

NATIONAL HEALTH MISSION



A Report on Monitoring of important components of NHM Programme Implementation Planning in West District, Delhi



Submitted to



Ministry of Health and Family Welfare, Government of India

Dr. Suresh Sharma
Ms. Purva Bhalla



Population Research Centre,
Institute of Economic Growth
Delhi University Enclave- 110007
July, 2017

CONTENTS

List of Contents	2
List of Tables	4
List of Figures	4
Acknowledgment	5
Abbreviations	6
Executive Summary	8
1. Introduction	10
1.1. Background	10
1.2. Objectives	10
1.3. Methodology	11
1.4 Socio-Economic and Demographic Profile: Delhi & West Delhi	12
1.5 Health & Health Services Delivering Indicator: Delhi & West Delhi	14
2. Key Finding & Observation	19
2.1. Health Infrastructure: West Delhi	19
2.2. Facility Wise Observation	20
2.2.1 District Hospital Raghbir Nagar, West Delhi	20
2.2.2 Delhi Government Dispensary Bakkarwala	21
2.2.3 Delhi Government Dispensary Khayala	22
2.2.4 Seed PUHC, Kamruddin Nagar	22
2.2.5 Polyclinic Madipur	23
3. Human Resources: Status & Training	23
3.1 Training Status	25
4. Availability of Equipments & Drugs in Health Facilities	25
4.1 Availability of Drugs in health Facilities	27
4.2 Other Services	29
5. Service Delivery & Record Maintenance at Facility Level	29
5.1 Record Maintenance of Facility Level	30
5.1.1 Record Maintenance at District Hospital	30

5.1.2 Record Maintenance at DGD Bakkarwala & Khayala	31
5.1.3 Record Maintenance at Polyclinic Madipur	32
5.2 Quality Parameter of Health Facility	32
5.3 Janani Suraksha Yojana	33
5.4 Janai Shishu Suraksha Karyakaram	34
5.5 Information Education & Communication	35
5.6 Community Process	35
5.7 Disease Control Programme	36
5.8 HMIS	36
6. Facility Wise Observation	37
6.1 District Hospital Raghbir Nagar	37
6.2 Delhi Government Dispensary Bakkarwala	38
6.3 Delhi Government Dispensary Khayala	39
6.4 Seed PUHC, Kamruddin Nagar	40
6.5 Polyclinic Madipur	41
7. Conclusion and Recommendations	42
8. Annexure	46

LIST OF TABLES

Table-1 List of Visited Health Care Facilities in West, Delhi, 2017	12
Table-2 Key Demographic Indicators: All India, West District and Delhi	13
Table- 3 Maternal Health Indicators of India, Delhi and West Delhi, HMIS 2016-17	14
Table- 4 Child Health Indicators of India, Delhi and West Delhi, HMIS 2016-17	16
Table-5 Family Planning Indicators of India, Delhi and West Delhi, HMIS 2016- 17	17
Table- 6 Agency Wise Number of Health Facilities in West District, 2016- 17	19
Table- 7 Details of Health Infrastructure in West District, 2016- 17	20
Table- 8 Health Infrastructure Facilities Visited, 2017	20
Table- 9 Human Resources of West District under Delhi Government, 2017	23
Table- 10 Training Status of HR, West District, 2017	25
Table- 11 Availability of Equipment's of the Health Facilities Visited, 2017	26
Table- 12 Available Drugs of the Health Facilities Visited, 2017	27
Table- 13 Service Delivery at Public Health Facilities in January-March 2015-16 and April- June 2016- 17	31
Table- 14 Quality in Health Care Service in West District, 2017	33
Table- 15 Status of JSY payments in District in the Last Financial Year	33
Table- 16 Block wise JSSK Progress in the District in the Last Financial Year	34

LIST OF FIGURES

Figure-1: District Map of Delhi	13
Figure- 2: Health Infrastructure Facilities	22
Figure- 3: IEC Display of Health Facilities	35

ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM, PIP in West Delhi was successfully completed due to the help and cooperation received from District NHM Staff and support extended by officials from State Medical, Health and Family Welfare Department, Government of Delhi and Government of India also.

We gratefully acknowledge the support from Dr. Sunita Prasad, Chief District Medical Officer (CDMO) of West district. We specially thank to Dr Shalini Salwan, District Programme Manager of West district for their help and cooperation. The M&E exercise heavily relies on the cooperation and support of the health facility staff and we thank them for their active involvement during the monitoring visits in the districts.

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

Dr. Suresh Sharma
Ms. Purva Bhalla
Population Research Centre
Institute of Economic Growth,
Delhi-110007

ABBREVIATIONS

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga& Naturopathy, Unani, Siddha and Homeopathy
BB	Blood Bank
BMOC	Basic Emergency Obstetric Care
BCC	Behaviour Change Communication
BCG	Bacillus Calmette Guerin
BPL	Below Poverty Line
BSU	Blood Storage Unit
CDO	Computer Data Entry Operator
CDMO	Chief District Medical Officer
CGHS	Central Government Health Services
EMOC	Emergency Obstetric Care
ESIC	Employee State Insurance Corporation
EVA	Equine Viral Arthritis
DGD	Delhi Government Dispensary
DOTS	Directly Observed Treatment Strategy
DPMU	District Program Management Unit
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
F- IMNCI	Facility base IMNCI
GOI	Government of India
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ICTC	Integrated Counseling and Testing Centre
IEC	Information Education &Communication
IFA	Iron & Folic Acid
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPD	Indoor-Patients Department

IPHS	Indian Public Health Standards
IUCD	Intra Uterine Contraceptive Device
JSY	Janany Suraksha Yojna
JSSK	Janani Shisu Suraksha Karyakram
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCTS	Mother and Child Tracking System
MH	Maternity Home
MIS	Management Information System
MO	Medical Officer
MTP	Medical Termination of Pregnancy
NBCC	New Born Care Corner
NBSU	New Born Special Unit
NHM	National Health Mission
NGO	Non-Government Organisation
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NSSK	Navjat Shishu Surksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrics Gynecology
PHN	Public Health Nurse
PIP	Programme Implementation Plan
PPIUCD	Post Partum IUCD
PNC	Post Natal Care
RCH	Reproductive & Child Health
RKS	Rogi Kalyan Samiti
RTI/STI	Reproductive tract infection/Sexually transmitted infection
SBA	Skilled Birth Attendant (Special training course is available for SBA).
TT	Tetanus Toxoid
VHND	Village Health and Nutrition Day

EXECUTIVE SUMMARY

This report focuses in quality monitoring of important components of NHM. Here, Population Research Center (PRC) Delhi team was expected to observe and comment on the status of the key areas mentioned in the Records of Proceedings (RoPs). The PRC, Delhi team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study.

West district is one of the 11 districts of Delhi which caters a population of 2,543,243 people with a population density of 19625 per square kilometers according to Census 2011. The team has visited the district office, Guru Gobind Singh District Hospital, Polyclinic Madipur, Delhi Government Dispensary (DGD) Bakkarwala and Khyala and Seed Primary Urban Health Center (Seed PUHC) Kamruddin Nagar for the monitoring purpose.

The summary of strengths and weakness in the functioning of NHM activities in the West District are as follows:

Strengths:

- The facilities like the district hospital, DGDs, polyclinic and even the seed PUHC of the district were adequately maintained. The premises were generally found to be clean. All vital equipments and drugs were available in all the facilities expect for the vaccination for MMR and Typhoid which were irregular in supply.
- The district was performing well in family planning. Methods popularly adopted were IUCD insertions and PPIUCD. This has been possible by the counselling and constant motivation given by the doctors, ANMs and ASHAs to the patients for considering family planning.
- ASHAs were playing a prominent role in improving maternal and child health, recognizing this Guru Gobind Singh hospital has provisioned for a separate registration counter for pregnant ladies linked with ASHAs. This has additionally helped ASHAs by increasing patient's faith in them due to preferential treatment being received by the patient on being linked with an ASHA.
- The ARSH unit was functional in the facility. There were counselors to create awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues. If at some

facilities response was not active for separate counselling then efforts were undertaken to counsel young patients in OPD itself.

- The IEC displays were well placed in all the health facilities and were visible. The displays were communicating essential information like the timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on.

Weaknesses:

- It was observed that contractual employment was impacting the performance of staff as incentives were not being offered to them. Salary differential between contractual and regular employees was also prominent. Performance based incentives can be offered to employees thereby, providing them with an opportunity to increase their salary by increasing their efforts and performance.
- It was reported that mandatory data reporting requirement was consuming lot of doctor's time. The data reporting was separate for Delhi Government and MCD.
- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues. Lack of trainings was identified as an important concern in the district for instance ANMs were lacking training in HMIS, immunization, IMNCI and others.
- Maintenance of DGD Bakkarwala and Khyala which was functioning in rented building and was in a bad condition with water leakage problems, damp walls and lack of functional toilet facility.

1. INTRODUCTION

1.1. Background

National Health Mission (NHM) has become one of the integral parts for providing health services in the country and funds allotted for NHM activities have increased many folds since its inception and thus quality monitoring is important to ensure that the programme is being implemented as planned and that the desired results are being achieved. It is a continuous process done during the implementation of the plan. Monitoring covers the physical achievements against planned expectations as per the timelessly defined, financial expenditure reports, strengthening of health institutions and the quality service delivery at all the levels.

Therefore, feedback regarding progress in the implementation of key components of the NHM could be helpful for both planning and resource allocation purposes. Therefore, the Ministry of Health and Family Welfare (MoHFW) has entrusted the Population Research Centre, Delhi, (PRCD Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs, it is expected that PRCs would evolve suitable quality parameters and assume a critical role in monitoring the various components of the NHM every quarter. As part of the quarterly qualitative reports, the PRCs are expected to observe and comment on the status of the following key areas mentioned in the Records of Proceedings (RoPs):

- Mandatory disclosure of the documents related to NRHM functioning.
- Key innovation and practices in the district.
- Areas of concern in the district.
- Key strengths and weakness in the implementation of the program.

1.2. Objectives

Major objectives of this monitoring and evaluation PIP study are:

- To understand the status of physical infrastructure of availability in the health facilities under NHM Programme
- To understand the availability and efficiency of human resource required for better service facilities
- To understand the gap between Demand and supply of health service delivery under NHM programme

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

1.3. Methodology

This report discusses the implementation status of NHM in West District of Delhi. The report is based on the findings and observation of District Hospitals (DH) Guru Govind Singh Government Hospital, Delhi Government Dispensary (DGD) Khyala and Bakkarwala, Seed PUHC Kamruddin Nagar and Polyclinic Madipur for the monitoring purpose. Before visiting the field a semi-structured interview schedule was used for interaction with Chief Medical and Health Officer (CM&HO), District Program Manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The filed visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with officials such as CM&HO, DPM and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of West District, Delhi in providing the health care services under NHM. PRC Delhi Team visited the district office of West to interact with CM&HO, DPM and other nodal officers of the district. A brief profile oh health scenario of the district has been discussed intensively and officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Program etc. and also on the gaps in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

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

Table- 1 List of Visited Health Care Facilities in West, Delhi 2017

Facility Type	Name of the Facility
District Hospital District Hospital (DH)	Guru Gobind Singh Hospital
Delhi Government Dispensary (DGD)	Bakkarwala
Delhi Government Dispensary (DGD)	Khyala
Seed Primary Urban Health Centre (PUHC)	Kamruddin Nagar
Polyclinic	Madipur

The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of West District and examined the status of the key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, DGD, Seed PUHC and Polyclinic to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of National Health Mission. The Secondary Data was taken from the DPMU and CM&HO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

1.4. Socio-Economic and Demographic Profile: Delhi & West District

Delhi is located at 28.61°N 77.23°E, and lies in Northern India. It borders the Indian states of Haryana on the north, west and south and Uttar Pradesh (UP) to the east. The total area of NCT Delhi is 1483 Sq. km. It has a length of 51.9 km (32 mi) and a width of 48.48 km (30 mi). Population of NCT of Delhi has increased from 1.39 crore in 2001 to 1.68 crore in 2011 with the decennial growth of 21.21%.

West Delhi is bound by the districts of North West Delhi to the north, North Delhi and Central Delhi to the east, South West Delhi to the south, and Jhajjar District of Haryana state to the west

Figure1: District Map of Delhi



Source: CDMO OFFICE

West Delhi has an area of 129 km², with a population density of nearly 14,000 persons per km². The population of 1,743,980 consists of 949,750 males and 794,230 females. Children between 0–6 years are 203,528 consisting of 109,526 boys and 94,002 girls. The literacy rate is above 70% at a total of 1,301,252 of which 739,572 are males and 561,680 females.

Table- 2 Key Demographic Indicators: West District & Delhi

Indicators	Delhi	West
Approximate Population	1.68 crores	NA
Actual Population	16,787,941	2,543,243
Male	8,987,326	1,356,240
Female	7,800,615	1,187,003
Estimated Population	19,129,936	2,898,037
Population Growth	21.21	18.91
Sex Ratio	901	876
Density/km ²	11320	19625
Total Child Population (0-6 Age)	2,012,454	288,421
Male Population (0-6 Age)	1,075,440	154,088
Female Population (0-6 Age)	937,014	134,333

Literacy (%)	86.21	87.12
Male Literacy (%)	90.94	91.17
Female Literacy (%)	68.85	82.50
Schedule Caste Population in %	16.80	14.80
Schedule Tribe Population in %	0.00	0.00

Source: Census of India, 2011

- Sex ratio per 1000 male in Delhi is 901 and in West District 876. There is a lot of difference in the sex ratio of Delhi and West District.
- Literacy rate is highest in Delhi 86% as compared to the nation. Literacy rate of West district is also higher than state.
- Proportion of Schedule Caste population in Delhi is higher than the nation and also west district schedule caste population percentage is also very less compared to the state. No schedule tribe population found in west district.

1.5 Health and Health Service Delivery Indicators: Delhi & West District

Maternal health indicators are based on maternal and child health. Maternal health determined by Anti Natal Checkups, TT2 and IFA consumption. In table- 3 shows that only 4 percent pregnant women of Delhi have registered for ANC during 2016-17. Out of state ANC, 6 percent share is to West district. The health indicators of the West district are represented in following:

- ANC registered in 1st trimester of concern districts is higher than other states. 32.7 percent pregnant women registered in 1st trimester in Delhi and 39.3 percent in West district respectively. Proportion of 3 ANC checkups is high in district but it declining in state. Pregnant women received TT2 or booster is also important component of mother health care. Less than 25 percent women of Delhi and 20 percent of West district received TT2. IFA tablet is another component for better mother health. It has reduced iron deficiency of pregnant women.

Table-3 Maternal Health Indicators of Delhi and West Delhi, HMIS 2016-17

Indicators	Delhi	West
Maternal Health		
Total Number of Pregnant Women Registered for ANC	993842	168110
%1 st Trimester registration to Total ANC Registrations	32.7	39.3
% Pregnant Women received 3 ANC check-ups to Total ANC Registrations	56.7	58.0
% Pregnant Women received TT2 OR Booster to Total ANC Registration	25.4	19.6

% Pregnant Women given 100 IFA to Total ANC Registration	52.8	65.6
Delivery		
Number of Home Deliveries	16497	2018
% SBA attended Home Deliveries to Total Report Home Deliveries	7.5	1.8
Institutional Deliveries (Public Insts. + Pvt. Insts.)	255017	30382
% Institutional Deliveries to Total ANC Registration	25.7	18.0
% Institutional Deliveries to Total Reported Deliveries	93.9	93.8
% Safe deliveries to Total Reported Deliveries	94.4	93.9
% Home deliveries to Total Reported Deliveries	6.1	6.2
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	83.1	77.1
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	16.9	22.9
% C- section deliveries (Public + Private) to reported Institutional (Public + Private) Deliveries	29.6	34.2
% C-sections conducted at public facilities to Deliveries conducted at public facilities	23.6	25.8
% C-sections conducted at private facilities to Deliveries conducted at public facilities	59.1	62.5

Source: HMIS, 2016-17

- Number of home delivery in Delhi has been decreased throughout the fast few years. Proportion of home delivery in district it is 6.2 percent and in state which is 6.1 percent. Out of the home deliveries 1.8 percent was conducted by SBA in West district whereas 7.5 percent in Delhi. Institutional delivery is achieving up to 94 percent in district where as more than 94.4 percent in Delhi. Delivery conducted at public institution is more than 70 percent in state and nation but at private institution only 23 percent in district. Proportion of C-section at private health institution found to be more than 55 percent in both district and state. But C-section cases are found less in public health institution.

From the table- 4 tell about the still birth, live birth, PNC and immunization related health indicators.

- According to NRHM guideline, women should stay in the hospital for 48 hr. in case of normal delivery and 7 days for CS cases. But in study district 57 percent and in state 47 percent discharged before 48 hour whose deliveries were conducted at public health facilities.

After delivery, special care is essential for the new born baby. Weight measurement of the new born baby is important to rectify the nutritional status of the child. If baby having less than 2.5 kg weight than it could be taken under risk. However, special care is needed. Percentage of new born weight is 96 percent in state and 92.6 in district during 2016-17. Under weight less than

2.5kg children are found more in district 25.8 percent and in state 21.6 percent. According to W.H.O. mother should feed to her child with in 1hour. Breast feeding provides better nutrition to the child and protect from some unusual diseases.

Table- 4 Child Health Indicators of Delhi, and West Delhi, HMIS 2016-17

Indicators	Delhi	West
Live and Still Births		
Total Number of reported Live Births	269366	32195
Total Number of reported Still Births	5111	573
% Live Birth to Reported Birth	98.1	98.3
PNC		
Number of Women Discharged under 48 hours of delivery in Public facilities	99065	13288
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at Public Institutions	46.7	56.7
Women received post-partum check-up within 48 hours of delivery	234942	27012
Post-Natal Care/ Women got postpartum check-up between 48 hours and 14 days	168879	34083
% Women receiving postpartum check-up within 48 hours of delivery to Total Reported Deliveries	86.5	83.4
% Women getting Postpartum Checkup between 48 hours and 14 days to Total Deliveries	62.2	105.2
New Born Care		
% Newborns weighed at birth to live birth	96.0	92.6
% Newborns having weight less than 2.5 kg to Newborns weighed at birth	21.6	25.8
% Newborns breast feed within 1 hour of the birth to total live birth	73.6	64.8
% Newborns visited within 24 hours of home delivery to total reported home deliveries	51.3	62.9
Immunizations		
Number of Infants given OPV 0 (Birth Dose)	241194	29392
Number of Infants Given BCG	304598	37701
% Newborns given OPV 0 at birth to Reported live birth	89.5	91.3
% Newborns given BCG to Reported live birth	113.1	117.1
Number of Infants given DPT 1	17015	3027
Number of Infants given DPT 2	14115	2606
Number of Infants given DPT 3	13171	2530
Number of Infants given Pentavalent 1	295876	39293
Number of Infants given Pentavalent 2	289911	38678
Number of Infants given Pentavalent 3	284421	38640
Number of Infants given Measles	312133	42728
% Infants 0 to 11 months old who received Measles vaccine to reported live births	113.9	132.7
Number of fully immunized children (9-11 months)	300125	42211
% Drop out between BCG& Measles	-2.5	-13.3
Total Number of Infants Deaths Reported	3430	326

Source: HMIS, 2016-17

- Immunization given to the children is another important component to strengthening mother and child health care. If child immunize properly than chances of infant death can be reduce.

Various immunization camps has been conducted at national level to aware the people. BCG, Polio, Measles, DPT1, DPT2, DPT3, Vitamin A, etc are the importance for child.

From the Table- 5 as it tells about various process of birth control for both man and women. Family planning is also another streamline indicator to control unusual pregnancy. Family planning is the planning of when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management. According to biomedical science interval between two births is important for safe motherhood and child nutrition.

- Family planning is the planning of when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management. Family planning is sometimes used as a synonym or euphemism for the use of birth control; however, it often includes a wide variety of methods, and practices that are not birth control. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy also known as spacing children. Family planning may encompass sterilization, as well as abortion.

Table- 5 Family Planning Indicators of Delhi and West Delhi, HMIS 2016-17

Family Planning	Delhi	West
Total Sterilization Conducted	18869	2119
% Male Sterilization (Vasectomies) to Total Sterilization	7.0	3.1
% Laparoscopic sterilizations to Total Female Sterilizations	57.8	54.5
% Mini Lap Sterilizations to Total Female Sterilizations	12.8	5.9
% Postpartum Sterilizations to Total Female Sterilizations	29.4	39.6
% Laparoscopic sterilizations at Public Institutions to Total Laparoscopic Sterilizations	69.6	96.5
% Mini Lap sterilizations at Public Institutions to Total Postpartum Sterilization	84.5	77.0
% Postpartum sterilization at Public Institutions to Total Postpartum Sterilization	93.2	87.3
Total cases of deaths following Sterilization (Male + Female)	0	0
IUCD Insertions done (public facilities)	80494	11361
IUCD Insertions done (private facilities)	3876	548
Total IUCD Insertions done (public + private)	84370	11909
PPIUCD Insertions done (public facilities)	43669	6351

% PPIUCD Insertions (public) to Total IUCD Insertions (public)	54.3	55.9
% PPIUCD Insertions (public) to Total Institutional Deliveries (public)	20.6	27.1
% IUCD Insertions in public plus private institutions to all family planning methods (IUCD + permanent)	81.7	84.9
Oral Pills distributed	199092	23044
Condoms pieces distributed	6879685	755748
Centchroman Pills distributed	328	11

Source: HMIS, 2016-17

- Methods of family planning not only protect from un-wanted pregnancy but it safe from HIV and sexually transmitted diseases. Awareness on family planning methods is most important at facilities level. These facilities are available in all health institutions in Delhi. For adolescent ARSH clinic open at PUHC and DGD level. It creates awareness to the adolescent girls.
- Female sterilization is higher than male. During 2016-17 total 2119 sterilization were conducted in West district. More than 58 percent women found laparoscopic sterilization in Delhi, 54.5 percent in West district.
- Proportion of Mini Lap sterilizations at Public Institutions to Total Mini Lap Sterilizations is low in district 5.9 percent and in state 12.8 percent.

2. KEY FINDINGS & OBSERVATION

2.1. Health Infrastructure: West Delhi

Health infrastructure of a district has a significant role in ensuring effective provision of all the services to the beneficiaries. From the table- 6 show the health infrastructural scenario of West District. In West district, 1 tertiary care hospital (Super Speciality Janakpuri Hospital), 3 District hospitals (Deen Dayal Hospital, Guru Govind Singh Government Hospital and Acharaya Shree Bhikshu Hospital) and 1 sub- district hospital (SardarVallabh Bhai Patel Hospital). 6 maternal and child welfare, 3 Polyclinic (TilakVihar, Madipur and PaschimVihar), 12 Allopathetic DGDs and Seed PUHCs, 12 AYUSH Dispensaries, 11 Other Dispensaries and 28 Aam Admi Mohalla Clinics. There is no Homeopathic and Unani MCD dispensary in West District.

Table- 6 Agency Wise number of Health Facilities in West District, 2016-17

Type of Health Facilities	Number
Tertiary Care Hospitals	1
District Hospital	3
Sub District Hospital	1
Community Health Center (CHC)	0
Delhi Government Polyclinic	3
Allopathic Delhi Government Dispensaries (DGD)	25
Seed Primary Urban Health Centers (PUHCs)	7
Allopathic MCD Dispensaries	5
Maternal and Child Welfare (M&CW) Centers, MCD	16
Allopathic CGHS Dispensaries	8
Allopathic ESI Dispensary	6
AYUSH Dispensaries (collocated in DGDs)	12
Other Dispensaries	11
AAM ADMI Mohalla Clinic	28

Source: CDMO, West District, Delhi

As we can see that Delhi Government Health infrastructure is a crucial foundation on which quality healthcare services rely. Health infrastructure of West district is represented in table 7. All the facilities were functioning in government building except for 22 Mohalla Clinic and 6 Mother and child health care which were functioning in rented buildings. It comprises of following:

Table-7 Details of Health Infrastructure in West District, 2016-17

Health Facility	Number Available	Government Building	Rented Building/ Under construction
District Hospital	04	04	--
Poly Clinics	03	03	--
Mohalla Clinics	28	06	22
Delhi Government Dispensaries	25	19	06
Mother & Child Care Centers	18	18	--
MCD Hospitals	1	1	--

Source: CDMO, West District Delhi

2.2 Facility Wise Observation

2.2.1 District Hospital Raghurir Nagar, West District

- Guru Gobind Singh Hospital is a 100-bedded hospital established in the resettlement colony of Raghurir Nagar, West Delhi under "Special Component plan" of Delhi Government with a view to provide secondary level health care to low socio economic group of people of Raghurir Nagar and adjacent areas of an approximate population of 5 lakhs.
- The hospital is easily accessible from nearest road head and is functioning in maintained government building. It is equipped with 24*7 water supply and electricity power back up. Staff quarters are available for senior residents and other categories but not for medical officers (Table- 8).

Table- 8 Health Infrastructure Facilities Visited, 2017

S. no	Infrastructure	DH	DGD(B)	DGD(K)	SPUHC	POLYCLINIC
1	Health facility easily accessible from nearest road head	Y	Y	Y	Y	Y
2	Functioning in Government building	Y	Y	Y	N	Y
3	Building in good condition	Y	N	Y	N	Y
4	Staff Quarters for MOs	Y	N	--	N	N
5	Staff Quarters for SNs	Y	N	--	N	N
6	Staff Quarters for other categories	Y	N	--	N	N
7	Electricity with power back up	Y	Y	Y	Y	Y
8	Running 24*7 water supply	Y	Y	Y	Y	Y
9	Clean Toilets separate for Male/Female	Y	N	Y	Y	Y
10	Functional and clean labour Room	Y	N	--	N	N
11	Functional and clean toilet attached to labour room	Y	N	--	N	N

12	Functional New born care corner(functional radiant warmer with neo-natal)	Y	N	--	N	N
13	Functional Newborn Stabilization Unit	Y	N	--	--	N
14	Functional SNCU	Y	--	--	--	N
15	Clean wards	Y	N	--	--	--
16	Cleanliness of the facilities	Y	--	--	--	--
17	Separate Male and Female wards (at least by partitions)	Y	N	--	--	--
18	Availability of Nutritional Rehabilitation Centre	Y	--	--	--	--
19	Functional BB/BSU, specify	Y	--	--	--	--
20	Separate room for ARSH clinic	Y	--	--	--	--
21	Burn Unit	N	--	--	--	--
22	Availability of complaint/suggestion box	Y	Y	Y	Y	Y
23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	Y	Y	Y	Y
24	BMW outsourced	Y	--	--	--	Y
25	Availability of ICTC Centre	Y	--	--	--	N
26	Availability of functional Help	Y	--	--	--	--

Source: Field Visit, PRC TEAM, 2017. Note: Y- Yes, N- No and (--)- Not applicable

- All the health facilities was accessible in district hospital, as there were separate room for ARSH, separate male/ female wards, availability of complaint/ suggestion box, availability of biomedical waste management facility and out sourced facility, availability of ICYC/PPTCT centre and availability of functional help desk.

2.2.2 Delhi Government Dispensary, Bakkarwala (DGD, B)

- The Delhi government dispensary, Bakkarwala is located interiors of the area and is not easily accessible from nearest road head. It was functioning in a rented building. The basement room walls were in bad damp condition as there were problems of water leakages and seepage. The dispensary was also facilitating a fever clinic because of dengue spread at that time. It was operating in two shifts 7 AM-2 PM and 2 PM-9 PM.
- The toilets of the facility were not in good conditions as there were problems of flush system locking the door and water leakages. The building was not in good condition although facilities were their but still very old infrastructure. Shortage of staff and mismanagement.



Suggestion Box in DGD Khyala



Maternity Room of District Hospital

Figure- 2: Health Infrastructure Facilities

2.2.3 Delhi Government Dispensary, Khayala (DGD, K)

- Government building, small property according to MO (1st floor of the building is only used for storage- Space is being underutilized). Overpopulated area, congested construction and lots of health infrastructure problem.
- There is only one washroom for everybody to use. Although 24* 7 running water supply but no separate washroom for male/ female. No privacy for counseling. Boils or skin infections most common during monsoons. Converted to ASHA unit.

2.2.4 Seed PUHC, Kamruddin Nagar

- The seed PUHC Kamruddin Nagar is easily assessable from nearest road head. It was functioning in a rented building and was not in a good condition. A major problem in the facility was of termites. It was resulting in wastage of vaccine and medicine stock as well. No action was being initiated by the CDMO office.

- Toilet facilities were there as separate and clean toilet for male/ female. But there was availability of electricity power backup, 24*7 water supply. As there was an availability of complaint/suggestion box and also mechanism for waste management.

2.2.5 Polyclinic, Madipur

- The polyclinic Madipur is located at 10 kms distance from the district headquarters and has easy accessibility from nearest road head. The facility is functioning in well maintained government building and catering to a population of 34,723.
- Cottages industries are established in the nearby areas which resulted in migration of population. Workers keep moving according to work and wages being offered to them due to which tracking they for immunization and other activities become difficult.
- The literacy rate is poor in the area. Earlier it was a maternity home which is now converted into Polyclinic.
- In polyclinic there was lack of health facilities problems like shortage of MOs and ANMs, functional toilet, newborn stabilization unit, as seen in the table. Laboratory equipment's are required at each of the polyclinic. The standby generators or inverters are either not there or are non-functional. Laundry facilities do not exist and are required.

3. Human Resources: Status & Training

Human Resource Management is involves planning, recruitment, sustenance and utilizing it to the best for the profit of the organization keeping in mind the personal benefits. Staff shortage is major constraint of all health facility. In most of the facility NHM funds are available but there high absenteeism of NHM staffs.

Table-9 Human Resources of West District under Delhi Government, 2017

Position Name	Sanctioned	Contractual	Total Vacant
MO's including specialists	65	40	26
Gynecologists	2	01	01
Pediatrician	10	02	08
Surgeon	---	---	---
LHV	---	---	---

ANM	126	102	24
Pharmacist	21	13	08
Lab technicians	54	41	13
X-ray technicians	---	---	---
Data Entry Operators	45	37	08
Staff Nurse at CHC	61	26	33
Staff Nurse at PHC	---	---	---

Source: CDMO, West District Delhi

As in the table- 9 shows the HR position of the concern district during 2017. In the district 65 medical officers are sanctioned by the government and out of which 40 are on contractual basis and only 25 are regular. But there are 26 vacant seats left for M.O as it's a huge number and also requirement of staff is the major issue occurred in the district. Only 2 gynecologists are sanctioned by the government and out of which 1 contractual and only 1 is vacant. In the district, there were no surgeon, LHV, X-ray technicians and staff nurse PHC and which creating a lot of problem. Besides, there are total 126 ANMs sanctioned by the government and 102 contractual but still 24 seats are still vacant. Staff nurse at CHC 61 is sanctioned, 26 were contractual and still 33 seats are vacant. These staffs are not adequate to cover of all health facilities.

Human resources of the selected health facilities where field survey was conducted and it was observed that in District Hospitals there were three medical officers are available in Raghubir Nagar and also 2 pediatrician, 11 SNs, 2 AMNs, 1 LT and 6 others (1C.D.E.o, 1 Laprosy Assistant, 3 O.T Assistant and 1 Nutritionist).

The human resource of the health facility as it comprises of 2 MOs, 3 ANMs, 2 Pharmacists and 6 others (1 Dresser, 1 LA, 1 CDEO, 1 NO and 2 SCC).

In District Government Dispensary the availability of human resources in Khayla as there are only 3 medical officers available, six AMNs, 1 LTs, 3 Pharmacists, and 8 others (2 LA, 1 CDEO, 1 DOTS provider RNTCP, 1 Dresser, 1 Aya and 2 SCC).

Seed PUHC Kamruddin Nagar is functioning by one medical officer. Eight AMNs are guiding to the ASHs who have provided support to the outreach patients. Only 1 LTs and 2 Pharmacists are present. In polyclinic one OBC coming twice a week, One Pediatrician, 1 General Surgeon, 1 Medical Officer, 1 SN, 1 LT, 2 Pharmacists and 3 others (1 NO, 1 Dresser and 1 SCC).

3.1. Training Status

- In district level there are various training programme are conducted for medical officers, ANM, Pharmacist, ASHAs, and CDOs. 1 ANM is supervised to 5 ASHAs. ASHAs are working in the outreach areas. However, training for ASHAs is most important. In West district during last financial year 2016-17, ASHAs model VII training has provided at state level. The training held in district as well as unit level. The schedule and timing of training is done at district level. ASHAs of this district are good aware on mother and child health care. HMIS training is also provided to the CDO for better data quality in the district. HMIS coordinator and Account officer of West district is guiding to the newly appointed HMIS and account officer of West district.
- As in table- 10 shows that in district hospitals their 3 SBA, 13 MTP/ MVA, 1 NSV, 2 F-IMNCI, 10 NSSK, 13 Mini Lap- Sterilization, 4 Laproscopy- Sterilization, 14 PPIUCD, 5 blood storage, 13+3 immunization and cold chain, and 68 others training status.

Table- 10 Training Status of HR, West District, 2017

Training	DH
EmOC	N.A
LSAS	N.A
BeMOC	N.A
SBA	3
MTP/MVA	13
NSV	1
F-IMNCI	2
NSSK	10
Mini Lap-Sterilization	13
Laproscopy-Sterilization	4
IUCD	N.A
PPIUCD	14
Blood Storage	5
IMEP	N.A
Immunization and cold chain	13+3
Others	68

Source: Field Visit, PRC TEAM, 2017. Note- N.A- Not Applicable/ Not Available

- In DGD Bakkarwala and Khyala, Seed PUHC Kamruddin Nagar only immunization and cold chain training is done. And in Polyclinic training is done at state level so district doesn't have any data.

4. AVAILABILITY OF EQUIPMENTS AND DRUGS IN HEALTH FACILITY

Availability of necessary equipment is essential for all health institution. In this section we will discuss the availability of necessary equipment in the selected health facilities. Table- 11 reveals that at District Hospital BP instrument and stethoscope, sterilize delivery sets, neonatal kit, weight machine, needle cutter, radiant warmer, suction apparatus, oxygen, try with emergency injection, and ILR and Deep freezer are available and also functioning. Only dialysis equipment is not available.

Table-11 Availability of Equipment of the Health Facilities Visited, 2017

Equipment	DH	DGD (B)	DGD (K)	SPUHC	POLYCLINIC
Functional BP Instrument and Stethoscope	Y	Y	Y	Y	Y
Sterilized delivery sets	Y	N	--	N	--
Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	--	N	--
Functional Weighing Machine (Adult and child)	Y	Y	--	Y	Y
Functional Needle Cutter	Y	Y	Y	Y	--
Functional Radiant Warmer	Y	N	--	N	N
Functional Suction apparatus	Y	Y	--	N	N
Functional Facility for Oxygen Administration	Y	Y	Y	Y	--
Functional Foetal Doppler/CTG	Y	--	--	--	--
Functional Mobile light	Y	--	--	--	--
Delivery Tables	Y	--	--	--	--
Functional Autoclave	Y	N	Y	--	Y
Functional ILR and Deep Freezer	Y	N	Y	Y	Y
Emergency Tray with emergency injections	Y	Y	Y	Y	Y
MVA/ EVA Equipment	Y	--	--	--	N
Functional phototherapy unit	Y	--	--	--	N
Dialysis Equipment	N	--	--	--	--

Source: Field Visit, PRC team, 2017. Notes: Y-Yes, N-No, (--)-Not applicable/ Not available.

- At DGD Bakkarwala BP instrument, weight machine, needle cutter, radiant warmer, suction apparatus, facility of oxygen administration, deep freezer, and emergency tray with emergency injection are available. Many of the equipment's were not there like sterilized delivery sets, neonatal, paediatric and adult resuscitation kit, radiant warmer, autoclave and ILR.

- At DGD Khyala very less equipment were working BP instrument, needle cutter, and facility for oxygen administration, autoclave, ILR and deep freezer and emergency tray with emergency injection. There were many equipment's which were not their sterilized delivery sets, neonatal, paediatric and adult resuscitation kit, weighing machine, radiant warmer, and suction apparatus.
- At Kamruddin Nagar Seed PUHC weight machine for both adult and child, needle cutter, and BP machine are available and functioning. Other equipment's are not available here at seed PUHC.
- At Polyclinic Madipur BP machine, weighing machine, autoclave, ILR and deep freezer and emergency tray with emergency injections are available. But there was no radiant warmer, suction apparatus and MVA/ EVA equipment.

4.1 Availability of Drugs in Health Facility

Availability of Drugs is essential for better health care in any health facilities. At public health institutions drugs provide to the patients at free of cost. Availability of drugs at public hospital is more important for the poor who are depending on free public health services. However, it needs to be checked stock of medicines at health facilities. List of essential drugs should be available in health facilities are given in Table-12.

Table-12 Available Drugs of the Health Facilities Visited, 2017

Drugs	DH	DGD (B)	DGD (K)	SPUHC	POLYCLINIC
EDL available and displayed	Y	Y	Y	Y	Y
Computerized inventory management	Y	N	Y	N	N
IFA tablets	Y	Y	Y	Y	Y
IFA syrup with dispenser	Y	Y	Y	Y	Y
Vitamin A syrup	Y	Y	Y	Y	Y
ORS packets	Y	Y	Y	Y	Y
Zinc tablets	Y	Y	Y	Y	Y
Injection Magnesium Sulphate	Y	N	--	N	N
Injection Oxytocin	Y	N	--	N	N
Misoprostol tablets	Y	N	--	N	N
Mifepristone tablets	Y	N	--	N	N
Availability of antibiotics	Y	Y	Y	Y	Y
Labelled emergency tray	Y	Y	Y	Y	Y
Drugs for hypertension, Diabetes, common	Y	Y	Y	Y	Y

ailments e.g. PCM, metronidazole, anti-allergic drugs etc.					
Adequate Vaccine Stock available	Y	Y	Y	Y	N
Supplies					
Pregnancy testing kits	Y	Y	Y	Y	Y
Urine albumin and sugar testing kit	Y	Y	Y	Y	Y
OCPs	Y	Y	Y	Y	Y
EC pills	Y	Y	Y	Y	N
IUCDs	Y	Y	Y	Y	N
Sanitary napkins	Y	N	N	N	N
Essential Consumables					
Gloves, Mackintosh, Pads, bandages, and gauze etc.	Y	Y	Y	Y	Y

Source: Field Visit, PRC team, 2017. **Notes:** Y-Yes, N-No, (--) -Not applicable/ Not available.

- All the drugs were easily accessible in District Hospital IFA syrup, vitamin A syrup, ORS packets, oxytocin injection, antibiotic, label emergency tray, and vaccines. And also all the supplies of pregnancy kit testing, urine albumin and sugar kit, EC pills, sanitary napkins were also there and even essential consumables like gloves, mackintosh, pads, bandages and gauze.
- Both the DGD Bakkarwala and Khyala EDL available, IFA tablet, syrup, vitamin A, ORS, zinc tablet, availability of antibiotics, labelled emergency tray, drugs for hypertension, Diabetes, common ailments e.g. PCM, metronidazole, anti-allergic drugs etc. and Adequate Vaccine Stock available. Even all the supplies were there but except for sanitary napkins.
- Likewise in Seed PUHC Kamruddin Nagar IFA tablet, vitamin A syrup, ORS packets, zinc tablet, and antibiotic available. HB sugar testing kits, OCPs, EC pills, and IUCDs are also supplied to the patients.
- In Polyclinic Madipur IFA tablet, vitamin A syrup, ORS packets, zinc tablet, and antibiotic available. HB sugar testing kits, OCPs, EC pills, and IUCDs are also supplied to the patients.

4.2 Other Services

- Tests like Hemoglobin, CBC, Urine albumin and sugar, Blood Sugar, RPR, Malaria, T.B, HIV, X- ray and ECG test are available in the District Hospital. There is also a provision of blood bank/ blood storage unit like functional blood bags refrigerators with chart of temperature recording, sufficient number of blood bags available and check register for number of blood bags issued for BT in last quarter. But there were no ECG, LFT, ultrasound as it is outsourced under JSSK.
- At DGD Bakkarwala service available like hemoglobin, urine albumin and sugar, blood sugar, CRP, RA Factor, Platelet count, Typhoid, HBsAg, HCV, Urine RM and VDRL. CBC serum bilirubin test, RPR, Malaria, T.B and HIV test are not provided. At DGD Khyala test like Hemoglobin, CBC, Urine albumin and sugar, Blood sugar, RPR, T.B and HIV are available. But except serum bilirubin and malaria test is not provided.
- In Seed PUHC Kamruddin Nagar test like hemoglobin, urine albumin and sugar and blood sugar were available. No CBC, Serum bilirubin test, RPR, Malaria, T.B and HIV test have provided to the patients.
- In Polyclinic Madipur test like Hemoglobin, CBC, Urine albumin and sugar, Blood sugar, RPR and T.B are available. But except LFT, HIV and malaria test is not provided.

5. SERVICE DELIVERY AND RECORD MAINTENANCE AT FACILITIES LEVEL

Service delivery and record maintenances are another important aspect of NHM Delhi. Though this we can understand how many patients are utilizing the public health facilities and how medical staff maintaining all the record. To know the utilization of health care we had checked the record maintained by the medical staffs. The records have given us number of Out Door Patients (OPD), Indoor Patients (IPD), maternal health related indicators, child health related indicators, and family planning conducted at facility level. This information is from last two quarter like quarter one January-March 2016 and second quarter is April-June 2017.

5.1 Record Maintenance at Facilities Level

Record maintenance is essential for proper tracing of the mechanism working of the system. All the records are properly maintained by different sections of the facility. For OPD information OPD registered is maintained at all visited health facilities. It has maintained with patients name, address, sex, age, and also contacts information. For IPD information IPD registered has maintained only at MH as no IPD at DGD and SPUHC. ANC registered for ANC checkups. It has maintained every months. In the record they are maintained 1st ANC, 2nd ANC and 3rd ANC cases.

Records on indoor bed head ticket, Family Planning, Immunisation, updated micro plan, referral cases both in and out, drug stock, JSY payment, and united fund expenditure all these registers were well maintained at District Hospitals. DGD Bakkarwala and Khyala have only maintained OPD, ANC, Immunisation, and drug stock register. Seed PUHC Kamruddin Nagar has maintained the records on united fund expenditure, annual maintenance grants, JSY payment, and eligible couple registered MCP cards, village register, line listing of severely anemia pregnant women, updated micro plan, vaccine supply for each session day, and due list and work plan received from MCTS portal. All these facilities are available at SPUHC Kamruddin Nagar. In Polyclinic Madipur all the drugs were in stock and registers were maintained.

5.1.1. Record Maintenance at District Hospital

From the table- 13 is also shows that the information maintained at visited facilities during last two years January-March 2015-16 and April-June 2016-17.

- Total number of OPD patients in District Hospitals was 671173 during January-March 2015-16 which increase to 682699 during April-June 2016-17. Even the IPD patients were also increased from 19130 to 19159. Total deliveries conducted were reducing from 4711 to 4634. It may be due to patients are going to district hospital or any other private hospitals for delivery. Numbers of C- sections conducted were reduced from 1334 to 1130. As number of neonates initiated breast feeding with one hour patients reduce from 4011 to 3373. All mothers can feed their children after one hour of delivery. Numbers of admission were increased from NBSUs/ SNCU as earlier it was 1542 to 1664. Even the numbers of children admitted with SAM (Serve Acute Malnutrition) were also increased from 80 to 97. Number

of pregnant women referred from other places also increased as earlier it was 375 and now it is 545 patients. Numbers of children giving Vitamin A were also reduced to 1735 to 1712. There is only 9 ANC 1 registration in April- June 2016-17 and the ANC 3 coverage has also increased from January- March 2015-16 it was 11000 and April- June 2016-17 it is 12521. Even the number of adolescents attending ARSH clinic have been increased earlier it was 685 and now it is 733.

- Numbers of IUCD and PPIUCH insertions have been reduced from 2074 to 1797 and 1806 to 1511. Total MTPs has been drop out as earlier it was 215 and now it is 184. Neonatal deaths have been reduced from 23 to 16.

5.1.2. Record Maintenance at DGD Bakkarwala and Khyala

- In both the DGD, OPD patients have been increased. ANC 1 registrations have been reduced in both the DGDs. But ANC3 coverage have been increased in Bakkarwala and reduced in Khyala while compared with the earlier years. Numbers of children fully immunized have been increased in both the DGDs.

Table-13 Service Delivery at Public Health Facilities in January- March 2015-16 and April- June 2016-17

Service Utilization Parameter	DH		DGD (B)		DGD (K)		SPUHC		POLYCLINIC	
	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17	2015-16	2016-17
OPD	671173	682699	32964	36702	76645	109955	45079	42659	NIL	NIL
IPD	19130	19159	N.A	N.A	-	-	-	-	NIL	NIL
Total deliveries conducted	4711	4634	N.A	N.A	N.A	N.A	-	-	NIL	NIL
No. of C section conducted	1334	1130	-	-	-	-	-	-	NIL	NIL
No. of neonates initiated breast feeding within one hour	4011	3373	-	-	-	-	-	-	NIL	NIL
No of admissions in NBSUs/ SNCU, whichever available	1542	1664	N.A	N.A	N.A	N.A	-	-	NIL	NIL
No. of children admitted with SAM (Severe Acute	80	97	-	-	-	-	-	-	NIL	NIL

Malnutrition)										
No. of pregnant women referred	375	545	455	394	-	-	977	1127	NIL	NIL
ANC1 registration	-	9	455	394	491	377	607	610	NIL	NIL
ANC 3 Coverage	11000	12521	365	394	316	271	649	615	NIL	NIL
No. of IUCD Insertions	2074	1797	107	99	9	10	161	158	NIL	NIL
No. of PPIUCD Insertion	1806	1511	N.A	N.A	-	-	-	-	NIL	NIL
No. of Vasectomy	-	-	N.A	N.A	-	-	-	-	NIL	NIL
No. of Minilap	-	-	N.A	N.A	-	-	-	-	NIL	NIL
No. of children fully immunized	-	-	468	493	673	783	1139	1378	NIL	NIL
No. of children given ORS + Zinc	-	-	-	-	-	-	-	-	NIL	NIL
No. of children given Vitamin A	1735	1712	468	493	-	-	2541	2838	NIL	NIL
Total MTPs	215	184	N.A	N.A	N.A	N.A	-	-	NIL	NIL
Number of Adolescents attending ARSH clinic	685	733	-	-	N.A	N.A	-	-	NIL	NIL
Maternal deaths	1	0	NIL	NIL	N.A	N.A	-	-	NIL	NIL
Still births	86	46	N.A	N.A	N.A	N.A	-	-	NIL	NIL
Neonatal deaths	23	16	NIL	NIL	N.A	N.A	-	-	NIL	NIL
Infant deaths	-	-	NIL	NIL	N.A	N.A	-	-	NIL	NIL

Source: Field Visit, PRC team, 2017. Notes: Y-Yes, N-No, NA-Not applicable/ Not available.

5.1.3. Record Maintenance of Seed PUHC, Kamruddin Nagar and Polyclinic, Madipur

- As in table- 13 shows that OPD have been reduced as earlier it was 45079 and now it is 42659 in SPUHC. BUT IN Polyclinic no RCH facility is provided. There are 2 maternity homes so people go to there. In SPUHC ANC 3 coverage have been reduced from 649 to 615. And even the IUCD insertions have been reduced from 161 to 158. But ANC 1 registrations have been increased from 607 to 610. Both the number of children fully immunized and number of children given Vitamin A have been increased.

5.2 Quality Parameter of Health Facility

Quality parameters need to be checked for better performance of the health facilities. If quality will be better than utilization of public health facilities are increases. In West district bio medical pits are not available. But there is availability of outsourcing bio-medical waste in DH and PHC.

Table- 14 Quality in Health Care Service in West District, 2017

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	0	-	0
No. of facilities having color coded bins	6	-	35
Outsourcing for bio-medical waste	Yes	-	Yes
If yes, name company	SMS Water	Grace pvt. Ltd	Nilothi, Nangloi
How many pits have been filled	N.A	-	N.A
Number of new pits required	NIL	NIL	NIL
Infection Control			
No. of times fumigation is conducted in a year	-	-	NIL
Training of staff on infection control	Yes	-	Yes

Source: CDMO, West District, Delhi

It observed that 6 color coded bin are available in West district. In District hospital and DGD Bakkarwala and Khyala manages high risk pregnancy. DH also provides essential newborn care, manage sick neonates and infant, segregation of waste in colour coded bins, bio medical waste management and action taken on MDR shows us the quality of health facilities of District Hospital.

5.3 Janani Suraksha Yojana

- Janani Suraksha Yojana is an initiative for ensuring safe motherhood under NHM. It basically aims at reducing maternal and neonatal- mortality rate by promoting institutional deliveries among poor pregnant women. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries.
- Overall, the program was running smoothly in the district. The coverage of JSY program was significantly high in district.
- All JSY payments are made through online transfer portal within 48 hours after delivery. Post the delivery reporting HMIS portal.

Table- 15 Status of JSY payments in district in the last financial year

Status of payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Available	Updated	Non updated
1441	2	765	Yes	---	--

Source: CMO office, West District, 2017

- Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The

scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

5.4. Janani Shishu Suraksha Karyakaram

- JSSK is launched in 2011 to provide safe delivery and safe motherhood under NRHM. Its main objective is to provide free medicine, free transport, free diagnostic and free diet during delivery and PNC care up to 30 days after delivery to the women. The mottoes of JSSK are to reduce unusual out-of-pocket expenditure during delivery so that institutional delivery can be promoted. The entitlements fund of JSSK can be used to support beneficiaries to conduct delivery at a public health institution. The facility under JSSK is not available for patients whose deliveries have been conducted at a private health centre. ASHAs support beneficiaries to access these JSSK services. They are responsible for the beneficiaries from pregnancy to delivery. They support beneficiaries to reach the hospital and get all services at free of cost during delivery. But according to a past study in Delhi, beneficiaries are directly going to the health facilities. In West district, 21366 beneficiaries received free facility on diet, 42793 on drugs, and 41457 on diagnostic.

Table 16- Blockwise JSSK Progress in district in the last financial years

	No. of Beneficiaries under JSSK			District Total		
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Pregnant Women (PW)	21366	42793	4157	44(11 CATs, 21 Ambulance Hospital, 12 State Vehicle)		322
Sick Neonates (SI)	---	9608	8224			43

Source: CMO office, West District, 2017

- There is available home to facility and facility to home by CAT ambulance. As there are 44 transport vehicles out of which 11 CATs, 21 Ambulance Hospitals, 12 State Vehicle home to facility. All these benefits were at free of cost. Free transport facilities are also available to transfer in inter facility. JSY entitlement fund is directly transferred to the ASHAs' account. For one delivery case, an ASHA gets 600 rupees. To receive JSY entitlement fund, a lot of up

paper work like bank account, identity proof, etc. In that case ASHAs not showing interest on JSY. Not only ASHA but beneficiaries are also not showing interest due to irrespective paper work. However, utilisation of JSY in west district is not very satisfactory. JSSK programme were only in district hospitals.

5.5. Information Education And Communication

IEC is the best method to aware the people regarding health programme like immunisation, family planning, JSSK benefit, and child nutrition. We observed from the facilities that IEC display was effective. When patients came to the facilities, they are able to know the scheme by the help of visual picture posted in health facilities. In District Hospital, IEC cover on: citizen charter, visiting time, list of service available, essential drugs list, protocol posters, and JSSK entitlement in the wall of health facility.



5.6. Community Process

NHM provide ASHAs in village level. ASHAs trained at state level. VII module training conducted for ASHAs so that she can provide better guidance to the patients. In West district presently 739 ASHAs working. 61 ASHAs position vacant which need to be fill. Skill development and refresher training was conducted monthly in unit level. In a year only one

meeting conducted with ASHAs. In this district 14 ASHAs resource or ASHAs ghar for ASHAs. ASHAs have taken care to the pregnant women and children of outreach areas. From interaction with ASHAs we found that they have malaria testing kit but not aware to use.

5.7. Disease Control Programme

Provision of disease control programme is to cure disease like T.B., RTI/STD, leprosy, malaria, dengue, and others communicable and non-communicable diseases. Communicable diseases affected more to patients. However, treatment is essential without any delay to avoid risk on mortality. Sometime viral fever promote to non-communicable diseases if treatment not done at time. However, it should control in early stage. In West Delhi 4688 cases were detected, diabetes out of them 17923 patients and for hypertension 8863 were detected out of 29364 patients.

5.8. HMIS

HMIS were functioning well in the district with timely recording of data. This has been helpful in tracking women and child health timely and to know how much district is able to achieve its targets of health indicators.

Duplication of work due to uploading data on multiple portals needs consideration as it increases the work load of staff members, for instance uploading same data on different portals of Delhi government and also for MCD. Timely and accurate data can be achieved if we minimize the duplication effort and centralize the data uploading portal from where respective authorities can consider it for their use. Another method can be by provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers.

Trainings are required for ANMs for HMIS as it was observed that they were not trained enough to upload data on portals. Data entry operator is not available for all 7 days in all facilities and therefore training the ANMs is essential for timely uploading the data. Sometimes the data entered in portal mismatches the data entries in registers. Therefore, there is a need to improve the quality of existing training sessions to improve the quality of data.

6. FACILITY WISE OBSERVATIONS

6.1. District Hospital, Guru Govind Singh Government Hospital, Raghbir Nagar

- An issue with JSY payments- Portal was closed since June, as the payments is pending. It is difficult to find patients through portal. The hospital maintains all its records online, including OPD records.
- This is an outsourced Pilot Project of the Delhi government to link healthcare system to digital modes since 2011. They were also planning to visit nearby schools and colleges for counselling youngsters on contraceptive uses, safe sex, menstrual hygiene and other issues.
- No maternal deaths in the last financial year. There is a new blood bank in the hospital now. Colour coded cards for patients to make identification easy, Red for high risk and green for others.
- 4 doctors in the hospital are trained for sterilization. The gynecology department was very active and had a lot of relevant IEC material on display.
- PPIUCD has increased to 50% in the last financial year. This has been promoted a lot by doctors in the hospital. A lot of paper work is required for PPIUCD insertion which demotivates the doctors to encourage its use as they are already loaded with other administrative work and high OPD visits. The same goes for other long term contraceptives.

6.2. Delhi Government Dispensary, Bakkarwala

- Caters to 21000 populations and the place is easily accessible by road to bakkarwala village on one side and JJ Colonies on the other side. There are a lot of JJ Colonies in the area, max population belongs to low socio-economic strata. Migratory population from other states, mostly UP and Bihar and a few from Rajasthan (Banjara).
- 10 ASHAs in total, training till module 7 is complete. ANMs- monthly refresher training, no training for IUCD insertion. Some migrants are also not willing to come for ANC checkups even when ASHAs try to convince them. According to the MO, Mission Indradhanush has led to an increase in no. of children immunised
- Government building, very poor infrastructure- needs renovation. Contraceptive usage counselling- Mostly married women come for counselling. People accept it and bring it to practice except for the migrant community from Rajasthan that lives in the area.
- Drugs are in stock, registers maintained for Drug stock, Family planning etc. Condoms and pills are kept in a corner in the ANM room for people to collect it without any hesitation. Regular health talks, family planning awareness and other activities are conducted in the area.
- Though the infrastructure is really bad, the facility has maintained cleanliness in and around its property. The facility also has well maintained green area which is taken care by the staff there.

6.3. Delhi Government Dispensary, Khyala

- 40% were Muslim population and it was very overpopulated and congested area. Government building and its very small property according to MO (1st floor of the building is only used for storage- Space is being underutilized). There is only one washroom for everybody to use.
- Staff is very shortage so the doctor handles OPD and Clinic alone. 3 doctors on paper but 1 is always detailed. 4 ANMs, 2 Pharmacist, 2 LT, 1 CDO (3 times a week) and 20 ASHAs (ASHA Unit). Converted to ASHA unit recently. Training till module 6 is complete for ASHAs, Regular refresher training for ANMs.
- According to MO there is no privacy for counselling. Focused group discussions and awareness programs are conducted by the facility in the area. Only a few cases of RTI/STI reported, counselling provided for the same by doctor.
- Boils or skin infections most common during monsoons. DOTS Centre, TB is common in the area. Lab- Registered maintained, all equipments were working, all the dustbins in place. Bio medical waste disposal is outsourced.

6.4. Seed Primary Urban Health Centre, Kamruddin Nagar

- As it is a rented building so the infrastructure was in bad condition and it need to be renovated. Even there was no power back. Maximum migratory population from U.P, Bihar and Bengal. As it cover more than 80,000 populations.
- The staff of SPUHC 1 MO, 2 Pharmacist, 8 AMNs, 34 ASHA. CDO comes only twice a week, so very difficult to monitor and so again work load increases. STI reporting is going on.
- People come for immunization and the coverage is good more than 80-85 percent. IN Indradhanush there was shortage of vaccine, more of paper work and it's for short period so less improvement.
- AMNs are trained and all the training has been done. But for ASHAs for last 2-3 months no training is given.

6.5. Polyclinic, Madipur

- Mostly of the population was migratory population. Upgraded to polyclinic from dispensary. Infrastructure is sufficient.
- No RCH (ANC & Immunisation) facilities, 2 maternity homes nearby cater to the RCH needs of the population. No ANMs and ASHAs at the facility.
- Used to provide family planning counselling till it was a dispensary. Now, there is a family planning specialist (2 days a week) at the facility. All drugs are in stock. Registers are maintained.

7. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report explains the Monitoring and Evaluation findings of the West District of Delhi. The team visited health facilities viz: District Hospital GGS, Maternity home Madipur, M&CW Centre Peeragarhi, IPP VIII Jawalपुरi, DGDs Nawada and seed PUHC Nihal Vihar.

- The district embraces resettlement colonies and migratory population. It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population.
- The facilities like the district hospital, maternity home, M&CW centre and even the seed PUHC of the district were adequately maintained. The premises were generally found clean. The only exception in maintenance was of DGD Nawada which was functioning in a rented building and was in a bad condition with water leakage problems, damp walls and lack of functional toilet facility. All vital equipments and drugs were available in all the facilities except for the vaccination for MMR and Typhoid which were erratic in supply.
- Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation, IMNCI and others.
- The JSY payments were being often delayed as beneficiaries did not have their own account and as per new rules, payments have to be transferred only in beneficiaries account and not in any family member's account. Verification of the beneficiary was also a problem as they were generally not equipped with identification documents like Aadhaar card and others.

- Under JSSK, the beneficiaries were receiving free diet and free medicines.
- Maternal deaths and still births were high in the district numbering 44 and 636 respectively in 2014-15. The major reason for high still birth was prevalence of home deliveries in absence of SBA and missing or not undertaking ANC checkups. But efforts were being made by the doctors, ANMs and ASHAs to convince their respective catchment population for institutional deliveries and undertaking complete ANC and PNC checkups.
- ARSH was found to be functional. The adolescents were being given counselling in the areas of delay of marriages, prevention of teenage pregnancies, safe abortions and so on. Counselling was also being given to young girls for their menstrual issues. The facilities where response was not adequate for ARSH, counselling was being undertaken in OPD itself. On field counselling was also being given by the doctors and ANMs.
- It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at some facilities. One of the facility had an innovate display of ASHA Pehchan. A colourful chart was made and each ASHA and her area were represented so that patients can recognize easily the ASHA associated with him/her.
- HMIS and MCTS were functioning averagely in the district as data entry operators were available on shifting basis which led to delays in uploading data. Also, many facilities were facing server problems wherein they were not able to upload data due to congestion on site.

Recommendations

- The employment under NHM is on contractual basis resulting in lack of motivation among the employees to work. Also, it was reported that there was enormous salary differentials along with minimal hike between NHM employees and other medical employees. Thus rational appointments are a priority concern. Performance based salary can offer a solution by providing an opportunity to NHM employees to increase their salary by improving their performance.

- Inadequate training to the health staff in the district is a worrisome factor. No training was conducted for EmoC, BeMoc, LSAS, F-IMNCI, NSSK and Mini lap sterilization. Thus, it is recommended to immediately take rectifying measures.
- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.
- The norms regarding ultrasound requiring only 15 per cent of the cases to be screened was preventing the delivery of complete maternal and child healthcare. If problems relating to development of child or any other complications are not detected in early stages, the foetus will develop thereby, eliminate the possibility of abortion and later may lead to still birth. Increasing the ultrasound coverage is therefore essential
- Clarity in Human resource guidelines was lacking for instance, regarding sanctioning of holiday of the employees, working hours of resident employees under NHM and other issues.
- Some steps should be taken for speedy recruitments. Suggestions were made to decentralise recruitments for lower positions like ANMS, data entry operators and others while key position can continue to be centralised.
- There are delays in JSY payments as beneficiaries do not have their own account or there are verification problems. Thus, some steps should be taken to solve the issue.
- Family planning services need to spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.
- The CDO is also not regular in many facilities but is on shifting basis which is impacting timely and accurate data uploading by the facility. This issue needs to be addressed to obtain timely, accurate and complete information.

- Repetitive work should be avoided like doing a head count every time at the start of a new program such as Mission Indradanush and others initiated in same or nearing months. Agencies running the programs are different but the target population is the same. Repetitive survey is getting the population irritated resulting in low response.

ANNEXURES



NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. DETAIL OF DEMOGRAPHIC & HEALTH INDICATORS FOR THE LAST FINANCIAL YEAR

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

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

2. DETAIL OF HEALTH INFRASTRUCTURES IN THE LAST FINANCIAL YEAR

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
Poly Clinics			
Mohalla Clinics			

Delhi Government Dispensaries			
Mother & Child Care Centers			
MCD Hospitals			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	Number available	Number functional	Remarks
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource under NHM in the last financial year

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

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 Nurses						
ANM						
LHV/PHN						

* Note- Fill number of officials who have received training

4.2. TRAINING STATUS OF HUMAN RESOURCE IN THE LAST FINANCIAL YEAR

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

4.3 WHETHER RECEIVED ANY LETTER FROM THE DISTRICT/STATE INFORMING ABOUT THE TRAININGS, IF YES THEN FOR WHICH TRAININGS?

.....

5.1 BLOCK WISE SERVICE DELIVERY INDICATORS IN THE LAST FINANCIAL YEAR

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

Note- Please include the data for Medical College and DH

5.2 BLOCK WISE SERVICE DELIVERY INDICATORS OF POST NATAL CARE (PNC) IN THE LAST FINANCIAL YEAR

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

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

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

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

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) Hemorrhage- Obstetric Complications - Sepsis- Hypertension- Abortion- Others-	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery

6.1. CHILD HEALTH: BLOCK WISE ANALYSIS OF IMMUNIZATION IN THE LAST FINANCIAL YEAR

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

6.2. CHILD HEALTH: DETAIL OF INFRASTRUCTURE & SERVICES UNDER NEONATAL HEALTH, IN THE LAST FINANCIAL YEAR

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

6.3. NEONATAL HEALTH: (SNCU, NRCS & CDR) IN THE LAST FINANCIAL YEAR

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

Note- * Leave against medical advise

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-

6.5. RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK), PROGRESS REPORT IN THE LAST TWO FINANCIAL YEARS

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

7. FAMILY PLANNING ACHIEVEMENT IN DISTRICT IN THE LAST FINANCIAL YEAR

Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms	
	Target	Male	Female	Target	Ach*	Target	Ach*	Target	Ach*	Target	Ach*

*ACHIEVEMENT

8. ARSH PROGRESS IN DISTRICT IN THE LAST FINANCIAL YEAR

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

9. QUALITY IN HEALTH CARE SERVICES

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

10. COMMUNITY PROCESS IN DISTRICT IN THE LAST FINANCIAL YEAR

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

11.2 DISEASE CONTROL PROGRAMME PROGRESS DISTRICT (NON-COMMUNICABLE DISEASES)

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

12. AYUSH PROGRESS DISTRICT IN THE LAST FINANCIAL YEAR

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

13. BUDGET UTILISATION PARAMETERS:

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

14. HMIS/MCTS PROGRESS DISTRICT IN THE LAST FINANCIAL YEAR

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

DH level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

1.25	Availability of ICTC/ PPTCT Centre	Y	N	
1.26	Availability of functional Help Desk	Y	N	

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

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

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	Dialysis Equipment	Y	N	
4.18	O.T Equipment			
4.19	O.T Tables	Y	N	
4.20	Functional O.T Lights, ceiling	Y	N	
4.21	Functional O.T lights, mobile	Y	N	
4.22	Functional Anesthesia machines	Y	N	
4.23	Functional Ventilators	Y	N	
4.24	Functional Pulse-oximeters	Y	N	
4.25	Functional Multi-para monitors	Y	N	
4.26	Functional Surgical Diathermies	Y	N	
4.27	Functional Laparoscopes	Y	N	
4.28	Functional C-arm units	Y	N	
4.29	Functional Autoclaves (H or V)	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi auto analyzer	Y	N	

4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

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

Section VI: Other Services:

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrition)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				

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

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the health facility	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the health facility	Y	N	
10.4	List of services available	Y	N	
10.5	Essential Drug List	Y	N	
10.6	Protocol Posters	Y	N	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.10	Other related IEC material	Y	N	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

- 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)?
.....
.....
.....
- 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?

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

POLYCLINIC/FRU LEVEL MONITORING CHECKLIST

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

Section I: Physical Infrastructure:

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

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

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

**Section III: Training Status of HR:
(*Trained in Past 5 years)**

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

Section IV: Equipment:

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

S.No	Service Utilization Parameter	2015-16	2016-17
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		

7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		
7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

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