors and nursing staff smooth.
- The sweeping and cleaning is being outsourced at the DH but there is scope for improvement to maintain the hygiene and sanitation within or outside the facility.
- The district hospital serves as the major nodal agent for the delivery of children in a district by the virtue of being trusted by people as a higher level of standards. The delivery load being high, the hospital lacks the necessary facilities to cater to such a high load and has high infant deaths. Necessary action should be taken by the concerned authority.

APPENDIX 1: DISTRICT NODAL QUESTIONNAIRE**NATIONAL HEALTH MISSION****MONITORING OF DISTRICT PIP**

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT**1. Detail of demographic & health indicators for the last financial year**

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Private building
District hospital			
CHC			
PHC			

SC			
Mother & Child Care Centers			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Adolescent Friendly Health Clinic			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

Position Name	Sanctioned	Contractual	Total Vacant	Vacant %
MO's including specialists				
Gynecologists				
Pediatrician				
Surgeon				
LHV				
ANM				
Pharmacist				
Lab technicians				
X-ray technicians				
Data Entry Operators				
Staff Nurse at CHC				
Staff Nurse at PHC				
ANM at PHC				
ANM at SC				
Any other, please specify				

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

Position Name	SBA	BeMOC	MTP	Minilap/PP S	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						

ANM					
LHV/PHN					

* Note- Fill number of officials who have received training

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

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

4.3 Whether received any letter from the district/state informing about the trainings, if yes then for which trainings?

.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	TT1	TT2

Note- Please include the data for Medical College and DH

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

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

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5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons	(% of deaths due to reasons given below)	Time of Death		
	Hospital	Home	Transit			During pregnancy	During Delivery	Post Delivery
				Hemorrhage				

				Obstetric Complications				
				Sepsis				
				Hypertension				
				Abortion				
				Others				

6.1. Child Health: Block wise Analysis of immunization in the last financial year

Block	Target	OPV at birth	BCG	DPT			OPV			Measles	Full Immunization
				1	2	3	1	2	3		

6.2. Child Health: Detail of infrastructure & Services under Neonatal Health, in the last financial year

	Numbers	whether established in last financial year (Yes/No)
Total SNCU		
Total NBSU		
Total NBCC		
Total Staff in SNCU		
Total Staff in NBSU		
Total NRCs		
Total Admissions in NRCs		
Total Staff in NRCs		
Average duration of stay in NRCs		

6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year

Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA *		Discharge	Referred	Death	LAMA *

Total neonates admitted in to NRCs	Treatment Outcome			
	Discharge	Referred	Death	LAMA *

Note- * Leave against medical advise

6.4. Neonatal Deaths in the last financial year

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

6.5. Rashtriya Bal Suraksha Karyakram (RBSK), Progress Report in the last two financial years

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2016-17									
2015-16									

7. Family Planning Achievement in District in the last financial year

Block	Sterilization	IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms

	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*

*Achievement

8. Rashtriya Kishor Swasthya Karyakram (RKSK)/ARSH Progress in District in the last financial year

Block	No. of AHDs conducted	No. of Adolescents who attended the Counseling sessions	No. of Anemic Adolescents		Number of WIFS beneficiaries	No. of RTI/STI cases	No. of Peer Educators
			Severe Anemia	Any Anemia			

9. Quality in health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having color coded bins			
Outsourcing for bio-medical waste			
If yes, name company			
How many pits have been filled			
Number of new pits required			
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control			

10. Community process in District in the last financial year

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
Name of trainings received	1) 2) 3)

11.1 Disease control programme progress in District (Communicable Diseases)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
TB						
Leprosy						
Malaria						
Japanese Encephalitis						
Others, if any						

11.2 Disease control programme progress District (Non-Communicable Diseases)

Name of the Programme/ Disease	2014-15		2015-16		2016-17	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Diabetes						
Hypertension						
Osteoporosis						
Heart Disease						
Others, if any						

12. AYUSH progress District in the last financial year

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

13. Budget Utilisation Parameters:

Sl. no	Scheme/Programme	Funds	
		Sanctioned	Utilized
13.1	RCH Flexible Pool		
13.2	NHM Flexible Pool		
13.3	Immunization cost		
13.4	NIDDCP		
13.5	NUHM		
13.6	Communicable disease Control Programmes		
13.7	Non Communicable disease Control Programmes		
13.8	Infrastructure Maintenance		

14. HMIS/MCTS progress District in the last financial year

HMIS/MCTS	Remarks

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

APPENDIX 2: DH LEVEL QUESTIONNAIRE

DH level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

1.23	Availability of complaint/suggestion box	Y	N	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.24	BMW outsourced	Y	N	
1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

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

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

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

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	

4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		

7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to	Y	N	

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

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

.....

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

.....

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

.....
.....
.....

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

.....
.....
.....

APPENDIX 3: CHC LEVEL QUESTIONNAIRE

FRU level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Availability of complaint/suggestion box	Y	N
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N
1.23 a	BMW outsourced	Y	N
1.24	Availability of ICTC Centre	Y	N

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

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

Section III: Training Status of HR:

(*Trained in Past 5 years)

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		

3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopey-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	

5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks /Timelin e for completi on
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				

9.8	Partographs				
9.9	OT Register				
9.10	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

APPENDIX 4: PHC LEVEL QUESTIONNAIRE***PHC/CHC (NON FRU) level Monitoring Checklist***

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

Section I: Physical Infrastructure:

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

1.17	Availability of complaint/suggestion box	Y	N	
1.18	Availability of mechanisms for waste management	Y	N	

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

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	

4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	
	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA syrup with dispenser	Y	N	
5.5	Vit A syrup	Y	N	
5.6	ORS packets	Y	N	
5.7	Zinc tablets	Y	N	
5.8	Inj Magnesium Sulphate	Y	N	
5.9	Inj Oxytocin	Y	N	
5.10	Misoprostol tablets	Y	N	
5.11	Mifepristone tablets	Y	N	
5.12	Availability of antibiotics	Y	N	
5.13	Labelled emergency tray	Y	N	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.15	Adequate Vaccine Stock <i>available</i>	Y	N	
S. No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	

5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S. No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		

7.19	Infant deaths		
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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 the staff know how to...

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

Section IX: Record Maintenance:

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

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

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

Qualitative Questionnaires for PHC/CHC Level

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

.....

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

.....

3. Any counselling being conducted regarding family planning measures.

.....

APPENDIX 5: SC LEVEL QUESTIONNAIRE***Sub Centre level Monitoring Checklist***

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

Section I: Physical Infrastructure:

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

Section II: Human Resource:

S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 nd ANM			
2.3	MPW – Male			
2.4	Others, specify			
2.5	ASHAs			

Section III: Equipment :

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

5.6	Sanitary napkins	Y	N	
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Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	Previous year	Present Year
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

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
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	
8.6	SBA Protocol Posters	Y	N	
8.7	JSSK entitlements	Y	N	
8.8	Immunization Schedule	Y	N	
8.9	JSY entitlements	Y	N	
8.10	Other related IEC material	Y	N	

Qualitative Questionnaires for Sub-Centre Level

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

.....

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

.....

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

.....
