



NATIONAL HEALTH MISSION

**A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF
NHM PROGRAMME IMPLEMENTATION IN**

GHAZIABAD DISTRICT, UTTAR PRADESH

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ACRONYMS AND ABBREVIATIONS

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram

JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit

EXECUTIVE SUMMARY

This report is based on the NHM PIP Monitoring visit to Ghaziabad district, UP. The following healthcare facilities were visited by the PRC Team: District Women Hospital, CHC Muradnagar, PHC Kakra and Sub Centre Khimavati. The major strengths and weaknesses of the district are as follows:

STRENGTHS

- All the facilities of the district were satisfactorily maintained. The premises were generally found to be clean. All vital equipments and drugs were available in the facilities.
- The ARSH unit was functional in the facility. It was observed that the counsellors were being creating awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues.
- Other component of JSSK, diet and transport is reportedly functional. The DHF has contractual arrangement with caterer to provide diet for beneficiaries during hospitalization. 102/108 is also available for transport home to facilities and facilities to home. It also support in referral cases from facility to facility and also for intra district facilities.
- The IEC displays were well placed in all the health facilities and were visible. The displays were communicating essential information like the timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on.

WEAKNESSES

- It was observed that only two-third JSY payments were given in 2014-15. The major reason for pending payments was that the beneficiaries were not having their bank accounts. The beneficiaries constituted majorly of construction workers who would move to their hometown after delivery without taking JSY benefit.
- The Loni block of the district has a large population and due to lack of a hospital facilities patients are usually referred to GTB hospital, New Delhi. High referrals are a critical issue and are also resulting in maternal mortality in transit because the 102 or 108 ambulance

facility cannot be availed for inter-state jurisdiction. A 200 bedded hospital has been proposed by the CMO office but no progress was reported.

- PIP funds for the financial year 2014-15 were released in the month of November, seven months late resulting in only 60% utilisation of funds. It was observed that PIP was being submitted for three years but funds were released annually which was getting delayed by 5 to 6 months on an average, thereby disturbing the timely functioning of various activities and underutilisation of funds.
- Non utilisation of funds was found in family planning activities like NSV. It was reported that monetary incentive was a dominant reason in the district for people to undertake NSV. Cash incentive was given to them for NSV but when the family planning payments got channelized through PFMS, the response for it drastically reduced, resulting in limited utilisation of funds. Polio activity fund was also found to be unutilised. For some areas it was reported that guidelines were not being given due to which funds were not being utilised like funds given for Iodine deficiency and NCDs.
- The district was not performing well in family planning for instance of the target of 6163 sterilisations only 660 were conducted or only 11% was achieved in urban. Similar was the scenario in other blocks with maximum achievement of only 55%. IUD insertions also were not performing commendably in the district.
- Transfer policy of government regarding the NHM staff was creating problems in the facilities. Transfer of an employee from a facility was not being accompanied with a substitute in that facility thereby creating a vacuum in workforce and impacting the working and performance of the facility.
- It was reported that C-Section deliveries were not being conducted in the CHC because of non availability of doctor. Therefore the CHC was in dire need of a gynaecologist as its absence was hampering the functioning of the facility.
- The PHC was functioning in a well maintained building with provisioning for rooms for conducting deliveries and also staff quarters for the health facility personnel. But it was observed that the PHC was not being fully utilised as no deliveries were being conducted in the facility and also the residence facility was lying vacant. The reason for this was electricity was a major problem in the area as it was available for only 3 hours in a day.

- Running funds were not being provided to the Blocks for incidental/miscellaneous expenditure incurred by the facilities thereby disturbing their smooth functioning.
- Human resource shortage was witnessed in some facilities like the District women hospital was in need of a trained OT technician. The lab facility in the DWH was functional only till 2 PM. It was reported that the timing of laboratory should be extended as its functioning is required when deliveries are undertaken.

1. INTRODUCTION

The Ministry of Health and Family Welfare (MoHFW) has involved Population Research Centres (PRCs) for quality monitoring of important components of NHM State Programme Implementation Plan (PIP) 2014-15. It is expected that a timely and systematic assessment of the key components of NHM is critical for further planning and resource allocation. While engaging with the task, PRCs would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the various components. Specifically, as part of the qualitative reports, the PRCs are required to observe and comment on four broad areas described in the Records of Proceedings (RoPs) as follows;

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

PRC Delhi is engaged in quality monitoring of State PIPs in – Uttar Pradesh, Sikkim and Delhi. This report discusses the M&E findings and observations for Ghaziabad District in UP. Before visiting Ghaziabad district in the November 2015, the M&E Team reviewed the UP PIP document and prepared, semi-structured interview schedules for district programme managers (DPM), facility staff and beneficiaries. The field visits to health facilities in the district were planned in consultation with the district NHM officials.

2. STUDY APPROACH

The Ministry of Health and Welfare has engaged PRC-IEG for monitoring the performance of NHM program in Ghaziabad district in providing the health care needs. PRC Delhi Team visited the district based on their low health performance during the period (20th November -22th November 2015). Before visiting the different level of healthcare facilities we had an enriching session with DPO and other district nodal officials of the district. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit of West district. The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below.

TABLE 1: LIST OF VISITED HEALTHCARE FACILITIES IN GHAZIABAD, UP 2015

Facility Type	Name of the facility
District Hospital	District Women Hospital (DWH)
Community Health Centre	Muradnagar
Primary Health Centre	Kakra, Muradnagar
Sub Centre	Khimavati

The Team interacted with key programme officials at Ghaziabad District and examined the status of key activities. Apart from rigorous interactions with the District Programme officer, the Team visited CHC, PHC and sub centre and interacted with staff and beneficiaries. Interviews with the patients admitted in the wards and the ones present in the OPD during visits to health facilities and community visits were also conducted to obtain information from the beneficiaries' perspective about the functioning of the health mission. (Annexure 1, last section of the report). The Secondary Data was taken from the CDMO offices. Health facilities from all the three levels were selected for supportive supervision after discussions with the District Program officer. The tools used for collecting the relevant data can be seen in the Annexure 1 section of the report. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

3. DISTRICT PROFILE

The history of Ghaziabad lays its foundation in 1740, when it was established as Ghaziuddinagar by emperor Ghazi-ud-din. Ghaziuddinagar was a spacious structure consisting of 120 rooms of masonry with pointed arches. It was named as Ghaziabad after the opening of railway line in the area. Ghaziabad was earlier a part of Meerut district. It was declared a separate district on 14th November 1976 by then chief minister Mr N.D Tiwari.

The district Ghaziabad is roughly rectangular in shape with its length being 72 KMS and breadth being 37 KMS. On north it is bounded by Meerut district, on south by Bulandshahar and Gautam Budh Nagar, on south-west by National Capital Delhi and on east by Jyotibaphule Nagar. Ghaziabad acts as a main entrance to UP and is famously called ‘GATEWAY OF UP’.

Ganga , Yamuna and Hindon are the main rivers flowing through the district along with some small rain fed rivers like Kali river. Apart from these Ganga canal flows through the district which caters to the drinking water needs of the people of Ghaziabad as well as Delhi.

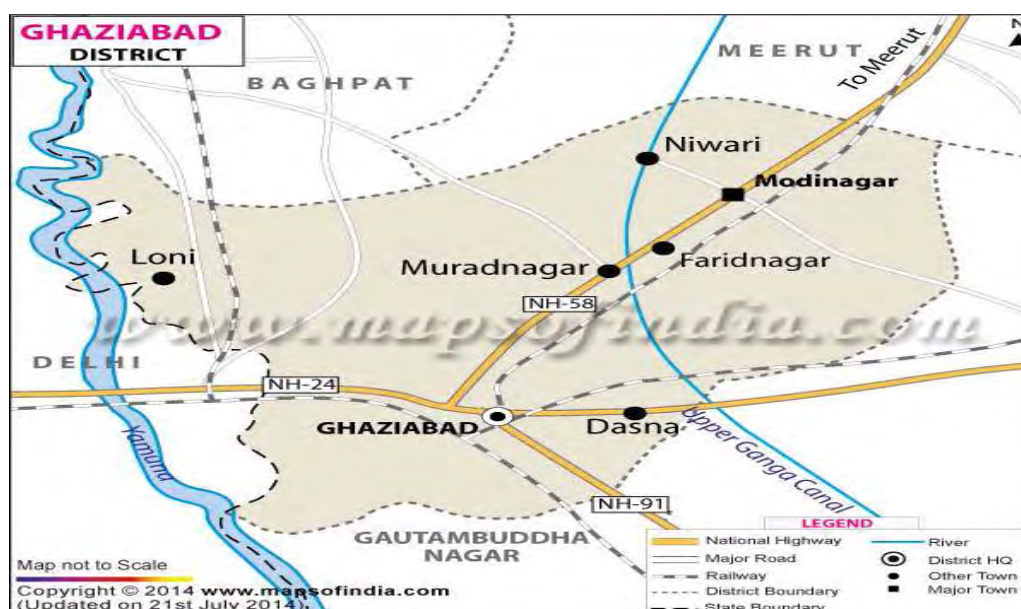


Figure 1: GHAZIABAD DISTRICT MAP

Table 2 represents the demographic indicators of the district.

- The district has 4 blocks and 196 villages.

- The district has a population of 4,661,452 according to 2011 census of India. SC-ST comprises of 18.04% of the population.
- The literacy rate of the district is 85.
- The sex ratio of Ghaziabad district is 863 females per 1000 males.
- The density of the population is 40.66.

TABLE 2: DEMOGRAPHIC INDICATORS, GHAZIABAD DISTRICT

DEMOGRAPHIC INDICATORS	
No. of Blocks	4
No. of Villages	196
Population (2011)	4661452
SC-ST Population (%)	18.04 %
Literacy Rate	85
Overall Sex Ratio	863
Density of Population	40.66

Source: CDMO Office, 2014-15

4. KEY HEALTH INDICATORS

The health indicators of the Ghaziabad district are represented in following table for three years.

- The NMR was 35 in 2012-13, declined to 33 in 2013-14 and further to 30 in 2014-15.
- The IMR was 52 in 2012-13, declined marginally to 50 in 2013-14 and further to 46 in 2014-15.
- U5MR was 66 in 2012-13, 63 in 2013-14 and 59 in 2014-15.
- MMR was worrisomely high in 2012-13 numbering 255. In 2013-14 it declined to 203 and in 2014-15 there was a drastic decline to 151.
- The proportion of fully immunised children was 56.8% in 2012-13. It was 56.6% in 2013-14 and 59.1% in 2014-15. There was no major improvement in immunisation of children over the years and full immunisation status remained low.
- Institutional deliveries were 40,367 in 2012-13. It increased to 48,835 in 2013-14 and further increased to 58,102 in 2014-15.
- Full ANC checkups were 69,551 in 2012-13, 68,222 in 2013-14 and 78,133 in 2014-15.

TABLE 3: HEALTH INDICATORS, GHAZIABAD DISTRICT

HEALTH INDICATORS	2012-13	2013-14	2014-15
NMR	35	33	30
IMR	52	50	46
U5MR	66	63	59
MMR	255	203	151
TFR	2.8	2.7	2.5
Proportion of fully immunized children	56.8 %	56.6 %	59.1 %
Proportion of Pregnant receiving any ANC	88.4 %	90.3 %	92.2 %
Proportion of Safe Deliveries	59.4 %	63.9 %	68.3 %
Institutional Deliveries	40367	48835	58102
No of women received PNC checkups within	40367	48835	58102
Full ANC (At least three ANC checkups)	69551	68222	78133

Source: CDMO Office, 2014-15

5. HEALTH INFRASTRUCTURE

Health infrastructure is a crucial foundation on which quality healthcare services rely. Health infrastructure of Ghaziabad district is represented in table 4. It comprises of following:

- 3, District Hospitals
- 1, Community Health Centre (FRU)
- 3, Community Health Centres
- 16, Primary Health Centres
- 146, Sub Centre
- 35, delivery points
- 6, 108 ambulances
- 12, 102 ambulances

All the facilities were functioning in government building except for 50 sub centres which were functioning in rented buildings.

TABLE 4: HEALTH FACILITIES, GHAZIABAD DISTRICT

Health facility	Number available	Govt. Building	Rented building
District hospital	3	3	0

SDH	0	0	0
CHC FRUs	1	1	0
CHC	3	3	0
PHC	16	16	0
Sub Centre	146	96	50
Medical College	0	0	0
Delivery Points	35	35	-
108 Ambulances	6	-	-
CATS	-	-	-
102 Ambulance	12	-	-
Referral Transport	-	-	-

Source: CDMO Office, 2014-15

6. HUMAN RESOURCE

The status of human resource for two financial years 2013-14 and 2014-15 is shown in table 5.

The key highlights of human resource under NHM for two financial years are:

- In 2013-14 there were 96 sanctioned posts of which 5 were vacant for medical officers in the district but it was reduced to 83 sanctioned posts in 2014-15, of which 2 were vacant posts.
- There was no change in Gynaecologists and paediatricians position in both the years.
- There were 5 sanctioned posts for Surgeon of which all were in position in both the years.
- LHV sanctioned posts were 24 in both the years and of them vacant posts were 2 in 2013-14 and 4 in 2014-15.
- X-ray technician sanctioned posts were 6 in both the years but only 1 on contractual basis was in position and other 5 were lying vacant.
- Staff nurse sanctioned posts at CHC were 36 in 2013-14 and 2014-15, but 21 were lying vacant in 2013-14 and 19 were vacant in 2014-15.
- Staff nurse sanctioned posts at PHC were 13 in 2013-14 and 47 in 2014-15 of which 14 were vacant.
- ANMs at PHC were 5 in both the years with no vacant position.
- ANMs sanctioned at SC were 145 in the both the years of which 26 were lying vacant in both the years.

TABLE 5: STATUS OF HR IN THE DISTRICT

Position name	Sanctioned		Regular		Contractual		Total vacant		Vacant %	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including	96	83	33	33	58	48	5	2	5	2
Gynaecologists	10	10	10	9	0	1	0	0	0	0
Paediatrician	7	7	5	5	0	0	2	2	29	29
Surgeon	5	5	5	5	0	0	0	0	0	0
LHV	24	24	22	20	2	2	2	4	8	17
ANM	202	392	148	152	16	49	38	191	19	49
Pharmacist	42	50	27	27	2	15	13	8	31	16
Lab technicians	27	35	0	0	7	20	20	15	74	43
X-ray technicians	6	6	0	0	1	1	5	5	83	83
Staff Nurse at CHC	36	36	9	11	6	6	21	19	58	53
Staff Nurse at PHC	13	47	0	0	13	33	0	14	0	30
ANM at PHC	5	5	0	0	5	5	0	0	0	0
ANM at SC	145	145	119	119	0	0	26	26	18	18

Source: CDMO Office, 2014-15

7. TRAINING STATUS

Training conducted play a vital role in performance of staff members by enhancing their knowledge and keeping them updated with new methods and technology in their respective fields. The training status of human resource of Ghaziabad district is shown in table 6. It represents that in 2014-15:

- Six Medical officers were given training for MTP, 36 were given training for RTI/STI/HIV screening, 2 for FIMNCI, 11 for NSSK, 1 for IUCD insertion and 1 was given training in NSV.
- Twenty lady medical officers were given training for RTI/STI/HIV screening and 8 for IUCD insertions.
- Twelve staff nurses were given training for SBA, 1 was given training for FIMNCI, 9 were trained for NSSK and 5 were trained for IUCD insertions.
- ANMs receiving training for SBA were 25, for NSSK were 20 and for IUCD insertions were 41.

- LHV/PHN receiving trainings for SBA were 3 and for NSSK were 31.
- Lab technicians, pharmacists and ASHAs did not receive any training.

TABLE 6: TRAINING STATUS OF HR, GHAZIABAD DISTRICT

POSITION NAME	SBA	MTP	RTI/STI/HIV Screening	FIMN CI	NSSK	IUCD Insertions	NSV	Total
Medical Officers	0	6	36	2	11	1	1	6
Lady Medical Officers	0	0	20	0	1	8	0	0
Staff Nurses	12	0	0	1	9	5	0	12
ANM	25	0	0	0	20	41	0	25
Lab Technicians	0	0	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0	0	0
LHV/PHN	3	0	0	0	31	0	0	3
ASHA	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0

Source: CDMO Office, 2014-15

8. MATERNAL HEALTH

8.1 ANC AND PNC CHECKUPS

ANC intervention include identification and management of obstetric complications such as preeclampsia, tetanus toxoid immunisation, intermittent preventive treatment for malaria during pregnancy, and identification and management of infections including HIV, syphilis and other sexually transmitted infections (STIs). ANC is also an opportunity to promote the use of skilled attendance at birth and healthy behaviours such as breastfeeding, early postnatal care, and planning for optimal pregnancy spacing. Institutional delivery and post natal care in a health

facility is promoted in NHM with the help of Accredited Social Health Activist (ASHA), Janani Shishu Suraksha Karyakaram (JSSK) and Janani Suraksha Yojna (JSY) which is 100% centrally sponsored scheme, providing cash assistance with delivery and post delivery care.

Post Natal Care services involves basic care for all newborns which includes promoting and supporting early and exclusive breastfeeding, keeping the baby warm, increasing hand washing and providing hygienic umbilical cord and skin care, identifying conditions requiring additional care and counselling on when to take a newborn to a health facility. Newborns and their mothers are examined for danger signs at home visits. Newborns with preterm birth or low birth weight, sick or are born to HIV-infected mothers are provided special care.

Table 7 represents the ANC and PNC status of the district block wise for two financial years 2013-14 and 2014-15.

- Total number of women registered for ANC was 87,064 and registrations increased to 108,526 in 2014-15. Highest number of ANC registrations was in Loni block numbering 14,193 in 2013-14 and in Muradnagar block numbering 14,946 in 2014-15.
- Total number of pregnant women 3 receiving ANC checkups was 68,222 in 2013-14 and it increased to 78,133 in 2014-15. Muradnagar block witnessed highest number of 3 ANC checkups in both the years.
- TT1 injection was given to 84,238 women in 2013-14 and to 94,957 women in 2014-15. Highest number of TT1 given was in Loni block in 2013-14 and in Muradnagar block in 2014-15.
- TT2 or booster was given to 81,976 women in 2013-14 and 85,019 women in 2014-15. Highest number of TT2 given was in Loni block in 2013-14 and in Muradnagar block in 2014-15.
- PNC within 48 hours after delivery was provided to 48,835 women in 2013-14 and it increased to 58,102 women in 2014-15. Loni block provided exceptionally high PNC in both the years compared to other blocks of Muradnagar, Dasna and Bhojpur. Muradnagar block provided the lowest number of PNC in both the years.

- PNC between 48 hours and 14 days of delivery was provided to 10,130 women in 2013-14 and it decreased to 9,198 women in 2014-15. Loni block had the highest number followed by Dasna, Muradnagar and Bhojpur.

TABLE 7: STATUS OF ANC AND PNC CHECK UPS

Block	ANC Registered		3 ANCs		TT1		TT2		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
Loni	14193	13648	5975	7170	13182	11567	12913	10657	5918	9208	4542	4510
Muradnagar	11067	14946	10723	11740	12902	14946	11970	11524	1048	1088	1048	1088
Dasna	7252	8662	4482	5243	7252	8316	6885	6388	1393	1486	485	565
Bhojpur	6235	6279	5958	5565	6235	6073	6052	6172	4055	3035	4055	3035
Urban	48317	90727	41084	58981	44667	54055	44156	50278	36421	43285	0	0
Total	87064	108526	68222	78133	84238	94957	81976	85019	48835	58102	10130	9198

Source: CDMO Office, 2014-15

8.2 DELIVERIES

The delivery scenario in the district for two financial years 2013-14 and 2014-15 is shown in table 8.

- Home deliveries in 2014-15 were increased to 7342 from 7804 in 2013-14 in the district. Muradnagar block witnessed highest number of home deliveries followed by Loni.
- The number of home deliveries attended by SBA increased from 591 in 2013-14 to 1199 in 2014-15. The non SBA attended deliveries were high in district numbering 5251 in 2013-14 and 5105 in 2014-15. No home delivery was assisted by SBA in Bhojpur block. Home

deliveries and non SBA attended deliveries both were high in district portraying a worrisome picture regarding deliveries and maternal health.

- Institutional deliveries increased to 58,102 in 2014-15 from 48,835 in 2013-14. Highest number of institutional deliveries was conducted in Loni block in both the years followed by Bhojpur, Dasna and Muradnagar.
- Still births were high in district in both the financial years. In 2013-14, total still births were 89 and 2014-15 it increased to 154. Still births were lowest in Muradnagar block in both the years.
- Live births in the district were 36,421 in 2013-14 and increased to 42,285 in 2014-15. Live births were highest in Loni block in both the years followed by Bhojpur, Dasna and Muradnagar.

TABLE 8: DELIVERIES STATUS, GHAZIABAD DISTRICT

Block	Institutional Deliveries		Home deliveries		Home Deliveries				Live Birth		Still Birth		Total Births	
	13-14	14-15	13-14	14-15	SBA assisted		Non-SBA		13-14	14-15	13-14	14-15	13-14	14-15
					13-14	14-15	13-14	14-15						
Loni	5918	9208	1989	2288	205	510	1784	1778	7886	11482	21	14	7907	11496
Muradnagar	1048	1088	2333	2352	386	689	1947	1663	1048	1011	1	0	1049	1011
Dasna	1393	1486	1514	1500	0	0	0	0	1393	1486	0	28	1393	1514
Bhojpur	4055	3035	1520	1664	0	0	1520	1664	4055	3035	17	53	4072	3088
Urban	36421	43285	0	0	0	0	0	0	36421	42285	0	0	3642	42285
Total	48835	58102	7342	7804	591	1199	5251	5105	36421	42285	89	154	5048	59394
													2	

Source: CDMO Office, 2014-15

8.3 MATERNAL DEATH REVIEW

Maternal deaths in the district in 2014-15 were 17 of which all happened during delivery as shown in following table. Maternal deaths in hospital were 8, at home were 6 and in transit were 3.

TABLE 9: MATERNAL DEATHS

Total Maternal Deaths	Place of Deaths			Month Of pregnancy		
	Hospital	Home	Transit	During pregnancy	During Delivery	Post Delivery
17	8	6	3	-	17	-

Source: CDMO office, 2014-15

The reasons of maternal deaths block wise are presented in table 10.

- Eight maternal deaths occurred in Muradnagar block. The reasons of maternal deaths were renal failure, high grade fever and others.
- Five maternal deaths took place in Bhojpur block due to anaemia, cancer and delay in ambulance arrival.
- Four maternal deaths happened in Loni block due to Hypovolemic shock, PPH and eclampsia.

TABLE 10: REASONS OF MATERNAL DEATH

BLOCK NAME	MATERNAL DEATHS	REASONS OF MATERNAL DEATH
Muradnagar	8	Renal failure (1), high grade fever(1), hypertension (1) and others (5)
Bhojpur	5	Anaemia (2), cancer (2) and delay in ambulance arrival (1)
Loni	4	Hypovolemic shock (2), PPH (1), Eclampsia (1)

Source: CDMO Office, 2014-15

8.3 JANANI SURAKSHA YOJNA

Janani Suraksha Yojna (JSY) was launched on 12th April 2005. The goal is to offer safe motherhood intervention under NHM. It aims to reduce maternal and neo natal mortality by promoting institutional delivery amongst the poor pregnant ladies.

TABLE 11: JSY PAYMENTS

STATUS OF PAYMENTS			MODE OF PAYMENTS				RECORD MAINTENANCE	
Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Avail able	Updated	Non updated
13156	4	4942	-	Cheque payment	-	Yes	Yes	-

Source: CDMO office, 2014-15

Table 11 represents the status of JSY payments in 2014-15. JSY payments were paid for 13,156 institutional deliveries through cheque payment. ASHAs being paid were 4942. Four JSY payments were given for home delivery.

8.4 JANANI SHISHU SURAKSHA KARYAKARAM

Janani Shishu Suraksha Karyakaram aims to improve maternal and child health by minimising financial expenses of pregnancy and sick new born child. It provides for:

- Free and Cashless Delivery, Free C-Section, Free treatment of sick-new-born up to 30 days,
- Exemption from User Charges,
- Free Drugs and Consumables, Free Diagnostics, Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section,
- Free Provision of Blood, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral as also Drop Back from Institutions to home after 48hrs stay.

Table 12 shows the JSSK status block wise in 2014-15.

- Total number of beneficiary mothers receiving free diet in the district was 7380, of which 3274 beneficiaries were from Loni, 1033 from Muradnagar, 2428 from Dasna and 645 from Bhojpur.
- Free drugs were given to 20643 beneficiaries in the district.
- Free diagnostics was conducted for 20643 beneficiaries.
- Home to facility transport was availed by 3760 beneficiaries, referral transport was availed by 418 beneficiaries and facility to home was transport was availed by 3661 beneficiaries.
- Loni block had the highest number of beneficiaries availing free diet, drugs, diagnostics and transport for home to facility and referral facility. Facility to home transport facility was availed maximum in Dasna block.

TABLE 12: JSSK PAYMENTS

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnosti c	Transport		
				Home to Facility	Referral	Facility to Home
Loni	3274	15035	15035	1577	255	1246
Muradna	1033	2535	2535	301	79	497
Dasna	2428	2428	2428	1428	55	1452
Bhojpur	645	645	645	454	29	466
Total	7380	20643	20643	3760	418	3661

9. CHILD HEALTH

Child health programme under NHM stresses upon reducing IMR in India. It promotes Neonatal health, Nutrition of the child, Management of common childhood illness and Immunization of the child.

TABLE 13: INFRASTRUCTURE UNDER NEO NATAL HEALTH

FACILITY	NUMBER
Total SNCU	0
Total NBSU	0
Total NBCC	7

Total Staff in SNCU	0
Total Staff in NBSU	0
Total NRCs	0

Source: CDMO office, 2014-15

Table 13 represents dearth infrastructure in the district for Neo Natal health services. The district was equipped with only 7 New Born Care Corner. No other infrastructure facility was available in the district.

9.1 IMMUNISATION

The immunisation status of the district for 2014-15 is represented in table 14.

- The total target population of children for immunisation in the district was 93,480 children of which 85,506 children were fully immunised. The full immunisation coverage achieved therefore is 91.4%. Muradnagar block was the best performer in achieving its target by 94.1% followed by Loni. Dasna and Bhojpur were the weak performer achieving only 65.1% and 60.9% of their target immunisation
- BCG was given to total 89,564 infants in the district in 2014-15.
- DPT 1 was given to 95,333 infants, DPT 2 was given to 90,986 infants and DPT 3 to 89,300 infants in the district.
- OPV 0 birth dose was given to 95,714 infants, OPV1 to 90,347 infants and OPV 2 was given to 89,099 infants in the district.
- Measles was given to 85,506 infants in the district.

TABLE 14: IMMUNISATION STATUS OF CHILDREN IN GHAZIABAD DISTRICT

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	0	1	2		
Loni	16300	14427	17314	16732	16625	17314	16732	16625	14404	14404
Muradnagar	10124	9590	15310	13410	10790	15310	13410	10790	9530	9530
Dasna	10990	8635	8171	7655	7735	8171	7655	7735	7226	7226

Bhojpur	7500	5448	5743	5370	5395	5743	5370	5395	4572	4572
Urban	48566	51464	48795	47819	48755	49176	47188	48554	49774	49774
	93480	89564	95333	90986	89300	95714	90347	89099	85506	85506

Source: CDMO Office, 2014-15

9.2 RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK)

Rashtriya Bal Swasthya Karyakram was an initiative to identify children from birth to 18 years to provide health care services. The program was functioning in the district and the team (include doctor and ANM) were being sent to the schools for regular checkups of children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened. The children identified from screen are then given free health care by referring them to the public health facilities.

TABLE 15: RASHTRIYA BAL SURAKSHA KARYAKRAM (RBSK), PROGRESS REPORT 2014-15

Year	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2014-15	590	80808	14087	1182	600	0	69	2007
2013-14	590	80808	6225	1037	567	0	44	2018

Source: CDMO office, 2014-15

The above table represents Rashtriya Bal Suraksha Karyakram (RBSK), Progress Report for two years 2013-14 and 2014-15.

In 2013-14, 590 schools were covered in which 80,808 children were registered. The diagnosed children were 6225, of which 1,037 had eye disease, 567 had ear disease, 44 were physically challenged and 2018 were anaemic children.

In 2014-15, 590 schools were covered in which 80,808 children were registered. The diagnosed children increased to 14,087 compared to 6225 in 2013-14. Of the registered cases 1,182 had eye disease, 600 had ear disease, 69 were physically challenged and 2007 were anaemic children.

10. FAMILY PLANNING

Family planning facilitates an individual to anticipate and attain the desired number of children with the help of contraception and sterilisations. Table 16 represents the types of sterilisations done in different health care facilities of government.

TABLE 16: FAMILY PLANNING STATUS, GHAZIABAD DISTRICT

Name Block	Sterilization					IUD		
	Target	Male	Female	Total	%	Target	Achieved	%
Loni	1928	3	774	777	40	4828	3453	72
Muradnagar	1680	172	511	683	41	3480	1337	38
Dasna	1390	20	490	510	37	3710	2101	57
Bhojpur	862	0	747	474	55	2189	1441	66
Urban	6163	22	365	660	11	15228	9329	61
Total	12023	217	2887	3104	26	29435	17661	60

Source: CDMO office, 2014-15

- Male sterilisation represents low acceptances in the district with only 217 sterilisations as compared to 2887 female sterilisations. The total target for sterilisations in the district was 12023 of which only 3104 sterilisations were conducted resulting in only 26% achievement of the target. In sterilisations Bhojpur district had the maximum target achievement of 55% followed by Muradnagar which achieved 41% of its target, Loni which achieved 40% of its target and Dasna which achieved 37% of its target.
- IUD insertions were 17661 in the district against the target of 29,435 insertions. Therefore the district achieved 60% of its IUD insertions target in 2014-15. Loni block was the best performer in achieving its target of IUD insertions by 72% followed by Bhojpur which achieved 66% of its target, Dasna which achieved 57% of its target and muradnagar which achieved 38% of its target.

11. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

It was found that ARSH was functional in the district. The adolescents were being given counseling in the health facilities on delay of marriages, prevention of teenage pregnancies, safe abortions etc. Also, young girls were given counseling for menstrual problems faced by them while maintaining adequate privacy.

Table represents the ARSH progress report in 2014-15. The key highlights are as follow:

- The counseling sessions were held in Loni block only with 168 sessions being conducted.
- Severely anemic adolescents were 8, moderately anemic adolescents were 1241 and normal anemic adolescents were reported to be 14543.
- Iron tablets and de-worming tablets was given to 15,790 adolescents.
- The number of referred cases with severe health issues was 14.
- RRTI/STI cases reported were 302.

TABLE 17: ARSH PROGRESS IN THE DISTRICT, 2014-15

Block	No. of Counselling session held		No of Anemic Adolescents			Iron tablets given	De-worming tablets given	Referred with severe health issues	No. of RTI/STI cases
	Planned	Conducted	Severe	Moderate	Normal				
Loni	168	168	8	1241	14543	15700	15790	14	302

Source: CDMO office, 2014-15

12. QUALITY IN HEALTH SERVICES

12.1. INFECTION CONTROL

It was observed that general cleanliness was maintained in the district. Also, no one was being allowed to enter FBNC ward, OT and labor room before changing the footwear and sanitizing their hands. In addition, the toilets were clean and separate for male and female.

12.2. BIO MEDICAL WASTE MANAGEMENT

The bio waste management was functioning in the district. The different colored bins were being used to segregate the waste before it was disposed off. The following table shows the bio medical waste management of the district.

- Seven facilities in the district were having bio medical pits.
- Training on bio medical waste management was done for all the facilities.
- All the health facilities were not having color coded bins and only 7 facilities provisioned for it.

TABLE 18: BIO MEDICAL WASTE MANAGEMENT IN THE DISTRICT

BIO-MEDICAL WASTE MANAGEMENT	
No of facilities having bio-medical pits	7
Training on bio-medical waste management	Done for all Facilities
No. of facilities having color coded bins	7
Outsourcing for bio-medical waste	-

Source: CDMO office, 2014-15

12.3. INFORMATION, EDUCATION AND COMMUNICATION

The IECs were maintained well in the district in all facilities. The IECs like immunization schedule, JSY, JSSK and others like awareness on TB, malaria, HIV programmes were maintained. Also, posters of the drug list and the timings at the facilities were available.

13. COMMUNITY PROCESS

One of the key components of NHM is to provide every village in the country with a trained female community health activist ASHA Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health systems.

TABLE 19: STATUS OF ASHA IN THE DISTRICT, 2014-15

CURRENT STATUS OF ASHAS (TOTAL NUMBER)	553(688)
---	-----------------

OF ASHAS)	
ASHAs presently working	553
Positions vacant	135
Skill development/refresher training of ASHAs (List the module)	1 to 5,6 & 7(Phase 1 & 2)
Total number of meeting with ASHA (in a Year)	At least 12 in one block
Total number of ASHA resource centres/ ASHA Ghar	4
Drug kit replenishment	465

Source: CDMO office, 2014-15

The above table shows the status of ASHAs in the district.

- Total number of ASHAs working in the district was 553 with 135 positions lying vacant.
- The training of ASHAs was being given regularly and Module 1 to 5, 6 and 7 (phase 2 and 3) were completed.
- At least 12 meetings in one block with ASHA were being conducted in a year in the district.
- The district was facilitated with 4 ASHA Ghar/ ASHA resource centre.
- The drug replenishment kits supplied were 465.

ASHA Samvelan was organised by the district on 11th September 2014 to award ASHAs for their performance in their respective catchment areas.





Figure 2: ASHA SAMVELAN IN THE DISTRICT

14. DISEASE CONTROL PROGRAM

There was a provision of diagnostics for tuberculosis at specific facilities with separate DOT rooms. Awareness of the harmful diseases was also done through proper IEC. ASHAs were helping in mobilising the beneficiaries for consulting a doctor at the health facility in case of any problem felt. The laboratories were functioning in the facilities.

TABLE 20: DISEASE CONTROL PROGRAM PROGRESS IN THE DISTRICT, 2014-15

NAME OF THE PROGRAM	NO. OF CASES SCREENED	NO. OF DETECTED CASES	NO. OF TREATED CASES
RNTCP	24045	3299	3165
Leprosy	114	114	114
Malaria	-	-	-

Source: CDMO office, 2014-15

Table 20 shows the disease control programme progress for the district in 2014-15.

- RNTCP cases screened were 24,045 of which 3,299 were the detected cases and 3,165 were treated.
- Leprosy cases screened were 114 of which 114 were detected with leprosy and the complete 114 cases were treated.

15. GOOD INNOVATION AND PRACTICE

- The ANMs and ASHAs were given incentive from the district to increase health services in remote areas and they were observed to be working hard to achieve good maternal and child health for their respective catchment population.
- ARSH and AYUSH wing was functional and beneficial for people.

16. HMIS & MCTS

HMIS and MCTS were functioning well in the district with timely recording of data. This has been helpful for tracking women and child health timely and to know how much district is able to achieve its targets of health indicators. However, there is need to improve training sessions to improve the quality of data. This is because sometimes the record in register is not matched by what is entered in the portal. Thus, some more vision needs to be done.

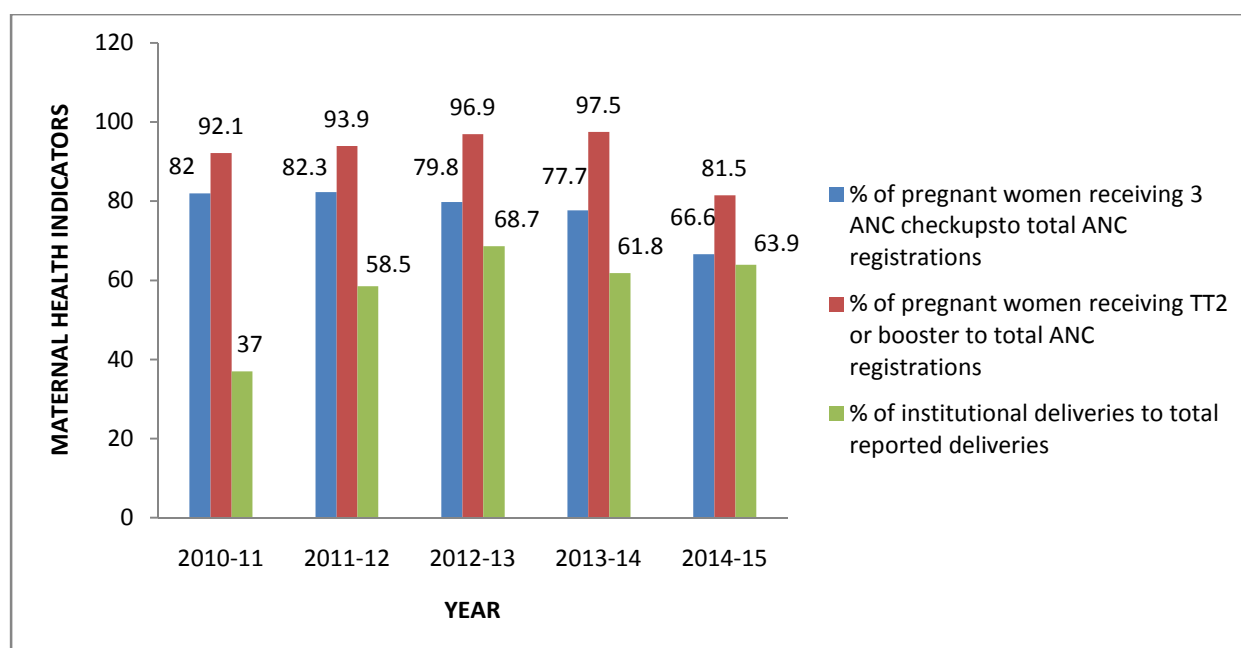


Figure 3: HMIS, MATERNAL HEALTH INDICATORS

Figure 4 and 5 represent two graphs, for which data has been extracted from the HMIS portal depicting maternal and child health indicators respectively, for four years. Figure 4, shows that percentage of women receiving 3 ANC check ups to total ANC registrations had declining trend over the years from 82% in 2010-11 to 66.6 % in 2014-15.

Percentage of women receiving TT2 or booster to total ANC registrations witnessed a major decline in 2014-15 to 81.5% from 97.5% in 2013-14. Percentage of institutional deliveries showed an increasing tendency over the years with institutional deliveries to total reported deliveries increasing from 37% to 63.9% in 2014-15.

Figure 5 represents the child immunization status. The percentage of new born given OPV0 at birth (to total reported live births) increased to 94% in 2014-15 from 69.2% in 2010-11. Percentage of newborn given BCG (to total reported live births) increased from 133% in 2010-11 to 174.7% in 2014-15. The percentage of infants given measles (to total reported live births) increased vaccine increased from 135.8 in 2010-11 to 182.2% in 2014-15.

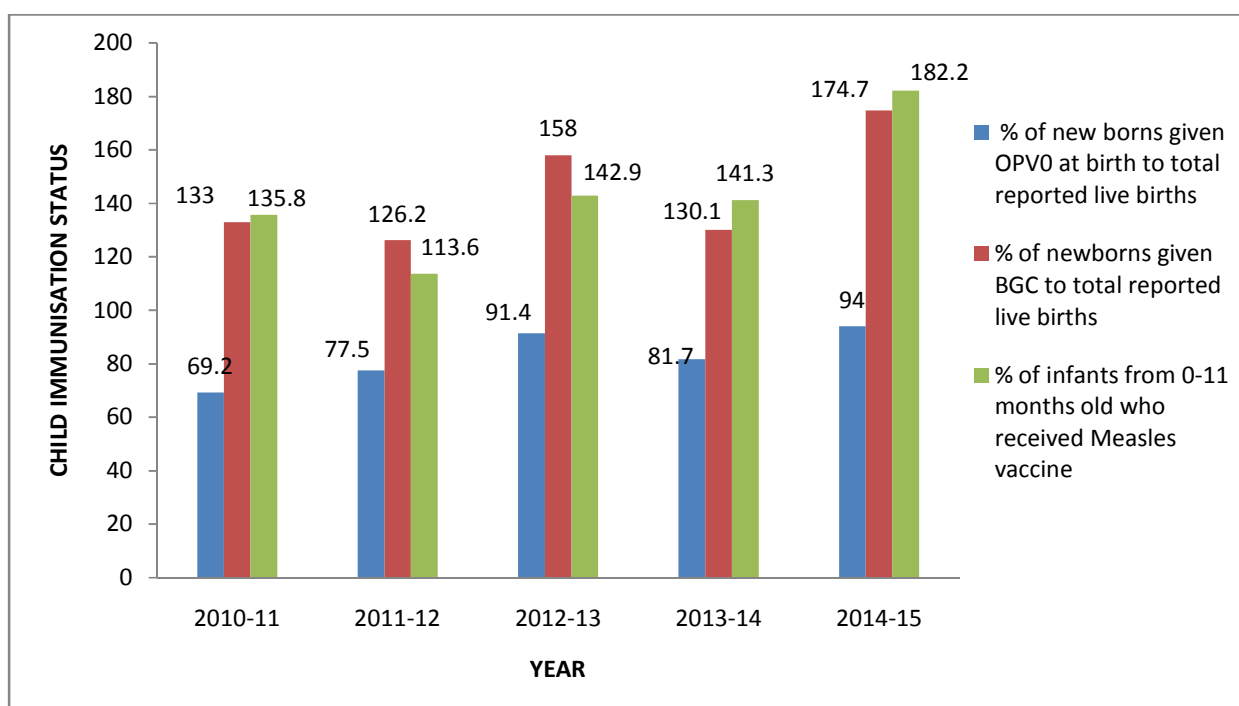


Figure 4: HMIS, CHILD IMMUNISATION STATUS

17. FACILITY WISE OBSERVATIONS

DISTRICT WOMEN HOSPITAL

The district women hospital was located on the main road with ease of accessibility. It was functioning in a well maintained government building with staff quarters for medical officers, staff nurses and other categories. The hospital was facilitated with sound physical infrastructure

including electricity power back up and 24*7 running water supply. It was reported that a store room and a washing room was required to be provisioned for.



Figure 5: DISTRICT WOMEN HOSPITAL

The human resource of the facility was comprised of 2 Anaesthetist, 1 paediatrician, 8 staff nurses, 2 ANMs, 3 pharmacists, 1 LHV and 1 RMNCHA + counsellor as represented in following table. The hospital was in need of a trained O.T technician for over all management required in O.T.

TABLE 21: HUMAN RESOURCE, DWH

S. NO	CATEGORY	NUMBER
1	OBG	-
2	Anaesthetist	2
3	Paediatrician	1

4	General Surgeon	-
5	Other Specialists	-
6	SNs	8
7	ANMs	2
8	LTs	-
9	Pharmacist	3
10	LHV	1
11	Radiographer	-
12	RMNCHA+ counsellors	1
13	Others	-

The training status of HR represents that 1 was given training in EMOC, 6 were trained SBA in the hospital, 6 received training in IUCD insertions, 6 received training in PPIUCD, and 6 in laparoscopy sterilisations, 6 were given training in MTP as shown in table 22.

TABLE 22: TRAINING STATUS OF HR, DWH

S. NO	TRAINING	NO. TRAINED
1	EmOC	1
2	LSAS	Nil
3	BeMOC	Nil
4	SBA	6
5	MTP/MVA	6
6	NSV	Nil
7	F-IMNCI	Nil
8	NSSK	Nil

9	Mini Lap-Sterilisations	Nil
10	Laparoscopy-Sterilisations	6
11	IUCD	6
12	PPIUCD	6
13	Blood storage	Nil
14	IMEP	Nil
15	Immunization and cold chain	Nil

All essential equipments were available in the facility like functional BP instrument and stethoscope, sterilised delivery sets, needle cutter, radiant warmer, suction apparatus, autoclave, and others. Functional foetal Doppler/CTG, phototherapy unit and mobile light were not available. In O.T equipments ventilators, multi para monitors, surgical diathermies, pulse oximeters and c-arm unit were not available.

In laboratory equipments functional ultrasound scanner, C.T Scanner, X-Rays units and ECG machines were not available. It was reported that the laboratory was functional only till 2 P.M but since the deliveries were conducted round the clock, the laboratory was needed for a longer time span.



Figure 6: LABORATORY OF DISTRICT WOMEN HOSPITAL

JSY payments were being given to the beneficiaries in the hospital.

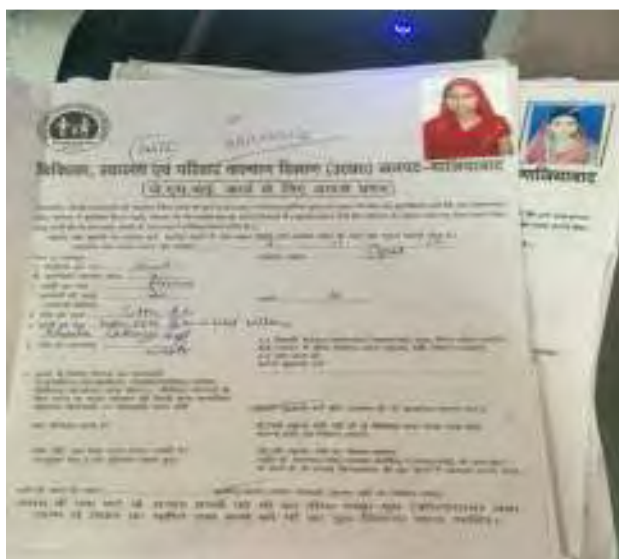


Figure 7: JSY CARD AT DISTRICT WOMEN HOSPITAL

Table 23 represents the maternal service delivery indicators for two quarters (Q1 and Q2), 2014-15:

- In 2014-15 Q1, OPD was 29,363 and IPD was 4895. In Q2, OPD was 28,844 and IPD was 7074.
- In Q1, pregnant women receiving IFA 100 tablets were 1106 and in Q2, the number was 1208.
- In Q1, 877 deliveries were conducted of which 175 were C section deliveries. In Q2, 1307 deliveries were conducted of which C section deliveries conducted were 234.
- ANC 4 coverage in Q1 was 435 and in Q2 it was 379.
- Maternal deaths occurring were rare in the hospital with one maternal death in Q2 and no maternal death in Q1.

TABLE 23: SERVICE UTILISATION PARAMETER, DWH

S.NO	Service Utilization Parameter	Q1 (Jan-March)	Q2 (April-June)
1.	OPD	29,363	28,844
2.	IPD	4895	7074

3.	No. of pregnant women given IFA	1106	1208
4	Total deliveries conducted	877	1307
5.	No. of assisted deliveries (Ventouse/ Forceps)	-	-
6.	No. of C section conducted	175	234
7.	Number of obstetric complications managed	37	30
8.	RTI/STI Treated	60	80
9.	No. of pregnant women referred	4	5
10.	ANC1 registration	1446	1488
11.	ANC 3 Coverage	666	541
12.	ANC 4 Coverage	435	379
13.	No. of women who accepted post-partum FP services	263	152
14.	Maternal deaths, if any	-	1
15.	Still births	1	6

Table 24 represents service delivery parameters of paediatrics department for two quarters Q1 and Q2, 2014-15.

- In Q1 Inborn were 877 and in Q2 Inborn were 1307. There was no out born admitted in the hospital as the hospital was lacking the facility NBSUs or SNCUs.
- No child was admitted with SAM in both the quarters.
- Fully immunised children in Q1 were 903 and in Q2 were 667. Vitamin A was given to 903 children in Q1 and 667 children in Q2. ORS + Zinc were given to 60 children in Q1 and 80 children in Q2.
- There was no Neonatal death in both the quarter. But still births were prevalent with one still birth in Q1 and 6 still births in Q2.
- ARSH was functional in the hospital and counselling was given 130 adolescents in Q1 and 135 adolescents in Q2.

TABLE 24: SERVICE DELIVERY PARAMETERS OF PAEDIATRICS DEPARTMENT

S.NO	SERVICE DELIVERY PARAMETER	Q1	Q2
------	----------------------------	----	----

1	No of admissions in NBSUs/ SNCU, whichever available	Not available	Not available
2	Inborn	877	1307
3	Out born	Nil	Nil
4	No. of children admitted with SAM	Nil	Nil
5	No. of sick children referred	Nil	Nil
6	No. of neonates initiated breast feeding within one hour	876	1301
7	Neonatal deaths, if any	Nil	Nil
8	Infant deaths, if any	Nil	Nil
9	No. of children fully immunised	903	667
10	No. of children given ORS + Zinc	60	80
11	No. of children given Vitamin A	903	667
12	Number of Adolescents attending ARSH clinic	130	135

Table 25 represents the family planning scenario in 2014-15 for two quarters Q1 and Q2.

- In Q1, 163 IUCD insertions and 22 tubectomy. In Q2, 186 IUCD insertions and 42 Tubectomy were conducted.
- No Minilap and vasectomy was done in both the quarters.
- MTPs conducted in first trimester in Q1 were 128 and in Q2 were 136. No MTPs were conducted in second trimester in both the quarters.

TABLE 25: FAMILY PLANNING PARAMETERS

S.NO	SERVICE UTILISATION PARAMETER	Q1	Q2
1	No. of IUCD Insertions	163	186
2	No. of Tubectomy	22	42
3	No. of Vasectomy	Nil	Nil
4	No. of Minilap	Nil	Nil

5	No. of MTPs conducted in first trimester	128	136
6	No. of MTPs conducted in second trimester	Nil	Nil

IEC displays were visibly displayed. Displays were there for timings of health facility, JSY, JSSK entitlements, immunisation schedule, and list of services in the health facilities and others. For complaints and in conveniences contact numbers were also displayed.



Figure 8: IEC DISPLAY, DWH

CHC, MURADNAGAR

The CHC was functioning in a well maintained government building and catering to a population of 310,983. The facility was located in Muradnagar block, distanced 15 KMS from the district headquarter and serving 59 villages. Clean toilets separate for males and females were in place. Staff quarters for medical officers and staff nurses were available.



Figure 9: CHC, MURADNAGAR

The human resource of the facility was constituted of 1 OBG, 1 Anaesthetist, 1 general surgeon, 1 medical officer, 5 staff nurses, 36 ANMs, 1 lab technician, 2 pharmacists, 7 LHV and 1 radiographer. It was reported that C-Section deliveries were not being conducted in the health facility because of non availability of doctor. Therefore the CHC was in dire need of a gynaecologist as its absence was hampering the functioning of facility.

TABLE 26: HUMAN RESOURCE, CHC

S. NO	CATEGORY	NUMBER
1	OBG	1
2	Anaesthetist	1
3	Paediatrician	Nil
4	General Surgeon	1
5	Other Specialists	Nil
6	MOs	1
7	SNs	5
8	ANMs	36
9	LTs	1
10	Pharmacist	2
11	LHV	7
12	Radiographer	1
13	RMNCHA+ counsellors	-

14	Others	-
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The training status of HR represented a brighter picture as 5 were trained SBA in the facility, 42 received training in IUCD insertions, 1 was given training in NSV and 1 in MTP, as shown in following table.

TABLE 27: TRAINING STATUS OF HR

S. NO	TRAINING	NO. TRAINED
1	EmOC	0
2	LSAS	0
3	BeMOC	0
4	SBA	5
5	MTP/MVA	1
6	NSV	1
7	F-IMNCI	0
8	NSSK	0
9	Mini Lap-Sterilisations	0
10	Laproscopy-Sterilisations	0
11	IUCD	42
12	PPIUCD	0
13	Blood storage	0
14	IMEP	0
15	Immunization and cold chain	1

All essential equipments were available in the facility like functional BP instrument and stethoscope, sterilised delivery sets, needle cutter, radiant warmer, suction apparatus, autoclave, phototherapy unit and others. In laboratory equipments functional centrifuge and semi auto analyzer were not available. In O.T equipments O.T ceiling and mobile lights, Anaesthesia machine, ventilators, multi para monitors, surgical diathermies and c-arm unit were not available.

Essential drugs were majorly available except for misoprostol tablets and mifepristone tablets. Emergency contraceptive pills and sanitary napkins were also not available.

The lab was functioning well and conducting tests like haemoglobin, urine albumin and sugar, malaria, T.B, HIV and others. But it was not performing CBC, Liver function test, rapid plasma regain test and blood sugar test.

Table 28 represents the service utilisation parameter for two quarters Q1 and Q2, 2014-15. The OPD conducted in 2014-15, Q1, were 3000 and in Q2 were 3600. IPD in Q1 were 324 and in Q2 were 352. Total deliveries conducted by the facility in Q1, were 244 and in Q2 were 329. No c-section delivery was conducted in both the quarters. Pregnant women referred in Q1, were 14 and in Q2 were 37. No maternal death, still birth or neonatal death occurred in the facility in two quarters Q1 and Q2.

TABLE 28: MATERNAL HEALTH SERVICE UTILISATION PARAMETER

S.NO	Service Utilization Parameter	Q1 (Jan-March)	Q2 (April-June)
1.	OPD	3000	3600
2.	IPD	324	352
3.	No. of pregnant women given IFA	1000	1200
4.	Total deliveries conducted	244	329
5.	No. of assisted deliveries(Ventouse/ Forceps)	Nil	Nil
6.	No. of C section conducted	Nil	Nil
7.	Number of obstetric complications managed	Nil	Nil
8.	RTI/STI Treated	48	60
9.	No. of pregnant women referred	14	37
10.	No. of women who accepted post-partum FP services	324	252
11.	Maternal deaths, if any	Nil	Nil

The referral transport availed from home to facility in Q1 and Q2, 2014-15 was 301 and drop back facility was availed by 497 beneficiaries.

Children fully immunised in 2014-15 Q1 were 1931 and in Q2 were 2109. Children given vitamin A in Q1 were 324 and in Q2 were 252.

In 2014-15, Q1, no IUCD insertions were conducted but in Q2, 205 insertions were conducted. The health facility was lacking essential skill of correct insertion of IUCD which is a major concern and should be addressed on an immediate basis. Tubectomies conducted in Q1 were 6 and in Q2 were 9. Vasectomy done in Q1 were 32 and in Q2 were 5.

TABLE 29: FAMILY PLANNING SERVICE UTILISATION PARAMETER

S.NO	SERVICE UTILISATION PARAMETER	Q1	Q2
1	No. of IUCD Insertions	-	205
2	No. of Tubectomy	6	9
3	No. of Vasectomy	32	5
4	No. of Minilap	-	-
5	No. of MTPs conducted in first trimester	-	-
6	No. of MTPs conducted in second trimester	-	-

Transfer policy of government regarding the NRHM staff was creating problems in the facilities. Transfer of an employee from a facility was not being accompanied with a substitute in that facility thereby creating a vacuum in workforce and impacting the working and performance of the facility.

All records were duly maintained in registers like OPD, IPD, ANC, PNC and other registers in the health facility. IEC displays like timing of health facility, essential drug list, JSY and JSSK entitlements and others were well placed in the community health centre.



Figure 10: INFORMATION DISPLAYED AT CHC

PHC, KAKRA

The Kakra PHC was functioning in a well maintained government building and catering to a population of 35,585. The facility was located in Muradnagar block, distanced 24 KMS from the district headquarter and serving 12 villages. Clean toilet separate for males and females was in place. Staff quarters for medical officers and staff nurses were available but were not being utilised because the electricity in Kakra area was available only for 3 hours.



Figure 11: PHC KAKRA

The human resource of the health facility comprised of 2 medical officers, 1 pharmacist and 1 LHV. The training status of HR was 1 being trained in F-IMNCI, 1 in IUD, 1 in immunisation and cold chain.

TABLE 30: HUMAN RESOURCE, PHC

S.NO	CATEGORY	NUMBERS
1	Medical Officers	2
2	Staff Nurses	0
3	ANMs	0
4	LTs	0
5	Pharmacist	1
6	LHV	1

Equipments not available in the facility were neonatal paediatric and adult resuscitation kit, functional radiant warmer, functional autoclave, ILR and deep freezer, MVA equipment. These equipments were not available because deliveries were not being conducted in the facility due to electricity problem in the area and lack of doctors. Electricity was provided for only 3 hours in a day due to which conducting deliveries in the facility was not being possible. All the laboratory equipments were not available in the facility.

Some essential drugs were not available like IFA tablets (blue), vitamin A syrup, injection magnesium sulphate and oxytocin, misoprostol tablets, mifepristone tablets and others. Adequate vaccine stock was not available. Pregnancy test kits, urine albumin and sugar test kits and sanitary napkins were not available in the facility. Lab services were not being conducted by the PHC except for malaria.

The service utilisation parameters are represented in following table. The OPD in 2014-15, Q1, was 1102 and in Q2 was 1532. ANC coverage was low with ANC 1 registrations in Q1 being 10 and in Q2 being 14, ANC 3 coverage was 4 in Q1 and 5 in Q2, ANC 4 coverage was 5 in Q1 and 4 in Q2. IUCD insertions conducted were 4 in Q1 and 3 in Q2. Fully immunised children were 10 in Q1 and 9 in Q2.

TABLE 31: SERVICE UTILISATION PARAMETER, PHC

S.NO	SERVICE UTILIZATION PARAMETER	Q1	Q2
1	OPD	1102	536
2	MCTS entry on percentage of women registered in the first trimester	-	-
3	No. of pregnant women given IFA	-	-
4	ANC1 registration	10	14
5	ANC3 Coverage	4	5
6	ANC4 Coverage	5	4
7	No. of children fully immunized	10	9
8	Measles coverage	14	10
9	No. of children given ORS + Zinc	130	135
10	No. of children given Vitamin A	24	-
11	No. of IUCD Insertions	4	3
12	No. of Tubectomy	-	-

IEC displays were visibly placed like IEC for timing of health facility, essential drug list, immunisation schedule, JSY entitlements and other IEC material. It was not displayed for JSSK, citizen charter and list of services available in the facility.

**Figure 12: IEC DISPLAY AT PHC**

SUB CENTRE, KHIMAVATI

The sub centre was located in the interior area of the village, near the main habitation. It was situated at a distance of 9 KMs from the PHC. It was functioning in government building in good condition with toilet facility attached to labour room. General cleanliness was being maintained at the sub centre.

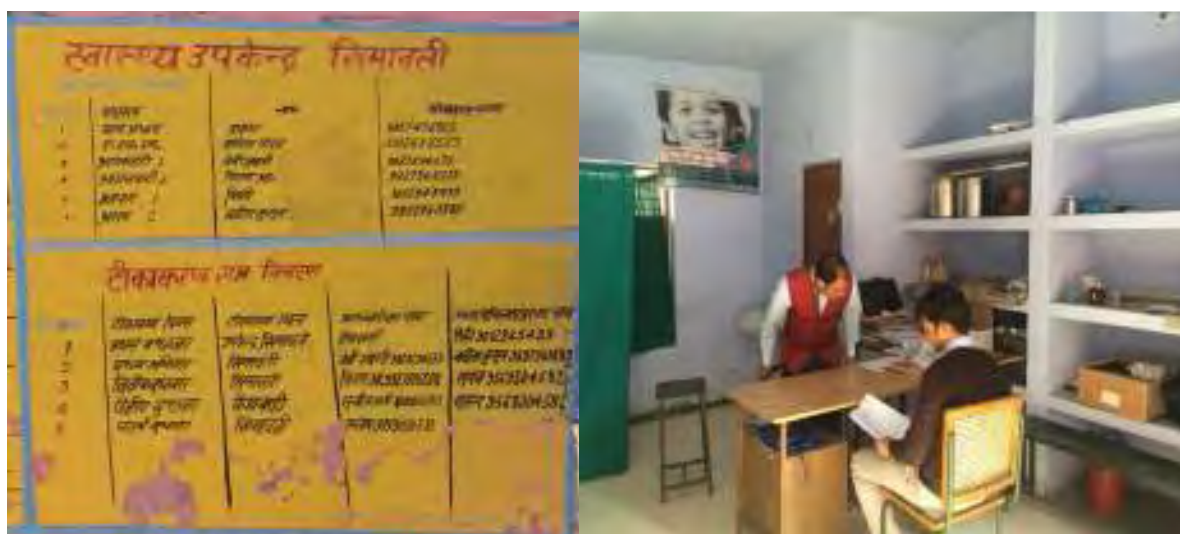


Figure 13: SUB CENTRE, KHIMAVATI

Human resource of the sub centre comprised of an ANM and 4 ASHAs. The ASHAs were observed to be working hard for improving the maternal health and immunisation status of their respective catchment population.

Equipments available were BP instrument and stethoscope, weighing machine, needle cutter and others. Haemoglobinometer and delivery equipment were available but not functional. Blood sugar testing kits were not available.

Essential drugs were available in the sub centre like IFA Tablets, vitamin A syrup, ORS packets, Zinc tablets, PCM, metrinidazole and others. Pregnancy testing kits, urine albumin and sugar testing kits and sanitary napkins were not available at the sub centre.

Service utilisation parameters are shown in following table. Deliveries were not being conducted at the sub centre but deliveries were being conducted at home. In 2014-15, Q1 6 deliveries were

conducted and in Q2 4 deliveries were conducted at home. ANC 1 registrations in Q1 were 22 and in Q2 were 24. Number of children fully immunised were 17 in Q1 and 19 in Q2. Measles coverage was 18 in Q1 and 20 in Q2. IUCD insertions conducted were 5 in Q1 and 6 in Q2. VHNDs attended were 12 in Q1 and 13 in Q2.

TABLE 32: SERVICE UTILISATION PARAMETER, SUB CENTRE

S.NO	SERVICE UTILIZATION PARAMETER	Q1	Q2
1	Number of estimated pregnancies	24	23
2	No. of pregnant women given IFA	17	13
3	Number of deliveries conducted at SC	-	-
4	Number of deliveries conducted at home	6	4
5	No. of sick children referred	-	-
6	No. of pregnant women referred	-	-
7	ANC1 registration	22	24
8	ANC3 coverage	17	18
9	ANC4 Coverage	5	4
10	No. of IUCD insertions	5	6
11	No. of children fully immunized	17	19
12	Measles coverage	18	20
13	No. of children given ORS + Zinc	8	13
14	No. of children given Vitamin A	18	20
15	No. of children given IFA Syrup	-	-
16	No. of Maternal deaths recorded , if any	-	-
17	No. of still birth recorded, if any	-	-
18	Neonatal deaths recorded, if any	-	-
19	Number of VHNDs attended	12	13
20	Number of VHNSC meeting attended	3	3

Records were duly maintained of due lists, MCP cards, village registers, MCH registers, delivery registers as per GOI format and others. Records were not available for untied funds expenditure, annual maintenance grants and severely anaemic pregnant women.



Figure 14: INTERACTION WITH THE VILLAGERS

IEC displays were not displayed completely in the facility as the village children had a tendency to spoil and tear them.

18. CONCLUSIONS

Population Research Centre, Delhi has been assigned various states of the country by the Ministry of Health and Family Welfare for evaluation and monitoring of NHM Programme Implementation Plans (PIPs). The team is expected to carry out field visits for quality checks and improvements of the different components of NHM. This report is based on the NHM PIP

Monitoring visit to Ghaziabad district, UP. The following healthcare facilities were visited by the PRC Team: District Women Hospital, CHC Kakra, PHC Muradnagar and Sub Centre Khimavati.

- The district embraces heavy chunk of migratory population who availed the work opportunities in the brick factories and other construction sites. It was impacting the district's performance as it is difficult to track the immunisation, ANC and PNC check-up status and others for migratory population.
- It was observed that only two-third JSY payments were given in 2014-15. The major reason for pending payments was that the beneficiaries were not having their bank accounts. The beneficiaries constituted majorly of construction workers who would move to their hometown after delivery without taking JSY benefit.
- Under JSSK, the beneficiaries were receiving free diet and free medicines.
- All the facilities of the district were satisfactorily maintained. The premises were generally found to be clean. All vital equipments and drugs were available in the facilities.
- Trainings of health personnel like medical officers, staff nurses, ANMs, ASHAs and others act as an essential ground for providing quality healthcare services. The lack of training of human resources was evident in the district for instance ANMs were lacking training in HMIS, immunisation, IMNCI and others.
- ASHAs were playing a prominent role in improving maternal and child health.
- Non utilisation of funds was found in family planning activities like NSV. It was reported that money incentive was a dominant reason in the district for people to undertake NSV. Cash incentive was given to them for NSV but when the family planning payments got channelized through PFMS, the response for it drastically reduced, resulting in Non utilisation of its funds. Polio activity fund was also found to be unutilised.
- Transfer policy of government regarding the NRHM staff was creating problems in the facilities. Transfer of an employee from a facility was not being accompanied with a substitute in that facility thereby creating a vacuum in workforce and impacting the working and performance of the facility.
- Running funds were not being provided to the facilities thereby disturbing their smooth functioning.

- Human resource shortage was witnessed in some facilities like the District women hospital was in need of a trained OT technician. The lab facility in the DWH was functional only till 2 PM but deliveries were being conducted without any time limitation. Therefore it is required to extent the timing of laboratory.
- Maternal deaths and still births were high in the district numbering 17 and 154 respectively in 2014-15. The major reason for high still birth was prevalence of home deliveries in absence of SBA and missing or not undertaking ANC checkups. But efforts were being made by the doctors, ANMs and ASHAs to convince their respective catchment population for institutional deliveries and undertaking complete ANC and PNC checkups.
- The ARSH unit was functional in the facility. It was observed that the counsellors were being creating awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues.
- The IEC displays were well placed in all the health facilities and were visible. The displays were communicating essential information like the timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on.

18.1 RECOMMENDATIONS

- PIP funds for the financial year 2014-15 were released in the month of November, seven months late resulting in only 60% utilisation of funds. It was observed that PIP was being submitted for three years but funds were released annually which was getting delayed by 5 to 6 months, thereby disturbing the timely functioning of various activities and underutilisation of funds. It is recommended to take necessary action in this respect.
- For some activities it was reported that guidelines were not being given due to which funds were not being utilised like funds given for Iodine deficiency. Guidelines can be provided for functioning of such activities.
- The Loni block of the district is in great need of a hospital as due to lack of a hospital facilities patients were being referred to GTB hospital, New Delhi. This inter state referral was creating burden on GTB hospital and also resulting in maternal mortality in transit

because the 102 or 108 ambulance facility cannot be availed for inter state jurisdiction. A 200 bedded hospital has been proposed by the CDMO office but no progress was observed on it. Thus it is recommended to take necessary steps in this regard.

- Running funds were not being provided to the facilities thereby disturbing their smooth functioning. Provisioning of such funds should be considered.
- It was reported that C-Section deliveries were not being conducted in the CHC because of non availability of doctor. Therefore the CHC was in dire need of a gynaecologist as its absence was hampering the functioning of the facility.
- The PHC was functioning in a well maintained building with provisioning for rooms for conducting deliveries and also staff quarters for the health facility personnel. But it was observed that the PHC was not being fully utilised as no deliveries were being conducted in the facility and also the residence facility was lying vacant. The reason for this was electricity was a major problem in the area as it was available for only 3 hours in a day. Some action should be taken in this regard to facilitate the usage of available infrastructure.
- Inadequate training to the health staff in the district is a worrisome factor. No training was conducted for EmoC, BeMoc, LSAS, and Minilap sterilization. Thus, it is recommended to immediately take rectifying measures.
- The number of still births is high in the district. This infers the lack of acceptance of available health care services in the community. Thus, some new initiatives should be taken to encourage the people to undertake institutional services like deliveries, ANC and PNC checkups, immunisation and others.
- There was lack and delay in JSY payments as beneficiaries did not have their own account or there were verification problems. Thus, some steps should be taken to solve the issue.
- The district was not performing well in family planning for instance of the target of 12023 sterilisations only 3104 were conducted and only 26% of the target was achieved in the district for 2014-15. The scenario was similar in all the blocks in the district with maximum achievement of only 55%. IUD insertions also were not performing commendably in the district as only 60% of target was achieved in 2014-15. Family planning services need to spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.

- Transfer policy of government regarding the NRHM staff was creating problems in the facilities. Transfer of an employee from a facility was not being accompanied with a substitute in that facility thereby creating a vacuum in workforce and impacting the working and performance of the facility. Some action needs to be taken in this regard.

19. ANNEXURE 1

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

Section II: Human resource:

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

Section III: Training Status of HR:

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	O.T Equipment			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	
4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			

6.15	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	Out born			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC 3 Coverage			
7.19	ANC 4 Coverage			
7.20	No. of IUCD Insertions			
7.21	No. of Tubectomy			
7.22	No. of Vasectomy			
7.23	No. of Minilap			
7.24	No. of children fully immunized			
7.25	Measles coverage			

7.26	No. of children given ORS + Zinc			
7.27	No. of children given Vitamin A			
7.28	No. of women who accepted post-partum FP services			
7.29	No. of MTPs conducted in first trimester			
7.30	No. of MTPs conducted in second trimester			
7.31	Number of Adolescents attending ARSH clinic			
7.32	Maternal deaths, if any			
7.33	Still births, if any			
7.34	Neonatal deaths, if any			
7.35	Infant deaths, if any			

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hour of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counselling on IYCF done	Y	N	
7.4a	Counselling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	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,	Y	N	

	breastfeeding and asepsis)			
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				

9.19	Payment under JSY				
9.20	Untied funds expenditure (Check % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Fogging (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	

19.2 FRU LEVEL MONITORING CHECKLIST

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	

1.4	Staff Quarters for MOs	Y	N
1.5	Staff Quarters for SNs	Y	N
1.6	Staff Quarters for other categories	Y	N
1.7	Electricity with power back up	Y	N
1.9	Running 24*7 water supply	Y	N
1.10	Clean Toilets separate for Male/Female	Y	N
1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner(<i>functional radiant warmer with neo-natal ambu bag</i>)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.16	Functional SNCU	Y	N
1.17	Clean wards	Y	N
1.18	Separate Male and Female wards (at least by partitions)	Y	N
1.19	Availability of Nutritional Rehabilitation Centre	Y	N
1.20	Functional BB/BSU, specify	Y	N
1.21	Separate room for ARSH clinic	Y	N
1.22	Availability of complaint/suggestion box	Y	N
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N
1.23a	BMW outsourced	Y	N
1.24	Availability of ICTC Centre	Y	N

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		
2.5	Other Specialists		

2.6	MOs	
2.7	SNs	
2.8	ANMs	
2.9	LTs	
2.10	Pharmacist	
2.11	LHV	
2.12	Radiographer	
2.13	RMNCHA+ counsellors	
2.14	Others	

Section III: Training Status of HR:

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

Section IV: Equipment:

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

	and child)			
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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	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	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			

7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	Out born			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC 3 Coverage			
7.19	ANC 4 Coverage			
7.20	No. of IUCD Insertions			
7.21	No. of Tubectomy			
7.22	No. of Vasectomy			
7.23	No. of Minilap			
7.24	No. of children fully immunized			
7.25	Measles coverage			
7.26	No. of children given ORS + Zinc			
7.27	No. of children given Vitamin A			
7.28	No. of women who accepted post-partum FP services			
7.29	No. of MTPs conducted in first trimester			
7.30	No. of MTPs conducted in second trimester			
7.31	Number of Adolescents attending ARSH clinic			
7.32	Maternal deaths, if any			
7.33	Still births, if any			
7.34	Neonatal deaths, if any			
7.35	Infant deaths, if any			

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 IYCF done	Y	N	
7.4a	Counselling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	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 uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	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	FP-Operation Register (OT)			
9.10	OT Register			
9.11	FP Register			
9.12	Immunisation Register			
9.13	Updated Microplan			
9.14	Blood Bank stock register			
9.15	Referral Register (In and Out)			
9.16	MDR Register			
9.17	Infant Death Review and Neonatal Death Review			
9.18	Drug Stock Register			
9.19	Payment under JSY			
9.20	Untied funds expenditure (Check % expenditure)			
9.21	AMG expenditure (Check % expenditure)			
9.22	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

Section XI: IEC Display:

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

	the health facility			
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	

19.3 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:

S. no	Category	Numbers	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

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 tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and Sugar	Y	N	
6.4	Serum Bilirubin test	Y	N	
6.5	Blood Sugar	Y	N	
6.6	RPR	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 quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			

7.2	IPD		
7.3	Expected number of pregnancies		
7.4	MCTS entry on percentage of women registered in the first trimester		
7.5	No. of pregnant women given IFA		
7.6	Total deliveries conducted		
7.7	Number of obstetric complications managed, pls specify type		
7.8	No. of neonates initiated breast feeding within one hour		
7.9	Number of children screened for Defects at birth under RBSK		
7.10	RTI/STI Treated		
7.11	No of admissions in NBSUs, if available		
7.12	No. of sick children referred		
7.13	No. of pregnant women referred		
7.14	ANC1 registration		
7.15	ANC3 Coverage		
7.16	ANC4 Coverage		
7.17	No. of IUCD Insertions		
7.18	No. of Tubectomy		
7.19	No. of Vasectomy		
7.20	No. of Minilap		
7.21	No. of children fully immunized		
7.22	Measles coverage		
7.23	No. of children given ORS + Zinc		
7.24	No. of children given Vitamin A		
7.25	No. of women who accepted post partum FP services		
7.26	No. of MTPs conducted		
7.27	Maternal deaths, if any		
7.28	Still births, if any		
7.29	Neonatal deaths, if any		
7.30	Infant deaths, if any		

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 IYCF done	Y	N
7.4a	Counselling on Family Planning done	Y	N
7.5a	Mothers asked to stay for 48 hrs	Y	N
7.6a	JSY payment being given before discharge	Y	N
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N
7.9a	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 Uses Partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Alternate Vaccine Delivery (AVD) system functional	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	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	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC /PNC	No. of sick infants transported	No. of children 1-6 years	Free/Paid
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

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	

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

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 (<i>functional radiant warmer with neo-natal ambu bag</i>)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

Section II: Human Resource:

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

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 Haemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				

3.8	Infant/New born weighing machine			
3.9	Needle & Hub Cutter			
3.10	Color coded bins			
3.11	RBSK pictorial tool kit			

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			

6.4	Number of deliveries conducted at SC		
6.5	Number of deliveries conducted at home		
6.8	No. of sick children referred		
6.9	No. of pregnant women referred		
6.10	ANC1 registration		
6.11	ANC3 coverage		
6.12	ANC4 Coverage		
6.13	No. of IUCD insertions		
6.14	No. of children fully immunized		
6.14a	Measles coverage		
6.15	No. of children given ORS + Zinc		
6.16	No. of children given Vitamin A		
6.17	No. of children given IFA Syrup		
6.18	No. of Maternal deaths recorded , if any		
6.19	No. of still birth recorded, if any		
6.20	Neonatal deaths recorded, if any		
6.21	Number of VHNDs attended		
6.22	Number of VHNSC meeting attended		

Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				
8.6	Eligible couple register				
8.7	MCH register (as per GOI)				

8.8	Delivery Register as per GOI format			
8.9	Stock register			
8.10	Due lists			
8.11	MCP cards			
8.12	Village register			
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			
8.15	Line listing of severely anaemic pregnant women			
8.16	Updated Microplan			
8.17	Vaccine supply for each session day (check availability of all vaccines)			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	

