NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN ALIGARH DISTRCT, UTTAR PRADESH

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List of acronyms and Abbreviations

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

Executive Summary

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

This report hence focuses on the monitoring of essential components of NHM in Aligarh district for the year 2017-18. The assessment was carried out in the month of July, 2018 and thus captures the status of NHM activities in the said district of Uttar Pradesh.

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

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

Strengths

- The National Health Mission (NHM) has been a successful undertaking in the district with all health facilities (except 89 Sub-centres) running in government building.
- ASHA's contribution is in the district was found effectual. Training till 3rd phase of module 6-7 completed.
- Immunisation coverage has improved with monthly and quarterly vaccination undertaking, and has greater scope of improvement in the coming years.
- Blood Bank is effectually serviceable in the district (ranks 3rd in Uttar Pradesh)
- One medical College offering JSSK benefits with own diet arrangement running in the district.
- JSY programme was successful in increasing Institutional deliveries. 90 percent of JSY beneficiaries' payments are completed.
- JSSK initiatives' are operative and effective in the district.
- Rashtriya Bal Swasthya Karyakram (RBSK) is functional in all blocks and implemented on two fixed days (Monday & Friday) at Schools, Anganwadis and Delivery points.
- District Early Intervention Centre (DEIC) is active and effectual.
- Rashtriya Kishor Swasthya Karyakram (RKSK) is well-operative in the district.
- Mahila Arogya Samiti (MAS) is prevalent and accessible in the district.
- Rogi Kalyan Samiti (RKS) are present in the district.
- AYUSH facilities of the district are in effect functional and much in demand.
- Under Family Planning, Antara Programme has been launched and serviceable at the District Hospital.
- The District has assigned a fixed day i.e., 21st of every month as NSV (No Scalpel Vasectomy) Day
- Trauma Centre is recently constructed and located at the combined District Hospital.
- NRC (10-bedded) and SNCU effectively functional in the district.
- IEC/BCC actions have successfully done its task of spreading awareness regarding various aspects of health entitlements for the beneficiaries.

- The Communicable disease control programme is effective and functional. Under which, the Vector Borne Disease Programme i.e., Malaria and Dengue and influenza disease control are operative.
- The quality coordinator of the district oversees performance concerning Kayakalp. BMW Management is efficient and systematically outsourced.

Weaknesses

- Infrastructures with respect to residential quarters are inadequate, most are in a dilapidated condition and hence uninhabited.
- ASHA Co-ordinator is not available in the district for the last two years.
- The district observes shortage of manpower. Shortage of Gynaecologist, Dental surgeon, ANM, Staff nurses, optometrists, MO and Lab Technicians observed.
- Under Institutional Deliveries, certain fraction of JSY payments are defaulting; issues in MCTS registration and lack of Bank Account.
- IEC Co-ordinator is not available in the district.
- Quantity of weighing machines provided to RBSK teams is not sufficient.
- Training for mobilization in RBSK team has been conducted yet.
- Current NRC and SNCU units are incapable to cater to the entire patient load.
- 102-Ambulances and 108-Ambulances available as of present are inadequate as per its need.
- Sub-centres observed lacking piped water and electricity and are mostly dysfunctional with inadequate facilities.
- For getting JSSK benefits, cases of patients not waiting for 48 hours post-delivery observed in the district.
- The tender for managing of Bio-Medical Waste is given to one company. The effectiveness thus suffers in the given case. Lack of impetus and awareness with regards to infection control and waste management prevails.

Introduction

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

The Ministry of Health and Family Welfare (MoHFW) has consigned Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2018-19. A timely and systematic assessment of the key components of NHM is important for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components.

Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

- ☑ Mandatory disclosures on the state NHM website.
- ☑ Components of key conditionality and new innovations.
- ☑ Strategic areas identified in the roadmap for priority action.
- ☑ Strengths and weaknesses in implementation.

This monitoring report concerned the Aligarh district in Uttar Pradesh where the monitoring was carried out in July 2018. In the district apart from the Chief Medical Officer's Office, Mohan Lal Gautam Government Hospital, Malkhan Singh Zila Hospital, Community Health Centre Harduaganj, Community Health Centre Charra, Primary Health Centre (Madrak) Block Lodha and Sub Centre (Nohati) Block Lodha were visited.

This report provides a review of key population, socio-economic, health and service delivery indicators of the Aligarh District. The report also deals with health infrastructure and human

resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

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

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

Facility Type	Name of the facility
District Hospital (Female)	Mohan Lal Gautam Government Hospital
District Hospital (Male)	Malkhan Singh Zila Hospital
Community Health Centre (FRU)	Community Health Centre Charra
Community Health Centre (Non-FRU)	Community Health Centre Harduaganj
Primary Health Centre	Primary Health Centre (Madrak) Block Lodha
Sub-Centre	Sub Centre (Nohati) Block Lodha

Objectives

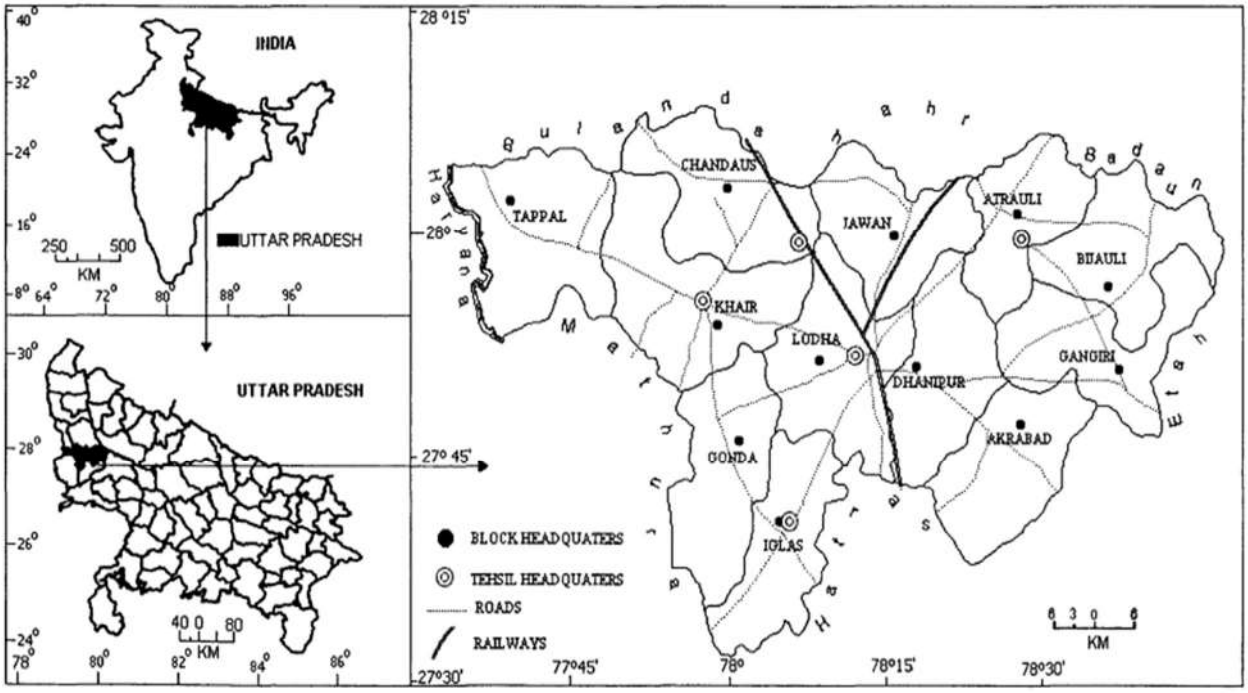
The given are the objectives which are to be followed as the NHM norms and guidelines:

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

1. District Profile: Aligarh

The Aligarh district is a part of Central Ganga Plain of the state covering an area of 3700.4 square kilometer. The district is bounded by river Ganga in the west and the river Yamuna in the east. The district is mainly drained by river Ganga & Yamuna and their tributaries, Karwan, Sirsa and Sengar are among the important ones. The entire district falling in Upper- Ganga doab represents flat topography. Aligarh is located in the western part of the state at a distance of about 126 kilometers from Delhi. The district comprises the northern most part of Agra division and is bounded by Bulandshahr district in the North, Etah in the east, and Mathura in the west and Hathras district (Mahamayanagar) in the South. The district of Aligarh is spread from 27°29' to 28° 11' North latitudes and 72° 38' east longitudes. The greatest width from east to west is about 116 kilometers while the maximum length from North to South is about 2 kilometers. The total geographical area of the district is about 3,650 square kilometers (as per census 2011).

Figure 1: Integrated Map of Aligarh, Uttar Pradesh, India



Aligarh district is divided into five tehsils, namely Kol Tehsil, Khair Tehsil, Atrauli, Gabhana and Iglas. These tehsils are further divided into 12 blocks. In total now, there are 13 blocks with Gangwri being the latest made block in Aligarh district

In terms of the Key demographic representation of the Aligarh district in Uttar Pradesh, the following Table 2 illustrates the main demographic scenario of the given district.

Table 2: Key Demographic Indicators: Aligarh & Uttar Pradesh

Description	Uttar Pradesh	Aligarh
Actual Population	**199,812,341**	**3,673,889**
Male	**104,480,510**	**1,951,996**
Female	**95,331,831**	**1,721,893**
Population Growth	**20.23%**	**22.78%**
Area Sq. Km	**240,928**	**3,650**
Density/km2	**829**	**1,007**
Proportion to Uttar Pradesh Population (percent)	**100%**	**1.84%**
Sex Ratio (Per 1000)	**912**	**882**
Child Sex Ratio (0-6 Age)	**902**	**877**
Average Literacy (percent)	**67.68%**	**67.52%**
Male Literacy (percent)	**77.28%**	**77.97%**
Female Literacy (percent)	**57.18%**	**55.68%**
Total Child Population (0-6 Age)	**30,791,331**	**574,509**
Male Population (0-6 Age)	**16,185,581**	**306,019**
Female Population (0-6 Age)	**14,605,750**	**268,490**
Literates	**114,397,555**	**2,092,567**
Male Literates	**68,234,964**	**1,283,380**
Female Literates	**46,162,591**	**809,187**

Source: Census 2011

Table: 2 summarizes the demographic and socio-economic profile of the Aligarh as such,

- ☑ The district is home to about 36.7 lakh people, among them about 19.5 lakh (53 per cent) are male and about 17.2 lakh (47 per cent) are female. The population of the district equals to around 1.84 per cent of the total population of Uttar Pradesh.
- ☑ Of the total Female population in Uttar Pradesh, 1.81 per cent resides in Aligarh District.
- ☑ Total about 20.9 lakh people in the district are literate, among them about 12.8 lakh are male and about 8.1 lakh are female. Literacy rate (children under 6 are excluded) of Aligarh is 68 per cent out of which 78 per cent are of male and 56 per cent are of female population.

- ☑ Child (aged under 6 years) population of Aligarh district is 16 per cent, among them 53 per cent are boys and 47 per cent are girls.
- ☑ The population growth rate of Aligarh is 22.78 per cent which is more rapid than the state growth rate of 20.23 per cent.
- ☑ The literacy rate of the district is 67.52 per cent which is slightly lower than the state average (67.68 per cent). Female literacy rate is still relatively lower than male literacy rate by 22.29 percentage points. It has been also observed that the district literacy rate of male (77.97 per cent) is higher than the state average of 77.28 per cent.
- ☑ The sex ratio of the Aligarh District reveals that the female population is comparatively more outnumbered than the state estimate where data shows 882 females per 1000 males in Aligarh while that for Uttar Pradesh is 912.
- ☑ The child sex ratio for the district is 877 as against 902 for the state.
- ☑ Aligarh district has population density of 1,007 persons per square kilometers which is more than the state average of 829 persons per square kilometers.

1.1 Health Profile

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

Table 3: Health and Health Care Service Delivery Indicators, Aligarh, Uttar Pradesh

Health And Health Care Service Delivery Indicators	Uttar Pradesh	Aligarh
I) Maternal Health		
Total Number Of Pregnant Women Registered For ANC	**5,815,531**	**90,869**
% 1st Trimester Registration To Total ANC Registrations	**45.2**	**52.4**
% Pregnant Woman Received 4 Or More ANC Checkups To Total ANC Registrations	**45**	**57.6**
% Pregnant Women Given 180 IFA To Total ANC Registration	**85.3**	**173.3**
II) Delivery and Post-Delivery Care		
Number Of Home Deliveries	**623,608**	**9,852**
% SBA Attended Home Deliveries To Total Reported Home Deliveries	**15.2**	**11.2**
% Home deliveries to Total Reported Deliveries	**17.5**	**13.5**
Institutional Deliveries	**2,946,97**	**62,544**
% Institutional Deliveries To Total Reported Deliveries	**82.2**	**86.4**
% Institutional Deliveries To Total ANC Registrations	**50.7**	**68.8**
% Women Discharged In Less Than 48 Hours Of Delivery To Total Reported Deliveries	**65.6**	**73.7**
% Women Getting 1st Post-Partum Checkup Between 48 Hours And 14 Days To Total Reported Deliveries	**35.3**	**20.8**
% Newborns Breast Fed Within 1 Hour Of Birth To Total Live Birth	**89.1**	**96.6**
% Newborns Weighed At Birth To Live Birth	**90.2**	**96.9**
III) Child Health		
Number Of Fully Immunized Children (9-11 Months)	**4,723,066**	**87,432**
Number Of Cases Of Childhood Diseases (0-5 Years): Pneumonia	**89,367**	**2,227**
Number Of Cases Of Childhood Diseases (0-5 Years): Diarrhoea	**412,309**	**4,195**
IV) Immunization Coverage		
Fully Immunized Children	**117**	**104.9**
V) Family Planning		
Total Sterilization Conducted	**262,216**	**2,944**
% Male Sterilization (Vasectomies) To Total Sterilization	**1.5**	**2.6**
% Female Sterilization (Tubectomies) To Total Sterilization	**98.5**	**97.4**
% IUCD Insertions To All Family Planning Methods (IUCD Plus Permanent)	**80.1**	**89.5**
VI) Facility Service Delivery		
IPD	**6,630,375**	**61,292**
OPD	**142,396,469**	**2,985,062**

Health Outcomes			
MMR	**NMR**	**IMR**	**U5MR**
256*	47*	68*	85*

Source: -*-AHS-2011, HMIS, Aligarh 2017-18

Most needed and vital component for Maternal Health is Antenatal Care (ANC). ANC is a methodical care of women during pregnancy to make certain the wellbeing of mother and foetus. Taking up the ANC provides for timely supervision of complications so as to ensure a safe birth plan and assign a facility for delivery. Early registration of pregnancy sees to it that adequate care is provided from the utmost initiation and through entire duration of the gestation period. In Aligarh, 52.4 percent of women register for ANC in the first trimester. IFA supplementation was given to 173.3 per cent of all women who registered for ANC. As a resultant outcome to the maternal care provided, the Maternal Mortality ratio in the district is recorded to be 256 maternal deaths per 1, 00,000 live births.

A vital component of Infant Health is proper Delivery care. GoI recognizes Skilled Birth Attendant (SBA) as someone who can handle common obstetric and neonatal emergencies, hence form a crucial presence in times of such emergencies. As observed only 11.2 percent of all home deliveries are SBA attended in Aligarh. Institutional deliveries is an important initiative by NHM for both mother and child care. 86.4 per cent of all deliveries were observed to be institutional deliveries. With regards to Post Natal Care, 96.6 per cent of the newborns were breast fed within 1 hour of delivery and 96.9 per cent of newborns were weighted at birth. 20.8 per cent of women the 1st post-partum checkup within 48 hours and 14 days of delivery. A resultant Infant Mortality rate (IMR) for the district is observed to be 68.

With regards to the service delivery for the Child Health, Aligarh observes 104.9 per cent of full immunization coverage rate. The most common childhood disease is reported as diarrhea and in the year 2017-18, the district had 4195 cases of diarrhoeal disease. The observed under five Mortality rate in Aligarh is 85 per 1000 live births.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization (Tubectomies) as a method of permanent family planning dominates the statistics with 97.4 percent of all sterilization conducted in 2017-18 in Aligarh. Total Sterilization Conducted was 2,944 in the district.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility

Service Delivery with regards to patient services is summarized in section 6 of Table 3. The OPD patient load is as high as 2,985,062 in 2017-18 as against 61,292 IPD Patients.

2. Human Resource and Health Infrastructure

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

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

2.1. Human Resource

CMO Meeting and discussions with BPMs time and again mentioned manpower crisis as a major restraining factor affecting the NHM effectiveness in the district. There is an acute lack of Medical and Para-medical Human Resource in Aligarh at all facility levels. Sub-optimal Human Resource capacity at subordinate hierarchal level of health facilities in the district runs alongside the said issue.

Table 4 depicts the Human Resource (HR) availability at the female district hospital in Aligarh. There is an acute shortage of specialists. It was reported that since Aligarh has three district hospitals, the female hospital is only female service centric while in the Male hospital, all other provisions are available. The district male hospital is adjacent to the female hospital and thus accessibility of services by the female patients is not greatly compromised.

Overall, a significant shortage significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedical and administrative staff strains the efficiency in the system. Out of 9 sanctioned, 5 positions of Gynecologists remained vacant. One

post of a dental surgeon and 9 ANMs are deficient in the district. 2 post of Lab technicians are also reported to be vacant.

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

	Contractual		
Position Name	Sanctioned	Filled	Vacant
MO's including specialists	-	-	-
Gynecologists	**9**	**4**	**5**
Pediatrician	**0**	**0**	**0**
Surgeon	**0**	**0**	**0**
Nutritionist	**1**	**1**	**0**
Dental Surgeon	**3**	**2**	**1**
LHV	**0**	**0**	**0**
ANM	**195**	**186**	**9**
Pharmacist	**0**	**0**	**0**
Lab technicians	**13**	**11**	**2**
X-ray technicians	**04**	**04**	**0**
Data Entry Operators	**03**	**03**	**0**
Staff Nurse at CHC	**64**	**64**	**0**

Source: CMO Office, Aligarh2017-18

2.2. Health Infrastructure

With regards to Public health infrastructure, there are 3 District Hospitals, 4 First Referral Units (FRUs), 9 Community Health Centres (CHCs), 35 Primary Health Centres (PHCs) and 333 Sub Centres (SCs) in Aligarh. In addition, 2 adolescent friendly health clinics, 1 Medical College, 1 District Early Intervention Centre (DEIC) are functioning in the district. Of all health facilities in the district available 146 are delivery points. Table 5 presents the details of Health Infrastructure in Aligarh.

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

- Sub Centre: 1 per 5,000 population
- Primary Health Centre: 1 per 30,000 population
- Community Health Centre: 1 per 1,20,000 population

Table 5: Details of Health Infrastructure, Aligarh

Health Facility	Number available	Govt. building	Rented building
District hospital	**3**	**3**	**0**
First Referral Units (FRUs)	**4**	**4**	**0**
CHC	**9**	**9**	**0**
PHC	**35**	**35**	**0**
Sub Centre	**333**	**244**	**89**
Adolescent friendly Health Clinic	**2**	**2**	**0**
Medical College	**1**	**1**	**0**
District Early Intervention Centre	**1**	**1**	**0**
Delivery Points	**146**	**146**	**0**
Transport Facility	**Number available**		**Number functional**
108 Ambulances	**22**		**22**
102 Ambulance	**43**		**43**
Referral Transport ALS	**2**		**2**
Mobile Medical Units	**0**		**0**

Source: CMO Office, Aligarh 2017-18

All the facilities are run in a government building except for 89 sub centers which are functioning in rented buildings. Transport facilities in the district includes 22 '108 ambulances', 43 '102 ambulances', 2 'Referral transports ALS'. However the district lacks Mobile Medical Units (MMUs).

Table 6 highlights the details of infrastructure parameters of the facilities visited as provided by the specific health facilities as well as based on observations. Apart from the District Hospital (Male) and CHC Harduaganj, inadequacy of residential quarters for medical and paramedical staff was serious issue. Although reported to be in Good condition, based on observation, it is seen that the SC Nohati failed to present itself in a good condition. Observation reveals the scarce state where the SC not only lack electricity supply and piped water supply, but there was also a stark non-existence of cleans wards, functional and clean toilets and complaints/suggestion box. Waste Disposal was also much inefficient in practice.

Among the visited health facilities, CHC Charra reported having cleans wards yet visit to the same revealed uncleanness in the female ward. In terms of observation it needs to be reported that electricity power backup was not seen in the facility premises. Also there was no clean separate

toilets. PHC Madrak also lacked regular electricity supply with dearth of power backup. Hence the Residential Quarters for medical and Para medical staff were not availed and remained unutilized.

Table 6: Status of Health Infrastructure in facilities visited, Aligarh

Facilities Visited Physical Infrastructure Indicators	DH (Female)	DH (Male)	CHC Harduaganj	CHC Charra	PHC Madrak	SC Nohati
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes	Yes
Functioning in Govt building	Yes	Yes	Yes	Yes	Yes	Yes
Building in good condition	Yes	Yes	Yes	Yes	Yes	Yes
Residential Quarters for medical and Para medical staff?	No	Yes	Yes	No	Yes	Yes
Regular electric supply available?	Yes	Yes	Yes	Yes	No	No
Piped Water Supply (24*7)	Yes	Yes	Yes	Yes	Yes	No
Clean wards	Yes	Yes	Yes	Yes	Yes	No
Clean separate Toilets	No	Yes	Yes	No	Yes	No
Availability of complaint/suggestion box	Yes	Yes	Yes	Yes	Yes	No

Source: CMO Office, Aligarh, 2017-18

Having mentioned all the observations made by visiting the health facilities and reported facts it is critical to point out that major challenges lies ahead for the health facilities in terms of strengthening the health infrastructure for Aligarh at the block and peripheral level. Systematic monitoring of health facilities undertaken can ensure compliance to IPHS norms over a period of time.

3. Maternal Health

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

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

3.1. Overview

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of Maternal and Reproductive Health. Such interventions when implemented efficiently can offer high coverage with high quality in the different stages of Maternal Health. Table 7 summarizes the performance indicators by various selected stages for the last two financial years.

IUCD insertion is a priority area under birth-spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method has slightly increased in 2017-18 to 89.5 per cent. Women continue to endure and tolerate an uneven burden of sterilization. In 2017-18, percentage of male sterilization procedures to total sterilizations dropped to 2.6 from 5.5 in 2016-17.

Table 7: Maternal Health indicators, Aligarh

S.No.	Stages	Indicators	2016-17	2017-18
1	Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization (%)	0.3	1.8
2		Male sterilization to total sterilization conducted (%)	5.5	2.6
3		IUCD insertions to all family planning methods (IUCD plus permanent) (%)	86.5	89.5
4	Pregnancy care	1st Trimester registration to total ANC registration (%)	54.3	52.4
5		Pregnant women received 3 ANC check-ups to total ANC registration (%)	62.7	57.6
6		Pregnant women given 100 IFA to total ANC registration (%)	65	173.3
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries (%)	1.8	0.8
8		Pregnant women receiving TT2 or Booster to total number of ANC registered (%)	86.7	89.1
9	Child Birth	SBA attended home deliveries to total reported home deliveries (%)	9.8	11.2
10		Institutional deliveries to total ANC registration (%)	72	68.8
11		C-Section to reported deliveries (%)	2.6	4.1
12	Postnatal, maternal & new born care	New-born breast fed within 1 hour to live births (%)	98.5	96.6
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions (%)	69.6	73.7
14		New-born weighing less than 2.5 kg to new-born weighed at birth (%)	11.8	15.1
15		New-born visited within 24hrs of home delivery to total reported home deliveries	85.9	-
16		Infants 0 to 11 months old who received Measles to reported live births	102.4	122

Source: HMIS, Aligarh, 2016-17 and 2017-18

With regards to accessibility of ANC services, 52.4 percent women registered in first trimester in 2017-18 as against 54.3 per cent women in 2016-17. 57.6 per cent women received 3 ANC checkups. Since, bountiful availability of IFA tablets as well as providing the health facilities to non-registered women was reported throughout the district, percentage of women who received 100 IFA tablets spiked up to 173.3 percent in 2017-18 from 65 percent in the year 2016-17. There has been one percentage point decline in the percentage of women with obstetric complications in 2017-18, from 1.8 to 0.8 in 2017-18.

In 2017-18, 11.2 percent of all home deliveries were attended by a skilled birth attendant; the performance has improved relative to 2016-17 levels (9.8%) but do requires further improvement

from the present level. The reported data also point towards an increased percent C-section deliveries in the year 2017-18 from 2.6 to 4.1.

Postnatal care is on the other hand another key health care facilitation integral to maternal health. It is important to see to it that women are kept under observation up to 48 hours after institutional delivery. However, in Aligarh, 73.7 percent of women were discharged under 48 hours of delivery in public institutions. A marginal decline in 2017-18 (96.6 percent) was also observed in the percentage of women who breastfed within 1 hour of delivery when compared to 98.5 percent women in 2016-17.

3.2. Janani Suraksha Yojana (JSY)

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

Table 8: Status of JSY Payments in Aligarh

Status of payments for (%)		
Institutional deliveries	Home Deliveries	Deliveries brought by ASHAs
76.2	**NA**	**79.7**
Record maintenance		
Available and Updated		

Source: HMIS, Aligarh, 2017-18

In Aligarh, beneficiaries were sufficiently aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. However, it was reported that some women are reluctant to get into the hassles of opening a bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements. The PFMS mode of making payments is not effectively practiced by the staff due to lack of

training. Though the district has initiated steps towards online payment of JSY incentives, implementation is relatively slow.

Table 8 highlights that in Aligarh 76.2 per cent of women who delivered in institutional facilities received JSY Payments and 79.7 percent of these cases were bought by ASHA which also highlights their active role in emphasizing institutional deliveries.

3.3. Janani Shishu Suraksha Karyakram (JSSK)

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

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

The Medical Officers reported an increase in the number of beneficiaries who need more than one-time diagnostics (lab test, X-rays) during the pregnancy. Hence, out-of-pocket expenditure with regards to the diagnostics during pregnancy is on a rise.

As articulated in the CMO meeting, that medical college in Aligarh district do not take the prescribed diet as per the JSSK norms and provide the same, autonomously in their given health premises. However in all other health facilities under NHM, 80 percent of all JSSK beneficiaries received diet from the given health facility availed for delivery. Also observed was the situation that most women were reluctant and did not wait for 48 hours post-delivery.

3.4. Maternal Death Review

Maternal Death Review (MDR) as a strategy has been presaged out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service. As per the reported data provided by the DPM, Aligarh, Table 9 tabulates the Number of Maternal Deaths and the Maternal Death Audit as concluded by the health facilities at block level.

Table 9: Status of Maternal Death Review (MDR), Aligarh

Name of Block	No. of Maternal Deaths		Maternal Death Audit
	Monthly	Cumulative	
Atrauli	1	1	1
Bijoli	0	1	0
Chharra	0	0	0
Jawan	0	1	1
Akrabad	0	1	1
Khair	0	0	0
Tappal	0	0	0
Gonda	1	1	1
Iglas	1	1	1
Chandos	0	0	0
Harduaganj	1	1	0
Lodha	1	1	0
Urban Area	0	0	0
J.N.Med. College	0	0	0

Source: CMO Office, Aligarh, 2017-18

Aligarh observed 8 (cumulative) maternal deaths in the year 2017-18, while the monthly number of maternal deaths reported to be 5. The major reasons for maternal deaths in the district include hemorrhage, obstetric complications, sepsis, and hypertension.

Of all the 13 blocks in Aligarh, only 5 blocks has complied and submitted Maternal Death Audit.

4. Child Health

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

Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017. Child population in Aligarh is 16 percent of the total population.

The key thrust areas under child health include:

Thrust Area 1: Neonatal Health

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

Thrust Area 2: Nutrition

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

Thrust Area 3: Management of Common Child hood illnesses

- ☑ Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunization

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

4.1. Neonatal Health

The district has observed 62,544 institutional deliveries in year 2017-18 of the total 72,396 deliveries as presented in Table 10. Of the total newborns, 96.9 percent were weighed at birth. 10,446 newborns had a birth weight of less than 2.5 kg of the total home deliveries in the district. The total home deliveries in the district for the last financial year are 13,815 which accounts to 13.6 percent of total deliveries in Aligarh.

Table 10: Status of Neonatal Health, Aligarh

Essential Newborn Care (Home + Institutional)	2016-17	2017-18
Total reported deliveries	**78,548**	**72,396**
Total Number of reported live births	**78,152**	**71,449**
Number of Newborns weighed at birth	**76,398**	**69,220**
Number of Newborns having weight less than 2.5 kg	**9,017**	**10,446**
Number of Home deliveries	**13,815**	**9,852**
Institutional deliveries (Public Insts. +Pvt. Insts.)	**64,733**	**62,544**
Number of Infants given OPV 0 (Birth Dose)	**46,150**	**52,103**
Number of Infants given BCG	**91,018**	**92,373**
Number of Infants given Measles	**79,991**	**87,150**
Number of fully immunized children (9-11 months)	**79,869**	**87,432**

Source: HMIS, Aligarh, Standard Report, 2016-17 & 2017-18

The service delivery for neonatal health in terms of infrastructure is discussed in Table 11. The district has four NBSU and two SNCU. Total staff in SNCU is 29 while there are 11 staff in NBSU. The total number of NBCC is 16 in the district. One NRC, staffed with 8 health personnel with duration of 15 days average stay for patients is also functional in the district.

The health infrastructure pertaining to neonatal health in the district is showing gradual improvement.

Table 11: Neonatal Health Infrastructure Status, Aligarh

<table>
<tr><th>Facility Type</th><th>Nos.</th><th rowspan="2">Total Staff in SNCU
29</th><th>Health Facility</th><th>Nos.</th><th rowspan="2">Total Staff in NRCs
08</th></tr>
<tr><td>Total SNCU</td><td>2</td><td>Total NRCs</td><td>01</td></tr>
<tr><td>Total NBSU</td><td>4</td><td rowspan="2">Total Staff in NBSU
11</td><td>Total Admissions in NRCs</td><td>196</td></tr>
<tr><td>Total NBCC</td><td>16</td><td colspan="3">Average duration of stay in NRCs
15 DAYS</td></tr>
</table>

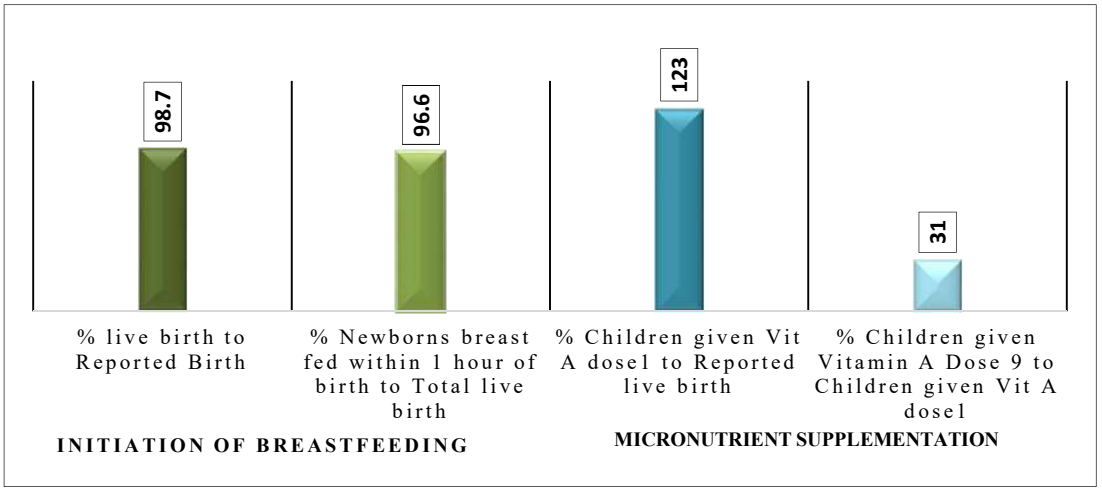
Source: CMO Office, Aligarh, 2017-18

4.2. Nutrition

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

RMNCH implementation in terms of nutrition includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, Figure 2 depicts that, 69,053 newborns in the district were breastfed within 1 hour of delivery which accounts to 96.6 per cent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted. Percentage of children given Vitamin A dose 1 is 123 percent while the number of children given Vitamin A dose 9 is 31 percent. The low levels of micronutrient supplementation as well as the high dropout between dose 1 and dose 9 is suggestive of both, the demand side deterrent as well as the supply side limitation.

Figure 2: Status of Child Health Nutrition, Aligarh



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

4.3. Management of Common Childhood Illnesses

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

In India, common childhood illnesses in children under 5 years of age include fever acute respiratory infections, diarrhoea and malnutrition (43%) – and often in combination. As illustrated in Figure 4, in Aligarh 4195 children were identified with diarrhoea out of which only 108 of them are treated in Inpatients which accounts only a meager mass of 2.5 percent. 2,227 children are stricken by Malaria, 196 with Measles and 44 of them with AFP and TB. Pneumonia also has a high incidence where 2,227 children are afflicted with Pneumonia and 20 more are reported being asthmatic.

Children accounts around 36.1 percent in Inpatient to total Inpatients in Aligarh in 2017-18. Pertussis, Diphtheria and Tetanus Neonatorum has successfully been eliminated with no children afflicted by the same.

Table 12: Status of Incidence of all Childhood Illness, Aligarh

Childhood diseases	No of Cases
Pneumonia	**2227**
Malaria	**2227**
Diarrhoea	**4195**
Asthma	**20**
Sepsis	**65**
Tuberculosis	**44**
Acute Flaccid Paralysis	**44**
Measles	**196**
Diphtheria	**0**
Pertussis	**0**
Tetanus Neonatorum	**0**

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

4.4. Immunisation

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

Table 13 presents the immunization coverage scenario for all blocks in Aligarh district. Aligarh block marks the highest number of OPV at birth having coverage of 16,246 neonates while BCG accounted a higher coverage having 17,320 neonates receiving BCG vaccination. DPT vaccination reveals the picture that beneficiaries are now increasing turning towards pentavalent vaccine as the 5-in-one vaccine provided protection from not only DPT but hepatitis and Hib type b.

BCG vaccination coverage was highest in Aligarh block followed by DHQ and Gagiri. No significant dropout is observed in pentavalent vaccine schedule. Achievement with regards to Measles vaccination is satisfactory among the blocks of the district.

Full immunization of the District overall for the year 2017-18 accounts for 87,432 children.

Gangwri is a newly administrated block in Aligarh District thus Immunisation status for the same is not available.

Table 13: Immunization coverage of all blocks in Aligarh

Block	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunization
			1	2	3	1	2	3		
Aligarh	16,246	17,320	43	28	121	8,388	4,159	4,282	5,267	**5,272**
Akrabad	3,129	5,490	14	14	5	6,914	6,742	6,968	6,074	**6,074**
Atrauli	4,237	6,589	17	0	0	6,678	6,772	6,822	6,289	**6,396**
Bijoli	2,646	5,077	68	50	48	5,039	4,843	4,840	5,262	**5,371**
Chandaus	2,416	4,840	89	49	39	4,603	4,501	4,483	3,430	**3,428**
DHQ	2,616	9,290	830	545	346	14,810	14,077	14,035	15,444	**15,468**
Dhnipur	1,550	5,217	0	0	0	6,290	6,175	6,169	6,124	**6,142**
Gagiri	4,629	7,767	59	54	35	7,205	6,665	6,440	6,080	**6,073**
Gonda	1,221	3,601	135	69	46	4,430	4,007	4,053	4,024	**4,020**
Iglas	3,184	5,653	27	21	12	4,458	4,367	4,818	4,765	**4,745**
Jawan	3,082	6,058	26	13	6	6,438	6,530	6,586	6,538	**6,567**
Khair	2,665	4,987	49	29	17	5,539	5,449	5,583	5,520	**5,520**
Lodha	2,547	5,981	197	104	64	8,028	8,114	8,214	8,360	**8,342**
Tappal	1,935	4,503	2	0	0	5,211	4,934	5,283	3,973	**4,014**
ALIGARH	**52,103**	**92,373**	**1556**	**976**	**739**	**94,031**	**87,335**	**88,576**	**87,150**	**87,432**

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

4.5. Rashtriya Bal Swasthya Karyakram (RBSK)

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

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

In Aligarh district, as per the discussion in the CMO meeting, there are 24 teams assigned to all 12 blocks. Gangwri being a newly made block did not have a team allotted for it. The team consists of 2 Doctors and two paramedics each, where one of them is a Staff Nurse and the other an optometrist. RBSK programme remains functional from Monday to Friday in schools, Anganwadis and also at delivery points.

RBSK programme in the district also saw a 5-day skill training including HBNC for the HR in the district. Also it was brought to notice that the weighing machines provided to the RBSK team were insufficient and they are in dire need of new ones for the effective working of the said teams. However training is required for mobilization in the RBSK teams.

5. Family Planning

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

Table 14: Status of Non-injectable Family Planning Methods, Aligarh

Blocks	Total Sterilization Conducted	% Vasectomies Total sterilization	% Tubectomies to Total sterilization	% Laparoscopic to Total Female Sterilizations	% Mini Lap to Total Female Sterilizations	% IUCD insertions to all family planning methods (IUCD plus permanent)	O. Pills distributed	E. pills distributed	Condom pieces distributed
ALIGARH	**2,944**	**2.6**	**97.4**	**56.4**	**41.8**	**89.5**	**39,321**	**3,761**	**1,043,221**
Aligarh	**712**	**3.2**	**96.8**	**66.2**	**26.4**	**90**	**4,370**	**800**	**38,844**
Akrabad	**66**	**0**	**100**	**36.4**	**63.6**	**96.3**	**728**	**30**	**101,734**
Atrauli	**96**	**0**	**100**	**100**	**0**	**95.9**	**3,046**	**320**	**60,310**
Bijoli	**69**	**0**	**100**	**100**	**0**	**78.5**	**4,348**	**0**	**53,124**
Chandaus	**137**	**0**	**100**	**100**	**0**	**91**	**2,254**	**200**	**98,985**
DHQ	**1,042**	**5**	**95**	**1.5**	**98.5**	**73**	**8,467**	**145**	**91,369**
Dhanipur	**0**					**100**	**2,044**	**49**	**25,971**
Gagiri	**65**	**0**	**100**	**100**	**0**	**94.9**	**1,440**	**0**	**101,513**
Gonda	**61**	**0**	**100**	**100**	**0**	**93.6**	**146**	**80**	**47,610**
Iglas	**118**	**1.7**	**98.3**	**100**	**0**	**93.5**	**1,489**	**819**	**93,801**
Jawan	**120**	**0**	**100**	**100**	**0**	**83.9**	**231**	**5**	**27,537**
Khair	**146**	**0.7**	**99.3**	**100**	**0**	**93.3**	**5,040**	**1,020**	**94,838**
Lodha	**0**					**100**	**3,500**	**49**	**140,591**
Tappal	**312**	**0**	**100**	**100**	**0**	**78.5**	**2,218**	**244**	**66,994**

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

Table 14 throws light upon the status of Non-injectable family planning methods in Aligarh district in the year 2017-18. Female sterilization is noted to be the lead means under permanent sterilization. Out of the total sterilization of 2,944 conducted, 97.4 percent were Tubectomies while

only 2.6 percent were vasectomies. Of all methods used in female sterilization, 56.4 percent preferred laparoscopic method while 41.8 percent preferred MiniLap method.

With regards to IUCD insertion, 89.5 percent preferred the same as against all other family planning methods. In Atrauli, Bijoli, Chandaus, Gagiri, Gonda, Jawan and Tappal, Tubectomies accounted as the 100 percent method of sterilization prevalent in the said blocks in Aligarh. Dhanipur and Lodha recorded a 100 percent in terms of IUCD insertion to all family planning methods.

Around 1,043,221 condom pieces were distributed in the Aligarh District. 39,321 combined oral pills were distributed out of which most were distributed in DHQ. 3,761 Emergency pills were distributed out of which highest amount (1,020) were distributed in Khair.

Table 15: Status of Injectable Family Planning method, Aligarh

	1st dose of Injectable (Antara Program)	2nd dose of Injectable (Antara Program)	3rd dose of Injectable (Antara Program)	4th or more doses of Injectable (Antara Program)
ALIGARH	**187**	**15**	**0**	**18**
Aligarh	**96**	**15**	**0**	**0**
Akrabad	**0**	**0**	**0**	**0**
Atrauli	**0**	**0**	**0**	**0**
Bijoli	**0**	**0**	**0**	**0**
Chandaus				
DHQ	**0**	**0**	**0**	**0**
Dhnipur	**0**	**0**	**0**	**0**
Gagiri	**91**	**0**	**0**	**0**
Gangwri	**-**	**-**	**-**	**-**
Gonda	**0**	**0**	**0**	**0**
Iglas	**0**	**0**	**0**	**0**
Jawan	**0**	**0**	**0**	**0**
Khair	**0**	**0**	**0**	**0**
Lodha	**0**	**0**	**0**	**0**
Tappal	**0**	**0**	**0**	**18**

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

Table 15 brings forward the status about the usage and spread of Injectable Family Planning Method across all the blocks in Aligarh district. As per the current status reported, only 187

beneficiaries opted for Injectable (Antara Program) for the first dose, where only 96 in Aligarh block and 91 in Gagiri accounted in the total overall (187). For the second dose, the figure dipped to only 15 beneficiaries taking the second dose of Antara, all from Aligarh block only. No beneficiaries came for the third dose, while 18 from block Tappal came for the 4th dose of Antara.

6. Rashtriya Kishor Swasthya Karyakram (RKSK)

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

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

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

7. Quality Management in Health Care Services

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

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

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

7.1. Health Care Waste Management

Bio-medical waste outsourcing for safe and environment friendly disposal and colour-coded bins were observed in most of the facilities across the district. Table 16 shows a broad status of Health care waste management in Aligarh. The health facilities opted for Outsourcing as the method of biomedical waste disposal.

With regards to sterilization practices in the district, record for fumigation of OTs was not kept or maintained. However the Female district hospital was orderly maintained and even on contract laundry service was functional in the hospital premises. Medical consumables were present at the facility in ample amount and hygiene was maintained which was observed by the visiting team. Re-use of some medical consumables such as surgical cap/medical cap was observed in the Male district hospital.

All 3 District Hospitals (DH) disclosed that Bio-Medical Wastes are outsourced. Only a PHC in Aligarh is said to have Bio-medical pits. All 3 DH, 13 CHCs has color coded bins and reported outsourcing with an agency named Raya Mathura.

All staffs in all said health facilities have reported being trained on Infection control. No information was provided by the CMO office on the requirement of new pits in Health Facilities.

Table 16: Health Care waste Management in Aligarh

Bio-Medical Waste Management	DH	CHC	PHC
No of facilities having bio-medical pits	**0**	**0**	**1**
No. of facilities having color coded bins	**3**	**13**	**3**
Outsourcing for bio-medical waste	**3**	**13**	**0**
If yes, name company	**BMW Agency Raya Mathura**		
How many pits have been filled	**0**	**0**	
Number of new pits required			
Infection Control			
No. of times fumigation is conducted in a year			
Training of staff on infection control	**All staff**	**All staff**	**All staff**

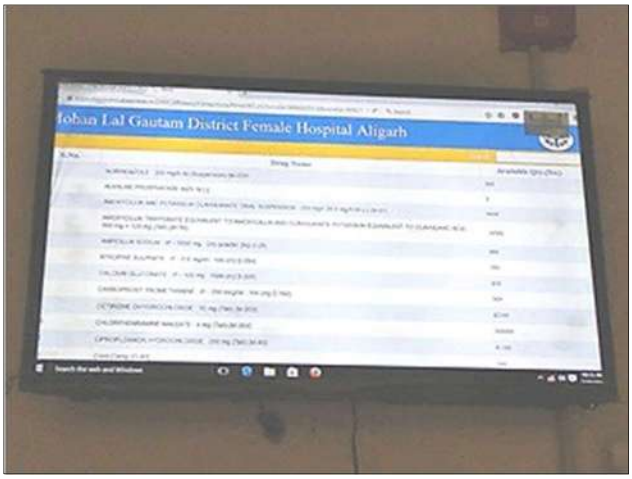
Source: CMO Office, Aligarh, 2017-18

7.2. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behavior.

The visited facilities put in place the procured IEC material in place. Hoardings, posters and citizen charts were properly displayed. The Female district Hospital was also observed to keep a TV for IEC purpose which also served to inform the beneficiaries the name and the availability of medicine in the health facility. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunization, Referral Transport, etc. Figure ... shows few of the IEC materials cited by the team during visits to various health facilities. However recently upgraded to FRU, CHC Chharra had less than adequate IEC in its health facility. Figure 3 depicts the IEC TV and IEC materials at the visited facilities.

Figure 3: IEC display in Health Facilities in Aligarh



8. Community Process

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

The broad working status of ASHAs is highlighted in Table 17. At present, a total of 2395 ASHAs are working in the district. 12 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. At present there are 455 vacant positions for ASHAs. ASHAs have received all 2395 kits in the given reported year. However, no ASHA Resource centre is there in Aligarh.

With respect to training, ASHAs were trained last year in Module 6-7 round 1st and 2nd and Module 6-7 2nd round 03. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behavior change at the community level. ASHA workers reported an absence of a strong grievance redress system which hinders their motive and performance. Also no ASHA have been trained in Digital Literacy.

Table 17: ASHA Status, Aligarh

Last status of ASHAs (Total number of ASHAs)	
ASHAs presently working	**2395**
Positions vacant	**455**
Total number of meeting with ASHA (in a Year)	**12**
Total number of ASHA resource centers/ ASHA Ghar	**0**
Drug kit replenishment	**2395**
ASHA's Trained in Digital Literacy	**0**
Name of trainings received	**1)Module 6-7 round 1st and 2nd 2)Module 6-7 2nd round 03**

Source: CMO Office, Aligarh, 2017-18

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

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

For the financial year 2017-18, 254,905 patients received AYUSH treatment in Aligarh district as depicted in Table 18 below. In terms of percentage of Total OPD, AYUSH OPD accounts 8.5 percent in the district. Taking into account block's performance, Akrabad, Atrauli, Khair and Lodha indicates comparatively higher proportion of AYUSH OPD out of Total OPD in the block concerned, with Atrauli having the highest of 20.5 percent. Block Bijoli has no AYUSH OPD at its health facilities. Thus initiatives must be taken to implement the same and provide the availability of AYUSH in the said block.

Table 18: Status of AYUSH in Aligarh

	AYUSH OPD (Number)	% AYUSH OPD to Total OPD
ALIGARH	**254,905**	**8.5**
Aligarh	**128,238**	**10.5**
Akrabad	**19,948**	**18.5**
Atrauli	**29,792**	**20.5**
Bijoli	**0**	**0**
Chandaus	**1,768**	**1.5**
DHQ	**2,513**	**0.6**
Dhanipur	**7,661**	**5**
Gagiri	**753**	**7.5**
Gangwri	**-**	**-**
Gonda	**7,861**	**7.8**
Iglas	**9,040**	**7**
Jawan	**0**	**0**
Khair	**26,778**	**18.1**
Lodha	**13,638**	**17**
Tappal	**6,915**	**6.3**

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

10. Disease Control Programme

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

10.1. Communicable Diseases

Table 19 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In Aligarh, Malaria, Dengue and Influenza Programme is effectual and functioning. In 2016-17, the maximum number of cases detected was that of Malaria. With screening for Malaria being the highest with 75,262 people tested for Malaria.

The incidence of Malaria has significantly decreased in 2017-18 (410) as against the 2016-17 level of 2642 cases. A similar trend can be observed in cases of Dengue as well. The screening for Dengue has, decreased with detected case being only one which is a positive sign and implies a greater level of awareness among the people and effectiveness of health facilities in promoting the awareness. This also implies the success of the district program of "Har Ravivar Macchar Par Var", which effectuated the awareness in the district.

Improvement can be seen in Influenza cases is clearly visible. In 2016-17 there were 9 cases, however in 2017-18 no cases have been detected as of now. Overall, the decrease in the incidence of dengue and malaria draws attention to the effective working of National Vector Borne Disease Control Programme (NVBDCP) in the district.

Table 19: Status of Communicable Diseases Programme, Aligarh

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	**75262**	**2642**	**22636**	**410**
Dengue	**2667**	**33**	**141**	**01**
Influenza	**09**	**09**	**0**	**0**

Source: CMO Office, Aligarh, 2016-17 and 2017-18

10.2. Non-Communicable Diseases

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

Table 20 depicts the status of NCDs in Aligarh in the years 2016-17 and 2017-18. No. of cases of screening have been high for all of Diabetes, Hypertension, Heart Disease, Obesity and cancer. Obesity is the highest detected non-communicable disease in 2016-17. In 2017-18, the incidence of obesity is still highest with 7,820 people suffering from it, which has however reduced from a tremendous high of 28,935 in 2016-17. Thus remains the highest in both the year. Second most widespread disease is found to be Diabetes with 3,214 people afflicted in 2017-18, which also reduced from a high level of detected cases of 17,282. Thus implying the effectiveness of the District plans of reducing the Non-communicable diseases in the Aligarh District.

Number of patients detected with cervical cancer has reduced from 76 to 9 in 2017-18. The status of Mental Health is critical to observe in the district. Out of 948 cases screened, 734 have been detected of mental disorder in 2017-18. Mental health and well-being must be taken seriously since detected cases also reveal an aggravated scenario.

Table 20: Status of Non-Communicable Diseases in Aligarh

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Mental Health	**436**	**128**	**948**	**734**
Diabetes	**82689**	**17282**	**21982**	**3214**
Hypertension	**82689**	**17009**	**21982**	**2197**
Osteoporosis	-	-	-	-
Heart Disease	**82689**	**38**	**16800**	**21**
Obesity	**82689**	**28935**	**21982**	**7820**
Cancer	**82689**	**84**	**21982**	**76**
Fluorosis	-	-	-	-
Chronic Lung Disease	-	-	**21982**	**59**
Others, if any	**9000**	**76 cervical cancer**	**2600**	**9 cervical cancer**

Source: CMO Office, Aligarh, 2016-17 and 2017-18

11. Health Management Information System

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

As per the observations of the monitoring team, HMIS data in the district suffers serious errors, the primary cause of which remains the acute shortage of trained manpower. Data entry operators/statisticians etc. are not effectively trained and made aware about the tasks of NHM which is a similar situation in majority of health facilities. In such a scenario, data uploaded are not verified and validated and much misrepresented which leads to multitude of errors. This might be the likely reason for the non-availability of JSSK, RBSK and RKSK status in the HMIS portal. Initiatives must be undertaken to resolve the given situation for smooth channel of information and smooth running of the health system consequently.

As depicted in Table 21, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

Table 21: HMIS Status, Aligarh

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

Source: CMO Office, Aligarh, 2018

12. Budget Utilisation

The budget utilization summary for Aligarh district by the five NHM flexi pools and their major components is presented in Table 21. The highest part of the budget accrues to RCH+A Flexipool and Mission Flexipool. National Mental Health programme (NMHP), National Programme for the Healthcare of the Elderly (NPHCE), Tobacco-NI NCD saw no expenditure in the reported financial year and very much in need of strengthening in utilization, especially mental health which saw a great hike in cases detected in 2017-18.

Table 21: Status of Budget Utilization, Aligarh

DHS Aligarh	Statement of Expenditure (Commited+Current Year)			
STRATEGY/ACTIVITIES (NAME OF HEAD)	**Total Budget**	**Total Expenditure**	**Total Unspent**	**% of Exp.**
RCH Flexipool-A	**146338196**	**38033585**	**1083304611**	**25.99**
Mission Flexipool-B	**273688193**	**56832353**	**216855840**	**20.77**
Routine Immunization-C	**13855869**	**2187147**	**11668722**	**15.78**
Pulse Polio-IPPI	**7697171**	**891612**	**680559**	**11.58**
Iodine-D	**653000**	**0**	**653000**	**0**
IDSP-E	**432750**	**185306**	**247444**	**42.82**
Vector Born-F	**346236**	**9585**	**336651**	**2.77**
NLEP-G	**163000**	**0**	**163000**	**0**
RNTCP-H	**11364956**	**3195755**	**8169201**	**28.12**
Blindness-NBCP-I	**10256125**	**96649**	**10159476**	**0.01**
Mental-NMHP-J	**1479761**	**0**	**1479761**	**0**
Elderly-NPHCE-K	**4039809**	**1750000**	**2289809**	**43.32**
Tobacco-NI NCD-M	**1703459**	**0**	**1703459**	**0**
Cardio-Cancer- NPCDCS-O	**531900**	**121628**	**410272**	**22.87**
NUHM-P	**26561227**	**6771532**	**1978695**	**25.49**
GRAND TOTAL	**499111652**	**110075152**	**389036500**	**22.05**

Source: CMO Office, Aligarh, 2018

13. Facility Wise Observations

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

The monitoring team visited the following health facilities comprising two DH (one Female and one Male), one FRU CHC, one Non-FRU CHC, one PHC and one SC

13.1. Mohan Lal Gautam Government Women Hospital, Aligarh (Female)

The monitoring team visited the female district hospital of Aligarh- Mohan Lal Gautam Government Women Hospital which was located in the Aligarh block. The facility was a 90 bedded hospital.

Figure 4: Mohanlal Gautam District Women Hospital Aligarh

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

The following observations were made by the visiting monitoring team at the health facility:

- The health facility was easily accessible being in front of the main road itself and was functioning in a government building and in good condition. However, the premises failed to provide infrastructure for Staff quarters for MOs/SNs.
- Power back-up available and installed at the health facility was functional and is a necessary requirement for especially infant health infrastructure like the SNCU and ICU as well along with an overall demand for the entire facility.
- There was functional/ clean toilets attached to the labour rooms in the hospital. And New born care corner (NBCC) was functional in each of the labour rooms.

- The hospital had a Special Newborn Care Unit (SNCU), the availability of which is a boon for new born care. The SNCU had two sections; one section for In-Born Patients which tended to infants born at the facility and another section for Out-Born Patients which nursed out-born infants. The facilitation was up to the mark and working satisfactorily as observed by the monitoring team.

- There was a separate room assigned as ARSH clinic in the facility. Provision of Family Planning methods such as Contraceptive pills, condoms and injectable MPA was easily available for the beneficiaries at the ARSH clinic. Counselling to bring about awareness is also done with required IEC illustrating family planning method was also present at the clinic.

- The hospital lacked burn unit. However the Male District Hospital is located opposite the facility and provided for burn treatments hence not much significant inconvenience for the beneficiaries was observed by the visiting team.

- The facility outsourced BMW (Bio-Medical Waste) and has color-coded bins inside the premises and orderly kept as well.

- However the facility lacked Functional Help Desk/ Rogi Sahayta Kendra.

Figure 5 Color-coded bins at the DH Premises

- 10 Trainings on Mini-Lap-sterilization and 9 training on Laparoscopy-Sterilization and 20 training on PPIUCD (Post-Partum IUCD) was conducted for the HR in the last financial year.

- The Facility lacked Radiographer, Dental Surgeon and Nutritionist. The blood storage unit wasn't available in the facility as well.

- The essential drugs availably were satisfactory at the facility. IFA syrup (with dispenser) and Mifepristone tablets were however observed to be out of stock. Sanitary napkins were available at the hospital.

- The number of children given Vitamin A tablets was 2018 in the year 2017-18 while the corresponding number for the year 2016-17 was 1193. The increase is indicative of availability of Vit A supplements at the facility.

- Except for Functional Facility for Oxygen, Mobile light, Dialysis equipment, ventilators, surgical diathermies, c-arms, all other equipment were present and functional. And as for Laboratory equipment, the facility lacked C.T. scanner, X-ray units and ECG machines.

- Of the total deliveries conducted in the year 2017-18, 3 per cent were C-section as opposed to C-section delivery rate of 2.55 per cent in the year 2016-17. Facility recorded no still-births or neonatal death in the year 2017-18. A remarkable achievement which implies an effective health system functioning in the health facility.

- All the lab services excluding T.B, X-ray, ECG, and Endoscopy are available in the health facility. All these given excluded services are availed at Malkhan Singh Zila Hospital, Aligarh (Male) which is adjacent to the Female hospital.

- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD, ANC PNCOT, etc were well maintained and updated.

- Services delivery in the post-natal wards was fully efficient. And all beneficiaries were provided diet free of charge and asked to stay for 48 hours post-delivery. The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.

- The facility also has a separate room for Kangaroo care which is also a positive facilitation available for beneficiaries in the district in terms of post-delivery mother and child care.

- All IECs except JSSK entitlements were in display at the health facility.

- Given all the observations made, the health facility is observed to be running efficiently and functioning up to the expectation and goals of NHM.

13.2. Malkhan Singh Zila Hospital, Aligarh (Male)

Malkhan Singh Zila Hospital, Aligarh (Male) is a 150 bedded facility situated in Aligarh. Since it is a Male Hospital, physical infrastructure such as labour room, NBCC, and SNCU wasn't available (and such facilities are available at the Mohan lal Gautam Women hospital which is located opposite to it). The Medical Officer-in-charge was observably well committed to the workings of the District Hospital.

Figure 6: Malkhan Singh Zila Hospital (Male), Aligarh

The observations made by the monitoring team during visit to the facility are listed below:

- All physical infrastructures were available including staff quarter for MOs and SNs inside the facility premises. However the facility do not have Rogi Sahayta Kendra/Help Desk.
- In terms of Human Resource, the Facility do not have Nutritionist and Dental surgeon.
- The health facility was a male-oriented facility thus all equipment apart from the ones used in delivery and maternal care was present and functional. However functional dialysis was not present. Suggestion/complaint box was in place in the facility.
- In terms of essential drug supplies, adequate supply of Vit A syrup, ORS, Zinc tablets, antibiotics, and vaccines were available. Also all tests except CT scan and Endoscopy were available.
- Biomedical Wastes in the facility was segregated in color-coded bins to be outsourced later on. Functional Laundry/washing services were present. Also present were dietary services.
- OPD for the last financial year was 41,302, while that of 2016-17 was 46,527. OPD/IPD, Drugs, OT, Immunization, referral, and Blood Bank stock register were available and updated and correctly filled. Appropriate drug storage facilities were also observed.

- All IEC in terms of citizen's charter, timing of health facility, list of services and essential drug lists were correctly displayed.

13.3. Community Health Centre Harduaganj

The Community Health Centre Harduaganj cater to a catchment population of 2,53,084 people at the block level health provision. CHC Harduaganj has total 157 villages under it. OPD for 2017-18 was 87,487 while that of 2016-17 was 73,294 which implies a higher patient load in this facility.

Figure 7 CHC Harduaganj

The following are the observations made by the monitoring team who visited the CHC health facility in Harduaganj:

- The CHC has all mandatory physical infrastructure except functional New born stabilization unit. It has provision of Staff quarters for MOs and SNs inside the facility premises itself.
- In the last financial year, 10 trainings in SBA, 1 training in NSV, 1 training in IMNCI, 24 trainings in F-IMNCI, 6 trainings in NSSK, 31 trainings in IUD and 5 trainings in Immunization and cold chain has been conducted for the Human Resources of the facility concerned.
- As per supply, the facility has all functional equipment except MVA/EVA equipment. Thus Medical termination of pregnancy was not conducted in the CHC.
- All essential drugs and supplies were available except IFA syrup and all vaccines were fully stocked except that of measles and vaccine diluents. Appropriate drug storage was also available.

- In terms of lab tests available at the facility, all lab tests except CBC, Serum Bilirubin and RPR were available.

- In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However JSY payments weren't made before discharged. Such payments were initiated through PFMS.

- It is imperative to report that the CHC did not handle high risk pregnancy, sick neonates. Hence also failed to adhere to the IMEP protocols.

- All records were available, updated and correctly filled in line listing Performa, except OT register which were not maintained. Also all IEC materials were correctly displayed

Figure 8: IEC Display at CHC Harduaganj

- As additional support, the facility undertakes regular fumigation.
  And had functional laundry and diet service.

- In terms of HR, the facility lack Gynecologist and pediatrician. Also USG operator was not available. Diagnostic instruments like X-ray units were also required to meet the needs of the designated catchment population the CHC has to cover.

13.4. FRU-Community Health Centre Chharra

Figure 9: FRU-CHC Chharra

The Community Health Centre, FRU- CHC Chharra has been recently upgraded to FRU health Facility status. The 30 bedded health facility was also nominated Kayakalp award which is awarded to facilities adhering to the hygiene and sanitary benchmark as set by the National Health Mission. OPD accounted to 20,452 for the financial year 2017-18. IPD accounted 42 as compared to 33 in 2016-17.

The following are the observations made by the monitoring team on visiting the facility are as listed below:

- The health facility, CHC Chharra was running in an easily assessable government building. However it failed to provide for staff quarter for MOs/SNs inside the premises.
- The facility did not have ANMs, SNs/GNMs and apart from one MO, it only has one Laboratory Technician and one assistant and one ward boy. Hence did not fulfil any accountabilities of a FRU-CHC as per the IPHS norms.
- The facility has all available drugs and supplies. However it failed to methodically maintain and update computerized inventory management.

- In terms of Laboratory tests available, all Laboratory tests except CBC, RPR and serum Bilirubin test were available.
- As observed by the visiting team, the cleanliness of the CHC was not attained up to the level of Kayakalp standard and the outer clean appearance was only owing to the building being a newly built one.

13.5. Primary Health Centre Madrak, Block Lodha

The Primary Health Centre, PHC Madrak is situated at Block Lodha. The Human Resource designated at the health facility are: 2 MO. 3 SNs/GNMs, 14 regular and 21 contractual ASHAs, 1 LT, 3 Pharmacists and 2 LHVs.

Figure 10: PHC Madrak

The following observations were made by the monitoring team who visited the Health Facility, PHC Madrak:

- The health facility was easily assessable and run in government building. However the available Staff quarters were not in use because of lack of maintenance.
- Total deliveries conducted at the health facility for the given year were reported as 1027 in 2017-18. Only 10 MTPs were conducted in 2016-17. However in 2017-18, none were conducted.
- As reported by the MOs, the Patients commonly go to the nearest CHC or to the DH for treatment. However minor primary ailments like insect bites, cuts and wounds were treated at this facility.
- The given PHC at Madrak was found to be under-utilized while also reporting to have almost all mandatory equipment and infrastructure as per a PHC standard in IPHS guidelines as per NHM.

13.6. Sub-Centre Nohati, Block Lodha

Sub-Centre (SC) Nohati was located at Block Lodha. The nearest PHC to it is 25 Kms away. SC Nohati is designated 6 villages under it. No clean toilet was constructed and no functional labour room was there at the health facility therefore due to such inadequacy in provision of health infrastructure, no delivery takes place at this sub-centre.

Figure 11: SC Nohati

The following observations are made and reported by the monitoring team on the SC Nohati:

- The facility was located near habitation and was run in a government building. It has ANM quarter available. Although it was not maintained. Also the facility lacked electricity and piped water supply. Hence ANM was also not residing in the SC.
- Complaint/suggestion box was not installed at the facility. Also Bio-medical Waste management was not effectual. Color coded bins were also not observed at the facility premises. Pictorial RBSK toolkit was not present at the facility as well.
- The Human Resource assigned at the facility was: 1 ANM and 2 ASHA.
- Haemoglobinometer was nonfunctional. Neonatal ambu-bag was not available. However all drugs were available except Inj Magnesium Sulphate and Inj Oxytocin. With regards to Essential Medical supplies, EC Pills and Sanitary napkins were not available. No IUCD were inserted in last two financial years.
- Payments under JSY were not available as well as Delivery and referral registers were not available at the facility.

14. Conclusion and Recommendations

The Population Research Centre, Delhi embarked on the monitoring of NHM, PIP in various states, wherein the team carry out the field visit of the state for quality checks of the different components of NHM. This report give details on the Monitoring and Evaluation findings of the Aligarh District of Uttar Pradesh. The following healthcare facilities in Aligarh are visited for Monitoring & Evaluation: Mohan Lal Gautam Women District Hospital, FRU CHC Chharra, Non-FRU CHC Harduaganj, PHC Madrak and SC Nohati. A summary of our findings in the district is presented below:

The district has 3 DHs, 4 FRUs, 9 CHCs, 35 PHCs and 333 SCs. With respect to transport, 22 108-Ambulances and 43 102-Ambulances and 2 referral transports are available. Mobile Medical Units (MMUs) are not available. All facilities visited are running in government buildings. However, the infrastructure of the facilities at peripheral and block level was not proper. The FRU unit was non-functional, deficit in terms of availability of amenities. Location of the visited facilities was easily assessable. Further, Inhabitable Staff quarters are not available in the visited facilities except DH Malkhan Singh Zila Hospital (Male) and CHC Harduaganj. In PHC Madrak, available Staff Quarters are remain condemned. Deficit of specialized staff and vacant positions was observed for Gynecologists, Dental Surgeon, ANMs, Pharmacist and Laboratory technicians in the district.

Out of the total reported live birth in Aligarh experienced, figures reveals a higher proportion of women coming under the envelop of Institutional delivery. Both JSY and JSSK are functional in the district. ASHA is observed to be fairly active in bringing women for Institutional deliveries. Monthly MDR records 5 maternal deaths occurring in the Aligarh district. Likely reasons are said to be hemorrhage, sepsis or other causes. The district has the following infrastructure for child care: 29 staffed; 2 SNCU, 11 staffed; 4 NBSUs and 16 NBCCs. Notable degree of immunisation was recorded in 2017-18. The district has functional RBSK as well.

In Aligarh, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization far outnumber the targets and mostly dominates the permanent family planning method adopted. Certain facilities experienced non-availability of Oral Pills for Medical Termination of Pregnancy. Obesity leads in terms of non-communicable diseases with diabetes being the second most detected cases in the

year 2017-18; both the diseases reduced notably. An up rise in the number of detected cases in mental health was seen implying call for greater awareness needs.

All the Blocks have AYUSH health centres in the district except Bijoli and Jawan. Gangwri being a newly appointed block do not show any records in terms of AYUSH. Mental Health recorded no Budget utilization of the same. Such situation must be. Currently 2395 ASHAs are working in the district, while there are 455 more vacant position and hence need for ASHAs for the community processes at grass root or peripheral level.

14.1 Recommendations

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

- ☑ A dire need exists to improve the staff quarters for the medical staff at the health facilities. It is especially important owing to the patient load at peak seasons of the district and the commute issue which delays health personnel from reaching out and cater out health needs.
- ☑ Health facilities that essentially stand non-functional with respect to various NHM activities must be identified and worked on or dropped off with respect to requirement and effectiveness, this includes SCs and PHCs. This, in turn, entails regular monitoring and supervision and makes certain optimal utilization of resources.
- ☑ Training with respect to HMIS data reporting is mandatory and important as well. In order to ensure smooth functioning of the activities, manpower shortage must be resolved. Also Access to essential drugs must be highlighted by the district and supply should match the demand side as per the block requirements.
- ☑ Formulation and strengthening of District Quality Assurance committee is advised, considering the wide scope of improvement that exits with regards to infection control practices.
- ☑ Regulatory visits by CMO, DPM, etc. have to be piloted in systematic intervals to guarantee adherence to the standards and norms with respect to various activities. This will bring the existing gaps to the surface and also restructure the redressal system. Systematic review may be conducted to apprehend the existing gaps in public health facilities and must be resolved within stipulated.

15. Annexures

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	Rogi Sahayata Kendra/ Functional Help Desk	**Y**	**N**	

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

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

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

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

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

Section IV: Equipment:

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

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

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services:

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

Section VII: Service Delivery in Last two financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		

7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		
7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

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

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

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the health facility	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the health facility	Y	N	
10.4	List of services available	Y	N	
10.5	Essential Drug List	Y	N	
10.6	Protocol Posters	Y	N	

10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.8	Immunization Schedule	**Y**	**N**	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	**Y**	**N**	
10.10	Other related IEC material	**Y**	**N**	

Section XI: Additional/Support Services:

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

Qualitative Questionnaires for District Hospital Level

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

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

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

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

……
……
……

FRU level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of FRU:** _____

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*(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	Availability of complaint/suggestion box	**Y**	**N**	

1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

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

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

Section III: Training Status of HR:

(*Trained in Last year)

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional 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 *available*	***Y***	***N***	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services :

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

Section VII: Service Delivery in last two financial years:

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

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

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

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

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

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

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of PHC/CHC:** _____

Catchment Population: _____ **Total Villages:** _____ **Distance from Dist HQ:** _____

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

1.16	Separate Male and Female wards (at least by Partitions)	**Y**	**N**	
1.17	Availability of complaint/suggestion box	**Y**	**N**	
1.18	Availability of mechanisms for waste management	**Y**	**N**	

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

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

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

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	

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

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two years

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

7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

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

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

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

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

Section X: Funds Utilisation

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	Y	N	

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

Qualitative Questionnaires for PHC/CHC Level

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

2. Any good practices or local innovations to resolve the common programmatic issues.
   .....
   .....
3. Any counselling being conducted regarding family planning measures.
   .....
   .....
   ……

Sub Centre level Monitoring Checklist

Name of District: _____ **Name of Block:** _____ **Name of SC:** _____

Catchment Population: _____ **Total Villages:** _____ **Distance from PHC:** _____

Date of last supervisory visit:_____

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

Names of staff posted and available on the day of visit:

_____

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

_____

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Sub centre located near the main habitation	***Y***	***N***	
1.2	Functioning in Govt building	***Y***	***N***	
1.3	Building in good physical condition	***Y***	***N***	
1.4	Electricity with power back up	***Y***	***N***	
1.5	Running 24*7 water supply	***Y***	***N***	

1.6	ANM quarter available	*Y*	*N*	
1.7	ANM residing at SC	*Y*	*N*	
1.8	Functional labour room	*Y*	*N*	
1.9	Functional and clean toilet attached to labour room	*Y*	*N*	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	*Y*	*N*	
1.11	General cleanliness in the facility	*Y*	*N*	
1.12	Availability of complaint/ suggestion box	*Y*	*N*	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	*Y*	*N*	

Section II: Human Resource:

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

Section III: Equipment:

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

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two years:

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			

7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ……
   ……
2. Do you get any difficulty in accessing the flexi pool?
   ……
   ……..
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.
   ……
   ……