



NATIONAL HEALTH MISSION

A REPORT ON
MONITORING & EVALUATION OF KEY COMPONENTS OF DISTRICT PIP 2018-19
UDHAM SINGH NAGAR, UTTARAKHAND
SUBMITTED TO
MINISTRU OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA



Dr. WILLIAM JOE

Dr. SAROJ KUMAR



POPULATION RESEARCH CENTRE
INSTITUTE OF ECONOMIC GROWTH
DELHI-110007

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Dr. William Joe

Dr. Saroj Kumar

LIST OF ABBREVIATIONS

AFHS	Adolescent Friendly Health Clinic
ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BCC	Behaviour change communication
BCG	Bacillus Calmette Guerin
BEmOC	Basic Emergency Obstetric Care
BPL	Below Poverty Line
BSU	Blood Storage Unit
CHC	Community Health Centre
CMO	Chief Medical Officer
DEIC	District Early Intervention Centre
DH	District Hospital
DHQ	District Health Quarter
DOTS	Directly Treatment Strategy
DPMU	District Programme Management Unit
DPT	Diphtheria Pertussis Tetanus
DWH	District Women Hospital
EmOC	Emergency Obstetric Care
EVA	Equine Viral Arthritis
F-IMNCI	Facility based Integrated Management of Neonatal and Childhood Illness
FRU	First Referral Unit
GOI	Government of India
HBNC	Home Based New Born Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
IEC	Information Education & Communication
IFA	Iron & Folic Acid
IMEP	Infection Management and Environment Plan
IPD	Indoor-Patients Department
IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
KMC	Kangaroo Mother Care
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthesia Skill
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MIS	Management Information System

MOIC	Medical Officer In-Charge
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NGO	Non-Government Organization
NHM	National Health Mission
NRC	National Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
NUHM	National Urban Health Mission
OBG	Obstetrics Gynaecologist
OCP	Oral Contraceptive Pill
OPD	Outdoor Patients Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PFMS	Public Financial Management System
PNC	Post Natal Care
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PNC	Post Natal Care
PPIUCD	Post-Partum Intrauterine Contraceptive Device
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special Newborn Care Unit
STI	Sexually Transmitted Infection
TT	Tetanus Toxoid
U5MR	Under 5 Mortality Rate
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

The Ministry of Health and Family Welfare (MoHF), Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission (NHM) State Programme Implementation Plan (PIP 2018-19). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Institute of Economic Growth, Delhi (PRC-IEG) would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Udham Singh Nagar district of Uttarakhand. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Udham Singh Nagar. The following public health care facilities were visited by the PRC-IEG Team: Jawahar Lal Nehru District Hospital, CHC Kichha, CHC Gadarpur, PHC Shantipuri, PHC Dineshpur, Sub-centre Haldi and Sakenia. Structured checklist were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipments, family planning, disease control programmes and other programmes under the umbrella of National Health Mission.

Meetings were conducted with district and block level health administrators including the Chief Medical Officer (CMO) and the Block Medical Officer-in-Charge (MOIC), facility and community level health care providers (ANMs, ASHAs etc) and other supporting staff to understand the strengths and weakness of the facilities in service provisioning. Further, we reviewed relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information system (HMIS) and also made observations regarding performance of key components of NHM for robust feedback on programme implementation in the district. The major strengths and weaknesses of the district are as follows:

STRENGTHS

- Immunisation coverage has improved over the years and district has started Intensified Mission Indradhanush (IMI) programme from October 2018. Under this programme, the objective is to reach each and every child and all those pregnant women who are yet to receive complete immunization or basic vaccines.
- Regular review of NHM activities was held under the Chairmanship of the District Magistrate.
- Palliative ward will be soon functional at the district hospital to provide care to the people with serious illnesses.
- The Reproductive and Child Health portal will be functional at the district hospital. This portal covered information regarding eligible couples, pregnant women and children for strengthening health care delivery.
- Dialysis machine will be stalled on the PPP mode at district hospital and this work is under progress.
- District hospital has placed on the 1st position in Uttarakhand state under the *Kayakalp* programme in 2017-18.
- Janani Suraksha Yojana programme was efficiently working with increasing institutional deliveries and 95% of JSY beneficiaries received their payment at CHC Gadarpur.
- AYUSH facilities are functioning at district hospital as well as at CHC Kichha and Gadarpur blocks.
- District hospital has sufficient blood storage and 1 blood vehicle. Blood bank organised many camp with various NGO across the year at district hospital.
- Rashtriya Bal Swasthya Karyakaram (RBSK) and Rashtriya Kishor Swasthya Karyakaram (RKSK) programme is well functioning in the district hospital.
- According to ACOMO, under the Ayushman Bharat two private super speciality hospital have empanelled and two Health and Wellness Centre are set up and two others are in the process of being converted as H&WC.
- Untied fund was incurred on whitewash, repairs of X-ray machine, purchasing of table, repairing of RO, pit construction, purchasing of stationery, and sweeper's salary in CHC Kichha and Gadarpur.

WEAKNESSES

- Shortfall in the availability of medical personnel like Gynaecologist, Surgeon, Nutritionist, Anaesthetist, and Paediatrician at district hospital and community health centre in Udham Singh Nagar district. CHC Gadarpur and Kichha were functioning without any specialist like Gynaecologist, Paediatrician and Surgeon.
- Maternal Death Review meeting was not held this year.
- Only 1 data entry operator has taken multiple tasks like entry on RCH portal and reported Ayushman data in district hospital which can affect efficiency and quality of work.
- Primary health centres provide OPD services. No trained doctor was available for family planning at PHC Shantipuri.
- It was observed that the condition of manual X-ray machine is not well maintained at CHC Kichha. Sometimes, X-ray result was not clearly visible and for this they charged Rs. 150 for patient except BPL family.
- Only 1 ambulance (108) is available and is inadequate to tackle the transport problem.
- Community health centre, Kichha has no sufficient budget to maintain the existing health services. No security guard available at CHC due to financial problem reported in meeting with the MOIC.
- Lack of essential drugs like IFA tablets and syrup was observed during visit at sub-centre Sakenia and Haldi. On the other hand, no complaint / suggestion box was observed at sub-centre Sakenia.
- Some of the beneficiaries reported delays in receipt of JSY payment due to problems related to bank accounts and unavailability of necessary supporting documents. These problems were mostly faced by migrant worker in the district.

1. INTRODUCTION

1.1 Background

Uttarakhand was formed on the 9th November 2000 as the 27th state of India and carved out from the Uttar Pradesh. It was covered total geographical areas of 53,483 sq. km. and mostly covered with mountains and forests. The state adjoined international boundaries with China in the north and Nepal in the east. It was rich in natural resources like water and forests with many glaciers and rivers. The state is divided into two divisions namely; Kumaun and Garhwal. The Kumaun division comprises six districts are: Almora, Nainital, Pithoragarh, Udham Singh Nagar, Bageshwar and Champawat while Garhwal division includes seven districts are: Dehradun, Haridwar, Chamoli, Rudraprayag, Tehri Garhwal, Uttarkashi and Pauri Garhwal. Out of the 13 districts, only three are plain district such as Dehradun, Haridwar and Udham Singh Nagar. According to Census 2011, Uttarakhand state had population of 10116752 and Udham Singh Nagar have total population was 1648902.

1.2 Demographic Characteristics: Udham Singh Nagar

Udham Singh Nagar district was carving out from Nainital district in 1997. It is named after the famous martyr Udham Singh. The district is situated in the south-eastern part of the state of Uttarakhand. Udham Singh Nagar district has divided into seven tehsils namely: Bazpur, Gadarpur, Jaspur, Kichha, Khatima, Kashipur and Sitarganj and also divided into seven development blocks.

Table 1: Demographic indicators: All India, Uttarakhand and Udham Singh Nagar

Indicates	India	Uttarakhand	Udham Singh Nagar
Actual Population (in ml)	1210.5	10086292	1648902
Male (in ml)	6.2	5137773	858783
Female (in ml)	587.4	4948519	790119
Population Growth Rate	17.7	18.8	33.4
Sex Ratio	940	963	920
Density /km ²	382	189	649
Total Child Population (0-6 Age) (in ml)	163.8	1355814	229162
Male Population (0-6 Age) (in ml)	84.9	717199	120687
Female Population (0-6 Age) (in ml)	7.8	638615	108475
Literacy Rate (%)	73.0	78.8	73.1
Male Literacy (%)	80.9	87.4	81.1
Female Literacy (%)	64.6	70.0	64.4
Schedule Castes (%)	16.6	18.8	14.4
Schedule Tribes (%)	8.6	2.9	7.5

Source: Census of India, 2011

They are located at Bazpur, Gadarpur, Jaspur, Kashipur, Khatima, Rudrapur and Sitarganj. Udham Singh Nagar district ranked 3rd in the terms of population in the state. It is one of the highest urbanised districts in the state having more than 35.6 per cent of the population in urban areas. Udham Singh Nagar district has population density of 649 persons per sq.km. Which is higher than the state average? The decadal growth rate of the district is 33.4 per cent is much higher than state as well as India average of 18.8 and 17.7 per cent respectively. Udham Singh Nagar district have 13th ranks in term of literacy rate (73.1%), which is lower than the state and above from India average of 78.8 and 73.0 per cent respectively. There are only 14 uninhabited villages out of total 688 villages in the district. Udham Singh Nagar district is ranks 11th in terms of sex ratio (920), which is lower than the state average of 963 females per 1000 males. The district has 19 towns and about 308581 household in the district.

Table 2: Health indicators for Uttarakhand and Udham Singh Nagar

Key Health Indicators	Uttarakhand	Udham Singh Nagar
Mothers who had at least 4 antenatal care visits (%)	30.9	26.6
Mothers who consumed iron folic acid for 100 days or more (%)	24.9	16.6
Mothers who had full antenatal care (%)	11.5	5.8
Mothers who received postnatal care within 2 days of delivery	54.8	46.4
Mothers who availed financial assistance for delivery under JSY	49.4	40.8
Institutional births (%)	68.6	67.5
Institutional birth in public facility (%)	43.8	39.6
Delivery at home conducted by skilled attendant (%)	4.6	8.8
Births in a private health facility delivered by caesarean section	36.4	39.6
Proportion of fully immunized children (%)	57.6	47.0
Total fertility rate (children per woman)#	2.1	2.1
Infant mortality rate (IMR)#	40.0	35.0
Under-five mortality rate (U5MR)#	48.0	44.0
Children age 6-59 months who are anaemic (%)	59.8	64.6
Pregnant women age 15-49 years who are anaemic (%)	46.5	53.0
Average out of pocket expenditure per delivery in public sector	2618	3119

Source: NFHS 2015-16, #-Annual Health Survey 2012-13.

Table 2 shows the health status of Uttarakhand and Udham Singh Nagar. Mother visited four antenatal care visits was higher in Uttarakhand against Udham Singh Nagar. Full antenatal care was lower in Udham Singh Nagar (5.8%) as compared with state average of 11.5% in 2015-16. IMR was 35 per 1000 live birth in Udham Singh Nagar which is lower than the state average. Anaemia rate is 53 per cent which is higher among pregnant women (15-49 years) in Udham Singh Nagar against Uttarakhand 46 per cent.

2. ANALYSIS OF KEY HMIS DATA

2.1 Introduction

The Government of India had launched the National Rural Health Mission (NRHM) in 2005 to improve the availability and access to quality health care by people especially for those living in rural areas, the poor, women and children. Over the year, it was required to change in health care system which is based on accurate and timely available micro level data to indicate gaps in the existing and future perspective action for strengthening health sector. For this quality improvement, Ministry of Health and Family Welfare, Government of India has set-up the HMIS web portal in 2008 for collection and sharing of data in a timely manner. Initially this portal reached out upto district level and further has been expanded to allow block-level facility-wise data. The HMIS in India provides information on service delivery regarding the maternal and child health care, physical infrastructure and financial performance of all public health facilities in rural areas. These data are available on monthly basis. Moreover, the HMIS gives information on laboratory testing for disease like HIV, STI/RTI, TB and blindness. Under this section, we have analysed the key indicators of maternal and child health care in Udham Singh Nagar district across blocks level during 2012-13 to 2017-18.

2.2 Review of Maternal Health Indicators

Maternal health is the health of women during pregnancy, childbirth and postpartum period, antenatal care and post natal care. Pregnancy and childbirth are generally time of joy for parents and families. Maternal health has been becoming critical issues due to life of million women in reproductive age can be saved through maternal health care like antenatal care and care provided to women and newborn by skill health personnel and their families. The large number of maternal deaths happened in developing countries due to delay in seeking health care, low proportion of ANC coverage and haemorrhage.

Table 3 shows the proportion of pregnant women who received 3 ANC checkups to total ANC registration. It indicates the trend of pregnant women who received 3 ANC checkups has marginal increase from 69.6 percent to 70.9 percent during 2012-13 to 2016-17. While it shows the pregnant women who received 4 ANC checkups is only 45.2 percent in 2017-18. However, in Gadarpur the pregnant women received 4 ANC checkups is higher (77.3 %)

among blocks, on the other hand in Sitarganj block pregnant women received 4 ANC checkups is lower among block in 2017-18.

Table 3: Percentage of woman received 3 ANC to total registrations, 2012-18

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	69.6	68.4	71.4	66.9	70.9	45.2
Bajpur	60.9	63.8	59.6	65.7	66.6	50.8
Gadarpur	87	77	83.2	75.5	81.1	77.3
Jaspur	94.5	58.3	58.6	64.3	76	48.9
Kashipur	77.7	78.2	75.1	75.7	85.8	28.4
Khatima	59.4	59.7	63.1	63.3	68.8	58.6
Rudrapur	62.6	72.3	80.4	71.4	72.2	41.3
Sitarganj	57.6	61.6	66.8	44.1	42.6	33.1

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 4: Percent of received TT2 or booster to total ANC registration, 2012-18

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	87.6	92.6	92.4	91.6	91.2	91.7
Bazpur	93.2	92.9	91.4	95.9	94.3	93.4
Gadarpur	97.9	92.6	94.6	87.5	92.3	94.7
Jaspur	79.9	79.0	91.8	88.5	81.6	81.4
Khatima	83.6	102.6	98.0	99.7	96.0	97.6
Rudrapur	82.8	90.2	91.0	88.6	90.4	88.8
Sitarganj	84.6	91.7	90.1	85.7	84.0	95.9

Source: HMIS data 2014-18, Udham Singh Nagar district

Table 4 reveals the pregnant women who received TT2 or Booster to total ANC registration in percent. It express the proportion of pregnant women who received TT2 or booster to total ANC registration has increased about four per cent between 2012-13 to 2017-18. However, in case of Jaspur block pregnant women who received TT2 is lower among all blocks in Udham Singh Nagar in all observational years except in 2014-15.

Table 5: Percent of pregnant women given 100 IFA to total ANC registration

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	40.6	97.2	20.5	20.4	215.5	70.1
Bazpur	55.4	105.6	10.3	25.0	45.6	35.9
Gadarpur	30.1	76.4	7.5	0.1	76.3	50.0
Jaspur	90.8	87.7	9.3	0.3	5.3	50.9
Khatima	46.4	100	5.4	9.2	96.5	38.6
Rudrapur	27.8	97.1	49.0	54.1	83.7	64.0
Sitarganj	49.7	100	16.0	4.9	53.4	59.8

Source: HMIS data 2014-18, Udham Singh Nagar district

Table 5 indicates the trend of pregnant women who received 100 IFA to total ANC registration in Udham Singh Nagar across the blocks. In Udham Singh Nagar, pregnant women who received 100 IFA have significant increased from 40.6 per cent to 70.1 per cent during 2012-13 to 2017-18 respectively. However, the pregnant women who received 100 IFA were higher (97.2 %) in 2013-14 and declined of 70.1 per cent in 2017-18. The proportion of pregnant women given 100 IFA is lower in Gadarpur and Jaspur blocks in 2015-16. On the other hand, Udham Singh Nagar has reported higher coverage across the blocks followed by Rudrapur (64.0 per cent in 2017-18).

Table 6: Institutional deliveries to total reported deliveries, 2012-18

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	76.2	79.8	84.1	84.6	85.7	81.8
Bazpur	32.8	48.2	50.8	55.7	49.4	51.8
Gadarpur	69.2	76.5	80.3	75.0	69.3	69.2
Jaspur	70.5	62.3	78.2	82.7	69.6	69.0
Khatima	71.6	74.8	78.8	79.5	86.1	87.2
Rudrapur	93.2	92.4	94.5	95.5	96.0	91.7
Sitarganj	51.2	69.2	73.4	74.0	78.0	83.9

Source: HMIS data 2014-18, Udham Singh Nagar district

Table 6 shows the trend of institutional deliveries to total reported deliveries during 2012-13 to 2017-18 across the blocks. The data shows that the institutional deliveries to total reported deliveries has five percent increased from 2012-13 to 2017-18 in Udham Singh Nagar. Institutional deliveries have increased over the years across the blocks. Some of the blocks like Rudrapur and Jaspur blocks accounted delivery in health facility were decreased from 2012-13 to 2017-18. Only Bazpur block shows poor performance of child birth in health facility.

Table 7: Percent of home deliveries to total reported deliveries, 2012-18

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	23.8	20.2	15.9	15.4	14.3	18.2
Bazpur	67.2	51.8	49.2	44.3	50.6	48.2
Gadarpur	30.8	23.5	19.7	25.0	30.7	30.8
Jaspur	29.5	37.7	21.8	17.3	30.4	31.0
Khatima	28.4	25.2	21.2	20.5	13.9	12.8
Rudrapur	6.8	7.6	5.5	4.5	4.0	8.3
Sitarganj	48.8	30.8	26.6	26.0	22.0	16.1

Source: HMIS data 2014-18, Udham Singh Nagar district

The HMIS data shows the percentage of home deliveries has marginally decreased from 23.8 per cent to 18.2 per cent during 2012-13 to 2017-18. There are sticking variations across different blocks as regard the proportion of births taking place at home. This percentage ranged from more than 30 per cent in Bazpur, Gadarpur and Jaspur to less than 20 per cent in Udham Singh Nagar, Khatima, Rudrapur and Sitarganj. Rudrapur is one of the blocks in Udham Singh Nagar district accounted lower proportion of home delivery over the years during 2012-13 and 2017-18 (Table 7).

Table 8: Women discharged in less than 48 hours of delivery to total deliveries

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	76.9	59.2	69.1	72	75.9	72.4
Bazpur	99.7	100	100	100	100	100.4
Gadarpur	4.1	41.4	97.4	51.8	100	100
Jaspur	98.2	94.4	98.5	99.4	95.7	98.7
Khatima	91.6	91.0	92.4	95.4	100	94.7
Rudrapur	63.8	2.6	17.3	33.0	36.5	32.7
Sitarganj	100.1	100	100	99.8	100	100

Source: HMIS data 2014-18, Udham Singh Nagar district

Table 8 indicates the women discharged in less than 48 hours of deliveries to total reported deliveries at public institutions. It shows that the women who discharged in less than 48 hours of delivery from public institutions have declined about 4 per cent during 2012-13 to 2017-18 in Udham Singh Nagar. Rudrapur block has shows lower proportion (32.7 per cent) with regards to women discharge less than 48 hours from the health facility. However, in both blocks like Bazpur and Sitarganj were reported about 100 per cent of women who discharged in less than 48 hours of delivery from public institutions among all observational years.

2.3 Child Immunization

Child healths are the major concern to the child mortality and improve the quality of maternal as well as child during the birth. In this section, it is explore the child health situation in terms of live birth, weight less than 2.5 kg, breast feeding within one hour after birth, hospital visited after birth within 24 hour and level of immunisation which included the OPV 0 at birth, Pentavalent dose and measles across blocks in the district by using HMIS data from 2012-13 to 2017-18.

Table 9 indicates proportion of live births to total reported births across the blocks in Udham Singh Nagar. It shows about 99 percent live births out of total reported births in Udham

Singh Nagar in all observational years except Kashipur in 2012-13. Data shows that all the blocks have reported about 99 per cent live birth against total birth.

Table 9: Live births to reported birth, Udham Singh Nagar

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	98.8	98.8	98.7	99.0	99.2	98.8
Bazpur	98.3	97.1	98.4	99.3	99.2	98.8
Gadarpur	99.2	98.6	98.2	98.6	98.1	99.1
Jaspur	99.8	98.7	99.2	99.3	99.8	99.8
Kashipur	97.3	99.2	98.6	98.6	98.3	98.6
Khatima	98.3	98.6	98.5	99.4	98.7	98.8
Rudrapur	99.0	98.9	98.8	99.1	99.5	98.7
Sitarganj	99.2	99.1	98.9	98.9	99.0	98.7

Source: HMIS data 2014-18, Udham Singh Nagar district

Table 10 indicates the proportion of newborns having weight less than 2.5kg at birth. It shows, the proportion of the newborns having weight less than 2.5 kg out of all the newborns has increased from 4 per cent in 2012-13 to 7.5 per cent in 2017-18. However, the trend of newborns having weight less than 2.5kg at birth is higher among the blocks in 2017-18 in Kashipur and lower proportion show in Jaspur block. Although, in Gadarpur block the trend of newborns having weight less than 2.5kg is lower among all blocks in 2012-13.

Table 10: Percentage of weight less than 2.5 kg at birth, Udham Singh Nagar

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	4.0	5.5	3.2	2.6	5.6	7.5
Bazpur	2.9	3.0	4.1	3.3	4.1	2.2
Gadarpur	0.8	10.4	4.3	2.7	2.5	4.1
Jaspur	5.1	2.0	0.9	1.5	1.1	0.2
Kashipur	6.3	14.4	8.1	6.0	29.1	26.1
Khatima	0.9	0.3	1.1	2.1	2.4	2.9
Rudrapur	6.0	4.9	2.3	1.6	3.9	5.3
Sitarganj	3.1	0.6	3.3	4.1	3.3	4.4

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 11 shows the newborns breast fed within 1 hour of birth out of the total live births during 2012-13 to 2017-18. The HMIS shows that the newborns breast feeding within 1 hour of birth has increased from 68.6 per cent in 2012-13 to 95.3 per cent in 2017-18. The proportion of more than 95 per cent was shows in Jaspur, Bazpur, Gadarpur, and Sitarganj in 2017-18. However, in Rudrapur block, newborns breast feeding within 1 hour of birth is lower among all blocks of Udham Singh Nagar in 2017-18. All the blocks shows about 95 per cent of the women were stay in the health facility after delivery in the district. In case of

Kashipur block, the ratio of newborn breast feeding within 1 hour has lower across the blocks during 2012-18.

Table 11: Percentage of breast feeding within 1 hour of total live birth

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	68.6	85.5	95.0	96.6	96.8	95.3
Bazpur	100	97.6	98.7	98.7	99.3	99.4
Gadarpur	96.4	97.5	99.6	99.6	97.3	95.6
Jaspur	99.0	97.4	98.9	99.8	90.8	100.5
Kashipur	80.4	87.1	87.6	88.4	88.6	82.2
Khatima	91.2	92.7	93.1	95.8	96.6	97.9
Rudrapur	38.7	74.9	94.8	97.6	98.4	97.0
Sitarganj	98.2	96.8	99.3	98.3	99.8	99.8

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 12 presents information regarding the newborns visited the hospital within 24 hours of home delivery out of the total home deliveries reported in Udham Singh Nagar has about 18 per cent increased during 2012-13 to 2016-17, while the higher proportion shows in 2015-19 was 93.2 per cent in Udham Singh Nagar. However, among all the blocks newborns visited the hospital within 24 hours of home delivery out of the total home deliveries has significant increased during 2012-13 to 2016-17, except Jaspur block in 2017-18.

Table 12: Percentage of newborns visited hospital within 24hrs of home delivery

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17
Udham Singh Nagar	68.5	73.1	88.5	93.2	86.8
Bazpur	69.8	84.8	95.5	97.8	91.2
Gadarpur	26.5	40.5	31.9	81.7	84.3
Jaspur	98.7	73.9	85.1	94.0	36.8
Kashipur	88.2	62.9	99.1	93.5	97.8
Khatima	69.9	63.8	79.4	86.4	92.5
Rudrapur	47.7	97.7	97.6	96.9	97.5
Sitarganj	74.7	69.7	97.5	95.0	99.5

Source: HMIS data 2012-17, Udham Singh Nagar district

Table 13 summarise the percentage of infant given OPV 0 dose at birth in Udham Singh Nagar district. It was found that proportion of newborn given OPV 0 dose has increased from 76 per cent in 2012-13 to 98 per cent in 2017-18 in Udham Singh Nagar district which show 22 per cent increment during this year. It was observed that the proportion of more than 100 per cent coverage in Bazpur, Gadarpur, Jaspur, Kashipur and Khatima in the year 2012-13. There may be some outlier in the HMIS data which shows more than 100 per cent coverage in the district. Sitarganj block has reported only 38 per cent new born children received OPV

0 dose at birth in 2012-13 which is lowest coverage among all blocks and increased at 83 per cent coverage in 2017-18. Overall, coverage of new born who received OPV 0 dose was increased during 2012-13 to 2017-18.

Table 13: Percentage of OPV0 given at birth to reported live birth

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017 - 18
Udham Singh Nagar	75.6	86.2	68.4	68.5	62.5	98.0
Bazpur	109.1	99.8	105.5	114.6	95.4	107
Gadarpur	104.2	91.4	66.2	70.0	68.0	93.2
Jaspur	111.3	145.5	57.2	49.0	50.7	101.9
Kashipur	141.8	145	106.1	109.4	103.8	85.2
Khatima	151	131.4	88.0	123.4	108.1	97.2
Rudrapur	41.2	50.2	40.8	41.4	42.6	109.7
Sitarganj	38.1	70.0	114.1	77.2	75.6	83.0

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 14 indicates the number of infant who given measles vaccine in Udham Singh Nagar district during 2012-13 to 2017-18. In Udham Singh Nagar district, number of infant who given measles vaccine has declined from 31996 in 2012-13 to 13079 in 2017-18. The number of infant who has received measles declined in 2017-18 as compared in the year 2012-13 across the blocks. However, the number of infant given measles vaccine was higher during 2012-13 to 2015-16 across the blocks. On the other hand, in Rudrapur block the number of infant who given measles vaccine was higher ratio among all the blocks during the years.

Table 14: Number of infants given measles in Udham Singh Nagar, 2012-18

Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Udham Singh Nagar	31,996	31,652	32,983	35,549	35,242	13,079
Bazpur	3,833	3,601	3,821	4,160	3,134	1,522
Gadarpur	3,522	3,320	3,435	3,666	3,067	1,306
Jaspur	3,371	3,278	3,373	3,677	3,364	1,380
Kashipur	5,691	5,457	5,879	5,841	6,013	2,694
Khatima	3,703	4,330	4,320	4,414	3,515	1,670
Rudrapur	8,822	7,554	7,955	9,311	11,732	3,287
Sitarganj	3,054	4,112	4,200	4,480	4,417	1,220

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 15 shows the number of infant who received the three doses each of Pentavalent in the blocks in Udham Singh Nagar district during 2012-18. The number of coverage of Pentavalent is much higher in the year 2015-16 and 2016-17, while the number of infants who received the three doses of Pentavalent has declined in the year 2017-18 across the

block. The higher coverage of Pentavalent was found in Rudrapur and Kashipur blocks during the year 2012-18.

Table 15: Number of infants given Pentavalent 1, 2 and 3, Udham Singh Nagar

District / Blocks	Pentavalent-1			Pentavalent-2			Pentavalent-3		
	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18	2015-16	2016-17	2017-18
Udham Singh Nagar	35279	37893	27594	34610	36791	26608	34250	36623	25931
Bazpur	4171	3927	2892	4187	3829	2692	4116	3825	2634
Gadarpur	3697	3508	2873	3583	3554	2855	3653	3607	2793
Jaspur	3705	3709	3185	3509	3489	2828	3477	3340	2717
Kashipur	5965	5681	5130	5879	5698	5095	5719	5543	4907
Khatima	4387	4200	2976	4353	4234	2903	4324	4289	2868
Rudrapur	9457	13001	7506	9174	12049	7223	8530	11816	6929
Sitarganj	3897	3867	3032	3925	3938	3012	4431	4203	3083

Source: HMIS data 2015-18, Udham Singh Nagar district

Table 16: Number of fully immunized children (9-11 months)

District/ Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Udham Singh Nagar	29,749	29,309	32,403	35,376	35,240	14,356
Bazpur	3,794	3,619	3,911	4,158	3,134	1,573
Gadarpur	5,014	3,079	3,369	3,666	3,067	1,343
Jaspur	3,371	3,278	3,373	3,677	3,422	1,446
Kashipur	5,691	5,486	5,879	5,844	6,004	3,252
Khatima	3,719	4,276	4,317	4,414	3,515	1,673
Rudrapur	6,380	7,248	7,610	9,153	11,681	3,394
Sitarganj	1,780	2,323	3,944	4,464	4,417	1,675

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 17: Percentage of immunisation sessions held where ASHAs presented

District/ Blocks	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Udham Singh Nagar	78.3	83.6	86.3	91.9	92.7	96.4
Bazpur	85.4	87.9	87.5	94.7	94.7	99.4
Gadarpur	85.6	80.0	89.0	93.9	97.5	100
Jaspur	82.9	83.3	99.4	99.2	93.8	95.3
Kashipur	82.6	97.4	91.3	97.3	98.4	95.7
Khatima	67.8	80.6	83.1	89.6	91.9	96.3
Rudrapur	83.7	81.6	83.9	95.4	94.7	92.1
Sitarganj	71.7	79.3	79.1	79.5	83.1	99.5

Source: HMIS data 2012-18, Udham Singh Nagar district

Table 16 indicates the trend of fully immunized children (9-11 months old) during the year of 2012-18. It reveals that in Udham Singh Nagar district, the number of fully immunized children has declined during 2012-13 to 2017-18. For example, in 2012-13 total 29749

children were fully immunised and declined at 14356 children in 2017-18. However, the number of fully immunised children was higher in 2015-16 across the blocks but number was further declined in all the blocks in 2017-18. In contrast, Rudrapur block shows the number of full immunized children is higher among the blocks in all observational years.

Table 17 shows the immunization sessions held where ASHAs were presented in Udham Singh Nagar during the year from 2012-13 to 2017-18. In Udham Singh Nagar district, the trend of immunization sessions where ASHAs were present has increased from 78.3 per cent to 96.4 per cent during 2012-13 to 2017-18. As far as Sitarganj block is concerned, the immunization sessions where ASHAs were present is lower among blocks in all observational years, except 2012-13.

3. KEY FINDINGS & OBSERVATIONS

3.1 Health Infrastructure: Udham Singh Nagar District

Health infrastructure is an important indicator to understand the health care policy and quality of health care services. Infrastructure has been described as the basic support for smooth functioning of public health activities. Health infrastructure is divided into five parts: skilled workforce, well infrastructure of building (CHCs, PHCs and SCs), information system, public health organisation and research. The Bhore Committee (1946) had recommended three tier health systems which included at village, block and district level. This report stressed upon on access to primary health care as a basic right of health care for the people. In past days, India made progress in terms of infrastructure as well as medical education, which is found from the recently come out the National Health profile, 2018 launched by Central Bureau of Health Intelligence. The country has 476 medical colleges and 313 dental colleges. There are 23,582 hospitals having 7, 10,761 bed. Among these 19,810 hospitals are in rural areas having 2, 79,588 bed. In urban areas, total 3,772 hospitals with 43, 1,173 beds. Under AYUSH, we have a total 27,698 dispensaries and 3,943 hospitals in the country.

Table 18: Health infrastructure in Udham Singh Nagar, 2017-18

Availability of Health facility	Number of Institutions	Functioning in Govt. building
District Hospital	01	Govt.
Sub-District Hospital	01	Govt.
First Referral Units (FRU)	05	Govt.
Community Health Centre	06	Govt.
Primary Health Centre	26	Govt.
Sub-Centre	154	No (22 SC at rented building)
Mother & Child Care Centre	0	
Adolescent Friendly Health Clinic	08	
Medical College	0	
Skill Lab	0	
District Early Intervention Centre	0	
Delivery Points	28	
Transport Facility		
108 Ambulances	08	
102 Ambulances	08	
Referral Transport	0	
Mobile Medical Units	02	

Source: Supporting check list, 2018-2019

Udham Singh Nagar has one district hospital, one sub-district hospital, 5 FRU, 6 CHCs, 26 PHCs and 154 sub-centre functioning. Apart from that, 8 adolescent friendly health clinics and 28 delivery point in the district. In case of transport facility district hospital have 8 ambulance of 108 and 102 number to provide service from home to hospital. All the health

facilities are functioning under government building except sub centre (22 SCs in rented building).

Table 19: Health infrastructure of the health facility in Udham Singh Nagar

Infrastructure	DH Rudrapur	CHC Kichha	CHC Gadarpur	PHC Shantipuri	PHC Dineshpur	SC Haladi	SC Sakenia
Health facility easily accessible from nearest road head	✓	✓	✓	✓	✓	✓	✓
Functioning in Govt building	✓	✓	✓	✓	✓	✓	✓
Building in good condition	✓	✓	✓	✓	✓	✓	✓
Staff Quarters for Mos	✓	✓	✓	✓	✓	NA	NA
Staff Quarters for SNs	✓	✓	✓	✓	✓	NA	NA
Staff Quarters for other categories	✓	✓	✓	✓	✓	NA	NA
ANM Quarter available at SC	✓	NA	NA	NA	NA	✓	✓
ANM residing at SC	✓	NA	NA	NA	NA	✓	✓
Electricity with power back up	✓	✓	✓	✓	✓	✓	✓
Running 24x7 water supply	✓	✓	✓	✓	✓	✓	✓
Clean toilets separate for Male/Female	✓	✓	✓	✓	✓	✓	✓
Functional and clean labour Room	✓	✓	✓	✓	✓	✓	✓
Functional and clean toilet attached to labour room	✓	✓	✓	✓	✓	✓	✓
Functional New born care corner(functional Udham Singh Nagardiant warmer with neo-natal ambu bag)	✓	X	✓	X	✓	NA	NA
Functional New Born Stabilization Unit	✓	✓	✓	X	NA	NA	NA
Functional SNCU	✓	X	X	NA	NA	NA	NA
Clean wards	✓	✓	✓	✓	✓	NA	NA
Separate Male and Female wards (at least by partitions)	✓	✓	✓	✓	X	NA	NA
Availability of Nutritional Rehabilitation Centre	✓	X	✓	NA	NA	NA	NA
Functional BB/BSU, specify	NA	X	X	X	X	NA	NA
Separate room for ARSH clinic	✓	✓	✓	NA	NA	NA	NA
Complaint/suggestion box	✓	✓	✓	X	X	✓	X
Availability of mechanisms for Biomedical waste management (BMW)at facility	✓	✓	✓	X	X	✓	X
BMW outsourced	✓	X	X	X	X	X	X
ICTC/ PPTCT Centre	✓	X	X	X	X	X	X
Rogi Sahayta Kendra	✓	NA	NA	X	X	X	X

Source: Supportive check list, Field visit, PRC-Delhi team, Note: ✓-Yes, ×-No, NA-Not Applicable/Available



Figure 1: CMO office, Rudrapur



Figure 2: District hospital, Rudrapur



Figure 3: CHC, Gadarpur block



Figure 4: CHC, Kichha block



Figure 5: PHC, Shantipuri



Figure 6: Health & wellness centre, Haldi

3.2 Human Resources: Training and Status

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Rural Health Mission in 2005 (now National Health Mission). But many states in India particularly in low performing states like Uttar Pradesh faces huge shortage of human resources in health facilities. During the visit it was noticed that staff shortage is a major concern for all health facilities in Saharanpur district.

Table 20 describes the status of human resources in Udham Singh Nagar district in 2017-18. It shows that post for Gynaecologist, Surgeon, Paediatrician, Medical officers and dental surgeon is vacant despite all these post have been sanctioned. There were 19 post sanctioned for Gynaecologist among them only 4 post filled and 15 post are vacant. Total 65 post have filled so far against 205 post were sanctioned for medical officers including specialist. Similarly, post for X-ray technician is vacant while 11 posts were sanctioned in district hospital.

Table 20: Human resources in Udham Singh Nagar district under NHM, 2017-18

No.	Position Name	Sanctioned	In-position	Vacant
1	MOs including specialists	205	65	140
2	Gynaecologist	19	04	15
3	Paediatrician	13	04	09
4	Surgeon	10	04	06
5	Nutritionist	0	0	0
6	Dental Surgeon	05	02	03
7	Pharmacist	66	61	05
8	Lab Technician	21	13	08
9	X-ray Technician	11	11	0
10	Staff Nurse at DH+SDH+CHCs	89	70	19
11	Staff Nurse at PHCs	0	0	0
12	LHV	27	16	11
13	Data Entry Operator	0	0	0
14	ANM at PHCs	0	0	0
15	ANM at SCs	196	168	28
16	Any Others, Health Supervisor	25	18	07

Source: Supportive check list, Field visit, PRC team, 2018

Table 21 observed that regular trainings were not conducted for the staff members at District hospital Rudrapur. Only one Mo was received training of RTI/STI/HIV screening. There was 4 staff nurses trained for SBA, BeMOC, RTI/STI/HIV screening and 5 ANM trained for

SBA, RTI/STI/HIV Screening. Only one lab technician received training for RTI/STI/HIV Screening. However, in the last financial year no trainings conducted for BeMOC, RTI/STI/HIV screening, MTP, FIMNCI, NSSK, NSV, Mini Lap/PPS, IUCD Insertion and EMOC.

Table 21: Training status of human resources in Udham Singh Nagar

Types of Training	MOs	LMOs	SNs	ANM	LHV/PHN	Lab Tech.	ASHA
SBA	0	0	02	04	0	0	0
BeMOC	0	0	01	0	0	0	0
MTP	0	0	0	0	0	0	0
Mini Lap/PPS	0	0	0	0	0	0	0
NSV	0	0	0	0	0	0	0
IUCD Insertion	0	0	0	0	0	0	0
RTI/STI/HIV Screening	01	0	01	01	0	01	0
F-IMNCI	0	0	0	0	0	0	0
NSSK	0	0	0	0	0	0	0
Total	01	0	04	05	0	01	0

Source: Supportive check list, Field visit, PRC-Delhi team, 2018

3.3 Availability of Equipment at Health Facility

Availability of necessary equipment is important for all health institution. In this section we will discuss about the availability of necessary equipment in the selected health facility. Table 22 shows that at Female District Hospital BP instrument and stethoscope, sterilise delivery sets, neonatal kit, weight machine, needle cutter, radiant warmer, suction apparatus, oxygen, try with emergency injection, radiant warmer, mobile light, apparatus, oxygen, autoclave, MVA equipment's, photography unit, ILR and Deep freezer are available and also functioning. For laboratory testing, microscope, Haemoglobinometer, and centrifuge machines are available and functioning. Equipment's for NBSU was also available. Community health centre in Kichha and Gadarpur have availability of equipment such as BP Instrument and Stethoscope, Sterilised delivery sets, Neonatal, Paediatric and Adult Resuscitation kit, Functional Weighing Machine (Adult and child), Needle Cutter, Radiant Warmer, Suction apparatus, facility for Oxygen Administration, Autoclave, ILR and Deep Freezer, Emergency Tray with emergency injections, MVA/ EVA Equipment. In case of laboratory testing equipment, both CHCs have Functional Microscope, Functional Haemoglobinometer, and Centrifuge, Semi auto analyzer and Reagents and Testing Kits. PHC Dineshpur has Functional ILR and Deep Freezer, Microscope but these were not available in PHC Shantipuri. Only delivery table was not available at PHC Dineshpur.

Table 22: Availability of equipment of the health facility, Udham Singh Nagar

Equipment	DH	CHC	CHC	PHC	PHC	SC	SC
		Kichha	Gadarpur	Shantipuri	Dineshpur	Haldi	Sakenia
Functional BP and Stethoscope	√	√	√	√	√	√	√
Sterilised delivery sets	√	√	√	√	√	X	NA
Functional neonatal, paediatric & adult resuscitation kit	√	√	√	√	√	X	NA
Functional weighing machine (adult and child)	√	√	√	√	√	√	√
Functional Needle Cutter	√	√	√	√	√	√	√
Functional Radiant Warmer	√	√	X	√	√	NA	NA
Functional Suction apparatus	√	√	√	√	√	NA	NA
Functional facility for oxygen administration	√	√	√	√	√	NA	NA
Functional Foetal Doppler/CTG	√	X	X	X	X	NA	NA
Functional Mobile light	√	X	√	X	X	NA	NA
Delivery Tables	√	√	√	√	X	NA	NA
Functional Autoclave	√	√	√	√	√	NA	NA
Functional ILR and Deep Freezer	√	√	√	X	√	NA	NA
Emergency tray with emergency inj.	√	√	√	√	√	NA	NA
MVA/ EVA Equipment	√	√	X	X	X	NA	NA
Functional Phototherapy unit	√	√	X	X	X	NA	NA
Dialysis Equipment	X	X	X	NA	NA	NA	NA
O. T. Equipment							
O.T Tables	√	X	NA	NA	NA	NA	NA
Functional O.T Lights, ceiling	√	X	NA	NA	NA	NA	NA
Functional O.T lights, mobile	√	X	NA	NA	NA	NA	NA
Functional Anesthesia machines	√	X	NA	NA	NA	NA	NA
Functional Ventilators	X	X	NA	NA	NA	NA	NA
Functional Pulse-oximeters	√	X	NA	NA	NA	NA	NA
Functional Multi-para monitors	√	X	NA	NA	NA	NA	NA
Functional Surgical Diathermies	√	X	NA	NA	NA	NA	NA
Functional Laparoscopes	X	X	NA	NA	NA	NA	NA
Functional C-arm units	√	X	NA	NA	NA	NA	NA
Functional Autoclaves (H or V)	√	X	NA	NA	NA	NA	NA
Laboratory Equipment							
Functional Microscope	√	√	√	X	√	NA	NA
Functional Hemoglobinometer	√	√	√	√	√	√	√
Functional Centrifuge	√	X	√	X	X	NA	NA
Functional Semi autoanalyzer	√	√	√	X	X	NA	NA
Reagents and Testing Kits	√	√	√	√	√	NA	NA
Functional Ultrasound Scanners	√	X	X	X	X	NA	NA
Functional C.T Scanner	X	X	X	X	X	NA	NA
Functional X-ray units	√	X	X	X	X	NA	NA
Functional ECG machines	√	X	X	X	X	NA	NA
Other method for Hemoglobin	NA	NA	NA	NA	NA	√	√
Blood sugar testing kits	NA	NA	NA	NA	NA	√	√
Delivery Equipment	NA	NA	NA	NA	NA	√	√
Neonatal Ambu Bag	NA	NA	NA	NA	NA	X	√
Colour Coded Bins	NA	NA	NA	NA	NA	√	√

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available



Figure 7: Blood testing machine



Figure 8: X-Ray machine



Figure 9: Blood testing machine, DH



Figure 10: OT at District Hospital



Figure 11: Blood storage unit in DH



Figure 12: Blood storage unit, CHC, Kichha

No laboratory equipment's were available at both primary health centres. However, sub centres at village level were functioning with BP Instrument and Stethoscope, Functional Weighing Machine (Adult and child), Functional Needle Cutter, Haemoglobinometer, any other method for Haemoglobin estimation, Blood sugar testing kits and Delivery equipment

in both SCs in Haldi and Sakenia. Some equipment's are not available at both CHC as well PHC level (Table 20).

3.4 Availability of Drugs in Health Facility

Availability of essential drugs is very important for better health care provisioning in any health facility. In any health care system, the availability and accessibility of medicines, vaccines and other supplies plays a critical role in reducing barriers to treatment particularly in lower section of the people.

Table 23: Availability of drugs at health facilities in Udham Singh Nagar

Drugs	DH	CHC Kichha	CHC Gadarpur	PHC Shantipuri	PHC Dineshpur	SC Haldi	SC Sakenia
EDL available and displayed	√	√	√	√	√	NA	NA
Computerised inventory management	√	√	√	X	X	NA	NA
IFA tablets	√	X	X	X	X	X	X
IFA syrup with dispenser	√	X	X	X	X	X	X
Vit A syrup	X	X	X	X	X	X	X
ORS packets	√	√	√	√	√	√	√
Zinc Tablets	√	√	√	√	X	√	√
Inj. Magnesium Sulphate	√	√	√	X	X	X	X
Inj. Oxytocin	√	√	√	√	√	√	√
Misoprostol tablets	√	√	√	√	√	√	√
Mifepristone tablets	√	X	X	X	X	X	X
Availability of antibiotics	√	√	√	√	√	√	√
Labelled emergency tray	√	√	√	√	√	X	X
Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	√	√	√	√	√	√	√
Adequate Vaccine Stock available	√	√	√	√	√	X	X
Supplies							
Pregnancy testing kits	√	√	√	√	√	√	√
Urine albumin and sugar testing kit	√	√	√	√	√	√	√
OCPs	√	√	√	√	√	√	√
EC pills	√	√	√	√	√	√	√
IUCDs	√	√	√	√	√	√	√
Sanitary napkins	√	√	√	X	√	X	X
Gloves, Mackintosh, Pads, bandages, and gauze etc.	√	√	√	√	√	NA	NA

Source: Supportive check list, Field visit, PRC-Delhi team, 2018, Note: NA-Not Applicable/Not Available

Table 23 described the drugs were available at health facility during the visit. Availability of essential drugs is very important for better health care provisioning in any health facility. In any health care system, the availability and accessibility of medicines, vaccines and other supplies plays a critical role in reducing barriers to treatment particularly in lower section of the people. EDL is available and displayed, Computerised inventory management, IFA tablets, IFA syrup with dispenser, VIT A syrup, ORS packets, Zinc tablets, Inj Magnesium Sulphate, INJ Oxytocin, Misoprostol tablets, Mifepristone tablets, Availability of antibiotics, Labelled emergency tray, Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs, Adequate Vaccine Stock available, Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC Pills, IUCDs, Sanitary napkins, Essential consumables, and gloves are available properly at Female DH and some facility was also available at both CHC and PHC level. Only IFA blue and syrup were not available. Sometime drugs not supply adequately. Drugs supply under in charge of CMO. Blood bank was functioning in district hospital.

3.5 Maternal Health Care

Maternal health is a key indicator of the quality of care in health services in the country. Maternal Mortality Ratio (MMR) is one of the imperative factors of the quality of health services in the country. India has made remarkable in reducing the maternal deaths since the launched of National Health Mission in 2005. Some of the key indicators for maternal health are antenatal check-up, institutional delivery and delivery by trained skill birth personnel, post natal care etc. All these indicators are regularly monitored by HMIS and Annual Health Survey.

Table 24: Utilisation of delivery indicators in Udham Singh Nagar, 2016-17

Blocks	ANC registered	3 ANC	Institutional deliveries	Home deliveries
Bazpur	4070	2090	785	726
Gadarpur	4094	3372	917	392
Jasipur	4498	2222	1311	555
Kashipur	6665	1052	2763	512
Khatima	4341	2548	1834	271
Rudrapur	12665	5829	5538	522
Sitarganj	5077	1646	2358	467
Total	41410	18759	15506	3445

Source: CMO Office, Udham Singh Nagar, 2018

Under the NHM, 100, 50, 30 bedded state of art Maternal and Child Health Wing are being established in district hospital, district women hospital, sub-district hospital and CHC-FRUs to overcome the difficulties of increasing case loads and institutional deliveries at these facilities. Table 24 shows total 41410 ANC were registered by women across the blocks. Rudrapur and Kashipur blocks were reported higher ANC registered in the Udham Singh Nagar district. Total 18759 women were received three antenatal care services, in which, Kashipur has reported lower three ANC services received by women. On the other hand, institutional deliveries were higher in Rudrapur (5538) and lower in Bazpur (785) in contrast, home delivery was reported higher in Bazpur (726) block observed from the table 24.

Table 25: Block wise post-natal care services in Udham Singh Nagar, 2016-17

Blocks	PNC within 48 hrs after delivery	PNC between 48 hrs and 14 days after delivery
Bazpur	1422	1006
Gadarpur	1064	797
Jaspur	295	379
Kashipur	1060	3218
Khatima	1697	2547
Rudrapur	2933	7713
Sitarganj	2763	2763
Total	11234	18423

Source: CMO Office, Udham Singh Nagar, 2018

Table 25 shows that total 11234 women were received post natal care within 48 hours after delivery. Post natal care was higher in case of between 48 hours and after 14 days of delivery in Udham Singh Nagar. Jaspur block was shows less number of women received both PNC within and between 48 hours after delivery and after 14 days of delivery.

Table 26: Block wise service delivery indicators in the last financial year

Blocks	TT1	TT2	Home deliveries conducted by		Live birth	Still birth	Total birth
			SBA assisted	Non-SBA			
Bazpur	3445	3108	0	726	1492	20	1512
Gadarpur	3798	3572	0	392	1286	15	1302
Jaspur	3725	2815	0	555	1861	03	1864
Kashipur	5000	4545	0	512	3321	21	3342
Khatima	3771	3552	0	271	2087	21	2108
Rudrapur	10355	9097	0	522	5481	77	5558
Sitarganj	4124	3605	0	467	2795	36	2831

Source: CMO Office, Udham Singh Nagar, 2018

Table 26 shows that block wise information regarding services like TT, home delivery by SBA, live birth and still birth in the district. Number of women has received TT1 and TT2 higher in Rudrapur block while Bazpur reported lower women received the TT1. In case of TT2, only 2815 women received TT2 in Jaspur block which is lower among the blocks. No SBA assisted home delivery was reported in all blocks while all home delivery performed by non- skilled birth personnel across the blocks in the district. Still birth was 77 in Rudrapur which is higher and only 3 still birth in Jaspur than other blocks.

3.6 Janani Suraksha Yojana (JSY) & Janani Shishu Suraksha Karyakaram (JSSK)

Janani Suraksha Yojana is a safe motherhood intervention under National Health Mission. This scheme was launched in 2005 with the objective of promoting institutional delivery and to reduce maternal and neonatal death during delivery care. JSY is cash incentive scheme for mothers who deliver their babies in a health facility. There is also provision for cost reimbursement for transportation and incentive to Accredited Social Health Activists (ASHA) for promoting mothers to go for institutional delivery. The scheme is implemented in all states and UTs with more focus on low-performing states (LPS). Most of the women who preferred institutional delivery are not willing to stay for 48 hours, this creates hurdle for the provision of essential services for mother and child health. Against this backdrop, another scheme is Janani Shishu Suraksha Karyakaram (JSSK) was introduced in 2011.

Janani Shishu Suraksha Karyakaram (JSSK) programme was launched in 2011 to entitle all pregnant women delivering in public health facilities completely free with no expenses delivery including caesarean section, free drugs, free diagnostics, free blood, free diets and free transport from home to health facility. Under this programme, free services were provided up to three days for normal delivery and seven days for C-section delivery.

Table 27: Block wise JSSK progress in district during the last financial year

Blocks	No. of beneficiaries under JSSK			Transportation facility	
	Diet	Drugs	Diagnostic	Home to facility	Facility to home
Bazpur	769	696	951	35	153
Gadarpur	757	935	938	81	262
Jaspur	647	1295	1295	116	341
Kashipur	2855	2855	2855	240	2661
Khatima	1286	1834	3384	194	575
Rudrapur	5535	5540	5540	510	4135
Sitarganj	2352	2352	2352	144	665
Total	14201	15507	17315	1320	8792

Source: CMO Office, Udham Singh Nagar, 2018

Table 27 shows the information of JSSK scheme across the blocks and beneficiaries received transport facility for child birth at the hospital. Total 14201 number of women received free diet from the given health facility for delivery care. Most of beneficiaries in Rudrapur followed by Kashipur were received free diet under the JSSK scheme. Free dugs facility availed were 15507 women under this scheme. Data revealed that less number of women received transport facility form home to health facility for delivery care in the district while drop women from facility to home was higher in the district. Bazpur was reported less number of women availed transport facility for child birth.

3.7 Neo-Natal and Child Health Care

Child health programme under the National Health Mission is comprehensively integrates interventions that improve child survival and figure out factors which was contributing to infant and under-five mortality. There are four major thrust areas under the child health programmes. First, Neonatal health which have essential new born care corner, facility based sick newborn care at FRUs and district hospital and home based newborn care. Second, nutrition which covered promotion of optimal infant and young child feeding practices, micronutrient supplementation, prevent from children of severe acute malnutrition. Third thrust area was management of common childhood illnesses. Fourth, thrust area included child immunisation.

Table 28: Immunization pattern in Udham Singh Nagar across blocks, 2017-18

Blocks	Target	OPV at birth	BCG	Pentavalent			Measles	Full immunization
				1	2	3		
Bazpur	4007	1694	3598	3688	3528	3425	3244	3244
Gadarpur	3737	1248	3564	3677	3661	3739	2850	2850
Jaspur	3632	1949	3582	3854	3484	3298	2287	2287
Kashipur	6037	3077	5428	6264	6199	5545	3475	3173
Khatima	4847	1949	3889	3684	3654	3641	3301	3304
Rudrapur	8376	2305	4296	3788	3723	4208	2812	2812
Sitarganj	4569	6877	11957	11422	10840	10914	17337	17475
Total	35205	19099	36314	36377	35089	34770	35306	35145

Source: CMO Office, Udham Singh Nagar, 2018

Table 28 presents information the immunisation coverage for all blocks in Udham Singh Nagar district in 2017-18. Sitarganj block marks the highest number of OPV at birth having coverage of 6877 number of child followed by Rudrapur while lower coverage of OPV at birth reported by Gadarpur block having 1248 child. Similarly, BCG accounted 11422 children received the vaccine which is the higher among the blocks. Pentavalent vaccine has

increased across the blocks and higher than the targeted number. Overall, full immunisation of the district was 35145 children in the year 2017-18 in Udham Singh Nagar district which lower than target number. At the block level, full immunisation was higher in Sitarganj block and less number of immunised children was reported in Jaspur block. Coverage of measles vaccine was highest in the Sitarganj block having 17337 and less number shows in Jaspur

3.8 Diseases Control Programme

Disease control programme is main objectives to prevent from both communicable and non-communicable disease in the district. To improve health status, Government of India was launched many disease control programme like mental health, tuberculosis programme and diabetes etc.

Table 29: Status of Non-communicable and communicable diseases, 2016-18

Types of Disease	2016-17		2017-18	
	No. of cases screened	No. of cases detected	No. of cases screened	No. of cases detected
Non-Communicable disease (NCD)				
Mental health	0	0	717	57
Diabetes	25069	1025	21847	3154
Hypertension	25069	1450	21847	2540
Communicable disease				
Malaria	61573	19	47565	31
Dengue	0	59	0	50
Typhoid	3571	1035	3502	1083
Hepatitis A/B/C/D/E	194	09	74	0
Tuberculosis	2250	659	2219	709
Influenza	0	0	0	0

Source: CMO Office, Udham Singh Nagar, 2018

Table 29 given information about communicable and non communicable disease cases in Udham Singh Nagar district during 2016-18. In non-communicable disease, there were three diseases like mental health, diabetes and hypertension cases found in the district. The large of patients were suffered from hypertension disease in 2016-17. However, total 3154 patients were suffering from diabetes out of 21847 case screened in 2017-18. In case of communicable disease, typhoid and tuberculosis are two diseases which most affected the people.

3.9 AYUSH Programme

AYUSH is the acronym of the medical system that is being practiced in India such as Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy. The basic approach of all these system on health, disease and treatment are holistic. Yoga has become of the global health icon in many countries to integrating it in their health care delivery system. There is growing need to understand the principles and practices of AYUSH especially due to growing challenges in the medicines in non-commutable disease like life style disorder, long term disease, TB and emergence of new disease today. In 1995, the department of Indian Medicine and Homeopathy was created in the Ministry of Health and Family Welfare. Further, in 2003, this department was renamed as department of AYUSH. In 2009, Government of India has created separate ministry known as Ministry of AYUSH.

Table 30: AYUSH health facility in Udham Singh Nagar

Blocks	No. of facilities with AYUSH health centres	No. of AYUSH doctors	No. of patients received treatment
Bazpur	4	3	13149
Gadarpur	4	3	11029
Jaspur	1	1	6536
Kashipur	0	0	0
Kichha	0	0	0
Khatima	1	1	8263
Sitarganj	3	3	11029
Total	13	11	50006

Source: CMO Office, Udham Singh Nagar, 2018

Table 30 provide information of availability of AYUSH health facility in Udham Singh Nagar district. Total 13 AYUSH health facilities were available in five blocks out of seven blocks with 11 doctors in Udham Singh Nagar. In the five blocks, total 50006 patients received AYUSH health services across the blocks.

3.10 Rashtriya Bal Swasthya Karyakaram (RBSK)

Rashtriya Bal Swasthya Karyakaram (RBSK) programme was launched in 2013 under the National Health Mission which includes provision for child health screening and early intervention services through early detection and provision of 4 Ds that is, Defect at birth, Disease, Deficiencies, Development delays including disability. Child health screening and early detection services will cover nearly 30 common health conditions for early detection and free treatment and management. The mobile health team were placed in every block screen children from birth to till 6 years at Anganwadi centres twice in a year and screen

children who has enrolled in government and aided schools at least once a year. Early Intervention Centres are being operationalised at district hospital for management of cases referred from block.

Table 31: Status of RBSK programme during 2016-18 in Udham Singh Nagar

Years	No. of school	No. of children registered	Diagnostic children	No. of children referred	Eye diseases	Ear diseases	Heart disease	Anaemic
2017-18	1471	184975	143271	1859	919	176	47	04
2016-17	1209	179583	125200	1374627	627	168	61	10
Total	2680	364558	268471	1376486	1546	344	108	14

Source: CMO Office, Udham Singh Nagar, 2018

Table 31 shows the RBSK programme was running in 1209 school in 2016-17 and increased 1471 school in 2017-18. Total numbers of registered children were 364558 during the 2016-18 in Udham Singh Nagar district. Under this programme, diseases like eye, ear, heart disease and anaemic were 1546, 344, 108 and 14 detected respectively.

3.11 Community Process

ASHA have emerged as an important resources at the community level, who have been play an imperative role to linked community with the health services especially in the area of maternal and child health. ASHA are now being views as a key member of the primary health care team at the sub-centre level. It was also articulated in the National Health Policy 2017 which suggested that ASHAs in coordination with the Multi-Purpose Workers will play an important role to found out issues of non-communicable diseases and also provision of palliative care and mental health.

Table 32: Status of community health in Udham Singh Nagar district

Current status of ASHAs	Total No. of ASHAs
ASHAs presently working	1235
Vacant positions	0
Total number of meetings with ASHA (in a year)	06
Total number of ASHA resource centre/ASHA Ghar	02
Drug Kit replenishment	0
No. of ASHA trained in last year	0

Source: CMO Office, Udham Singh Nagar, 2018

Table 32 provide status of ASHA worker in the Udham Singh Nagar district. Total 1235 ASHA were working and no vacant post available in the district. ASHA has completed six

meeting in a year. Only two ASHA ghar was available and no replenishment of drug kits to the ASHA.

3.12 Family Planning

India was the first country in the world to have launched the family planning programme in 1952. Family planning services can help in check the population growth which is mainly due to following three reasons. The first one is being the unmet need of family planning which includes the currently married women who wish to stop the child bearing or wait for next two or more years for the next child birth but not using any method. The second reason is the age at marriage and first child birth. In India 26.8% of the girls get married below the age of 18 years and 7.9% women are teenagers (15-19 year) among the total deliveries in India reported by NFHS 2015-16. The third cause is the spacing between births which reduce the chances of child birth and also help in reducing the impact of population growth if a minimum of 3 years of spacing is managed.

Table 33: Utilisation of family planning method across the blocks

Blocks	Sterilization			IUCD		Oral Pills	Condoms	Emergency contraceptives
	Target	Male	Female	Target	Achieved	Achieved	Achieved	Achieved
Bazpur	368	0	105	2637	159	2738	65999	281
Gadarpur	335	02	157	2460	2038	8806	132694	1894
Jaspur	344	0	75	2390	1184	19955	178954	619
Kashipur	465	02	174	3973	1403	10230	118954	2237
Khatima	466	0	337	3189	336	7427	117977	1016
Rudrapur	847	29	297	5481	1692	13010	218755	3293
Sitarganj	433	01	208	3008	1837	8214	79226	1867
Total	3258	34	1353	23138	8649	70380	912559	11207

Source: CMO Office, Udham Singh Nagar, 2018

Table 33 shows the utilisation of family planning method used by people across the blocks in Udham Singh Nagar district. Out of total targeted sterilisation, only 1353 number of female preferred this method. There were 34 male used sterilisation methods for family planning. In case of IUCD insertion, total 23138 was targeted, in which 8649 number of female achieved against target. In Gadarpur block, used of IUCD insertion was higher among the blocks and Bazpur and Khatima was reported less female used this method. Among the family planning method, oral pills was most preferred method, which shows 70380 pills used by female for family planning in the district. As far as condoms is concerned, total 912559 pieces of

condoms were distributed in the Udham Singh Nagar district, which higher amongst all the family planning methods.

3.13 Budget Utilisation under National Health Programme

Budget utilisation under NHM is to operationalised an effective and accountable financial management system for budgeting, monitoring and utilisation of funds at central, state, district and block level. Funds are pooled together under a “mission flexi pool” in NHM and provide support of various programmes under it.

Table 34: Pool wise budget summary and utilisation parameters, 2017-18

S.No.	Pool wise budget head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexi pool	70634278	65214293.54
PART II	NUHM Flexi pool	240478	6018798.35
PART III	Flexi pool for disease control programme	3259984	2096902.62
PART IV	Flexi pool for Non-Communicable Diseases	4385778.21	3915890.45
PART V	Infrastructure Maintenance	0	0
Budget Utilisation Parameters, Udham Singh Nagar			
S.No.	Scheme/Programme	Funds 2017-18 (in Lakh)	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexi pool		
13.1.1	Maternal Health	35791475	38220307.18
13.1.2	Child Health	2340800	137830
13.1.3	Family Planning	9248000	4134209
13.1.4	Adolescent Health/RKSK	2501200	2340189
13.1.6	Immunization	20752803	19141287.36
13.2	NUHM Flexi pool		
13.2.1	Strengthening of Health Services	2040478	6018798.35
13.3	Flexi pool for disease control programme (Communicable Disease)		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	2738866	1582103.27
13.3.2	National Vector-Borne Disease Control programme	521118	514799.35
13.4	Flexi pool for Non-communicable diseases		
13.4.1	National Mental Health programme (NMHP)	483417.25	462753
13.4.2	National Programme for the Healthcare of the Elderly	957181	869936
13.4.3	National Tobacco Control Programme (NTCP)	1533122	1514512.35
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	1412057.89	1068689
13.5	Infrastructure	0	0

Source: CMO Office, Udham Singh Nagar, 2018

There are four components of mission flexi pool: NHM and RMNCH+A, NUHM flexi pool, disease control programme and infrastructure maintenance. Table 34 indicate the fund

utilisation pattern under the National Health Mission in Udham Singh Nagar. Under budget heads, NHM and RMNCH+A was received 70634278 lakh and only Rs. 38220307 lakh expenditure done during last year. All budget head shows under utilisation of the money against received total budgets. Budget of adolescent health / RKSK, Integrated Disease Surveillance Programme (IDSP) found less expenditure against total received budget during the last financial year.

3.14 Health Management Information System (HMIS)

HMIS and MCTS facility has been implemented at all the health facilities. The Mother and Child Tracking System is a beneficiary's related database for MCH services. It was launched in 2009 for improving the maternal health services. The MCTS is designed to capture all pregnant women and newborn children (up to 5 years of age).

Table 35: HMIS / MCTS progress in Udham Singh Nagar, 2017-18

Indicators	Progress
Is HMIS implemented at all the facilities?	Yes
Is MCTS implemented at all the facilities?	Yes
Is HMIS data analyzes 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 services delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?	No
Is the services delivery data uploaded regularly?	Yes
Is the MCTS call centre set up at district level to check the veracity of data and service delivery?	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

Source: CMO Office, Udham Singh Nagar, 2018

Table 35 focused on HMIS/MCTS system in the district. HMIS facility is available and implemented in the district. Data on delivery services were regularly updated in the system and monthly progress review at the different level by programme managers. In the district, data on severely anaemic women, low birth weight babies and sick neonates was fully operational at the district level.

4. Facility-Specific Observations

4.1 Jawahar Lal Nehru District Hospital, Udham Singh Nagar

- Jawahar Lal Nehru (JLN) district hospital is easily accessible and connected with road and functioning in the government building and infrastructure of the district hospital is well-furnished.
- Human resources like Gynecologist, LHV, ANM, Lab technician, ANM at sub-centre post were vacant at the health facilities in district.
- There was functional and clean toilet attached with labour room in the hospital and newborn care corner with radiant warmer and neo-natal ambu bag was functioning in the labour room. District hospital has Rogi Sahayta Kendra / functional help desk for patients.
- District hospital outsourced for bio-medical waste (BMW) management and put colour coded bins orderly at different location in hospital and kept as well. ASHA help desk is available in the district hospital.
- No training on BeMOC, Leprosy-sterilisation, LSAS, NSV, FIMNCI, MTP/MNA and NSSK was received by any of the medical specialist during the last one year. Only 6 training on SBA, F-IMNCI, NSSK for each, 3 training on Minilap sterilisation, 37 training on IUCD, PPIUCD each and 182 training on IMEP was conducted for human resources at district hospital.
- District hospital has National Rehabilitation Centre, which admitted sick newborn referred from the different hospital in the district. NRC is functioning with 10 bedded and 93 sick newborn children were admitted during last year. Separate wing for Sick Newborn Care Corner was available at the facility.
- All the lab services except C. T. scan are functioning at district hospital. Apart from that, all essential drugs available in the hospital excluding only Vitamin A syrup.
- Near about 850 patients were visited for OPD service and hospital is charged Rs. 21 for every new patients. Only JSY beneficiary and patient under below poverty line were exempted from the fees.



4.2 Community Health Centre, Kichha

- Community Health Centre (CHC) Kichha is situated 18 km. away from the district head quarter Rudrapur. CHC Kichha has cater to a catchment population 235968 person at the block level. Total 84 villages come under this CHC.
- CHC Kichha is easliy accessible and building in the good condition. Doctors and Staff Nurse was living in the quarter inside hospital. Availability of clean water and functional bathroom facility at CHC.
- Overall, 2 trainings on EmOC, 1 training on F-MNCI, 3 trainings on NSSK and 1 training on PPIUCD, blood storage, IMEP and immunisation / cold chain for each in the last financial year.
- All essential drugs and supplies were available except IFA tablet, IFA syrup with dispenser, Mifepristone and Vittamin A syrup and adequate stocked were available for vaccines. In case of lab test, all test were conducted except CBC and Liver function test at CHC Kichha.
- In case of human resources, the facility has no Gynecologis, Surgeon and LHV.
- Total 77965 patients were visited for OPD service in 2016-17 which decreased the number of patients at 64106 in 2017-18. The number of pregnant women given IFA tablet were drastically decreased from 4055 in 2016-17 to 1483 pregnant women in 2017-18 due to shortage of drugs supplies.
- In case family planning, total 144 PPIUCD insertion by women in 2016-17, however, the number has shrunk at 36 insertion due to LMO post vacant during 2017-18. Overall, 32 still births, 32 neonatal deaths and 56 infant deaths reported in 2016-17 but it was delined in 2017-18.
- All record were available and updated and filled in register except OT register and referral register (in and out) which was not maintained. CHC Kichha had receievd Rs. 450755 as untied fund in 2016-17 and Rs. 532195 fund in 2017-18. All the untied fund has been used for maintace of health facility.



4.3 Community Health centre, Gadarpur

- CHC Gadarpur is functioning in the government building and also available staff quarter for medical officer and other staff. Every day, nearly 150-180 OPD patient visited, while about 50-60 deliveries conducted in a month.
- Human resources are the major problem in this CHC. There was no Gynecologist, Anaesthetist, Paediatrician and Surgeon available at the health facility.
- In case drugs supplies, only IFA tablet, IFA syrup with dispenser and Mifepristone were not available during long stretch of time at facility. Adequate stock for vaccine was available.
- Delivery services after post natal care provided to free diet, asked to mother stay 48 hrs in hospital, given zero dose of BCG, Hepatitis B and OPV to newborn children in the hospital. JSY payment was not provided before discharge, which is transferred into beneficiary account. Overall, 95% JSY payment was disbursed in the block reported by MOIC.
- Total 583 deliveries were performed in 2016-17 and decreased to 467 women given child birth during 2017-18. No facility was available for C-section delivery at this CHC.
- No neonatal and infant death was reported during 2016-18 in the CHC and 3 still births registered in 2017-18.



4.4 Primary Health Centre, Sakenia

- The primary health centre (PHC) Sakenia was easily accessible with road connectivity and functioning in a government building,
- Staff quarters are available at PHC but doctors and other staffs is not residing in this quarter due to security concern.
- Human resource designated at health facility is: 1 MO, 1 Pharmacist and 1 sweeper at the PHC but MO has special duty at CMO office.

- The facility has an average OPD load of 7-8 patients per day, and only 4 beds are available. Toilets and washrooms are available and clean. Electricity was available with power backup like inverter and water facility was available in 24x7.
- Haemoglobinometer was not functioning and used others method for estimating of haemoglobin like strip meter. The facility has also B.P instrument and stethoscopes for blood pressure. Adult weighing machine and needle hub cutter are also available.
- Essential drugs such as IFA tablets, IFA syrup with dispenser, Vit. A syrup, ORS packets, Zinc tablets, Misoprostol. Drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc are in stock.
- There was no facility of bio-medical waste (BMW), it was collected garbage and pit in to underground. During the visit, no IEC display found at this PHC.
- Records are maintained for OPD, IPD, Indoor bed head ticket, Drug Stock.

4.5 Primary Health Centre, Shantipuri

- The facility was functioning under government building and it is found in well condition and staff quarters are available.
- Human resource shortage is main issue of both PHC. Only 1 ANM, pharmacist, sweeper, and ward boy was available for each at this PHC.
- Health infrastructure in PHC is in better condition. In this PHC, only 3 beds hospital was available for both male and female ward.
- General cleanliness of the facility was not good. Toilet was so filthy and not attached with wards. Drinking water facility was good and water available by bore well.
- Electricity was not available 24x7 hours and no power backup availability at health facilities. Total 13 deliveries conducted in the last month at PHC. Role of ANM and ASHAs are satisfactory to promoting the beneficiaries for institutional delivery. IEC display was not well maintained and also not updated in the facility.
- Essential equipment and adequate drugs are available at the PHC. Essential drugs like as ORS and Zinc and others were available for patients. Pregnancy testing kit, EC pill, and IUCD also available for the patients.
- OPD, IPD and others registers were maintained properly by the staff. There was no facility of Bio-medical waste (BMW), it was collected garbage and pit into underground.

4.6 Sub-Centre, Sakenia and Haldi

- Physical structure of both the sub Centres Haldi and Sakenia are in good condition. It has functioning in a government building. In this sub centre labour room were available but the condition of labour room at Haldi is quite better than Sakenia. Toilet available in both sub centres but not attached with labour room.
- The sub centre Haldi was converted into Health and Wellness Centre. The facility has an average OPD load of 984-1000 patients per month.
- This sub centre is situated in village areas and mostly use for immunization and emergency delivery cases. Electricity facility was available with power backup like inverter and 24x7 piped water facility was available.
- The sub centre Haldi has a total of 1 LMO, 1 SN, 1 Ward boy, 3 ASHAs, 1 Pharmacist, and 1 sweeper (contractual) and the sub centre Sakenia has 1 ANM, 1 ASHA sangini, 1 ASHA. The ANMs have been trained for SBA.
- The sub centre Haldi was conducted 3 deliveries per month but sub centre Sakenia was 10 deliveries per month. Before 4 month, Sakenia ANM had on leaves because her kidney transplants operation. Co-ordination between ASHAs and ANM is good.
- Record on immunization, utilization and JSY payment has maintained properly in both sub centre. IEC display was also not well maintained. Immunization found good in both SC. Both sub-centres are delivery point and total 15-30 delivery conducted in a month.
- Essential medicine at SC level like ORS, IFA tablet, Zinc, etc. For testing only Haemoglobinometer scale available. Sub centre Haldi was conducted lab test like sugar, malaria, and dengue. Some equipment like thermometer, weight machine, blood pressure machine was available in centre.
- Biomedical waste management was available on red and black coded bin but it has been dropped in a pit. Both Sub Centres have two bedded facilities.



5. Conclusion & Recommendations

5.1 Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health and address the challenges for further improvement. The Population Research Centre (PRC), Delhi initiated this work and monitoring the many states across country to propose the current health situation of the visited health facilities in Sambhal district. Programme Implementation Plan has focused on major key points such as facility based services, interaction with community based workers, utilisation of untied fund, infrastructure, condition of human resources, training of HR, quality in health facility, IEC, budget utilisation, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research (PRC), Delhi team has visited Jawahar Lal Nehru District Hospital, Udham Singh Nagar, Community Health Centre (CHC), Kichha, CHC Gadarpur, Primary Health Centre (PHC) Shantipuri, PHC Dineshpur, Sub-centre Haldi, and SC Sakenia.

Udham Singh Nagar district has total 7 blocks, 655 villages, 1 district hospital, 1 sub-district hospital, 5 FRUs hospital, 6 CHCs, 26 PHCs, 154 sub-centres, 8 adolescent friendly health clinic and 28 delivery points. In case of ambulance, district have 8 (108 ambulance), 8 (102 ambulance) and 2 mobile medical units. All the health facilities were running under the government building except 22 sub-centres in the rented building. Deficit of human resources especially of medical specialist was observed in the hospital. There was no data entry operator in the district hospital. Total 28 posts were vacant of ANM at different sub-centres in the district. Drugs were not supplied regularly at both sub-centres Sakenia and Haldi.

Out of total targeted sterilisation, male has reported very less number of sterilisation cases than female. Condoms have most preferred method by the people. Overall, 29 maternal deaths were reported by district hospital, out of total, 19 deaths taken place at hospital and 8 during the transportation. RBSK and RKSK programme is functioning in the district. The district has 1 SNCU, 2 NBSU and 1 NRC working to prevent child health from under nutrition and severe anaemia. AYUSH health facility was available at all the blocks except Kashipur and Kichha blocks in the district. Family planning budget has under utilisation against the sanctioned budget. Currently, 1235 ASHA are working in the district and no post is vacant in the district.

5.2 Recommendations

- There is urgent need to strengthen the health infrastructure and fill up the vacant post of medical staffs especially for Gynaecologist, Surgeon and paediatrician to tackle problem related to the delivery care and C-section complications in the district specially, at the CHC level.
- Bio-medical waste facility available at district hospital, outsourced through private company. It is important to expand this facility at CHC and PHC level to prevent risk of infections which is generated from waste disposed in the premise of health facility.
- In order to ensure good quality of data and proper reporting into HMIS portal, the roles and functions of the data entry operator can be reviewed in light of work requirements and task assigned at various facilities. Shortage of essential drugs was observed at the visited CHC and sub-centres, it is critical to ensure smooth supply as per the requirements at various health facilities.
- It is critical to ensure up gradation and repairs of diagnostic equipments like manual X-ray machine (replace with digital X-ray machine) at CHCs in the district.

ANNEXURE-1**List of Key Contact Person, Udham Singh Nagar district**

S.N.	Key Contact Person	Designation	Health Facility
1	Dr. Shailja Bhatt	Chief Medical Officer	District Hospital
2	Dr. Manish Agrawal	ACMO	District Hospital
3	Dr. Uday Shankar Misra	ACMO	District Hospital
4	Mr. Neeraj Saxena	District Programme Manager	District Hospital
4	Dr. Ajay Veer Singh	Hospital Manager	District Hospital
5	Dr. R. K. Dubey	Medical Office-in-Charge	CHC, Kichha
6	Dr. Satish Chand Gupta	Medical Office-in-Charge	CHC, Gadarpur
7	Dr. Upendra Rawat	Ayurvedic	CHC, Gadarpur
8	Mr. J. L. Chaudhary	Senior Lab Technician	Blood Bank, DH
9	Mr. Virendra Singh Kashyor	Pharmacist	CHC, Gadarpur
10	Mr. Rahul Srivastav	STS	CHC, Gadarpur
11	Mr. Mohammad Rizwan	BCPM	CHC, Gadarpur
12	Mr. M. K. Tripathi	Health Education Officer	CHC, Gadarpur
13	Mr. S. K. Diwedi	X-ray technician	District Hospital
14	Mr. Mahendra Chaudhary	Lab Technician	District Hospital
15	Mr. Jay Prakash Upreti	Pharmacist	PHC, Shantipuri
16	Smt. Vimla Arya	Lady Health Visitor	CHC, Gadarpur
17	Smt. Seema Rani	ASHA Coordinator	CHC, Gadarpur
18	Smt. Heera Mehta	Auxiliary Nurse Midwife	PHC, Shantipuri
19	Smt. Radhika Dhani	Auxiliary Nurse Midwife	PHC, Shantipuri
20	Smt. Bimla	Staff Nurse	PHC, Shantipuri
21	Smt. Lakshami	Staff Nurse	PHC, Shantipuri
22	Smt. Rajni Gudia	Auxiliary Nurse Midwife	Sub-centre, Sakenia
23	Smt. Lakshmi Rawat	ASHA	Sub-centre, Sakenia
24	Smt. Anju Devi	ASHA Facilitator	Sub-centre, Sakenia
25	Dr. Shashi Jain	Lady Medical Officer	Sub-centre, Haldi
26	Smt. Sushma Yadav	Auxiliary Nurse Midwife	Sub-centre, Haldi
27	Mr. Rudra Pratap Singh	Block Programme Manager	CHC, Kichha
28	Mr. Puranmal	RBSK Manager	CHC, Kichha

ANNEXURE-2



**NATIONAL HEALTH MISSION
MONITORING OF DISTRICT PIP**

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

Section 1 Details of demographic & health indicators for the last financial year

No. of Blocks	
No. of Village	
Population (Census 2011)	
Literacy Rate	
Sex Ratio	
Child Sex Ratio	
Density of Population	
Health Indicators	
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 check-ups within 48 hours	

Section-2: Detail of health infrastructure's in the last financial year

Health Facility	Number available	Govt. Building	Rented building/ Under
District hospital			
Sub-District hospital			
First Referral Units (FRUs)			
CHC			
PHC			
Sub centre			
Mother & Child Care Centres			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	Number available	Number	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

Section 3: Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynaecologists			
Paediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			
Data Entry Operators			
Any other, please specify			

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

Position Name	SBA	BeMOC	MTP	Minilap/PPS	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurse						
ANM						
LHV/PHN						

Note- Fill number of officials who have received training

Section 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					

Note- Fill number of officials who have received training

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

.....

 ...

Section 5.1. Block wise service delivery indicators in the last financial year				
Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Section 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

Section 5.3. Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

Section 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) (Haemorrhage, Obstetric Complications, Sepsis, Hypertension, Abortion, Others)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

Section 6.1. Child Health: Block wise Analysis of immunization in the last financial year											
Block	Target	OPV at birth	BC G	DPT			Pentavalent			Measles	Full Immunization
				1	2	3	1	2	3		

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

Section 6.3. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year									
Total neonates admitted in to SNCU	Treatment Outcome				Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA*		Discharge	Referred	Death	LAMA*

Note- * Leave against medical advise

Section 6.4. Neonatal Health: (SNCU, NRCs & CDR) in the last financial year				
Total Death	Place of Death			Major Reasons for death (% of deaths due to reasons given below)
	Hospital	Home	Transit	
				(Prematurity, Birth Asphyxia, Diarrhea, Sepsis, Pneumonia, Others)

Section 6.5. Rashtriya Bal Swasthya 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 Diseases	Ear Diseases	Heart diseases	Physical challenge	Anemic
2017-18									
2016-17									

Section 7. Family Planning achievement in District in the last financial year

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectable Contraceptives
	*T	*M	*F	*T	*Ach	*T	*Ach	*T	*Ach	*T	*Ach	

Section 8. RKSK Progress in District in the last financial year

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

Section 9. Quality in health care services

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits			
No. of facilities having colour 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			

Section 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 centres/ ASHA Ghar	
Drug kit replenishment	
No. of ASHAs trained in last year	
ASHA's Trained in Digital Literacy	
Name of trainings received	1) 2) 3)

Section 10.1. Disease control programme progress District (Non-Communicable Diseases)				
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				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				
Chronic Lung Disease				
Others, if any				

Section 10.2. Disease control programme progress District (Communicable Diseases)				
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				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
Japanese encephalitis				
Others, if any				

Section 11. AYUSH progress District in the last financial year			
Block	No. of facilities with AYUSH health centres	No. of AYUSH Doctors	No. of patients received treatment

Section 12.1 Pool Wise Heads Summary

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH+A Flexi pool		
PART II	NUHM Flexi pool		
PART III	Flexi pool for disease control programme		
PART IV	Flexi pool for Non-Communicable Diseases		
PART V	Infrastructure Maintenance		
S.No.	Scheme/Programme	Funds 2017-18 (in Lakh)	
		Sanctioned	Utilized
13.1	NRHM + RMNCH plus A Flexi pool		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		
13.1.6	Immunization		
13.2	NUHM Flexi pool		
13.2.1	Strengthening of Health Services		
13.3	Flexi pool for Communicable Disease		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	Flexi pool for Non-Communicable Diseases		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	Infrastructure		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

Section 13. HMIS/MCTS progress District in the last financial year		
HMIS/MCTS progress, Sambhal district, 2017-18		
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 analysed 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"/>	

ANNEXURE-3**District Hospital 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 24x7 water supply	Y	N	
1.1	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	
1.2	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Burn Unit	Y	N	
1.23	Availability of complaint/suggestion box	Y	N	
1.24	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.25	BMW outsourced	Y	N	
1.26	Availability of ICTC/ PPTCT Centre	Y	N	
1.27	Rogi Sahayta Kendra/ Functional Help Desk	Y	N	

Section II: Human Resource as on March 31, 2018				
S. no	Category	Sanctioned	In-position	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			
2.1	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. Number	Training	No trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.15	Immunization and cold chain		
3.16	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	
4.1	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	
4.2	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anaesthesia 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			
4.2a	Functional Hemoglobinometer			
4.3a	Functional Centrifuge			
4.4a	Functional Semi autoanalyzer			
4.5a	Reagents and Testing Kits			
4.6a	Functional Ultrasound Scanners			
4.7a	Functional C.T Scanner			
4.8a	Functional X-ray units			
4.9a	Functional ECG machines			

Section V: Essential Drugs and Supplies				
S. N.	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	
5.1	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	
Supplies		Y	N	
5.16	Pregnancy testing kits	Y	N	
5.17	Urine albumin and sugar testing kit	Y	N	
5.18	OCPs	Y	N	
5.19	EC pills	Y	N	
5.20	IUCDs	Y	N	
5.21	Sanitary napkins	Y	N	
Essential Consumable				
5.22	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services				
S.n.	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	
6.1	Ultrasound scan (Ob.)	Y	N	
6.11	Ultrasound Scan (General)	Y	N	
6.12	X-ray	Y	N	
6.13	ECG	Y	N	
6.14	Endoscopy	Y	N	
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				
S.No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure			
7a.2	Annual maintenance grant			

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 anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.1	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	
10.1	Other related IEC material	Y	N	

Section XI: Additional/Support Services				
S.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?

.....

ANNEXURE-4

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____	Name of Block: _____	Name of PHC / CHC: _____
Catchment Population: _____	Total Villages: _____	
Date of last supervisory visit: _____	Name & designation of monitor: _____	
Date 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	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 24x7 water supply	Y	N	
1.1	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 as on March 31, 2018				
S. no	Category	Sanctioned	In position	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		
3.1	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	
4.1	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	
Supplies				
5.16	Pregnancy testing kits	Y	N	
5.17	Urine albumin and sugar testing kit	Y	N	
5.18	OCPs	Y	N	
5.19	EC pills	Y	N	
5.20	IUCDs	Y	N	
5.21	Sanitary napkins	Y	N	
Essential Consumables				
5.22	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	
6.1	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		
7.1	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 postnatal 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				
S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential new-born 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				
9.1	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. 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs. 1,00,000/50,000-Check % expenditure)			

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	

ANNEXURE-5**FRU level Monitoring Checklist**

Name of District: _____	Name of Block: _____	Name of FRU: _____
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 24x7 water supply	Y	N	
1.1	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 New-born 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	
1.2	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 as on March 31, 2018				
S.No.	Category	Sanctioned	In-Position	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			
2.1	Pharmacist			
2.11	LHV			
2.12	Radiographer			
2.13	RMNCHA+ counsellors			
2.14	Others			

Section III: Training Status of HR			
S.No.	Training	No Trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.1	Laproscopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment				
S.No.	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Needle Cutter	Y	N	
4.5	Functional Radiant Warmer	Y	N	
4.6	Functional Suction apparatus	Y	N	
4.7	Functional Facility for Oxygen Administration	Y	N	
4.8	Functional Autoclave	Y	N	
4.9	Functional ILR and Deep Freezer	Y	N	
4.10	Emergency Tray with emergency injections	Y	N	
4.11	MVA/ EVA Equipment	Y	N	
4.12	Functional phototherapy unit	Y	N	
Laboratory Equipment		Y	N	
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Yes	No	Remarks
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	
5.1	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 available	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	
5.2	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	
6.1	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two financial years			
S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.1	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,		
7.2	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 hour 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 new-born 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				
9.1	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	
11.1	Other related IEC material	Y	N	

ANNEXURE-6**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 24x7 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 as on March 31, 2018				
S.No	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 nd ANM			
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	
4.1	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	
5.3	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			
S.No	Service Utilization Parameter	2016-17	2017-18
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		
6.1	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)			
7.1	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				
Sl.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.

