NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF

NHM PROGRAMME IMPLEMENTATION IN ALMORA DISTRICT,

UTTARAKHAND

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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
CMO	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	**RCH**	Reproductive Child Health
IPD	In Patient Department	**RKS**	Rogi Kalyan Samiti
IUCD	Intra Uterine Contraceptive Device	**RPR**	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	**SBA**	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	**SKS**	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	**SN**	Staff Nurse
LHV	Lady Health Visitor	**SNCU**	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	**TFR**	Total Fertility Rate
LT	Laboratory Technician	**TT**	Tetanus Toxoid
M&E	Monitoring and Evaluation	**VHND**	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System	**ALOS**	Average Length of Stay

EXECUTIVE SUMMARY

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

This report hence focuses on the monitoring of essential components of NHM in Almora district for the year 2017-18. The assessment was carried out in the month of May, 2018 and thus captures the status of NHM activities in the said district of Uttarakhand. The report highlights 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 preceded a desk review of the RoP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

The report thus will provide an analysis of the status of Public Health Care in Almora, Uttarakhand during the financial year 2017-18 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc.

The strengths and weaknesses observed based on the facility visits and interactions with the NHM Personnel as well as the beneficiaries of the district, are discussed in the sections to follow.

STRENGTHS

- The district observes a PHC (PHC Hawalbagh) which has been a kayakalp awardee for the last two consecutive years.
- The DPM is effectively involved with all NHM activities and possesses a sound knowledge of the current status and the future plans.
- To cater to the remote areas, initiatives have been taken to increase the number of delivery points by clubbing CHCs, etc.
- The district has observed a progressive increase in institutional deliveries.
- Trackers are placed in all ultrasound machines to prevent PNDT. DAC meetings are held every 60 days and blocks with low Sex Ratio are particularly targeted for awareness generation.
- RBSK is efficiently run in the district. Chaukhutiya block also prints an annual journal "Naya Savera" which covers the various activities conducted by the block under RBSK.
- Almora is reported as a best performing district with regards to Measles-Rubella vaccination campaign. Currrently, round 3 of mission indradhanush is in place in the district.
- 6 module training for ASHAs are held at the block level and monthly meeting with ASHAs and ANMs is facilitataed by the ASHA Officer.
- Out-reach camps are held at the main market area for the screening of two major non-communicable diseases: hypertension and diabetes. The location choice ensures maximum footfall for such screenings.
- Family planning providers are available at the district level and are also sent to the peripheral areas to ensure maximum service delivery. Annual camps for permanent methods are held in the district.
- IEC material pertaining to NHM activities is efficiently displayed in the health facilities. Apart from that, folk shows and nukkads, etc are conducted in local melas held by the district: Shravani Mela and Nandadevi mela.
- The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programme.

WEAKNESSES

- Residential quarters were reported to be in poor conditions. In most health facilities across the district, the buildings are in obsolete condition.
- There are 16 non-functional cold chains in the district.
- An acute shortage of Accountants is observed across the district. The facilities have to pay upto INR 50, 000 to CAs to conduct the annual audit, a hefty fee that occupies a majority of the untied funds received by the facilities.
- Shortage of AYUSH doctors was reported across the district.
- A severe manpower crunch with regards to lab technician and ultrasound technician was reported. PHC Dwarahat, for instance, has the necessary machines but no manpower. OPD suffers because of the same.
- Training in PFMS was reported to be inadequate which results in delay of staff salaries, payment to beneficiaries, etc. the problem is of even more concern since the internet connectivity is poor across the region.
- There has been an increase in the number of cases of "self-induced abortion".
- Home deliveries are high in Almora which may be attributable to the fact that retired ANMs/SBAs are now conducting home deliveries.
- Non-availability of IFA, Calcium tablets was observed in the district. Supply side hindrance prevailed due to significant increase in demand.
- Training of ASHAs is held at peripheral locations which make commuting difficult for ASHA considering the geographic dispersion of the district.
- No master training was conducted from the state level with regards to Non-communicable diseases training.
- Failure of private medical practitioners in reporting to DOTS nodal was observed.
- Release of untied funds by as late as February poses major difficulties for the facilities since the funds have to be utilised by March. In the said scenario, under-utilisation is reflected in the reports. Moreover, there exists a lack of knowledge with regards to the differential allocation of the untied grants.

- RoPs are released at a later time in an year whereas various activities are conducted by the district under various NHM programmes throughout the year. Thus, activities conducted prior to the release of RoP which eventually are found to be unsanctioned or changed in the said document creates a problem for the NHM personnel.

1. INTRODUCTION

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

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

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

This PIP monitoring report concerns the district of Almora in Uttarakhand. The report provides a review of key population, socio-economic, health and service delivery indicators of the Almora 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, ASHAs, communicable and non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

1.1. METHODOLOGY

The report is based on Primary data collected from health facility visits as well secondary data collected from CMO office and DPM as well as information collected from HMIS Web Portal for Almora district, 2017-18. Structure interview schedules were used for nodal officers and health facilities.

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

a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff

b) Visits to health facilities

c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Almora was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPM further elaborated the plan of visit to the health facilities. Table 1 provides the details of the health facilities visited for evaluation.

Table 1: List of Health Facilities visited, Almora, 2017-18

Facility Type	Facility Name
District Hospital	Victor Mohan Joshi Female District Hospital
FRU	Govind Singh Mehera Government Hospital
PHC	PHC Hawalbagh
Sub health Centre	Sub Centre, Tarikhet
Sub health Centre	Sub Centre, Dhamas

1.2. DEMOGRAPHIC PROFILE

The district of Almora is located in Kumaon division of Uttarakhand in India. In the east, it is bordered by Champawat and Pithoragarh, in the north by Bageshwar, Chamoli and Rudraprayag, in the west by Pauri and in south by District Nainital.

Almora district comprises 9 Tehsils viz. Almora, Ranikhet, Bhikiyasain, Sult, Dwarahat, Chaukhutia, Manoli, Someshwer and Jaiti. There are 11 developmental blocks namely Takula, Hawalbagh, Lamgara, Bhaisia Chhana, Dhaula Devi, Dwarahat, Chaukhutia, Sult, Bhikiyasain, Syaldey and Tarikhet. The total number of villages in the district is 2282. Figure 1 displays the district map of Almora.

Figure 1: District of Uttarakhand

Table 2 summarises the demographic and socio-economic profile of the Almora. The district has a total population of 622506. This equals to around 6 per cent of the total population of Uttarakhand. Of the total female population in Uttarakhand, 7 per cent belongs to Almora district. 48 per cent of the total child population (80082) in Almora is female. Of the 622506, total population of the district, 24 per cent of the total population belongs to the Scheduled Castes and 0.2 per cent to Scheduled Tribes. The literacy rate of the district is 80 per cent which is higher than the state average (78.8 per cent). However, female literacy rate is relatively lower than male literacy rate but fares well when compared with the national and state average. The sex ratio of the Almora District is 1139 females per 1000 males while that for Uttarakhand is 963. The child sex ratio for the district is 921 as against 890 for the state. The total area of Almora district is 3,144 km^2. Thus the density of Almora district is 198 people per square kilometer.

Table 2: Key Demographic Indicators: India, Uttarakhand and Almora

Parameter	India	Uttarakhand	Almora
Actual Population	1210569573	100,86,292	622506
Male	623121843	5137773	291081
Female	587447730	4948519	331425
Total Child Population (0-6)	164478150	1355814	80082
Male	85732470	717199	41672
Female	78745680	638615	38410
Schedule Castes	201,378,372	1,892,516	150995
Scheduled Tribes	104545716	291,903	1281
Population Growth	17.7	18.8	-1.64
Area Sq. Km	3,287,240	53483	3144
Density/km2	382	189	198
Sex Ratio	943	963	1139
Child Sex Ratio	919	890	921
Average Literacy	72.99	78.8	80.47
Male Literacy	80.89	87.4	92.86
Female Literacy	64.64	70.01	69.93
			Source: Census, 2011

1.3. HEALTH PROFILE

Table 3 presents the health profile of Almora district for the year 2017-18. It 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 Almora with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, Adult Health, etc.

Table 3: Health and Health Care Service Delivery Indicators, Almora, 2017-18

Health and Health Care Service Delivery Indicators	HMIS (2017-18)		Health Outcomes
	Uttarakhand	Almora	
I) Maternal Health			**^MMR: 181**
Total number of pregnant women Registered for ANC	229,260	11,109	
% 1st Trimester registration to Total ANC Registrations	60.95	51.7	
% Pregnant Woman received 4 or more ANC checkups to Total ANC Registrations	51.1	42.5	
% Pregnant women given 180 IFA to Total ANC Registration	46.7	30.1	
II) Delivery Care			**^NMR: 14**
a) Home Deliveries			
Number of Home deliveries	20,327	1306	
% SBA attended home deliveries to Total Reported Home Deliveries	28	63	
% Newborns received 7 Home Based Newborn Care (HBNC) visits to Total Reported Home Deliveries	54.75	47.4	
b) Institutional Deliveries			
Institutional deliveries (Public Insts.+Pvt. Insts.)	122,301	5534	
% Institutional deliveries to Total Reported Deliveries	85.7	80.9	
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	73.3	93.3	
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	26.7	6.7	
% Institutional deliveries to Total ANC Registrations	53.3	49.8	**^IMR: 20**
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	61.5	49.1	
c) C-Section and Complicated deliveries (Public and Private Facilities)			
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	13.9	10	
% C-sections conducted at public facilities to Deliveries conducted at public facilities	10.9	5.4	
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	21.9	73.7	

d) Post Natal Care				
% Women getting 1st Post Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	53.1	57.1		
% Newborns breast fed within 1 hour of birth to Total live birth	84.1	93.1		
% Newborns weighed at birth to live birth	90.4	86.2		
III) Child Health				
Number of fully immunized children (9-11 months)	169,863	7040		
Number of cases of Childhood Diseases (0-5 years): Pneumonia	3,280	35		
Number of cases of Childhood Diseases (0-5 years): Diarrhoea	25,290	530		**^U5MR: 24**
IV) Immunisation coverage				
Infants received BCG to full Immunisation %	131.3	111.8		
Infants received Measles to full Immunisation %	56.15	83.01		
V) Family Planning				
Total Sterilisation Conducted	12684	998		
% Male Sterlisation (Vasectomies) to Total sterilisation	3.2	4.7		
% Female Serlisation (Tubectomies) to Total sterilisation	96.8	95.3		***Unmet Need for Family Planning: 14.8**
% IUCD insertions to all family planning methods (IUCD plus permanent)	82	84.9		
Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)	65	0		
Condom pieces distributed	4508835	359948		
VI) Facility Service Delivery				***High blood sugar level**
IPD	348347	21113		**Men: 5.4 Women: 4.8**
OPD	8487494	475378		
Outpatient - Diabetes	51566	1256		***Hypertension**
Outpatient - Hypertension	58748	2558		**Men: 15.8 Women: 8.2**
% IPD to OPD	4.1	4.4		

Source: HMIS,Almora, 2017-18; ^: CMO Office, Almora, 2018; *: NFHS-4

An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. 51.7 percent of women in Almora register for ANC in the first trimester while less than half of women (42.5 percent) who register for ANC receive 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 30 per cent of all women who registered for ANC. The low value

could be due to the non-availability of drugs as was also observed during the visits. The Maternal Mortality ratio in the district is 181 maternal deaths per 1, 00,000 live births.

Delivery care is an important component of Infant health. Of the total home deliveries in Almora, 63 percent were SBA attended. GoI recognises an SBA as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA in cases home delivery is essential to combat Maternal deaths. 81 per cent of all deliveries are institutional deliveries and of all the institutional deliveries in Almora, 93 per cent took place in Public Institutions. Of all women who registered for ANC, only 50 per cent went for institutional delivery. 10 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 93 per cent of the newborns were breast fed within 1 hour of delivery while only 86 per cent of newborns were weighed at birth. 57 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant Mortality Rate(IMR) for the district is 20.

As per Census 2011, the share of children in Almora's total population is 13 per cent. Child Mortality is a threat facing India since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, Almora observes 73 per cent of full immunisation coverage rate. The most common childhood disease is reported as diarrhoea and in the year 2017-18, the district registered 530 cases of diarrhoeal disease. The observed Under Five Mortality rate in Almora is 24 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 sterilisation as a method of permanent family planning dominates the statistics with 95 percent of all sterilisation conducted in 2017-18 in Almora being Tubectomies. The Unmet Need for family Planning in the district is 14.8 per cent.

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 summarised in section 6 of Table 2. The OPD

patient load is as high as 475378 number of OPD patients in 2017-18 as against 21113 IPD Patients. 1256 OPD patients were diabetes centric while 2558 were hypertension patients. According to NFHS-4, 15.8 per cent men and 8.2 percent women have hypertension whereas 5.4 per cent men and 4.8 per cent women suffer from diabetes in Almora.

2. HUMAN RESOURCE & 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 largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources 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

Meetings with CMO and various BPMs unanimously indicated towards a severe manpower crunch in the district. Table 4 gives the status of HR availability in Almora. It also highlights the training status under NHM of the medical staff. In the last financial year, the Medical Officers received training for BeMOC, MTP, NSV, IUCD Insertion and NSSK. Of the 32 LHVs, 31 received training IUCD insertion while 25 received NSSK training. Lab Technicians as well as ANMs received training in RTI/STI Screening in Almora. ANMs and Staff Nurses at PHC level received training for SBA, IUCD and NSSK. With respect to training, the district is actively performing well. However, the issue that remains is of manpower availability. The present shortage affects both, the quality as well as the quantity, of services delivered under NHM.

Table 4: Status of Human Resource in Almora, 2017-18

	Regular			Contractual		
Position Name	**Sanctioned**	**Filled**	**Vacant**	**Sanctioned**	**Filled**	**Vacant**
MOs including Specialists	237	163	74	-	3	-
Of which:						
BeMOC trained	5					
MTP trained	7					
NSV trained	3					
IUCD insertion trained	3					
NSSK trained	15					
Gynecologists	13	4	9	-	-	-
Paediatrician	14	5	9	-	-	-
Surgeon	12	3	9	-	-	-
Dental Surgeon	12	12	-	-	-	-
LHV	36	32	4	-	-	-
Of which:						
IUCD insertion trained	31					
NSSK trained	25					
Pharmacist	181	155	26	15	14	1
Lab Technicuian	27	14	13	4	0	4
Of which:						
RTI/STI Screening trained	5					
X-Ray Technician	15	3	12	-		
ANM	250	170	80	66	65	1
Of which:						
SBA trained	170					
RTI/STI Screening trained	25					
IUCD insertion trained	170					
NSSK trained	180					
Data Entry Operators	-	-	-	11	9	2
Staff Nurses	34	30	4	23	13	10
Staff Nurse at CHC	34	30	4	9	0	9
Staff Nurse at PHC	-	-	-	14	13	1
Of which:						
SBA trained	15					
RTI/STI Screening trained	7					
IUCD insertion trained	15					
NSSK trained	15					

Source: CMO Office, Almora, 2018

The district has high vacancy of Human resources as highlighted in Figure 2.

Figure 2: Vacancy of Human Resource, Almora, 2017-18

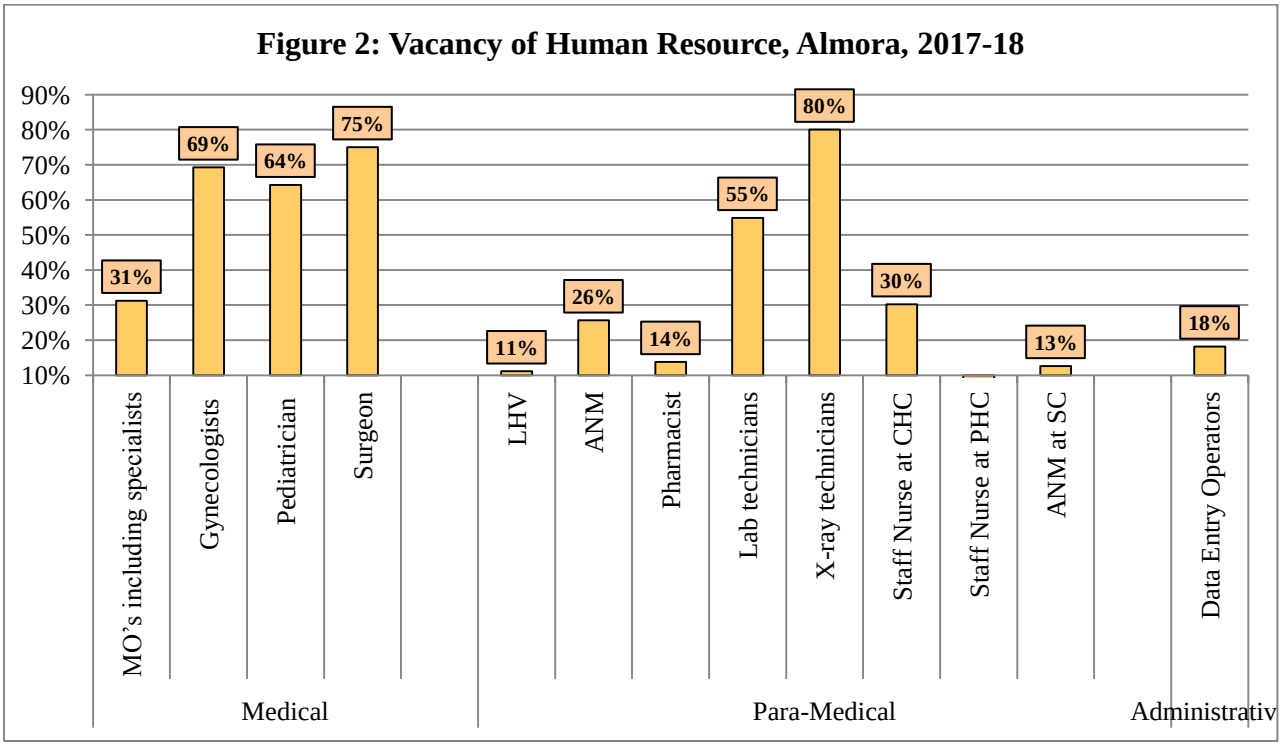


Figure 2 presents the vacant percentages for the various Medical, Paramedical and Administrative positions in Almora. High vacancy pertains in the district for mostly doctors wherein 69 percent of position of gynaecologists, 64 percent position of Paediatrician and 75% of surgeon's position are vacant. The vacancy for the position of technicians, both lab technicians and X-ray Technicians, is also significantly high. However, availability of nursing staff is optimal in the district. The shortfall for Data Entry Operators must also be taken into serious consideration. As noted during the visits to various health facilities in the district, the staff is not effectively trained in PFMS transfer yet which must be taken into consideration. To achieve the benchmark doctor to population ratio of 1:1000, Almora will need 435 more doctors.

2.2. HEALTH INFRASTRUCTURE

Table 5 presents the details of Health Infrastructure in Almora. With regards to Public health infrastructure, there are 2 District Hospitals, 2 Sub-District Hospitals, 7 First Referral

Units(FRUs), 7 Community Health Centres(CHCs), 26 Primary Health Centres(PHCs), 203 Sub Centres(SCs) in Almora. In addition, 2 adolescent friendly health clinics, 1 district early intervention centre are functioning in the district. The district observes a total 0f 47 delivery points.

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

- Sub Centre: 1 per 3,000 population
- Primary Health Centre: 1 per 20,000 population
- Community Health Centre: 1 per 80,000 population

Based on the Census,2011 population figures of the district, Almora observes a shortfall of 4 Sub-Centres and 5 Primary Health Centres. Almora has an optimal number of CHCs.

All the facilities are run in a government building except for 1 CHC, 2 PHCs and 103 SCs which are functioning in a rented building. Transport facilities in the district include 12 '108 ambulances', 5 'referral transports' and 2 'Mobile Medical Units'.

Table 5: Status of Health Infrastructure in Almora, 2017-18

Facilities		
Health Facility	**Number of Institutions**	**Functioning in a Rented building**
District Hospital	2	-
Sub district hispital	2	-
First referral unit	7	-
CHC	7	1
PHC	26	2
Sub Centre	203	103
Adolescent friendly health clinics	2	-
District Early Intervention Centre	1	-
Delivery Points	47	-
Transport Facility	**Number Available**	**Number Functional**
108 Ambulances	12	
102 Ambulance	8	
Referrral Transport	5	2
Mobile Medical Units	2	0
		Source: CMO Office, Almora, 2018

3. MATERNAL HEALTH

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

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening of health care delivery system.

3.1. OVERVIEW

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 6 gives performance indicators by various stages for the last two financial years.

IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method has increased in 2017-18 to 84.9 per cent. Women continue to bear an uneven burden of sterilization. In 2017-18, percentage of male sterilization procedures to total sterilizations dropped to 4.7 from 8.1 in 2016-17.

With regards to accessibility of ANC services, 52 percent women registered in first trimester in 2017-18 as against 56 per cent women in 2016-17. In 2017-18, 42.5 per cent women received 4 ANC checkups. Since, non-availability of IFA tablets was reported throughout the district, percentage of women who received 180 IFA tablets declined to 30 in 2017-18 while 77 percent women received 100 IFA tablets in 2016-17. There has been a significant decline in the percentage of women with obstetric complications in 2017-18.

In 2017-18, 63 percent of all home deliveries were attended by a skilled birth attendant; the performance has improved relative to 2016-17 levels. The data also indicates a marginal decrease in C-section deliveries in the last financial year.

Table 6: Maternal Health indicators, Almora, 2017-18

Sl. No.	Stages	Indicators	2017-18	2016-17
1	Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization	5.4	0.5
2		Male sterilization to total sterilization conducted	4.7	8.1
3		IUCD insertions to all family planning methods (IUCD plus permanent)	84.9	81.1
4	Pregnancy care	1st Trimester registration to total ANC registration	51.7	56.4
5		Pregnant women received 3 or 4 ANC check-ups to total ANC registration	42.5	65.9
6		Pregnant women given 100 or 180 IFA to total ANC registration	30.1	76.7
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries	1.8	11.2
8		Pregnant women receiving TT2 or Booster to total number of ANC registered	71.6	73.7
9	Child Birth	SBA attended home deliveries to total reported home deliveries	63	60.7
10		Institutional deliveries to total ANC registration	49.8	51.1
11		C-Section to reported institutional deliveries	10	12.2
12	Postnatal, maternal & new born care	Newborns breast fed within 1 hour to live births	93.1	96.8
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions	49.1	79.9
14		Newborns weighing less than 2.5 kg to newborns weighed at birth	7.8	10.7
15		Newborns visited within 24hrs of home delivery to total reported home deliveries	43.4	64.9
16		Infants 0 to 11 months old who received Measles to reported live births	106.6	118.6

Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. However, in Almora, 49 percent of women were discharged under 48 hours of delivery in public institutions. A decline in 2017-18 (93 percent) was also observed in the percentage of women who breastfed within 1 hour of delivery when compared to 97 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 promotion 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 lauded as a successful 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 7: Status of Janani Suraksha Yojana (JSY) in Almora, 2017-18

Number of beneficiaries under JSY			Record maintenance
Institutional deliveries	5534		**Available:** YES **Updated:** YES
Home Deliveries	1306		
Deliveries brought by ASHAs	5139		
Source: CMO Office, Almora, 2018			

In Almora, beneficiaries were satisfactorily 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 and in some cases payments are made by cheques. Though the district has initiated steps towards online payment of JSY incentives, implementation is relatively slow. Table 7 highlights that in Almora 5534 women who delivered in institutional facilities received JSY Payments and 93 percent of these women were bought by ASHA which 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) to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section.

Table 8: Status of Janani Shishu Suraksha Karyakram (JSSK) in Almora, 2017-18

Block	Number of Beneficiaries under JSSK				
	Diet	Drugs	Diagnostics	Transport	
				Home to facility	Facility to home
Bhaisiachhan	174	174	-	0	0
Bhikyasen	142	223	-	66	61
Chaukhutiya	264	264	-	272	186
Dhauladevi	740	740	-	222	225
Dwarahat	72	164	-	43	23
Hawalbag	1349	1421	-	167	299
Lamgara	223	223	-	0	0
Salt	108	108	-	0	38
Shyalde	0	0	-	0	0
Takula	136	443	-	65	39
Tarikhet	1062	1063	-	130	264

Source: CMO Office, Almora, 2018

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. The fact also reflects in Table 8 where the number of beneficiaries availing transport from home to facility is 965 as against 1135 beneficiaries who availed transport entitlement facility to home. None of the beneficiaries reported any out of pocket expenditure on drugs.

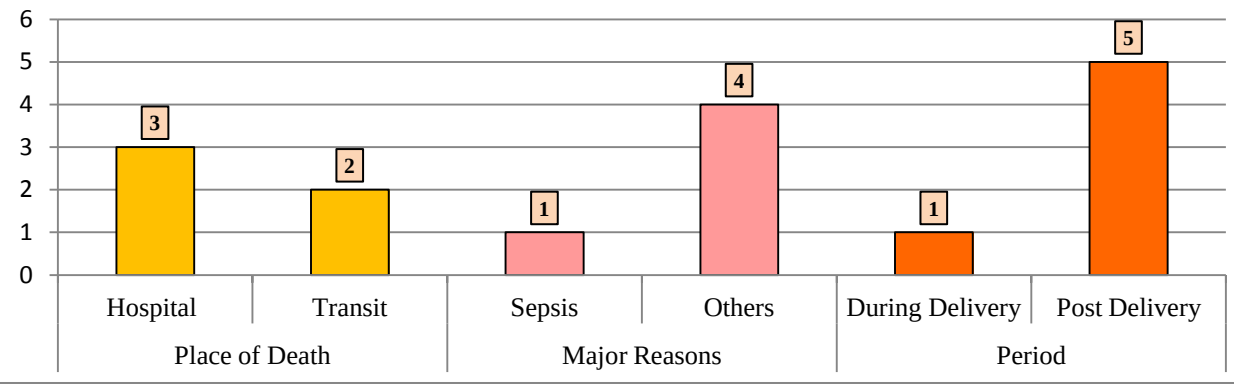
The Medical Officers reported an increase in the number of beneficiaries who need more than one-time diagnostics (lab test, X-rays) during the pregnancy. Hence, out-of-pocket expenditure with regards to the diagnostics during pregnancy is on a rise. Tarikhet, Dhauladevi and Hawalbagh blocks cater to the maximum JSSK beneficiaries. Kitchen services at the health facilities were tendered to outside agencies.

3.4. MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt 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.

Almora observed 5 Maternal deaths in the year 2017-18. Figure 3 illustrates the total number of maternal deaths by place, reason and period. A total of two maternal deaths took place during transit. The major reasons for maternal deaths in the district include Sepsis and other factors. Majorly, the maternal deaths occurred post delivery.

Fig. 3: Fcaility based maternal death review, Almora, 2017-18



4. CHILD HEALTH

The RMNCH+A under the National Health Mission (NHM) 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 tenet 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 Almora is 13.1 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 Care

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

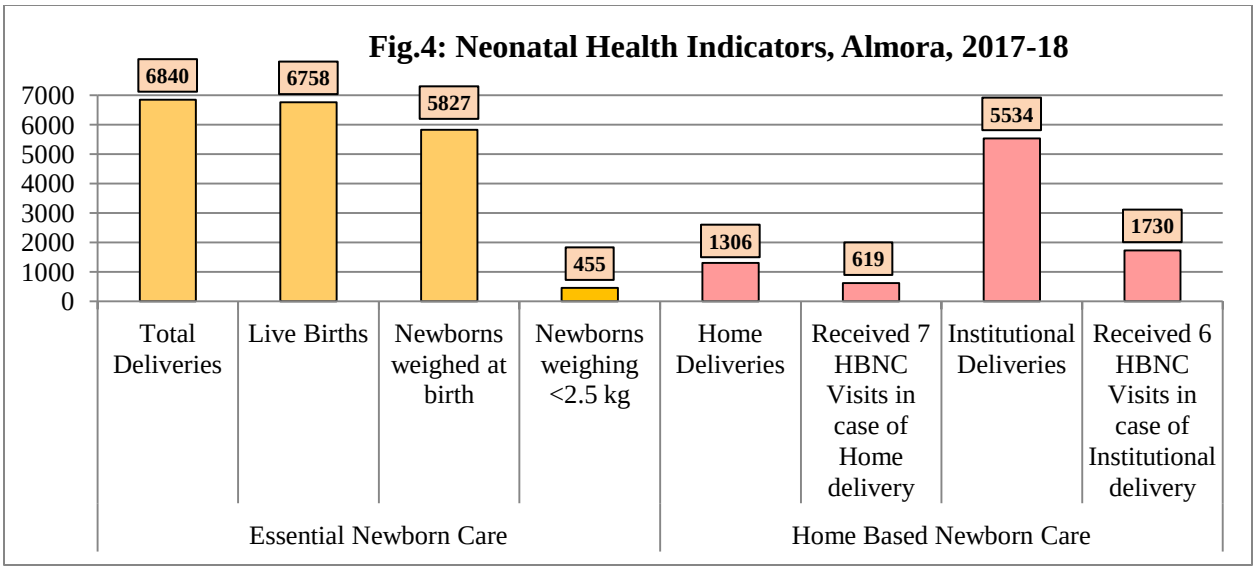
- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

Thrust Area 4: Immunisation

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

4.1. NEONATAL HEALTH

The district has observed 5534 institutional deliveries in year 2017-18 of the total 6840 deliveries as depicted in Fig. 4. Of the total newborns, 86 percent were weighed at birth. 455 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 47 percent newborns received 7 HBNC visits. The total home deliveries in the district for the last financial year are 1306 which accounts to 19 percent of total deliveries in Almora.



The service delivery for neonatal health in terms of infrastructure is discussed in Table 9. The district has two NBSUs AND 21 NBCCs. Manpower dedicated to NBSUs in the district include 6 medical staff members. The total number of neonates admitted in NBSU is 226. Of the total NBSU admissions 67 percent of the neonates were discharged, 25 percent were referred, 2 percent died and 6 percent signed LAMA.

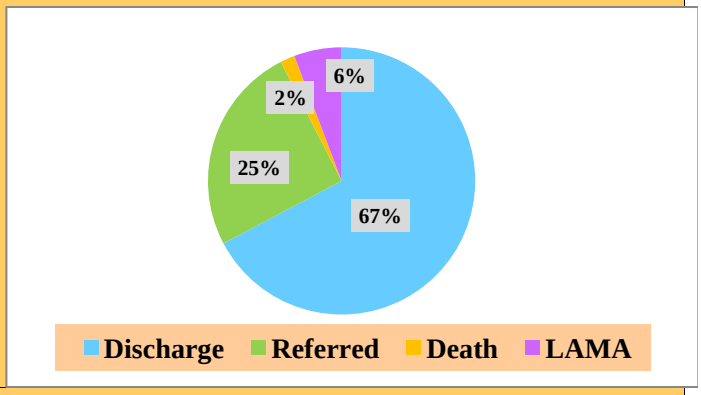
A total of 47 functional delivery points were identified in the district against which only only 21 NBCCs are in place. Moreover, only 76 percent of these delivery points had neonatal admissions in 2017-18. The health infrastructure pertaining to neonatal health in the district needs serious improvement.

Table 9: Status of Neonatal Health Infrastructure, Almora, 2017-18

Facility type	Number of facilities across district	Total Staff	Admissions in last financial year
NBSU	2	6	226
NBCC	21	-	-

Source: CMO Office, Almora, 2017-18

Fig.5: Treatment Outcome of Neonatal admission in NBSU, Almora, 2017-18

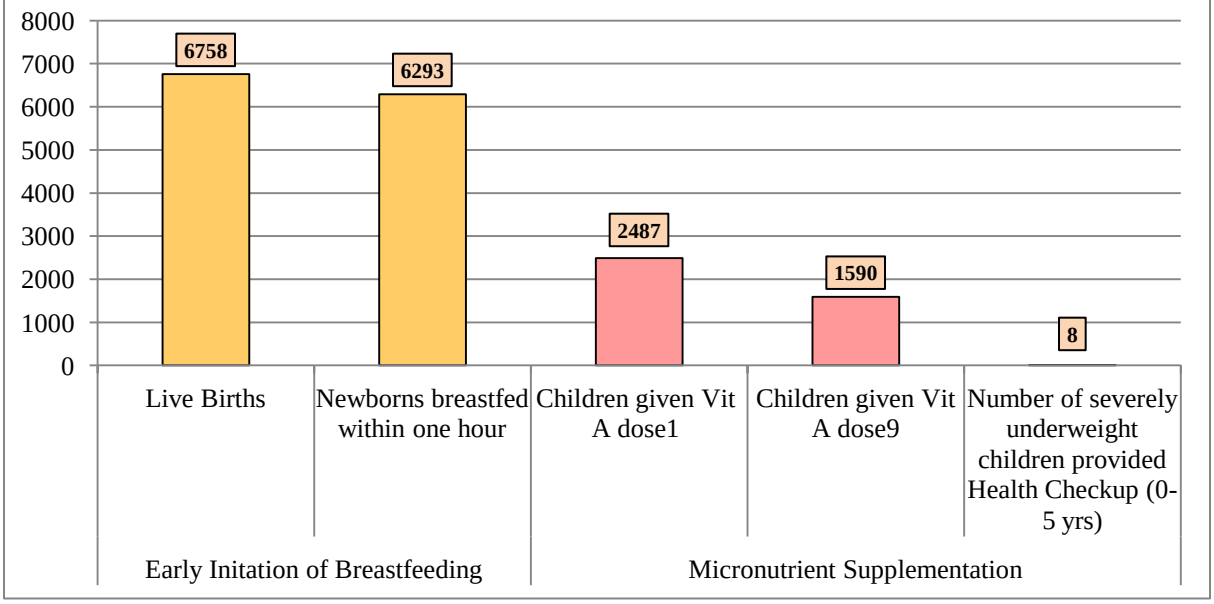


4.2. NUTRITION

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

RMNCH includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, Figure 6 depicts that, 6293 newborns in the district were breastfed within 1 hour of delivery which accounts to 93 per cent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be encouraged. Number of children given Vitamin A dose 1 is 2487 while the number of children given Vitamin A dose 9 is 1590. 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 hindrance as well as the supply side hindrance. 8 severely underweight children were provided health checkup in Almora in 2017-18.

Fig. 6: Indicators of Child Health Nutrition, Almora, 2017-18

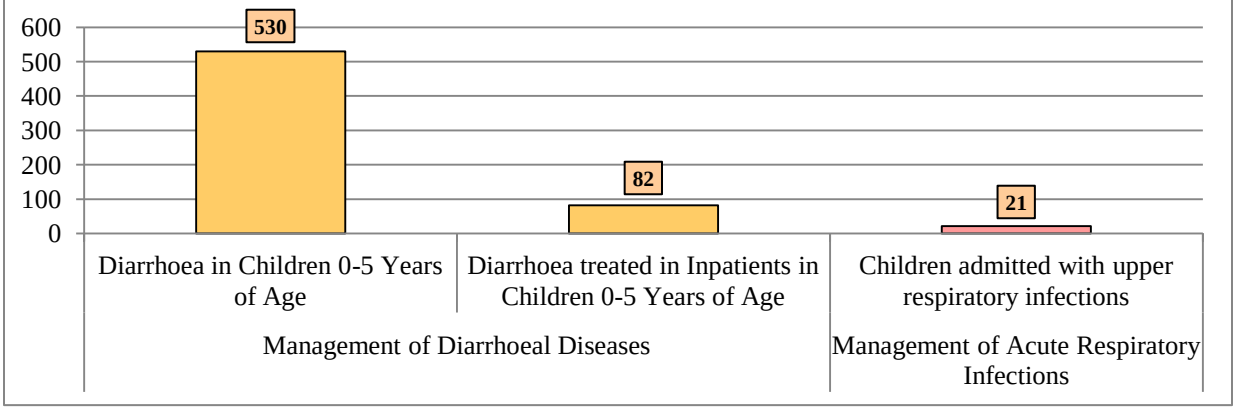


4.3. MANAGEMENT OF COMMON CHILDHOOD ILLNESSES

Every year some 8 million children in developing countries die before they reach their fifth birthday; many 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 combination of these conditions. (WHO)

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 7, in Almora 530 children were identified with diarrhoea of which 15 per cent were treated in IPD. As for acute respiratory infections, 21 children were admitted with upper respiratory infections in the year 2017-18.

Fig.7: Status of common childhood illnesses in Almora, 2017-18



4.4. IMMUNISATION

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

Table 10 gives the block-wise analysis of immunisation status in the district. Against the target set, Dhauladevi achieved 92 percent full immunization coverage, followed by Takula and Shyalde block who achieved upto 80 percent full immunization coverage against their respective

targets. Chaukhutiya and Sult were the most behind with respect to their immunization targets as they achieved less than 65 percent full immunization coverage.

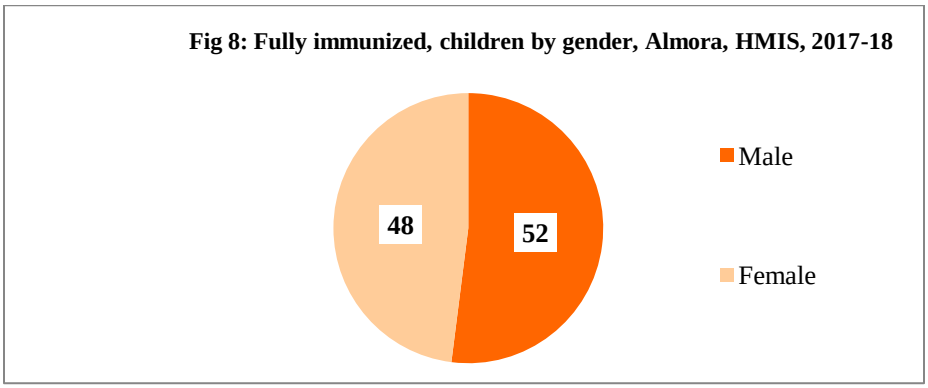
It was reported by the BPMs that blocks tend to set immunization targets as per their free will which often leads to many discrepancies. Such scenarios must be looked into by regular monitoring and a strict follow-up with the guidelines.

Table 10: Block wise immunisation status in Almora, 2017-18

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunisation
				1	2	3	1	2	3		
Bhaisiachhan	408	263	358				375	382	390	204	272
Bhikyasen	564	234	350				365	397	430	343	373
Chaukhutiya	748	280	511				490	510	524	357	462
Dhauladevi	970	838	895				909	932	909	630	895
Dwarahat	950	354	666				748	763	719	543	682
Hawalbag	1665	1340	1372	3	6	4	1268	1267	1211	843	1125
Lamgara	730	447	585				624	633	652	578	581
Salt	888	309	612				649	617	594	564	564
Shyalde	712	342	533				581	616	623	501	590
Takula	700	524	578				659	658	644	551	606
Tarikhet	1295	1265	1109				1026	1054	1053	864	871

Source: CMO Office, Almora, 2018

Figure 8 highlights the immunization coverage by gender. It is observed that 48 percent of female children were fully immunized in 2017-18 as against 51 percent of male children in Almora.



4.5. RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK)

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

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

Table 11 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. 1904 schools were covered under RBSK in the year 2017-18 as as well as 2016-17. 98605 children were registered under the programme of which 77 percent children were diagnosed.

An increase in the number of children with anaemia can be seen from the year 2016-17 to 2017-18 with 82 cases detected during the latter period. The number of anemic children in 2016-17 was 15. In 2017-18, 870 Children were diagnosed with eye diseases, 87 children reported to have a heart disease and 110 physically challenged children were identified. The evaluation team interacted with efficient RBSK teams at the health facilities. Thus, RBSK functioning is backed by efficient teams facilitating effective implementation of the programme.

Table 11: Rashtriya Bal Suraksha Karyakram Progress in Almora, 2016-2018

Years	2016-17	2017-18
No. of Schools	1904	1904
No. of children registered	102582	98605
Children Diagnosed	83175	75699
No. of Children referred	2224	1805
Eye Disease	901	870
Ear Disease	57	50
Heart disease	93	87
Physically challenged	308	110
Anaemic	15	82

Source: CMO Office, Almora, 2018

5. FAMILY PLANNING

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

Female sterilization is noted to be the dominate method under permanent sterilization. As can be seen in Table 12, of the total sterilizations conducted in 2017-18, 96 percent were tubectomies. The maximum number of female sterilizations was observed in Hawalbagh block. Dhauladevi, Dwarahat and Tarikhet block together account for 42 percent of total IUCD insertions. Among Oral pills and Emergency Contraceptives, 96 percent of women opted for oral pills in the district. Hawalbagh block distributed the maximum number of Oral pills. Condoms distribution was satisfactory in the district with a total of 356354 condoms distributed in 2017-18.

Injectable contraceptives have not yet been introduced in the district. In 2017-18, only one woman in Hawalbagh block was reported to opt for Antara. Awareness about the same needs to be generated and a positive approach must be instilled among women with regards to the adoption of new methods.

Table 12: Family Plannning acheivemnt in Almora, 2017-18

Block	Sterilization		IUCD insertions	Oral Pills	Emergency Contraceptives	Condoms	Injectable Contraceptives
	M	F					
Bhaisiachhan	1	74	218	1805	50	20861	-
Bhikyasen	2	37	299	2632	211	34400	-
Chaukhutiya	3	44	265	2707	193	35790	-
Dhauladevi	9	147	820	3160	86	25100	-
Dwarahat	1	76	676	2543	261	28473	-
Hawalbag	6	279	572	5543	10	52124	1
Lamgara	6	110	550	2110	113	33468	-
Salt	0	31	206	1461	2	27250	-
Shyalde	14	43	514	2160	0	28583	
Takula	3	122	462	1569	55	36175	
Tarikhet	2	125	743	2515	173	34130	

Source: CMO Office, Almora, 2018

6. QUALITY MANAGEMENT IN HEALTHCARE SERVICES

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

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

6.1. HEALTH CARE WASTE MANAGEMNT

Bio-medical pits and colour-coded bins were observed in all the facilities across the district. Against a total of 26 PHCs in the district, only 24 PHCs have bio-medical pits. Table 13 shows a broad status of Health care waste management in Almora.

Table 13: Status of Technical Quality in Health Facilities, Almora, 2017-18

S.No.	Quality in Health Care Services			
A)	**Bio-Medical Waste Management**	**DH**	**CHC**	**PHC**
i.	No. of facilities having bio-medical pits	4	8	24
ii.	Do the facilities have color coded bins	Yes	Yes	Yes
B)	**Infection Control**			
i	No. of times fumigation is conducted in a year	Quaterly	-	-
ii	Training of staff on infection control	Yes	Yes	Yes

Source: CMO Office, Almora 2018

With regards to sterilization practices in the district, record for fumigation of OTs was not kept or maintained. The staff showed hesitation when asked about the conduction of fumigation rounds in the facility. Due to shortage of medical consumables, particularly, gloves, re-use of the same was also reported. The OT walls were damp throughout the facilities in the district. Infection control needs prime focus. Although all facilities had autoclave, there was no separate staff to handle sterility specifically and regular maintenance of autoclaves was also not observed.

Fig. 9: Color-coded bins at PHC Hawalbagh, Almora

In addition, AMC records for autoclaves were not found in any health facility visited indicating towards the inefficient upkeep of sterilization systems in the health facilities. Standard norms and procedures require the sterilization equipments to be maintained at regular intervals.

The female district hospital has no biomedical waste management system in place. Non-availability of space was reported to be the underlying reason. At the very least, district hospitals must handle Waste management efficiently. Currently, the facility takes assistance from Nagar Palika.

7. INFORMATION, EDUCATION AND 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 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, Immunisation, Referral Transport, etc. Figure 10 shows few of the IEC materials cited by the team during visits to various health facilities.

Figure 10: IEC Material displayed at health facilities in Almora, 2017-18

8. COMMUNITY PROCESS

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

The broad working status of ASHAs is highlighted in Table 14. At present, a total of 925 ASHAs are working in the district. 132 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. However, this aspect was reported to be a common problem as ASHAs have not received their kits since a few months now.

With respect to training, all ASHAs have received training in SBA, NSSK, IUCD insertions, etc. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behaviour change at the community level. ASHA workers reported an absence of a strong grievance redressal system which hinders their motive and performance. The district also has ASHA ghars in various health facilities.

Fig 11: ASHA Ghar at Female district hospital, Almora

Table 14: Details of ASHA Workers in Almora, 2017-18

Community Process in Almora, 2017-18	
Last status of ASHAs	**Total number of ASHAs**
ASHAs presently working	925
Total number of meeting with ASHA (in a Year)	132
Total number of ASHA resource centers/ ASHA Ghar	2
Drug kit replenishment	-
No. of ASHAs trained in last year	925
Source: CMO Office, Almora, 2018	

9. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NHM. The AYUSH systems, especially Ayurveda and Homeopathy play an

important role in the Health Care Delivery System. In Almora, a total of 6 AYUSH health centres are in place while there are 26 PHCs in the district. An AYUSH doctor is available at every AYUSH centre, in fact, there are a total 0f 9 AYUSH doctors working in the district. For the financial year 2017-18, 35,155 patients received AYUSH treatment in Almora district as depicted in Table 15 below.

Table 15: Status of AYUSH in Almora, 2017-18

S.No.	**Details of AYUSH in Almora, 2017-18**	
1	No. of facilities with AYUSH health centres	6
2	No. of AYUSH Doctors	9
3	No. of Patients who received treatment	35155
		Source: CMO Office, Almora 2018

Fig. 12: AYUSH wing, PHC Hawalbagh

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.

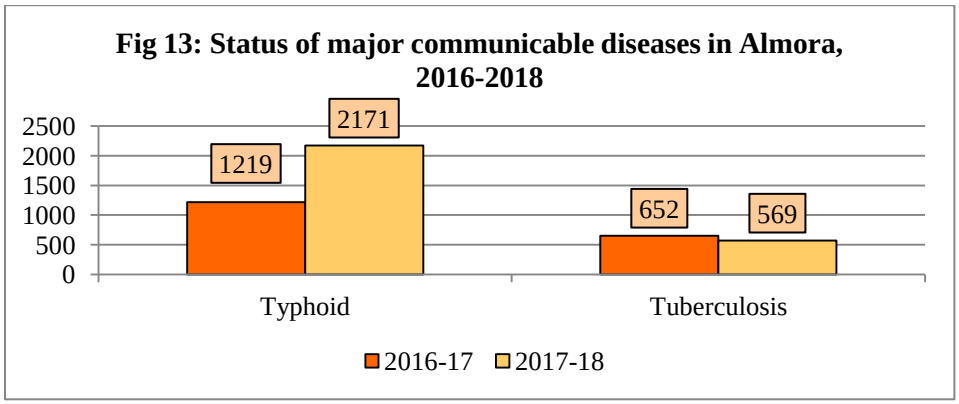
10.1. COMMUNICABLE DISEASES

Table 16 summarizes the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected was that of typhoid.

The incidence of typhoid has significantly increased in 2017-18 (2171) as against the 2016-17 level of 1219 cases. An opposite trend can be observed in cases of Tuberculosis as depicted in Figure 13. Screening for cases of dengue increased in 2017-18, however, no cases were detected either of the financial years. 9 cases of Hepatitis E were identified in Almora in 2017-18. Overall, increase in the cases of typhoid must be looked into and since non-availability and poor quality of water was reported throughout the district; the issue must be discussed with parallel organizations.

Table 16: Status of Communicable diseases in Almora, 2016-2018

Disease Control Programme (CDs), Almora, 2017-18				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	4302	10	5009	7
Dengue	25	0	41	0
Typhoid	5372	1219	8094	2171
Hepatitis A/B/C/D/E	A:21; E:21	1	A:18;E:18	E:9
Influenza	0	0	63	0
Tuberculosis	3848	652	3837	569
Others, if any: Chikenguniya	22	0	13	0
Source: CMO Office, Almora 2018				



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 17 depicts the status of NCDs in Almora in the years 2016-17 and 2017-18. The incidence of blindness remains the highest in both the years. This highlights the need for an efficient network of ophthalmologists in the district, which at present was not observed. Eye speciality services suffered hindrances related to equipment and manpower availability.

Table 17: Status of Non-Communicable Diseases in Almora, 2017-18

Disease Control Programme progress(NCDs), Almora 2017-18				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	6031	2544	6696	2980
Diabetes	205315	19565	199856	189859
Hypertension	226561	201302	213068	190328
Source: CMO Office, Almora 2018				

Figure 14 shoes the status of the district with regards to the two major non-communicable districts, i.e., diabetes and hypertension. For both the diseases, situation has worsened over the year. Increase in screening would bring more such patients to the surface and hence would make a corrective treatment plan possible. Counseling and awareness regarding the prevention and treatment for both the ailments must be ensured in the district.

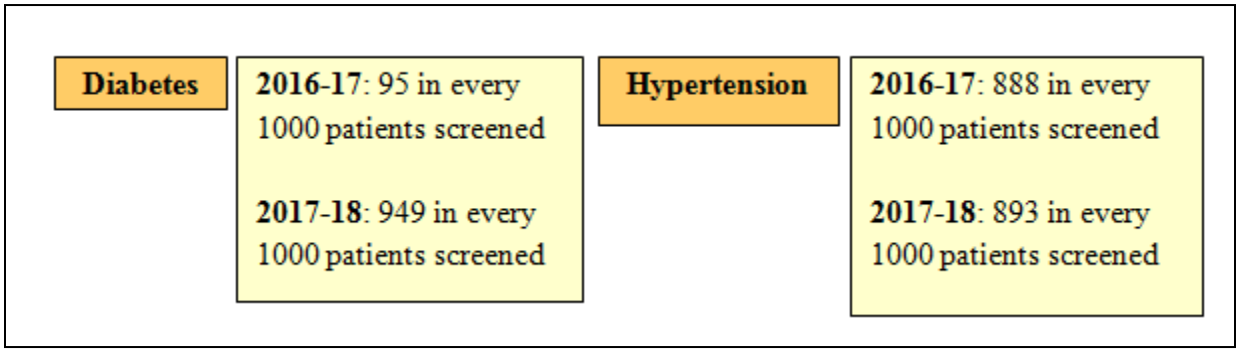


Figure 14: Status of major Non-communicable diseases in Almora, 2017-18

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 manpower. Data entry operators/statisticians etc. are not available with the majority of health facilities. In such a scenario, paramedical staff is mostly allotted to complete the task which leads to multitude of errors. Owing to the geographical spread in Almora, establishing an efficient HMIS poses difficulties in terms of "Net connectivity" particularly. It was further reported that the validation and error is not being considered while reporting and uploading the data.

As depicted in Table 17, there has been some progress with regards to HMIS while the system still has wide scope of improvement.

Table 18: HMIS/MCTS Status in Almora, 2017-18

Parameters	Remarks
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?	**Yes**
Is HMIS data analyzed and discussed with staff at all levels for necessary corrective action to be taken in future?	**Yes**

Source: CMO Office, Almora, 2018

12. BUDGET UTILISATION

The budget utilisation summary for Almora district by the five NHM flexipools and their major components is presented in Table 21. The highest part of the budget accrues to RMNCH+A flexipool. The construction of a geriatric ward in the district has commenced in 2017-18 which is a boost to health care infrastructure of the district as well as to the National Programme for the Healthcare of the Elderly (NPHCE).

Table 19: Budget utilisation Parameters, Almora, 2017-18

Scheme/Programme	Funds 2017-18	
	Sanctioned	Utilized
NRHM + RMNCH plus A Flexipool		
Maternal Health	12548160	11426027
Child Health	877157	752157
Family Planning	3103020	2553020
Adolescent Health/RKSK	45498	
Immunization	14164205	9313382
NUHM Flexipool		
Strengthening of Health Services		
Flexipool for disease control programme (Communicable Disease)		
Integrated Disease Surveillance Programme (IDSP)	1117727.69	796892.35
National Vector-Borne Disease Control programme	217791	13723
Flexipool for Non-Communicable Diseases		
National Mental Health programme (NMHP)	659562	796892.35
National Programme for the Healthcare of the Elderly (NPHCE)	3895581	2423649
National Tobacco Control Programme (NTCP)	1876609	1534160
National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	2444536	1329624
Infrastructure		
Infrastructure	-	-
Maintenance	-	-
Basic training for ANM/LHVs	-	-

Source: CMO Office, Almora, 2017-18

13. FACILITY WISE OBSERVATIONS

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

13.1. VICTOR MOHAN JOSHI FEMALE DISTRICT HOSPITAL

The monitoring team visited district hospital of Almora- V.M.J Female Hospital located in Hawalbagh. The facility has an average OPD load of 60 patients per day. Table 22 displays the service delivery indicators of the hospital. The following observations with were made:

- Staff quarters for MOs or SNs are not available at the hospital.
- Privacy in OPD was observed to be lacking due to shortage of space. There did not exist a strict system in place with regards to OPD handling
- The walls of the wards as well as Operation theatre/Labor room were severely damp.
- No Rogi Sahayta Kendra/Functional Help desk was observed in the facility. Space constraint was cited as the underlying reason.
- While there is an effective provision for electricity, the district hospital does not have 24*7 running supply of water. This poses major functioning issues.

Fig.15: Female District Hospital, Almora

- With regards to Bio-Medical Waste Management, there is no system in place at the district hospital due to space constraints. In the given scenario, the assistance is provided by the Nagar Palika.
- The female district hospital has no blood bank or laboratory services.
- The facility does not have a functional SNCU since there is a vacant post of a pediatrician. Non-availability of a pediatrician in the female district hospital is a worrisome situation. Availability of an SNCU is critical to new born care.
- There is no manpower available for ARSH clinic in the facility.
- At the time of monitoring, the facility did not have any supply of Emergency contraceptive pills, sugar testing kits and pregnancy testing kits.
- MCTS register was not maintained due to non-availability of data entry operator since July, 2017.
- Consumables like gloves were observed to be re-used which can foster various infections.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD, ANC PNCOT, etc were well maintained and updated.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.
- Through the present under-supply of services and non-availability of doctors, a huge demand gap must exist for the OPD, IPD and diagnostic services in the district. In standalone, the District Hospital does not have enough resources to meet the secondary care level as per IPHS guidelines.

Table 20 highlights the service delivery indicators of the district hospital. In 2017-18, the hospital had a rather non conservative OPD to IPD conversion rate of 14 percent. C-Section deliveries have declined to 14 percent in 2017-18 against 22 percent in 2016-17. Due to non-availability of a pediatrician, neonatal admissions in NBSUs have halved compared to 2016-17 figures.

An increase in the number of MTPs conducted can be seen in 2017-18. This can be attributed to the fact that the cases of self-induced abortion are on a rise in the district wherein women procure a combination of “Mifoprostone+Misoprost” tablets from outside and in time of eventual complications rush to the facility. During the visit itself, the team observed 4 such cases.

Overall, service basket must be broadened to eliminate the huge demand-supply gap that exists. Provisions with regards to Biomedical Waste Management must be put in place. To ascertain smooth functioning, issues pertaining to water supply must be corrected at the earliest. The available personnel with the district hospital were observed to a dedicated group.

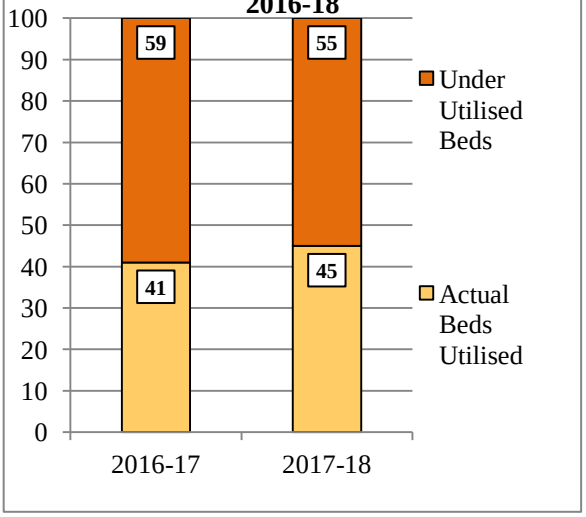
Table 20: Service Delivery at District Hospital Almora, 2016-18

Service Utilization Parameter	2016-17	2017-18
OPD	20259	22125
IPD	2969	3217
Total deliveries conducted	1093	1121
No. of C section conducted	244	159
No. of neonates initiated breast feeding within one hour	1076	1085
No of admissions in NBSUs/ SNCU, whichever available	170	89
No. of pregnant women referred	301	252
ANC1 registration	562	585
ANC 3 Coverage	390	360
No. of IUCD Insertions	150	65
No. of PPIUCD Insertion	299	212
No. of children fully immunized	184	142
No. of children given ORS + Zinc	725	620
No. of children given Vitamin A	145	-
Total MTPs	84	127
Maternal deaths	0	1
Still births	2	12
Neonatal deaths	0	3

Source: CMO Office, Almora 2018

The total number of beds available at the facility is 39. In 2017-18, a total of 3217 IPD cases were reported. At an ALOS of 2 days as reported, it can be concluded that a total of 6434 bed days have been utilized in a year. Hence the bed occupancy rate for the year 2017-18 at the facility is 45 percent. The same for the year 2016-17 is 60 percent as illustrated in Fig 16. Given that the case mix of IPD/OPD is majorly restricted to OBG, the service availability at the district hospital needs to be strengthened.

Fig. 16: Bed Utilisation, V.M.J. Female district Hospital, Almora, 2016-18



13.2. GOVIND SINGH MEHERA GOVERNMENT HOSPITAL

The facility is situated in Tarikhet and has been granted the FRU Status only recently. The facility provides basic secondary care such as general medicine, OBG, Orthopedics, Dental, ENT, Ophthalmology, etc. Ultrasound, X-Ray and Physiotherapy facilities are also available at the hospital.

- The facility has a very low demand-supply gap due to the diverse medical and diagnostic services provided.
- Following the availability of Surgeon, Orthopaedic Surgeon, OBG specialist and Anaesthetist, the facility has optimal O.T. utilization.
- Non-availability of Ortho beds poses major challenges for the orthopedic surgeon. The same must be looked into and provided for.
- There is no NHM Manager in place for the facility.
- A critical manpower problem prevails in the facility with regards to O.T. Technician, drivers and data entry operators.
- The available residential quarters cannot cater to the MOs and SNs
- A significant out of pocket expenditure was incurred by the patients on the orthopedic implants.
- CT Scan/ MRI facility was non-functional in the district. It creates additional hindrances with regards to service delivery for the facility.

Fig.17: GSM Govt Hospital, Tarikhet, Almora

- There exists an absurd distance between the labor room and the female ward. The Labor room is not in proximity and function linkage with OT or NBSU. Unidirectional flow of care is thus significantly disturbed.
- There was no warmer available at the NBSU in the absence of which blankets were used at the facility.
- All JSY payments were timely made to the beneficiaries and ASHAs.
- ASHA facilitator held regular ASHA meetings and sessions at the facility.

Fig. 18: Blanket used in absence of warmer at NBSU

- Drugs availability was also reported to be an issue of concern. Iron, calcium medicines were not available with the facility.
- The quality of gloves available was very poor.
- There was no warmer in the NBSU in the absence of which blankets were used.
- Improvements must be made with regards to the cleanliness in the facility.
- Regular fumigation of the O.T. was done and the records were maintained for the same.
- An efficient system for biomedical waste Management was in place at the CHC.
- All the IEC material was displayed well in place in the CHC.
- Based on the present supply of manpower and availability of infrastructure, the case mix at the facility includes General Medicine, OBG, General Surgery, Orthopaedics, E.N.T, and Others.
- Standard personal protection practices require the facility to ensure entry to the labor room after change of shoes and wearing of masks and caps. However, the facility had a shortage of O.T./Labor room shoes, masks, etc.

13.3. PHC HAWALBAGH

The primary catchment population of PHC Hawalbagh is 72118. The facility has been a Kayakalp awardee for the last two consecutive years. The observations made by the monitoring team during the facility visit are listed below:

- No staff quarters are available for any Medical Officers or Staff Nurses.
- Shortage of IFA and Vitamin A tablets was observed. The non-availability had persisted for more than 4 months prior to the evaluation.
- The overall cleanliness at the facility was up to the mark.
- Record maintenance with regards OPD, IPD, ANC, PNC registers was proper and complete.

Fig. 19: PHC Hawalbagh

- The IEC material, Citizen Charter was also efficient displayed at the PHC with regards to visibility as well as coverage of schemes/programmes.
- For the financial year 2017-18, the facility received INR 20,43,240 under RMNCH+A flexipool and utilized 20,64,049 for the said year.

Table 21 highlights the service delivery indicators of PHC Hawalbagh. The facility had 5784 OPD cases in 2017-18 as against 5080 OPDs in 2016-17.OPD to IPD ratio is a good indicator of the manner in which Inpatient service is being utilized in the hospital. For PHC Hawalbagh, OPD to IPD conversion rate is at 3 percent.

Statistically, such a lower rate indicates that the type of inpatient care in relation to the demand for medical services is poor. However, for PHC Hawalbagh the situation that does not hold true. The facility is fully equipped with services and has a potential to cater to a varied case mix.

Fig.20: Kayakalp certificate, PHC Hawalbagh

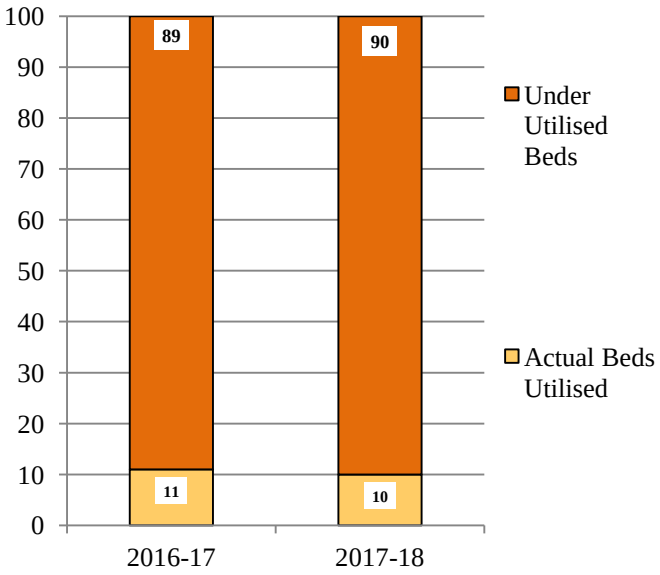
Thus, due to non-availability of lab services, near distance of the district hospital, etc. the facility is **being** under supplied with patient load. In the given scenario, even though the PHC is efficiently working, the optimal utilization of resources is questionable.

Table 21: Service Delivery at PHC Hawalbagh, 2016-2018

Service Utilization Parameter	2016-17	2017-18
OPD	5080	5784
IPD	158	149
Total deliveries conducted	159	168
No. of admissions in NBSUs, if available.	159	149
ANC1 registration	865	951
ANC 3 Coverage	689	647
No. of IUCD Insertions	544	454
No. of Vasectomy	71	62
No. of children fully immunized	908	809
Maternal deaths	0	1
Still births	0	2
Source: CMO Office, Almora 2018		

The total number of beds available at the facility is 8. In 2017-18, a total of 149 IPD cases were reported. At an ALOS of 2 days as reported, it can be concluded that a total of 298 bed days have been utilized in a year. Hence the bed occupancy rate for the year 2017-18 at PHC Hawalbagh is only 10 percent. The same for the year 2016-17 is 60 percent as illustrated in Fig 21.

Fig.21: Bed Utilisation, PHC Hawalbagh, Almora, 2016-18



Overall, the functioning of the PHC is indeed appluadable and the present infrastructure is more than sufficient to cater the present patient load at the facility. By broadening the available services, underutilisation can be improved and overall functioning can be strengthend.

13.4. SUB-CENTRE DHAMAS

The sub centre is located in Hawalbagh block and covers a population of 3247. A total of 2 ANMs and 2 ASHAs are working with the Sub centre. The observations are listed below:

- Record maintenance was found to be up to the mark in the facility
- Equipments in the SC were functional and well-maintained. Supply of essential contraceptives was also observed.
- Approximately 7 per cent of all deliveries were reported to be home deliveries.
- All the procured IEC material was properly displayed.

Figure 22: Sub Centre Dhamas

- Non-availability of IFA and Vitamin A supplementation was reported.
- No issues were reported with regards to the procurement of untied funds.
- The labor room at the Sub-centre was in accordance with the majority of the labor room guidelines and cleanliness was up to the mark.

13.5. SUB-CENTRE TARIKHET

The primary catchment population of SC Tarikhet is 5135. The Sub centre is located adjacent to the APHC Tarikhet. A total of 2 ANMs and 10 ASHAs are associated with the Sub centre. The observations are listed below:

- The sub centre had all necessary equipments in a functional manner.
- Non-availability of the sanitary napkins was observed at the sub-centre.
- Essential record keeping was properly maintained.
- All the IEC material was efficiently displayed.

Figure 23: Sub-Centre Tarikhet

- The service delivery parameters for the sub centre are displayed in Table 22.

Table 22: Service Delilvery Indicators, SC Tarikhet, 2016-2018

Service Utilization Parameters	2016-17	2017-18
Number of estimated pregnancies	83	74
No. of pregnant women given IFA	66	25
Number of deliveries conducted at SC	26	31
Number of deliveries conducted at home	5	4
ANC1 Registration	83	71
ANC3 Coverage	71	49
No. of IUCD Insertions	76	84
No. of fully immunised children	58	52
No. of children given Vit. A	58	-
No. of children given IFA	-	-
No. of Maternal deaths recorded	-	1
No. of Still birt5hs recorded	-	-
Neonatal Deaths recorded	1	1
No. of VHNDs attended	96	96
No. of VHNSC Meetings attended	6	6
Source: CMO Office, Almora 2018		

14. CONCLUSION AND RECOMMENDATION

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carry out the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Almora District of Uttarakhand. The following healthcare facilities in Almora are visited for Monitoring & Evaluation: V.M.J. Female Hospital, S.S.M Govt. Hospital, PHC Hawalbagh, SC Dhamas and SC Tarikhet. A summary of our findings in the district is presented below:

The district has 7 CHCs, 26 PHCs and 203 SCs. With respect to transport, 20 ambulances and 5 referral transport are available. 2 mobile medical units are also available in the district. All the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) are running in government buildings. However, the infrastructure in the health facility premises was not proper. Roof leakages, chipping of wall and ceiling plasters, damp walls in monsoons were found to be common sights. Further, staff quarters are not available in the and even when these are available, the condition of the buildings is extremely poor. Fumigation in certain facilities is not done regularly. There is a vacancy for Medical Officers, Anaesthetists, Staff Nurses, Pharmacist, Data Entry Operators, Accountants and Fourth-Class Employees in the district.

Almora experienced a total of 6758 live births in 2017-18. Both JSY and JSSK are functional in the district. Payments under JSY were made to 100% of institutional deliveries. 5 maternal deaths occurred in the last financial year owing to sepsis and other causes. 3 of these deaths occurred in the health facility itself.

The district has the following infrastructure for child care:,2 NBSUs and 21 NBCCs. 6 staff members are present in the NBSU. It also fulfilled 73% of its immunisation target. Rastriya Bal Surakha Karyakaram is functional in the district.

In Almora, 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. Certain facilities experienced non-availability of Emergency contraceptives.

There has been a huge increase in the number of detected cases of diabetes. Hypertension cases have also increased. Six out of 11 blocks have AYUSH health centres in the district. A total of 6 AYUSH health centres running in the district with 9 AYUSH doctors. Community Process is functional in the district. Currently 925 ASHAs are working in the district.

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 geographical distribution of the district and the commute issue after evening hours.
- Issues with regard to regular water supply must be solved with the parallel organizations. It is of utmost importance that all the health facilities in the district have 24*7 access to water.
- Training with respect to HMIS data reporting as well as transfer of beneficiaries entitlements via DBT and/or PFMS is essential. The district suffers a serious crunch of manpower with respect to Medical Specialists, Data entry operators, Accountants and class IV workers. In order to ensure smooth functioning of the activities and minimize the wastage of resources, essential manpower should be bought into the system. Timely and appropriate payment of frontline workers must be ensured.
- Strengthening of District Quality Assurance committee is advised, considering the wide scope of improvement that exits with regards to infection control practices. Inadequacy in Biomedical equipment maintenance must be eliminated.
- Access to essential drugs must be prioritized by the district.
- Facility based care for the sick new born must be strengthened An investment in child health infrastructure will be an essential boost to the overall public health infrastructure in the district.
- Supervisory visits by CMO, DPM, etc. should be conducted in regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring

the existing lacunae to the surface and also streamline the redressal system. Systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectified.

15. ANNEXURES

NATIONAL HEALTH MISSION

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. Detail of demographic & health indicators for the last financial year

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

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

2. Detail of health infrastructures in the last financial year

Health Facility	Number available	Govt. building	Rented building/ Under const.

District hospital			
Sub-District hospital			
First Referral Units (FRUs)			
CHC			
PHC			
Sub Centre			
Mother & Child Care Centers			
Adolescent friendly Health Clinic			
Medical College			
Skill Labs			
District Early Intervention Centre			
Delivery Points			
Transport Facility	**Number available**	**Number functional**	**Remarks**
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			
Mobile Medical Units			

3. Human Resource as on 31 March, 2018

Position Name	Sanctioned	Filled	Vacant
MO's including specialists			
Gynecologists			
Pediatrician			
Surgeon			
Nutritionist			
Dental Surgeon			
LHV			
ANM			
Pharmacist			
Lab technicians			
X-ray technicians			
Data Entry Operators			
Staff Nurse at CHC			
Staff Nurse at PHC			
ANM at PHC			
ANM at SC			

Data Entry Operators			

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

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

* Note- Fill number of officials who have received training

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

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

* Note- Fill number of officials who have received training

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

.....
.....

5.1 Block wise service delivery indicators in the last financial year

Block	ANC Registered	3 ANCs	Home Deliveries	Institutional Deliveries

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

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

5.3 Block wise service delivery indicator in the last financial year

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

Note- Please include the data for Medical College and DH

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

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

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

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

5.6. Maternal Death Review in the last financial year

Total Maternal Deaths	Place of Deaths			Major Reasons (% of deaths due to reasons given below)	Month Of pregnancy		
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delivery
				Hemorrhage- Obstetric Complications- Sepsis- Hypertension- Abortion- Others-			

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

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

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

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

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

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

Note- * Leave against medical advise

6.4. Neonatal Health: (SNCU, NRCS & CDR) in the last financial year

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

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

Years	No. of Schools	No. of children registered	Children Diagnosed	No. of Children referred	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2017-18									
2016-17									

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

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

9. RKSK Progress in District in the last financial year

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

10. Quality in health care services

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

11. Community process in District in the last financial year

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

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

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness				
Mental Health				
Diabetes				
Hypertension				
Osteoporosis				
Heart Disease				
Obesity				
Cancer				
Fluorosis				

11.2 Disease control programme progress District (Communicable Diseases)

Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria				
Dengue				
Typhoid				
Hepatitis A/B/C/D/E				
Influenza				
Tuberculosis				
Filariasis				
japanese encephalitis				
Others, if any				

12. AYUSH progress District in the last financial year

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

13. Pool Wise Budget Heads Summary

S.No.	Budget Head	Budget	Expenditure (As on 31 Dec, 2017)
PART I	NRHM + RMNCH plus A Flexipool		
PART II	NUHM Flexipool		
PART III	Flexipool for disease control programme		
PART IV	Flexipool for Non-Communicable Dieases		
PART V	Infrastructure Maintenance		

13.1. Budget Utilisation Parameters:

S.No	Scheme/Programme	Funds 2017-18	
		Sanctioned	Utilized
13.1	**NRHM + RMNCH plus A Flexipool**		
13.1.1	Maternal Health		
13.1.2	Child Health		
13.1.3	Family Planning		
13.1.4	Adolescent Health/RKSK		

13.1.6	Immunization		
13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services		
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)		
13.3.2	National Vector-Borne Disease Control programme		
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)		
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)		
13.4.3	National Tobacco Control Programme (NTCP)		
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)		
13.5	**Infrastructure**		
13.5.1	Infrastructure		
13.5.2	Maintenance		
13.5.3	Basic training for ANM/LHVs		

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

HMIS/MCTS progress, 2017-18		
HMIS/MCTS		**Remarks**
Is HMIS implemented at all the facilities	Yes ☐ No ☐	Yes
Is MCTS implemented at all the facilities	Yes ☐ No ☐	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 ☐ No ☐	Yes
Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	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 ☐ No ☐	Yes

Is the service delivery data uploaded regularly	Yes ☐ No ☐	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	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 ☐ No ☐	Yes
Source: CMO Office, , 2018		

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	**Y**	**N**	

	Biomedical waste management (BMW)at facility			
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	Rogi Sahayta Kendra/ Functional Help Desk	**Y**	**N**	

Section II: Human Resource as on March 31, 2018:

S. no	Category	Sanctioned	In-position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	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-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 Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	

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

Section V: Essential Drugs and Supplies:

S. No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	***Y***	***N***	
5.2	Computerised inventory management	***Y***	***N***	
5.3	IFA tablets	***Y***	***N***	
5.4	IFA syrup with dispenser	***Y***	***N***	
5.5	Vit A syrup	***Y***	***N***	
5.6	ORS packets	***Y***	***N***	
5.7	Zinc tablets	***Y***	***N***	
5.8	Inj Magnesium Sulphate	***Y***	***N***	
5.9	Inj Oxytocin	***Y***	***N***	
5.10	Misoprostol tablets	***Y***	***N***	
5.11	Mifepristone tablets	***Y***	***N***	
5.12	Availability of antibiotics	***Y***	***N***	
5.13	Labelled emergency tray	***Y***	***N***	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	***Y***	***N***	
5.15	Adequate Vaccine Stock *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	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	Utilised
7a.1	Untied funds expenditure			
7a.2	Annual maintenance grant			

Section VII B: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

Section IX: Record Maintenance:

S. No	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	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**	
1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource as on March 31, 2018 :

S. no	Category	Sanctioned	In-Position	Remarks if any
2.1	OBG			
2.2	Anaesthetist			
2.3	Paediatrician			
2.4	General Surgeon			
2.5	Other Specialists			
2.6	MOs			
2.7	SNs			
2.8	ANMs			
2.9	LTs			
2.10	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	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

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

Section XI: IEC Display:

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

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 as on March 31, 2018:

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

Section III: Training Status of HR

(*Trained in Last Financial Year)

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	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 50,000/25,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 1,00,000/50,000-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 as on March 31, 2018:

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

Section III: Equipment :

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

Section IV: Essential Drugs:

S. No	Availability of sufficient number of essential Drugs	Yes	No	Remarks
4.1	IFA tablets	Y	N	
4.2	IFA syrup with dispenser	Y	N	
4.3	Vit A syrup	Y	N	
4.4	ORS packets	Y	N	
4.5	Zinc tablets	Y	N	
4.6	Inj Magnesium Sulphate	Y	N	
4.7	Inj Oxytocin	Y	N	
4.8	Misoprostol tablets	Y	N	
4.9	Antibiotics, if any, pls specify	Y	N	
4.10	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	
5.3	OCPs	Y	N	
5.4	EC pills	Y	N	
5.5	IUCDs	Y	N	

5.6	Sanitary napkins	**Y**	**N**	

Section VI: Service Delivery in the last two years:

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session			

	day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section VII A: Funds Utilisation

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

Section VIII: IEC display:

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

Qualitative Questionnaires for Sub-Centre Level

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