

# NATIONAL HEALTH MISSION



**A REPORT**

**ON**

**MONITORING OF IMPORTANT COMPONENTS OF  
NATIONAL HEALTH MISSION PROGRAMME IMPLEMENTATION IN MAHOBA DISTRICT,  
UTTAR PRADESH**



स्वास्थ्य और  
Ministry of Health  
and Family Welfare

**MINISTRY OF HEALTH AND FAMILY WELFARE  
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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
CDMO	Chief District 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

### STRENGTHS & WEAKNESSES

Following are the basic strength and weaknesses of the Mahoba District of Uttar Pradesh, observed by the PRC team on their NRHM PIP Monitoring visit to the District. The team visited the following healthcare facilities: District Hospital for Male and Female, Community Health Centre/FRU-Panwari, Primary Health Centres-Jaitpur and Sub Centre- Bajariya and Magariya.

#### Strengths:

- In spite of being a backward and poverty stricken area and also there are no other private nursing home, District hospital and other facilities are serving well. Normal deliveries are functional and all the equipment is available at all the facilities, whereas C-section is available only at the District Hospital.
- There is a separate room for Adolescence Reproductive and Sexual Health clinic. A proper counsellor is appointed and all the necessary guidance and materials, for example sanitary napkins and information regarding Sexually Transmitted Infection/Reproductive Tract Infections are given here. There is also a provision of distributing sanitary napkins after delivery at all the facilities.
- Nutritional Rehabilitation Centre has started recently in the male District Hospital. It is working well with approximately 10 beds and attached kitchen. 1 Dietician and 2 Staff nurse are appointed. Special New born Care Unit has been sanctioned and is under construction.
- There are sufficient amount of ASHA and ANM and all are working with great sincerity. All the entries are maintained properly. ASHA payments are done on time and the latest training given to them is of module 6-7.
- Under Janani Suraksha Yojana/Janani Shishu Suraksha Karyakram schemes medicine, transport and food is provided free of cost and quality is maintained.
- Cleanliness is maintained and there is a proper disposal of bio-medical waste. Essential Drug List and Information, Education and Communication material is printed and maintained at every facility.
- The present CMO and DPM had keen interest and knowledge about all the programs of NRHM and are making every effort to improve their district ranking.

**Weakness:**

- There is a serious shortage of Human Resource. Program heads, District Accounts Manager are needed as programs are not properly implemented due to lack of coordination and centralisation of power. There is also a need of data entry operator and specialist at the district and CHC level. Pathologist is required for the blood bank. There is a lack of motivation to work as facilities provided to the staff are not up to the mark and living conditions are very poor due to severe drought and poverty.
- There are a lot of discrepancies in the HMIS and MCTS data and the actual data as there is no consistency in the training and follow-up. Problems are also occurring in using the PFMS system.
- Full immunization coverage is 82% and the drop-out is mainly due to high rate of migration. No special measures are taken to increase this percentage.
- Major problem is regarding the JSY payment as there is a high rate of migration in this district due to poor geographical conditions. Nomads who constitute a large part of the population do not have proper identity cards and therefore beneficiaries are not able to take all the benefits of JSY scheme.
- Unspent NRHM fund is available, still facilities are using old delivery tables and equipments. Infrastructure is also not maintained properly at both CHC and PHC.
- Beneficiaries are not aware about the transport facility by 102/108 ambulance. Hence, we found less number of ambulances working in the district.
- There is an electricity problem at the sub-centre, CHC and PHC. Due to this great difficulty is faced during deliveries at night.
- Computerized drug format is not available in any of the facility. Some of the essential drugs such as IFA syrup, Inj magnesium sulphate tablets are only available in district hospital only.

## 1. INTRODUCTION

### 1.1. BACKGROUND

Timely review and evaluation of the key components of NHM can be critical for further planning and resource allocation, therefore, 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. 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 of the documents related to NRHM functioning.
- Components of key practices and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation

### 1.2. STUDY APPROACH

PRC Delhi is engaged in quality monitoring of three State PIPs – Uttar Pradesh, Sikkim and Delhi. This report discusses the M&E findings and observations for Mahoba District of Uttar Pradesh. Before visiting Mahoba District from 27<sup>th</sup> to 28<sup>th</sup> November 2015, the M&E Team reviewed the Mahoba PIP document and prepared, semi-structured interview schedules for district programme managers (DPM) and facility staff. The field visits to health facilities in the district were planned in consultation with the district NHM officials. The list of facilities visited in Mahoba district for monitoring are as follows:

- District Hospital Female and Male (DH), Mahoba, Uttar Pradesh.
- Community Health Centre (CHC), Panwari, Mahoba.
- Primary Health Centre (PHC) Jaitpur, Mahoba.
- Sub-Centre (SC) Bajariya and Magariya, Mahoba.



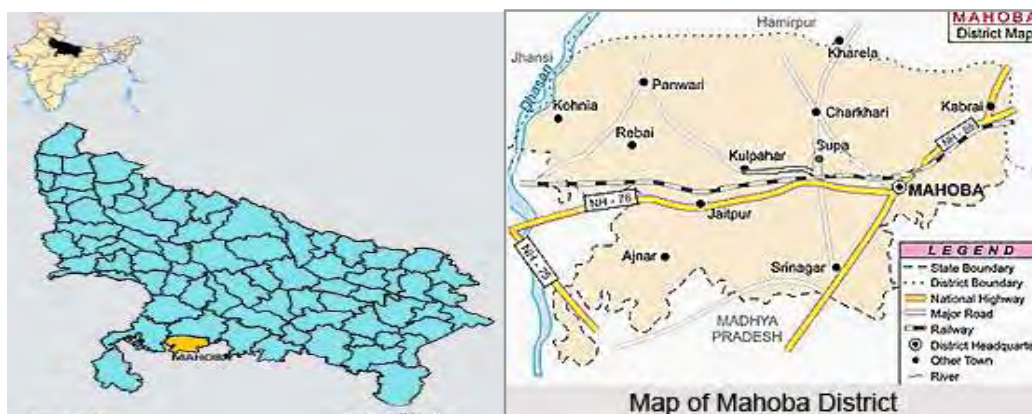
**Figure 1: PRC team interacting with beneficiaries at the Female District Hospital.**



Besides, the Team interacted with key programme officials at District and Block level Management Unit in Mahoba and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited various Health facilities and also interacted with staff and beneficiaries at PHCs & SCs in the districts.

### **1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: MAHOBA DISTRICT**

Mahoba district is one of the districts of Uttar Pradesh state of India situated on the border of Madhya Pradesh (see Figure 1). This district was carved out from the erstwhile Hamirpur district on 11 February 1995. It is also known as Mahoutsav-Nagar, means city of festival. As of 2011 it is least populous district of Uttar Pradesh. It has been divided into 4 blocks and 3 tehsils. Mahoba is one of the three districts that account for 15 percent of the country's mineral resources and nearly 40 percent of the country's production of Diasporas. Stone quarrying and stone crushing is one of the main occupations of the district, leaving a major population of poor working in these industries and only few percent of rich population. Working class or daily wage workers that contribute to the major portion of population are generally migrating, hence migration rate is very high in this district. Based on the census 2011, of the total population are Hindus are 75.21%, whereas 23.64% are Muslims and the rest is occupied by other faiths. The geographical map of the state and the study district is presented in Figure 2.

**Figure 2: Map indicating location of Mahoba District in Uttar Pradesh**

- The total geographical area of Mahoba District is 2884 sq km. In 2011, the population density of Mahoba is computed to be 279 persons per sq km which is very low as compared to the state's density, i.e. 829 persons per sq km.
- Population growth rate in this area is 23.64 percent which is very high but due unsuitable living conditions created by conditional drought, migration rate is also very high leaving this area with lowest population of 8, 75,958 in the state.
- Although there is only a difference of 56,758 in the male and female population of the district but sex ratio portrays a different picture by showing only 878 females are present per 1000 males in the district.

**Table 1: Key demographic indicators: All India, Uttar Pradesh and Mahoba District**

Description	India	Uttar Pradesh	Mahoba
Actual Population	1,21,05,69,573	199,812,341	8,75,958
Male	62,31,21,843	104,480,510	466,358
Female	58,74,47,730	95,331,831	409,600
Population Growth	17.7%	20.23%	23.64%
Sex Ratio	943	912	878
Child Sex Ratio	NA	902	892
Density/km <sup>2</sup>	382	829	279
Area km <sup>2</sup>	3,287,240	240,928	3,144
Literacy	73%	67.68%	65.27%
Male Literacy	80.9%	77.28%	75.83%
Female Literacy	64.6%	57.18%	53.22%
Child Proportion (0-6 Age)	13.6%	NA	14.63%
Boys Proportion (0-6 Age)	13.8%	NA	14.52%
Girls Proportion (0-6 Age)	13.4%	NA	14.75%

Source: Census 2011

- Overall literacy rate of Mahoba district is only 65.27 percent. Under this condition regarding female literacy is very poor indicated by a very low figure of 53.22 percent.

#### 1.4. KEY HEALTH SERVICE DELIVERY INDICATORS: UTTAR PRADESH AND MAHOBA

**Table 2: Key health care indicators: Uttar Pradesh & Mahoba**

Indicators	Uttar Pradesh	Mahoba
NMR	49*	31*
IMR	68*	46*
MMR	25*	31*
Proportion of fully immunized children	NA	82%
Proportion of Pregnant receiving any ANC	50.5%	73%
Institutional Deliveries	69.9%	91%
Full ANC	37.8%	58%

Note: \* 2012-13 data

Source: DPMU office, 2015

- IMR is 46 in the district which is low as compared to the state which shows improvement in this area and it should continued to achieve MDGs.
- MMR on the other hand is more than the rate of the whole state, which is only 25, pointing towards the incompetency of the district in this direction.
- The percentage of full immunization is 82 percent which is high but it has been same since 2013-14, hence no effort has been taken to improve the situation in this case.
- Rate of institutional deliveries is high at 91 percent. This shows facilities are serving well in this district.
- The proportion of women who received full ANC is 58 percent. The main reason for it being low is high migration rate, where females could not take all ANC at one place.

## 2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

### 2.1. HUMAN RESOURCE

- Most of the staff crunch is in the case of class 2 officials or head of the different departments of NRHM programs. Due to this problem arises in the implementation and monitoring of the programs. There is no DAM in the district and temporary work is done by the additional accountant from Bandha district which is hampering the smooth functioning of finance department of the district.

- One of the main issues regarding the recruitment of contractual staff appointed through NRHM is, they are initially recruited only for three months. That naturally slows down the desired level of work and efficiency. Another problem with available staff is that, due to bad living conditions there is lack of motivation which affects the coordination at both the horizontal and vertical level.
- As we can see from the table 4, posts are vacant for all the levels. There is an immediate requirement of pathologist for the blood bank as even after the availability of all the equipment it is still not working due to unavailability of staff. This creates a high risk at the time of C-section deliveries and other surgeries.
- Lack of MOs and specialist will eventually delay the ongoing service to the patients. Moreover, the number of AYUSH doctors is incompetent in providing the similar service to the patients.
- There are no gynaecologists in any of the facilities. Non availability of gynaecologist may result in to high maternal mortality and infant mortality due to lack of service providers. Policy makers are concerned to prepared better mechanism to reduce MMR & IMR by filling up the vacancies.

**Table 3: Human Resource Mahoba, Uttar Pradesh 2014-15**

Position Name	Sanctioned	Vacant
MO's including specialists	65	12
Gynaecologists	5	5
Paediatrician	3	0
Surgeon	4	2
LHV	28	5
ANM	169	23
Pharmacist	25	2
Lab technicians	8	4
X-ray technicians	4	4
Staff Nurse at CHC	12	9
Staff Nurse at PHC	1	1
ANM at PHC	19	0
ANM at SC	340	65

Source- DPMU Office, 2015

- Position of staff nurse at PHC and CHC level needs to be ensured in the district. Such large vacancies of paramedical staff are hampering the services offered by the public healthcare facilities. Availability of other staff is apt and hence other services are working smoothly, there is need to focus on improving the quality of the appointed staff though proper training.

- There is a delay in data entry work in all the facilities due to scarcity and lack of proper training of data entry operator. Most of the facilities are dependent on outsourcing. As reported by the DPM of the district, only two trainings have been conducted regarding HMIS and MCTS by the state in two years.

**Table 4: Human Resource training status of Mahoba, Uttar Pradesh**

Position Name	SBA	Minilap/PSP	IUCD insertion	RTI/STI/HIV screening	NSSK	Total
MO	02	05	10	07	06	30
LMO	02	01	01	-	01	05
Staff Nurses	12	-	06	-	12	30
ANM	28	-	95	-	12	135
Lab Technicians	-	-	-	-	-	-
Pharmacist	-	-	-	-	-	-
LHV/PHN	04	-	08	-	-	12
ASHA	-	-	-	-	-	-
Other	-	-	-	-	-	-

Source- DPMU Office, 2015

Conducting training on a regular basis not only improves the delivery status of the staff members there at facilities but it also generates the awareness about the importance regarding Health care system.

- Training fund has been totally utilized and we can see from table 4, 30 MO, 5 LMO, 30 SN, 135 ANM and 12 LHV have received the training of different department.
- There are certain training that are not yet provided, for example FIMNIC, BeMOC and MTP.
- LT and Pharmacist are also not trained in any facility of the district.
- Another important point to be noted is that no trainings are provided to ASHA's of any sort. ASHA are supposed to be our prime member of any program.
- Not much emphasize is given on HMIS and MCTS trainings. It is very important to train staff in this sector as it is important to upload the data of the work done.

## 2.2. HEALTH INFRASTRUCTURE

With the prolonged hard work and the personal input put in by the CMO things are turning to be quite positive. District is trying its best to provide health services to the people. District hospital has separated divisions for male and female patient. One of the unique features of the district is

maintenance of broad divisions for male and female. This has led to division of work load between the two divisions.

**Figure 3: Infrastructure of health facilities in Mahoba, Uttar Pradesh**



Most of the facilities are well equipped for providing basic care for the patients. However such infrastructures are not being utilized properly due to lack of staff and many of the facilities are located at inaccessible place. Table 5 provides updated statistics regarding functional health facilities in Mahoba District.

**Table 5: Detail of health infrastructures: Mahoba, Uttar Pradesh**

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	2	2	-
SDH	-	-	-
CHC FRUs	1	1	-
CHC	3	3	-
PHC	15	15	-
Sub Centre	150	145	2
Medical College	-	-	-
Delivery Points	51	51	-
108 Ambulances	6	-	-
102 Ambulance	10	-	-
Referral Transport	7	-	-

Source- DPMU Office, 2015

- District currently has 2 District Hospitals functioning in government buildings. Also the all 4 CHCs are functional in government building. However 15 PHCs and 145 sub centres also are functional in government building and only 2 of the sub centres are functional in rented building.
- In Mahoba district, there are 51 delivery points and all of them are functional in government buildings and are well equipped with all the necessary instruments.

### 3. MATERNAL HEALTH

#### 3.1. MATERNAL HEALTH

Maternal Health is one of the basic components of NHM. Mahoba is one of the high focused districts of Uttar Pradesh due to various factors which include performance of maternal health care services in the district. In order to keep the proper records of maternal deaths significant steps are been taken by the Senior Nodal officers in District.

Though human resources at public health care facilities now are becoming challenge for state to cope up with and for further reduction in health conditions. Furthermore district has acute shortage medical officers, gynaecologist and specialist that cause low quality service delivery and low performance of health indicators with very low access of healthcare facilities that makes the situation more difficult for the district. Further its tough geographical location also makes the situation more difficult.

In this component we would examine the performance of basic maternal health indicators such as ANC, PNC, and Institutional and Home deliveries of the district

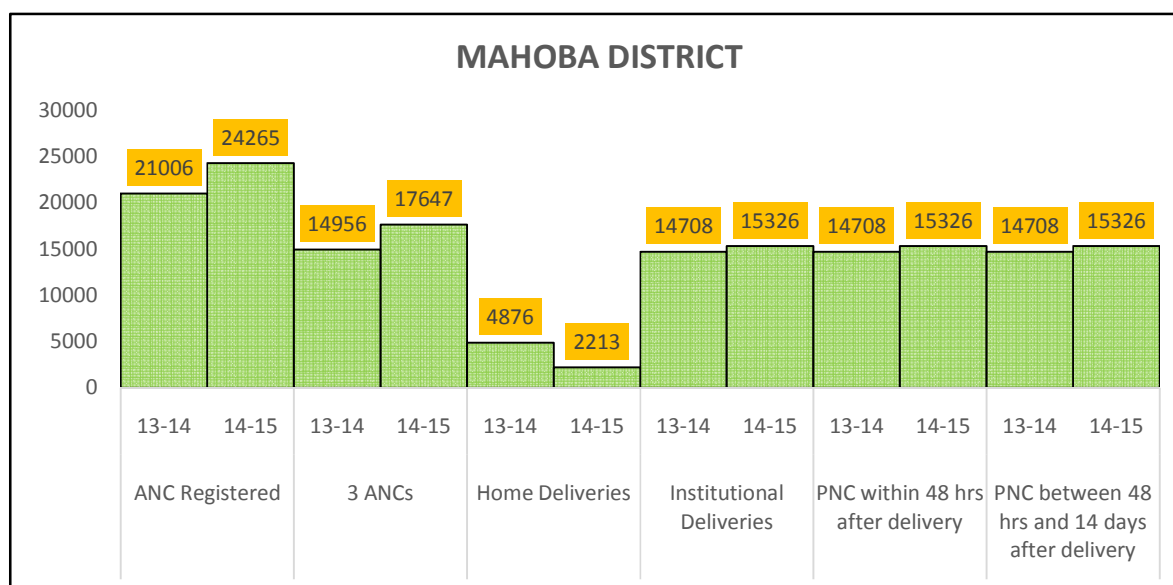
**Table 6: Block wise service delivery indicator, Mahoba, Uttar Pradesh**

Block	ANC Registered		3 ANCs		Home Deliveries		Institutional Deliveries		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Kabrai	5125	6936	3416	4700	640	327	2852	2739	2852	2739	2852	2739
Charkhari	4397	3545	3397	2977	673	0	2786	1926	2786	1926	2786	1926
Jaitpur	3064	3845	2386	3316	1354	691	2317	1966	2317	1960	2316	1966
Panwari	3174	4556	2187	2794	1658	1031	1702	2065	1702	2065	1702	2065
Kulpahar	2077	2112	1594	1686	123	119	1414	1536	1414	1536	1414	1536
Urban	3169	3271	1976	2174	428	45	3637	5094	3637	5094	3637	5094
<b>TOTAL</b>	<b>21006</b>	<b>24265</b>	<b>14956</b>	<b>17647</b>	<b>4876</b>	<b>2213</b>	<b>14708</b>	<b>15326</b>	<b>14708</b>	<b>15326</b>	<b>14708</b>	<b>15326</b>

Source- DPMU Office, 2015

- There are significant dropout can be noted in ANC registration and ANC third during both (2013-14 & 2014-15) the financial years. The fall in full ANC than ANC registration leaves the question on service delivery or on follow-ups.
- This high dropout rate in full ANC and ANC registration in every block is a serious concern for the district. It may be because of a drop in service delivery or due to the problem of migration, for which proper measures should be taken to improve the situation.
- ANC Registration has improved since last year in every block except Charkari. As we can see in the table above the number of women registered for ANC, receiving 3ANC's and even the number of institutional deliveries has decreased from the year before in Charkari, making it lowest performing block in the district.
- Total number of home deliveries conducted in home is only reported by ASHA's. Even after a great fall in this figure since last year, it is still high as compared to the health facilities provided in the district. As reported by the officials in the district sometimes deliveries in periphery districts are reported as home deliveries, main reason behind this is lack of proper training to ASHA's.
- Not surprisingly to note that number of institutional delivery is comparatively lower than the ANC registration and full ANC registration in almost all the facilities of Mahoba district. It can be concluded there is significance drop out in institutional deliveries than 3 ANC and ANC registration. Awareness for institutional deliveries is yet to be broadening to increase the numbers.
- There are no other nursing homes in whole district but still there is a difference in the number of women registered for ANC and number of institutional deliveries. Numbers of home deliveries are also not very high to compensate this difference; hence there are other reasons such as migration, resulting in such high drop outs. District officials should look into this matter and try to resolve this to improve the maternal health.
- After delivery services are performing well in the district as there are no drop outs regarding PNC within 48 hours and PNC between 48 hrs and 14 days. This shows that there is a proper follow up after delivery.



**Figure 4: Graph showing performance of maternal health indicators in 2013-14 and 2014-15.**

Source- DPMU Office, 2015

- Overall performance of the district in maternal health can be seen in the figure above. Number of ANC registration, 3 ANCs and Institutional deliveries have increased in 2014-15 as compared to 2013-14 which is a positive sign.
- Home deliveries has decreased almost 50 percent from 2013-14 to 2014-15, this shows that efforts are taken in this regard and they should work in the same manner in future.

**Table 7: Block wise service delivery indicator, Mahoba, Uttar Pradesh**

Block	TT1		TT2		Home Deliveries				Live Birth		Still Births		Total Births	
	2013-14	2014-15	2013-14	2014-15	SBA assisted		Non-SBA		2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
					2013-14	2014-15	2013-14	2014-15						
Kabrai	2744	6767	2665	5968	404	88	236	239	3448	3039	44	27	3492	3066
Charkhari	1690	3522	1959	3085	367	0	306	0	3442	1926	17	0	3459	1926
Jaitpur	1767	3689	1477	3513	191	66	1163	625	3656	2643	15	14	3671	2657
Panwari	1845	3474	1516	3230	1440	304	218	727	3358	3095	2	1	3360	3096
Kulpahar	751	1689	728	1542	98	46	25	73	1519	1633	18	22	1537	1655
Urban	1310	3265	1380	3116	242	45	186	0	3994	5031	71	108	4065	5139
<b>TOTAL</b>	<b>10107</b>	<b>22406</b>	<b>9725</b>	<b>20454</b>	<b>2742</b>	<b>549</b>	<b>2134</b>	<b>1664</b>	<b>19417</b>	<b>17367</b>	<b>167</b>	<b>172</b>	<b>19584</b>	<b>17539</b>

Source- DPMU Office, 2015

- The table 7 depicts that there are certain drop outs in the number of women receiving TT1 which is 22406 to Number of women receiving TT2 which falls to 20454. This gap was pertaining in 2013-14 but the gap has increased in 2014-15.
- Out of total home deliveries, 2134 are conducted by non SBA and 2742 by SBA in 2013-14. In 2014-15 number of home deliveries has decreased but numbers of home deliveries by non SBA are more than the home deliveries by SBA that reflects the low awareness and increased the risk for both maternal deaths and child deaths.
- Number of still births has increased from 167 in 2013-14 to 172 in 2014-15, making it a serious issue in maternal health which should be looked by the officials to improve the services in this area.

**Table 8: Maternal Death Review, Mahoba, Uttar Pradesh**

<b>Total Maternal Deaths</b>	12
<b>Place of Deaths- Transit</b>	12
<b>Cause of death</b>	Other
<b>Month Of pregnancy- During delivery</b>	12
<b>ANC Status</b>	Yes

Source- DPMU Office, 2015

- Table 8 shows only 12 maternal deaths were reported in the district in the year 2014-15. All the deaths took place during and at the time of delivery but there are no specific reasons reported. Reasons for death are specified by the doctor but they are not updated in the records and these results in discrepancies in data. Health officials should look into this matter and specific steps should be taken to overcome most common reasons for maternal death.

### **3.2.JANANI SURAKSHA YOJANA (JSY)**

Janani Suraksha Yojana was functional in the district. The data provided is for 2014-15 when payment was done through cheque. This year PFMS system was applied in Mahoba as per the guidelines from NRHM and all payments are done through account transfer. As per the district officials JSY has significant role in overall improvement in number of institutional deliveries in the district but due to lots of in or out migration it is difficult to provide benefit to all beneficiaries in district. Migration in Mahoba is coming up as one of the main constrain as most of the beneficiaries do not have proper identity cards because of which problems are created at the time of opening up of their bank accounts.

**Table 9: Status of JSY Payments 2014-15, Mahoba, Uttar Pradesh**

<b>Status of payments</b>	<b>Institutional deliveries</b>	13684
	<b>Home Deliveries</b>	22
	<b>ASHAs</b>	10960
<b>Mode of Payments</b>	<b>Cheque</b>	Cheque
<b>Record maintenance</b>	<b>Available</b>	Available
	<b>Updated</b>	Yes
	<b>Non updated</b>	Nil

Source- DPMU Office, 2015

- JSY patients are being provided with food for three to four times a day varying from facility to facility till the beneficiary is not discharged. Food is provided through tender and according to the guidelines of NRHM food is worth Rs 100.
- Free referral transport was well prominent in the district however most of the beneficiaries are using their own transport for coming to the hospitals.
- According to the table above payments are made for 13684 institutional deliveries and 22 home deliveries and all are updated.
- A total number of 10960 ASHA have incentivised under JSY.

### 3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

JSSK was functioning in the district. Beneficiaries are receiving all the services such as free and cashless delivery, free C-section, free drugs and consumables, free diagnostics, free diet duringstay in health institutions, free provision of blood and free transport as per the guidelines of NRHM. SNCU has been sanctioned but it is under construction. NBCC is available in district hospital and in all the CHC and PHC.

**Table 10: Facilities wise JSSK performance in District for 2014-15, Mahoba, Uttar Pradesh**

<b>Block</b>	<b>No. of Beneficiaries under JSSK</b>					
	<b>Diet</b>	<b>Drugs</b>	<b>Diagnostic</b>	<b>Transport</b>		
				<b>Home to Facility</b>	<b>Referral</b>	<b>Facility to Home</b>
Kabrai	1116	2629	2629	1546	0	1247
Charkhari	1750	2229	2229	1905	109	1536
Jaitpur	1256	2545	2545	1170	0	944
Panwari	882	1968	1968	965	35	778
Kulpahar	521	958	958	308	112	249
Urban	4628	4686	4686	4193	249	2550
<b>Total</b>	<b>10153</b>	<b>15016</b>	<b>15016</b>	<b>9034</b>	<b>505</b>	<b>7304</b>

Source- DPMU Office, 2015

- Free food under JSSK is provided by the contractors at most of the facilities. As we can see in the table above essential drugs are provided to all those after proper diagnosing.
- Regarding the transport facility provided to beneficiaries under JSSK there are 9034 people brought from home to health facility but the drop back number is only 7304. The drop outs in this case can be due to lack of awareness as observed by the monitoring team. However, 505 beneficiaries have been provided referral transport adding to the positive points of the district.
- Services of 102/108 ambulances should be improved as most of them were under maintenance during the monitoring visit and log registers were also not maintained by the drivers.

## 4. CHILD HEALTH

### 4.1. CHILD HEALTH

Child health is yet another important part of NRHM program as it aims at safe motherhood and healthy new born. From district hospital to CHCs and PHCs immunization routine is conducted properly. As far as infrastructure is concerned no SNCU in district is something very unnerving. It has been sanctioned this year and is another under construction in Female District Hospital. Still there are 6 NBCCs in District that are functioning quite well and catering the needs of infants. The District Hospital was working as CHC earlier hence, no post for paediatrician was sanctioned but according to the needs it has been demanded from the state and two of them have been posted this year, still there is a need for paediatrician for the upcoming SNCU. There is one NRC functioning in Male District hospital. Being a drought prone area Mahoba, is a host for many diseases which reflects towards the feeble health condition of children in District specifically malnourishment is common here.

### 4.2. IMMUNIZATION

- Table 11 depicts the performance of immunization programme at facilities level in Mahoba District. Total BCG administered in the year of 2014-15 is 18828 which is low as compared to the DPT1 and OPV1 in the same year.

- There is a high dropout rate in a specific block Kulpahar in DPT1 and OPV1 whereas in all the other blocks, number of children reported are same. The problem should be checked closely and rectified as soon as possible.
- It is noticeable from the table that the data reported under Measles and Full Immunization is same but as the discrepancy occur in number of BCG and Measles, question arises against correct reporting of data which should be checked carefully.

**Table 11: Immunization Programme, Block wise Analysis, 2014-15, Mahoba, Uttar Pradesh**

Block	BCG	DPT			OPV			Measles	Full Immunization
		1	2	3	1	2	3		
Kabrai	4796	6024	5768	5884	6024	5768	5884	6226	6226
Charkhari	2859	3421	3342	3246	3421	3342	3246	3079	3079
Jaitpur	3382	3436	3286	3392	3436	3285	3392	3441	3441
Panwari	2590	2855	2880	3035	2855	2880	3035	3013	3013
Kulpahar	1105	1688	1614	1644	862	1614	1644	1750	1750
Urban	4096	2701	2663	2561	2701	2663	2561	2439	2439
<b>Total</b>	18828	20125	19553	19762	19299	19552	19762	19948	19948

Source- DPMU Office, 2015

- Gap can be seen in the number of children getting DPT 1, 2 and 3 which tells about lack of proper follow up in these cases. Same case can be seen regarding OPV 1, 2 and 3.

#### 4.3. NUTRITION REHABILITATION CENTRE (NRC)

- District has only one NRC, which is functional with 1 Paediatrician, 1 Dietician and 2 ANM in Male District Hospital. It has started this year, therefore yearly report was not available.
- The average duration of stay in Nutrition Rehabilitation centres (NRC) is 12-15 days depending upon the condition of a malnourished child. As suggested by the doctor they are not receiving positive response in the district.
- District started an innovative program called Nutrition Month where camps were set to diagnose malnourished children which were visited by DM and other senior officials frequently.
- Special MUAC strip was distributed in all the facilities to check the nourishment status and serious cases were referred to NRC at the earliest.
- Proper diet charts were displayed and different diet were followed as per the case registered. Proper kitchen was attached to the ward and cleanliness was maintained.

#### 4.4. RASTRIYA BAL SWASTHYA KARYAKARAM (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

**Table 12: RBSK performance in Mahoba District, Uttar Pradesh**

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2014-15	1999	119467	16112	667	512	12	6	5
2013-14	2696	115554	25255	965	715	25	8	8

Source- DPMU Office, 2015

- 
- As can be seen from the table number of schools covered in 2014-15 1999 has dropped drastically from the number of schools covered in 2013-14 2696 under this initiative.
- Even when the number of schools has fallen still the number of cases diagnosed have not decreased much showing poor child health condition in the district.
- Cases regarding eye and ear diseases are very high hence; awareness and programs concentrating these problems should be initiated in the district.

## 5. FAMILY PLANNING

Family planning is an important component of NRHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child mortality and morbidity. However, due to lack of human resource, the district is not able to achieve its targets under the programme. Sanitization programme need to be made more frequent to spread awareness regarding adaptation of Morden family planning measures. Nevertheless the performance of district is not satisfactory for family planning programme. More mechanisms are needs to be developed for full filling the set target that will turn in reduction in total fertility rate of district.

**Table 13: Family Planning Achievement in Mahoba, Uttar Pradesh**

Name Block	Sterilization			IUD	OP	CC
	Male	Female	Total			
Kabrai	0	935	935	537	514	1010
Charkhari	1	373	374	2295	186	1080
Jaitpur	0	719	719	1515	452	1413
Panwari	0	593	593	1796	399	1515
Kulpahar	0	216	216	623	433	85
Urban	0	255	255	831	222	247
<b>Total</b>	1	3091	3092	7597	2206	5350

Source- DPMU Office, 2015

Note- \* IUD- Intra Uterine devise, OP- Oral pills, CC- Condoms

- As we can see from the very first figure male sterilization is 1. Social obligations and taboos make it very difficult to encourage people for these services.
- Female sterilization is 3091 which is very high as compared to male sterilization that is only 1.
- From the table we can conclude IUDs are more preferred than OPs and CCs in the whole district. Especially performance of Charkari block is outstanding.
- Awareness programs are important to educate people about different methods of family planning. Distribution of Ops and CCs at SC level is done by ANMs, and they have good knowledge about these.

## 6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH is seen as an attempt to reduce the some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group.

- There is a separate ARSH clinic set up in Female District Hospital. It has started working with 1 counsellor appointed.
- Girls are given information and demonstration regarding sexual diseases and menstruation problems.

## 7. QUALITY IN HEALTH SERVICES

### 7.1. INFECTION CONTROL

Sanitation & hygiene in the facilities is an important factor and therefore it should be maintained at the priority level to control infections. As per the observations of the PRC team, CHC and PHC need more attention in this regard to prohibit the spread of infection to the beneficiaries admitted in the hospitals. District officials' reported that there are no fumigations conducted in the district. However, there were separate foot wears were available to control the risk of infection for the patient in the OTs. Proper maintenance is suggested for maternal wards.

### 7.2. BIO MEDICAL WASTE MANAGEMENT

Bio-Medical Waste Management was present among the facilities of the district. It was observed that most of the facilities maintained different coloured bins to segregate the waste before disposing them off. However there are no proper training provided to the staff for waste segregations. The colour coded bins have been provided in 6 facilities and all of them were following the regulation for dissemination of hospital waste as per the colour of the bins. There are pits available at 6 facilities and treatment or other services have been out sourced by some third party of Jhansi district.

**Table 14: Bio-Medical Management in Mahoba, Uttar Pradesh**

Bio-Medical Waste Management	Number Available
No of facilities having bio-medical pits	06
Training on bio-medical waste management	0
No. of facilities having colour coded bins	06

Source- DPMU Office, 2015

### 7.3. INFORMATION, EDUCATION AND COMMUNICATION (IEC)

IEC was effective in the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were at display as shown in the pictures below. Further list of drugs, list of services were also available in the facilities. Comprehensive IEC is in place for FP and RI programmes. Even though there is no IEC coordinator in the district, it is still functioning well which is highly appreciating.

**Figure 5: IEC display in health facilities, Mahoba, Uttar Pradesh**





**8. REFERRAL TRANSPORT**

Facility of referral transport was available in the district and was not functioning well. Most of the people are using their own transport that could be own vehicle or hired. People were not well aware about the transport facilities that are available for them under JSSK. About 6 ambulance for 108, 10 ambulance for 102 and 7 referral ambulances are present in the district. Internal monitoring is needed for smooth functioning of the transport services.

**9. COMMUNITY PROCESS**

A trained female community health activist ASHA working as an interface between the community and the public health system found to be very diligent and expeditious in district at large. The PRC team interacted with ASHAs and ANMs to comprehend the services at ground level and understand the problems faced to manage and provide the health quality services.

**Table 15: Details of ASHAs in Mahoba, Uttar Pradesh**

<b>Current status of ASHAs (Total number of ASHAs)</b>	<b>697</b>
ASHAs presently working	<b>577</b>
Positions vacant	<b>120</b>
Skill development/refresher training of ASHAs (List the module)	<b>7</b>
Total number of meeting with ASHA ( in a Year)	<b>58</b>
Total number of ASHA resource centers/ ASHA Ghar	<b>N/A</b>
Drug kit replenishment	<b>0</b>

Source- DPMU Office, 2015

- Total numbers of ASHAs sanctioned for the districts are 697 out of these 577 are working presently and 120 posts are still vacant. District conducts 58 meetings with ASHA in a year.
- As far as the training is concerned 7<sup>th</sup> module has been completed in the district. Still some of them are not aware about the payment structure or the services for which they are paid as concluded at the time of interaction with them. Printed IEC is suggested to create awareness in this area.
- As can be noted from the table above, there no drug kits available to ASHA but other activities such as Increased Number of Institutional deliveries in the past points towards the efficient work done at grass root level.
- Mostly ASHA payments are done on time but due to delayed funds from the DM and the Centre except JSY, incentives given to ASHAs were not given on time. Most of the ASHA earn 2000-3000 on an average in a month which quite satisfactory.

## **10. DISEASE CONTROL PROGRAMME**

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, and Blindness Control as Iodine Deficiency Disorder Control have now come under the umbrella of National Rural Health Mission and under the keen supervision of distinct state and District officials.

**Table 16: Disease control programme progress in Mahoba, Uttar Pradesh**

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP-TB	5606	659	659
NPCM- Malaria	47683	699	699

Source- DPMU Office, 2015

- Table 16 depicts that district have screened 5606 cases under RNTCP out of which 659 are detected in this year. All the cases have been treated well.
- Progress of district for national programme for control of malaria was also in function in the district. During the financial year 2014-15 47683 cases have been screened and of which 699 were found positive for malaria all of them were cured.
- No programmes related to leprosy are functional in this district.

## 11. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) & MOTHER AND CHILD TRACKING SYSTEM (MCTS)

- HMIS and MCTS are implemented at all the facilities but service delivery data is not uploaded regularly which is the major problem in the district.
- Infrastructure regarding data entry is available in all the facilities but there is a shortage of CDOs to enter the required data. There is some problem with the internet connection but it is managed by the state with the necessary actions.
- There is a lack of training regarding HMIS and MCTS at all the levels, i.e. CDO, ANM and even at the officer level. Increase in the frequency will result in performance; hence special measures should be taken in this area.
- There are lot of discrepancies in the HMIS data entered and the data in the registers available in the facilities regarding all the health indicators and there is a need to improve it.

## 12. FACILITY WISE OBSERVATION

### 12.1. DISTRICT HOSPITAL FEMALE

District hospital in Mahoba is situated in the middle of the city and therefore it is well connected with other facilities. It is divided into male and female hospital where male hospital is 70 bedded

and female is 30 bedded. Bed occupancy in female hospital is 100 percent whereas in male hospital demand is less as compared to the availability of beds. Efforts were taken to maintain cleanliness in the female hospital but in male hospital scenario was different no care was taken to maintain hygiene and cleanliness. Residential quarters are provided to most of the staff but quality is not maintained according to their designations.

**Figure 6: District Hospital Mahoba, Uttar Pradesh**



**Table 17: District hospital performance indicators, Mahoba, UP**

Section	Availability	Remarks
Physical Infrastructure	Except functional SNCU and functional blood bank or blood storage unit everything else is available.	Building is not in good condition and need maintenance.
Human Resource	Only general surgeon, other specialist, pharmacist, LHV and radiographer are not available.	Anaesthetist is available on call.
Training status	No training for EmOC, BeMOC, LSAS, NSV and Immunization and cold chain done.	
Equipment	Under O.T Equipment functional ventilators, multi-para monitors, surgical diathermies, C-arm units and under lab equipment semi-autoanalyzer, CT Scanner, X-ray units are not available.	Other equipments are available and working properly.
Essential Drugs and Supplies	Only EC pills are not available.	EDL is maintained and all other essential drugs are available.
Other Services	CBC, TB, LFT and endoscopy are not done here.	
Record maintenance	All records are available and maintained.	There are no neonatal deaths registered so far, hence no record is maintained.

Source: District hospital Female, Mahoba 2015

- Number OPD have increased from 9475 in first quarter to 12241 in second quarter of this year. IPD has also increased from 2573 in first quarter to 3929 in second quarter of the same period.
- Labour Room was properly maintained in the female district hospital. All the emergency drugs and necessary equipments were present but the only problem was that there was no washroom attached to the delivery room and complaint was also made by the CMS of the hospital regarding this issue.
- Number of C-section deliveries conducted increased from 67 in first quarter to 85 in second quarter.
- ARSH clinic was working fine with increasing number of adolescents attending it from 1<sup>st</sup> quarter to 2<sup>nd</sup> quarter. 372 girls visited ARSH clinic in first quarter whereas 918 girls visited it in second quarter.
- Cold chain was maintained properly. Correct temperature was maintained and recorded in the registers.
- IEC containing all the relevant information regarding all the programmes of NRHM were displayed in both the hospital male and female.

## 12.2. COMMUNITY HEALTH CENTRE, PANWARI, MAHOPA , UTTAR PRADESH

CHC Panwari was constructed at a distance from the city area i.e. distance from district headquarters is 48km but it is easily approachable due to proper constructed roads. All the programmes are working well in this facility. Major problem was regarding electricity availability. Catchment population of this facility is 145226 and it covers 113 villages. It is a 30 bedded CHC with functioning OT.

**Figure 7: CHC Panwari, Mahoba, Uttar Pradesh**



**Table 18: CHC Panwari performance indicators, Mahoba, UP**

Sections	Availability	Remarks
Physical Infrastructure	Facility is functional in a govt. building	Some of the things are not applicable at this level.
Human Resource	Specialists, LTs, Radiographer are not available.	
Training	Only SBA, Immunization and Family planning trainings are given yet	Frequency of training is very low.
Equipment	All are available except functional centrifuge and semi autoanalyzer.	
Essential drugs and supplies	IFA syrup, Inj magnesium sulphate, Misoprostal and mifepristone tablets are not available.	
Other services	Ser4vices for CBC, Blood sugar LFT Re not available	No blood bank is available in whole district
Record maintenance	Except partographs registers for everything else is maintained.	

Source: CHC Panwari, Mahoba 2015

- Building was not properly maintained even though unspent fund was available. Due to this in spite of cleanliness and hygiene was not very evident in the facility.
- There are very large numbers of OPDs and they have even increased in the second quarter to 18730 from 12406 in first quarter.
- This is the only facility where 102 registers were maintained to keep a check of how many women are given drop back services after delivery.
- Total number of deliveries conducted in first quarter were 169 and it increased to 223 in second quarter.
- No maternal and infant death has been reported in the last two quarters in this facility.

### **12.3. PRIMARY HEALTH CENTRE, JAITPUR, MAHOBA, UTTAR PRADESH**

This PHC covers 93 villages of the district and has catchment population of 142628. It is 40 km away from the district headquarters. There was a major crunch of staff in this facility. Electricity problem persisted here also but it was handled with the help of generators. It has 6 bedded delivery ward and it is equipped with 4 delivery tables.

**Figure 8:PHC, Jaitpur, Mahoba, Uttar Pradesh****Table 19: PHC Jaitpur performance indicators, Mahoba, UP**

Sections	Availability	Remarks
Physical Infrastructure	Everything is available.	
Human Resource	All are available.	Most of the staff is contractual from Ayush.
Training	No training for BeMOC, MTP, IMNCI, Mini Lap and RTI happened.	Very less number of trainings has been arranged altogether.
Equipment	MVA equipment, Functional centrifuge and semi auto analyzer are not available.	
Essential drugs and supplies	IFA syrup and Inj magnesium sulphate are not available.	
Other services	Lab services for CBC, serum bilirubin and blood sugar are not available.	
Record maintenance	Partographs not available	All other records are available and maintained.

Source: PHC Jaitpur, Mahoba 2015

- The facility is functioning in government building and providing ANC, Immunization and PNC services to the beneficiaries of their catchment area.
- OPD and IPD numbers are very high in this facility and there is a huge increase in the second quarter from the first quarter.
- There were no obstetric complications in the first quarter of this year but 35 cases were managed in the second quarter.
- Number of deliveries conducted in first quarter was 313 which increased to 511 in the second quarter showing the load on the facility.
- Number of pregnant women referred remains almost same from 24 in the first quarter to 27 in the second quarter.

- Only 2 maternal death were reported in the second quarter which shows health programmes are working well in the facility.

#### 12.4. SUB CENTRE, MAGARIYA, MAHOBA, UTTAR PRADESH

Sub Centre Magariya was well maintained by the ANM Yamini Shakti. It has a catchment population of 5165 and covers 6 villages on the whole. It is located at a distance of 13 km from PHC Jaitpur.

**Figure 9: SC Magariya, Mahoba, Uttar Pradesh**



**Table 20: SC Magariya performance indicators, Mahoba, UP**

Sections	Availability	Remarks
Physical Infrastructure	Working in govt. Building but with no electricity back up and no burial pit for biomedical waste management.	
Human Resource	1 ANM available	
Training	SBA,IUCD,ARSH training done	
Equipment	Haemoglobin meters, blood sugar testing kits are essential equipment not available.	Other equipment are available
Essential drugs and supplies	IFA syrup, Inj magnesium sulphate, misoprostal and no antibiotics are available.	
Record maintenance	All the records are available and maintained.	

Source: Sub Centre Magariya, Mahoba 2015

- All the equipment was well maintained and there was availability of all the essential drugs.
- There was not much load on this SC as only 2 deliveries were conducted in the first quarter and 5 in the next quarter.



- There is a major problem regarding electricity and due to this deliveries were conducted with help of emergency lights at night. Water was available easily through hand pump.

### **13. INNOVATIONS AND GOOD PRACTICES**

Innovations and good practices are a way of judging what efforts are taken at the district level to improve the overall health structure of the district. Some of the good practices observed by the monitoring team during their visit are as follows-

- In the month of November, nutrition camps were organised in different parts of the district to check for the nutrition status in children and severe cases were immediately admitted in the hospital.
- District conducted regular monitoring of anaemic girls and pregnant women and took possible measures to improve their health, this is the reason there are no maternal deaths occurring due to this reason.
- Distribution of sanitary napkins after delivery is made compulsory in every health facility of the district.

### **14. CONCLUSION & RECOMMENDATIONS**

#### **14.1. CONCLUSION**

- If we talk about the physical infrastructure then all the facilities are working in government buildings and bed occupancy rate is apt. There are problems of electricity supply in some of the facilities but water is available easily. There is need to maintain the structure of the building at some place especially in the female district hospital where there is no toilet attached to the labour room.
- There is a crunch of human resource and all those who are available are not provided with proper training. Problem arises when at the time of providing specific services technicians or specialists are not available for them. Hence, resources are left unutilised or underutilised.
- Maternal health is an important aspect of NRHM program and proper focus should be given in this section. Follow up should be done after ANC registration to minimise the gap and targets for full ANC.

- NBCC are working well in all the facilities but ventilators and warmer are not available at some places, posing a threat on infant's health. SNCU has been sanctioned and it is expected that in the new financial year it will be functional.
- The team examined the awareness and knowledge of the staff to know if they have essential skill set. In DH, the medical personnel were capable of managing high risk pregnancies. However, CHC and PHC were found lacking in handling the risky pregnancies because of lack of infrastructure and human resources and most of the cases were referred.
- Blood bank and blood storage units are non-functional in this district. This major problem has an adverse impact on C-section deliveries and major operations in district hospital at the time of emergency.
- The services in the postnatal ward are given timely. It was observed that in the DH and CHC/PHC, all the mothers commence breast feeding within an hour of delivery; the children are given BCG dose soon after delivery. The beneficiaries get the JSY payment timely, but migratory population are facing problems in availing the JSY due to lack of local Identity cards and bank account.
- Sanitary napkins are not available in the ARSH clinic in any of the facility. Otherwise it is working fine and counsellor provides all the necessary information to the adolescent girls. Other family planning services are running well and essential kits and contraceptives are supplied at all the facilities.
- ASHAs in Mahoba were service minded and worked hard to substantially increase the awareness of service availability at community levels. They were highly visible, motivated and effective in the community.
- HMIS/MCTS was functioning well in the district. However CDOs and ANMs are over burdened with the works of MCTS and HMIS. Also the submission of reports on time is becoming challenging for the CDOs as they have to complete the reports for more than one facility at same date. Data is not reported regularly as most of the CDOs are outsourced privately.

#### **14.2. MAJOR RECOMMENDATIONS**

- It is recommended that recruitment for the vacant posts should be a priority concern to improve the management. Shortages under each category of medical and paramedical in DH, CHCs, PHCs, SCs hampers preparedness to deliver quality care.

- Some 102 and 108 ambulances are not functioning properly and informed as 'brake fail' or 'gone for maintenance'. This has caused some of the out of pocket expenditure as most of the people prefer to go by own vehicle rather than waiting for the ambulance. Thus, it is recommended to increase the ambulance services so that such expenses can be minimized.
- Proper training is essential to improve the quality of the staff appointed. Frequency of the training should be improved and proper monitoring and follow up is required regarding data entry operator and other additional staff.
- There is a need of internal monitoring and field visits at the district level to check the quality of services provided and recommends changes and improvement where ever it is needed. A complaint or suggestion box should be placed to receive the grievances from the beneficiaries.

## 15. Annexure

### 15.1. 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	Laprosopy-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	

4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	<b>O.T Equipment</b>			
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	
	<b>Laboratory Equipment</b>			
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	
<b>S.No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
6.16	Functional blood bag refrigerators with chart for	Y	N	

	temp. recording		
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	Outborn			
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	Counseling on IYCF done	Y	N	
7.4a	Counseling 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:**

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 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	

**15.2. FRU LEVEL MONITORING CHECKLIST**

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of FRU: \_\_\_\_\_  
 Distance from Dist HQ: \_\_\_\_\_  
 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( <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	Laproscope-Sterilisations	
3.11	IUCD	
3.12	PPIUCD	
3.13	Blood storage	
3.14	IMEP	
3.16	Immunization and cold chain	
3.15	Others	

**Section IV: Equipment:**

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	<b>Laboratory Equipment</b>			
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 <i>available</i>	Y	N	
<b>S.No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S.No</b>	<b>Blood bank / Blood Storage Unit</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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
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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	Outborn		
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
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7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling 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:**

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 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 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	

### 15.3. PHC & NON FRU LEVEL MONITORING CHECKLIST

<b>Name of District:</b> _____	<b>Name of Block:</b> _____	<b>Name of PHC/CHC:</b> _____
<b>Catchment Population:</b> _____	<b>Total Villages:</b> _____	<b>Distance from Dist HQ:</b> _____
<b>Date of last supervisory visit:</b> _____		
<b>Date of visit:</b> _____	<b>Name &amp; designation of monitor:</b> _____	
<b>Names of staff not available on the day of visit and reason for absence:</b> _____		

#### 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	
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**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	
	<b>Laboratory Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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			
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**Section VII a: Service delivery in post natal wards:**

S.No	Parameters	Yes	No	Remarks
7.1a	All mothers initiated breast feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling 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**

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
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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	

#### 15.4. SC LEVEL MONITORING CHECKLIST

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of SC: \_\_\_\_\_  
 Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from PHC: \_\_\_\_\_  
 Date of last supervisory visit: \_\_\_\_\_  
 Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_  
 Names of staff posted and available on the day of visit:  
 \_\_\_\_\_  
 Names of staff not available on the day of visit and reason for absence : \_\_\_\_\_

#### Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/ suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

#### Section II: Human Resource:

S.no	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 <sup>nd</sup> 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 Hemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle & Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

**Section IV: Essential Drugs:**

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

**Section V: Essential Supplies**

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

5.6	Sanitary napkins	Y	N	
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**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 anemic 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	