



## TABLE OF CONTENTS

LIST OF TABLES	2
LIST OF FIGURES	2
ACKNOWLEDGEMENT	3
ACRONYMS AND ABBREVIATIONS	4
EXECUTIVE SUMMARY	5
STRENGTHS & WEAKNESSES	5
1. INTRODUCTION	7
1.1. BACKGROUND	7
1.2. STUDY APPROACH	7
1.3. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: MORADABAD DISTRICT	8
1.4. KEY HEALTH CARE INDICATORS: UTTAR PRADESH AND MORADABAD	10
2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE	10
2.1. HUMAN RESOURCE	10
2.2. HEALTH INFRASTRUCTURE	13
3. MATERNAL HEALTH	14
3.1. MATERNAL HEALTH	14
3.2. JANANI SURAKSHAYOJANA (JSY)	17
3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)	18
4. CHILD HEALTH	19
4.1. CHILD HEALTH	19
4.2. IMMUNIZATION	19
4.3. CHILD HEALTH INFRASTRUCTURE	20
4.4. RASTRIYA BAL SWASTHYAKARYAKRAM (RBSK)	21
5. FAMILY PLANNING	21
6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)	22
7. QUALITY IN HEALTH SERVICES	23
7.1. INFECTION CONTROL	23
7.2. BIO MEDICAL WASTE MANAGEMENT	23
7.3. INFORMATION, EDUCATION AND COMMUNICATION (IEC)	24
8. REFERRAL TRANSPORT	24
9. COMMUNITY PROCESS	25
10. DISEASE CONTROL PROGRAMME	26
11. HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)	27
MOTHER AND CHILD TRACKING SYSTEM (MCTS)	27
12. FACILITY WISE OBSERVATION	27
12.1. FEMALE DISTRICT HOSPITAL	27
12.2. COMMUNITY HEALTH CENTRE, KANTH, MORADABAD, UTTAR PRADESH	29
12.3. PUBLIC HEALTH CENTRE, KOTHI KHIDMATPUR, MORADABAD, UTTAR PRADESH	30
12.4. SC, LA DAWALI, MORADABAD, UTTAR PRADESH	32
13. CONCLUSION & RECOMMENDATIONS	33
13.1. SUMMARY	33
13.2. MAJOR RECOMMENDATIONS	34
14. ANNEXURE	35

## LIST OF TABLES

TABLE 1: KEY DEMOGRAPHIC INDICATORS: ALL INDIA, UTTAR PRADESH AND MORADABAD	9
TABLE 2: KEY HEALTH CARE INDICATORS: UTTAR PRADESH & MORADABAD	10
TABLE 3: HUMAN RESOURCE MORADABAD, UTTAR PRADESH 2014-15	11
TABLE 4: HUMAN RESOURCE TRAINING STATUS OF MORADABAD, UTTAR PRADESH	12
TABLE 5: DETAIL OF HEALTH INFRASTRUCTURES: MORADABAD, UTTAR PRADESH	13
TABLE 6: BLOCK WISE SERVICE DELIVERY INDICATOR, MORADABAD, UTTAR PRADESH	14
TABLE 7: BLOCK WISE SERVICE DELIVERY INDICATOR, MORADABAD, UTTAR PRADESH	16
TABLE 8: MATERNAL DEATH REVIEW, MORADABAD, UTTAR PRADESH	17
TABLE 9: STATUS OF JSY PAYMENTS 2014-15, MORADABAD, UTTAR PRADESH	18
TABLE 10: FACILITIES WISE JSSK PERFORMANCE IN DISTRICT FOR 2014-15, MORADABAD, UTTAR PRADESH	19
TABLE 11: IMMUNIZATION PROGRAMME, BLOCK WISE ANALYSIS, 2014-15, MORADABAD, UP	20
TABLE 12: DETAILS OF INFRASTRUCTURE & SERVICES UNDER NEONATAL HEALTH, MORADABAD, UP	20
TABLE 13: RBSK PERFORMANCE IN MORADABAD DISTRICT, UTTAR PRADESH	21
TABLE 14: FAMILY PLANNING ACHIEVEMENT IN MORADABAD, UTTAR PRADESH	22
TABLE 15: ARSH PROGRESS IN MORADABAD DISTRICT, UP 2014-15	23
TABLE 16: BIO-MEDICAL MANAGEMENT IN MORADABAD, UTTAR PRADESH	24
TABLE 17: DETAILS OF ASHAS IN MORADABAD, UTTAR PRADESH	25
TABLE 18: DISEASE CONTROL PROGRAMME PROGRESS IN MORADABAD, UTTAR PRADESH	26
TABLE 19: DISTRICT HOSPITAL PERFORMANCE INDICATORS, MORADABAD, UP	28
TABLE 20: CHC KANTHPERFORMANCE INDICATORS, MORADABAD, UP	29
TABLE 21: PHC KOTHIKHIDMATPURPERFORMANCE INDICATORS, MORADABAD, UP	31
TABLE 22: SC LA DAWALI PERFORMANCE INDICATORS, MORADABAD, UP	32

## LIST OF FIGURES

Figure 1: PRC team interacting with beneficiaries at the Female District Hospital.	8
Figure 2: Map indicating location of Moradabad District in Uttar Pradesh	9
Figure 3: Infrastructure of health facilities in Moradabad, Uttar Pradesh	13
Figure 4: Graph showing performance of maternal health indicators in 2013-14 and 2014-15	15
Figure 5: Graph showing status of child birth in Moradabad District, Uttar Pradesh	17
Figure 6: IEC and EDL display in health facilities, Moradabad, Uttar Pradesh	24
Figure 7: 102 Ambulance in the Moradabad District, Uttar Pradesh	25
Figure 8: District Hospital Moradabad, Uttar Pradesh	27
Figure 9: CHC Kanth, Moradabad, Uttar Pradesh	29
Figure 10: PHC, Kothi Khidmatpur, Moradabad, Uttar Pradesh	31
Figure 11: SCLa Dawali, Moradabad, Uttar Pradesh	32

## ACKNOWLEDGEMENT

The Monitoring and Evaluation of NHM PIP in Mahoba district of Uttar Pradesh was successfully completed with considerable efforts by Delhi PRC team and officials from State Medical, Health and Family Welfare Department.

First of all, our special gratitude goes to C.R.K. Nair, Additional Director General (Stats) Ministry of Health and Family Welfare, Government of India , Shri P. C. Cyriac, Deputy Director General (Stats), and Ms. NavanitaGogoi, Director (Stats) Ministry of Health and Family Welfare, Government of India for their valuable support and continuous encouragement throughout the process of this evaluation without which it would not have been possible.

Our sincere gratitude goes to Mission Director, whose support and eagerness was instrumental in accomplishing this M&E report.

Further, we would like to express our gratitude towards Dr. Sanjeev Yadav CMO, for providing us with all the relevant information and we would also like to thank DPM Mr. Raghuvir Singh and Dr. G. S, Martolia (NHM Nodal officer) all the Nodal officers for their pertinent support and guidance during the field visits.

We do not have hesitation in saying that this PIP report would not have come up without the unstinting support provided by the staff of the facilities, block manager, ANMs, ASHAs who have helped us immensely by providing relevant information and resolving our queries.

Last but not the least we would like to thank all those people who were involved in monitoring and evaluation of NHM PIP process directly or indirectly.

Dr. William Joe  
Ms. Shailja Jatiani

December, 2015

Population Research Centre  
Institute of Economic Growth  
Delhi

## 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 Moradabad District of Uttar Pradesh, observed by the PRC team on their NHM PIP Monitoring visit to the District. The team visited the following healthcare facilities: Female District Hospital, Community Health Centre Kanth, Primary Health Centres-Kothi Khidmatpur and Sub Centre LaDawali.

#### Strengths:

- All the NHM programmes are working under the guidance of qualified nodal officers except Family Planning. State has provided a separate head for each programme for the smooth functioning.
- Sick New Born Care unit is functioning well in the Female District Hospital with 12 staff appointed under it. Due to the same reason there is less number of neo natal deaths reported here.
- All the ambulances are GPS fitted in the district with the necessary drugs and equipment available in it. Log registers are maintained properly and services are provided efficiently. There are no complaints regarding transport facility.
- There is a complaint/suggestion box outside the CMO office in the district hospital to receive any grievances and problems of the beneficiaries.
- The physical infrastructure of the facilities was maintained and basic cleanliness was observed in the facilities. All the health facilities, namely, DH, CHCs, PHCs and Sub Centres were functioning in government premises and thus had sufficient space for smooth and unhampered health provisioning.
- Review meetings are conducted by the CMO very frequently with all the nodal officers. This helps them to improve district's performance in providing health services.

#### Weakness:

- Due to shortage of specialist and medical officers in the Female District Hospital problems are faced during C-section and normal deliveries. Lack of provision regarding C-section deliveries in the periphery block leads to excessive load on the district hospital.

- Beneficiaries are forced to pay out of pocket expenses for delivery by the staff. If they fail to do so they are threatened about mishandling of the patient or baby. Hence, Janani Shishu Suraksha Karyakram providing free of cost services is not functioning properly.
- Information, Education and Communication material regarding Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram are not maintained properly. Poor display and old hoardings makes it difficult to spread awareness about these programmes.
- There are societal and cultural value norms due to which there is low immunization coverage in certain zone. Specifically Kanth block has the lowest full immunization rate of 63 percent in whole district. Absence of health or ASHA worker in urban area creates problem in providing these services.
- Due to the problem of bank accounts and PFMS system, most of the beneficiaries are not getting their Janani Suraksha Yojana payments on time.
- ASHA payments are often delayed and even they charged an amount at the time of submission of their vouchers by other staff from block.
- District faces high rate of stunting 64.9 percent, underweight 37.2 percent and anaemia in the age group 6-59 91.7 percent ( source: Clinical, Anthropometric And Bio Markers Fact Sheet, 2014, AHS) which makes an urgent need of Nutritional Rehabilitation Centre, that is not functional here.
- There is a very high rate of leprosy, 609 identified in this district and there should be proper measures taken to cure these cases. Even blindness camps are not organised in the district.
- Data reporting process in the district is very poor as can be seen from the discrepancies in the actual data provided to the monitoring team by the district officials and HMIS data reported by them.

## 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 NHM functioning.
- Components of key practices and new innovations
- Strategic areas identified in the roadmap for priority action
- Strengths and weaknesses in implementation

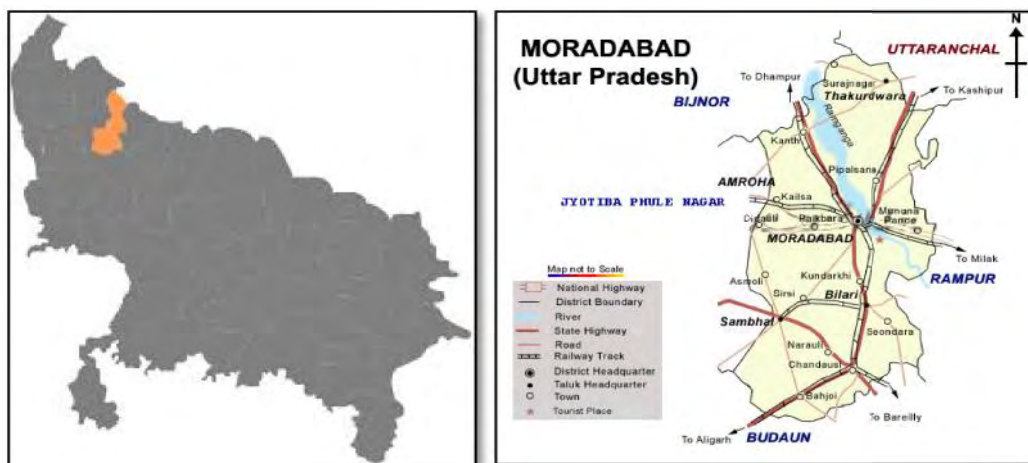
### 1.2. STUDY APPROACH

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 Moradabad District of Uttar Pradesh. Before visiting Moradabad District from 9<sup>th</sup> to 10<sup>th</sup> of December 2015, the M&E Team reviewed the Moradabad 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 Moradabad district for monitoring are as follows:

- District Hospital Female (DH), Moradabad, Uttar Pradesh.
- Community Health Centre (CHC), Kanth, Moradabad.
- Primary Health Centre (PHC), Kothi Khidmatpur, Moradabad.
- Sub-Centre (SC) La Dawali, Moradabad.





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

- The total Population of the district is 47, 72,006 which has been divided into 52.14 percent of Hindus and 47.12 percent of Muslims.
- Male population in the district outnumbers female population by 234366.

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

Description	India	Uttar Pradesh	Moradabad
Actual Population	1,21,05,69,573	199,812,341	47,72,006
Male	62,31,21,843	104,480,510	2,503,186
Female	58,74,47,730	95,331,831	2,268,820
Population Growth	17.7%	20.23%	25.22%
Sex Ratio	943	912	906
Child Sex Ratio	NA	902	916
Density/km <sup>2</sup>	382	829	1,283
Area km <sup>2</sup>	3,287,240	240,928	3,718
Literacy	73%	67.68%	56.77%
Male Literacy	80.9%	77.28%	64.83%
Female Literacy	64.6%	57.18%	47.86%
Child Proportion (0-6 Age)	13.6%	NA	16.43%
Boys Proportion (0-6 Age)	13.8%	NA	16.35%
Girls Proportion (0-6 Age)	13.4%	NA	16.52%

Source: Census 2011

- Population growth of this district is 25.22 percent which is higher than the population growth rate of the state i.e. 20.23 percent. With family planning measures not working properly in the district there should be proper care given in this respect.
- As compared to the area per square km 3718, density of population is quite high 1,283.
- Overall literacy rate is very low in the area i.e. 56.77 percent. This percentage is also low

in case of male and female literacy rate as well.

- Sex ratio is only 906, which says there are only 906 females as per 1000 males in the district.

#### 1.4. KEY HEALTH CARE INDICATORS: UTTAR PRADESH AND MORADABAD

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

Indicators	Uttar Pradesh	Moradabad
NMR	49*	46*
IMR	68*	64*
MMR	258*	222*
Proportion of fully immunized children	NA	24.1%
Proportion of Pregnant receiving any ANC	50.5%	23.5%
Institutional Deliveries	69.9%	34.2%
Full ANC	37.8%	31.2%

Note: \* 2012-13 data.

Source: AHS 2012-13 Factsheet, DPMU office, 2015.

- There is not much difference between state and district's rate of NMR, IMR and MMR. District being a part of the state, its rate is high and proper measures should be taken to decrease them.
- Proportion of fully immunized children is very low, only 24.1 percent. Looking at the HMIS, this percentage revolves around 130 percent where as in AHS it is recorded as 50 percent approximately. Hence, we can say the data recording process is very poor in the district.
- Women receiving full ANC or any ANC are very less; their percentage is 31.2 and 23.5 respectively. This show there is no follow up taken for providing ANCs on time.
- Institutional deliveries show a poor picture of service delivery in the district. Only 34.2 percent deliveries have taken place in government institutions.

Not much inference can be drawn upon these data as it differs highly from the HMIS portal and data from other sources.

## 2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

### 2.1. HUMAN RESOURCE

There is a major crunch of human resource in the district. Vacant posts are available the staff of all the classes and at all the facilities. Doctors are the key persons of all the NHM policies. Qualified and trained doctors and specialist are needed to carry out any health care facility.

Along with these technicians, pharmacist and ANMs are also necessary for the smooth functioning of the facilities. Status of individual post can be explained as follows.

- 130 posts are sanctioned for MOs in the district out of which 56 are still vacant. This will not only hinder the ongoing health services but also the reliability of the government hospitals. This problem is mainly faced due to the facilities given at the post are not up to the mark, hence there is lack of incentives for the doctors available.
- Out of 17 posts sanctioned for gynaecologist only 4 are appointed and rest 13 are vacant. This shortfall of gynaecologist explains the reason for low institutional deliveries. Concerned policy makers should make a better mechanism to reduce IMR and MMR by filling up the vacancies as a lack of gynaecologist is also one of the reason which contributes in high MMR and IMR.
- There is still a need for 4 paediatricians as only 3 out of 7 seven are appointed. According to the figures of high rate of population and child proportion district's approach towards child health is not very impressive and therefore there is a need for paediatrician to curb these problems.

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

Position Name	Sanctioned	Vacant
MO's including specialists	130	56
Gynaecologists	17	13
Paediatrician	7	4
Surgeon	13	6
LHV	57	36
ANM	-	-
Pharmacist	54	4
Lab technicians	23	11
X-ray technicians	5	0
Staff Nurse at CHC/PHC	113	42
ANM at PHC/SC	259	31

Source- DPMU Office, 2015

- Almost half of the posts sanctioned for surgeons are lying vacant, which can be a serious issue regarding number of C-section deliveries conducted in the district. Surgeons are an integral part of the hospital and it is necessary to have one of them in the hospital premises.

- Status of paramedical staff seems to be apt according to the size of the district. No nuisance is created due to vacant posts of such staff. Still proper measures should be taken to fill the post according to the need.
- 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 through proper training.

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

Position Name	SBA	Minilap/PSP	IUCD insertion	NSSK	Total
MO	0	1	3	4	08
LMO	0	0	0	0	0
Staff Nurses	2	3	7	7	19
ANM	26	0	0	0	26

Source- DPMU Office, 2015

Not much emphasis has been given to the training of the staff. Trained staff is like an asset and this district is lacking on this part. A proper training makes it easy to carry out services efficiently. 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 status is very poor in the district. Not even a single training is conducted for BeMOC, MTP, NSV, RTI/STI/HIV and FIMNCI in past one year.
- There is only 1 MO who is trained for Minilap, 3 for IUCD insertions and 4 for NSSK. Shortage of MOs in the district is more highlighted by the availability of untrained MOs.
- None of LMO is trained in any of the health services; this may be reason behind poor maternal health in the district.
- Out of 228 ANM available in the district only 26 have been trained and rests are working without any training. This shows that other health services are not given importance as they have been trained only SBA and hence reflects the poor performance of the district.
- Paramedical staff available in the district is of poor quality as they have not received any training as shown in table 4. Lab technicians, pharmacist and other helping staff such as ASHAs are not trained for any of the health services provided by the district.



Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	2	2	0
SDH	0	0	0
CHC FRUs	2	2	0
CHC	6	6	2
PHC	2	2	0
Sub Centre	268	182	86
Medical College	0	0	0
Delivery Points	34	34	0
108 Ambulances	22	-	-
102 Ambulance	21	-	-
Referral Transport	2	-	-

- Out of 268 sub centres 86 of them are still functioning in the rented building. Construction work should be increased and unspent fund should be directed towards this use.
- Number of ambulance available in the district is apt and well maintained. All 102/108 are functioning well and during the monitoring visit team observed them working without any mechanical fault. There is need to increase referral transport to avoid delay in providing health services to the beneficiaries.

### 3. MATERNAL HEALTH

#### 3.1. MATERNAL HEALTH

Maternal Health is one of the basic components of NHM. Moradabad is one of the high focused districts of Uttar Pradesh due to various factors which include poor performance of maternal health care services in the district. Most of the facilities do not maintain any record of MDR and anaemic pregnant women as a result proper measures that should be taken to improve maternal health are not focused on the main problems. 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. 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, Moradabad, Uttar Pradesh**

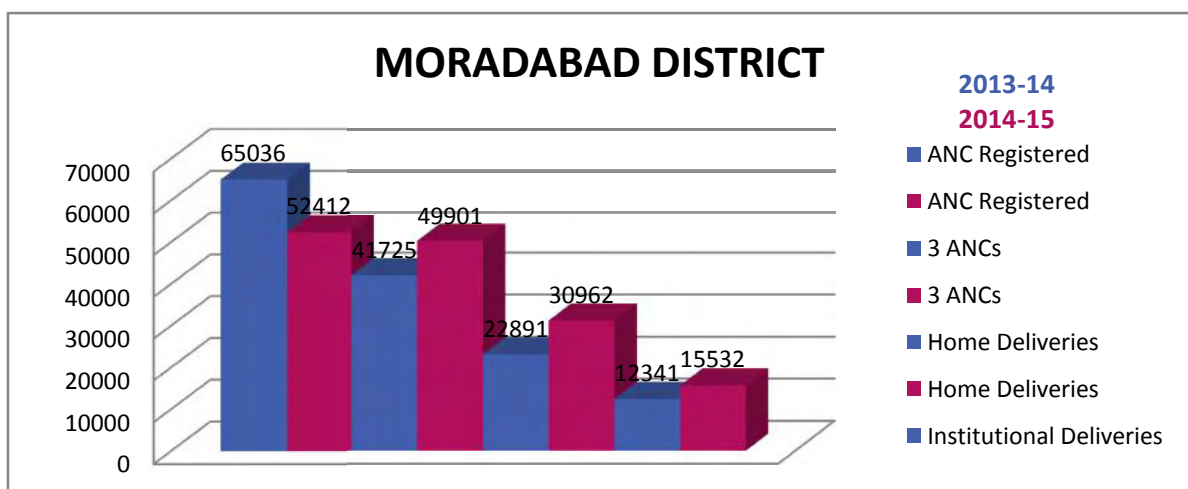
Block	ANC Registered		3 ANCs		Home Deliveries		Institutional Deliveries	
	2013-14	2014-15	2013-	2014-15	2013-14	2014-15	2013-14	2014-15
Bilari	7027	6997	4826	6682	2336	4233	2595	3221
Thakurdwara	7704	8384	6298	6860	3174	3184	2092	2499
Dilari	10532	5615	7832	4264	3636	2829	1413	1696
Bhojpur	8209	6977	5755	4136	2443	2575	1652	2226
Tajpur	6096	8837	5678	8309	3587	4828	889	1057
Mudapandey	5323	7009	4045	4871	2794	3354	1901	2738
Kunderki	12670	1018	1080	8150	4384	4680	1159	1310
Kanth	7475	7575	6211	6629	537	5279	640	785

Source- DPMU Office, 2015

- There is a significant decrease in ANC registration from 2013-14 to 2014-15, especially in the Kunderki block where it has gone to 1018 in 2014-15 from 12670 in 2013-14.

- Dropout rate in ANC registration and 3 ANC is very high in the entire district. Situation high dropouts have remained almost same since 2013-14 to 2014-15 and no remarkable improvement can be seen under this.
- Home deliveries are a serious issue in the district as this component has shown continuous rise in every block in the district since 2013-14. Home deliveries are recorded highest in Kanth block, which has increased to 5279 in 2014-15 from 537 in 2013-14.
- As can be seen from the table 6, number of institutional deliveries is less compared to the home deliveries conducted in each block. With the programmes such as JSSK functioning in the district, larger number of home deliveries raises a question against the service delivery of the facilities.
- One of the reasons for women preferring home deliveries rather than institutional deliveries can be suggested lack of awareness about JSY and JSSK programmes. This can be improved by giving proper training to ASHAs and increasing VHND regarding maternal health.
- 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 Moradabad district. Numbers of institutional deliveries conducted are almost half of the ANC registration. 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.

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



Source: DPMU Office, Moradabad, 2015



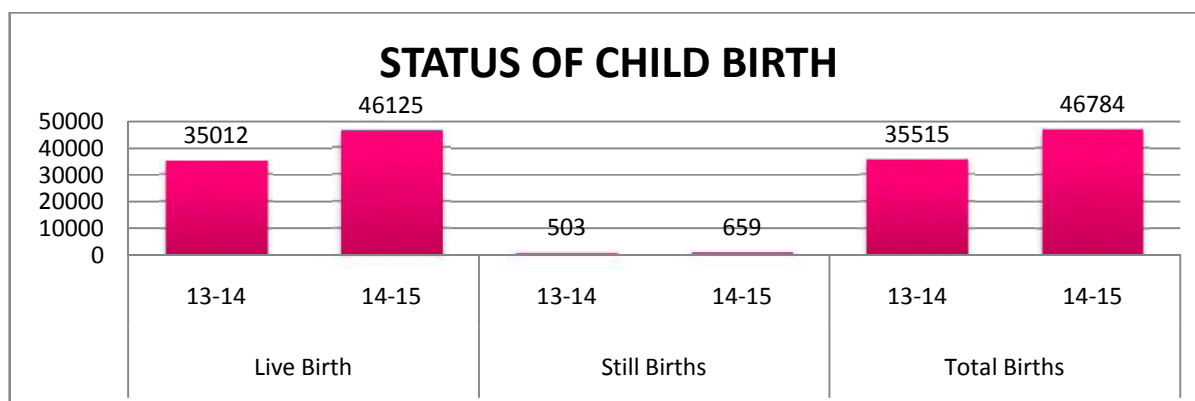
- Number of institutional deliveries has increased from 2013-14 to 2014-15. Rise in institutional deliveries is much smaller as compared to the rise in home deliveries, thus proper measures should be taken to improve number of institutional deliveries and decrease number of home deliveries.
- We can see overall performance of the district in figure 4, total number of ANC registration has decreased from, whereas number of women receiving 3 ANC has decreased from 2013-14 to 2014-15.
- Total number of home deliveries has also increased since 2013-14, and it has even outnumbered total number of institutional deliveries conducted in the district in the year 2014-15.

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

Block	TT1		TT2		Home Deliveries				Live Birth		Still Births		Total Births	
					SBA assisted		Non-SBA							
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
Bilari	5107	6989	4508	6194	1545	2368	791	1865	4820	7269	113	135	4933	7404
Thakurdwara	5576	5927	5233	6216	2981	2706	193	478	5223	5601	42	88	5265	5689
Dilari	8779	4723	9787	5534	1892	2099	1744	730	5077	4463	64	137	5141	4600
Bhojpur	6629	6075	6254	5894	1526	556	917	2019	4135	4772	165	78	4300	4850
Tajpur	6270	7253	5279	7097	2150	2630	1437	2198	4435	5800	49	127	4484	5927
Mudapandey	3621	5015	5116	6434	2090	2277	704	1077	4672	6055	11	44	4683	6099
Kunderki	11576	9750	12325	9547	3056	3804	1328	876	5464	6015	59	37	5523	6052
Kanth	6044	7290	5577	6452	313	3048	224	2231	1186	6150	0	13	1186	6163

Source- DPMU Office, 2015

- Performance of TT1 and TT2 is satisfactory in the district. Women getting TT1 has increased 5107 in 2013-14 to 6989 in 2014-15. TT2 has also increased in the same way since 2013-14.
- Out of total home deliveries larger portion of them are assisted by the SBA. Non SBA home deliveries have increased rather than decreasing from 2-13-14 to 2014-15. There should be proper monitoring and training programmes to increase awareness and reduce home deliveries.

**Figure 5: Graph showing status of child birth in Moradabad District, Uttar Pradesh**

Source: DPMU Office, 2015

- Out of total births in the district major portion is shared by the live births and proportion of still birth is comparatively low.
- There is a rise in the number of still births from 503 in 2013-14 to 659 in 2014-15. After all the health services functioning well this high rate of still birth necessitates towards providing better care to the pregnant women.

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

Total Maternal Deaths	Place of Deaths		
	Hospital	Home	Transit
Bilari		1	
Thakurdwara	1	3	1
Dilari	1	7	
Bhojpur	1	1	
Tajpur			
Mudapandey	2	1	
Kunderki			
Kanth		1	

Source- DPMU Office, 2015

- Overall there were 20 maternal deaths happened in the district in 2014-15, out of this 5 occurred in the hospital, only 1 during transit and others at home. Reasons for MDR are not recorded and neither are they evaluated which failure of the district in this regard. Major deaths occurring at home could be mainly because of lack of proper care, awareness and infection control which can be solved by improving awareness programmes and train ASHAs to work more efficiently.

### 3.2. JANANI SURAKSHAYOJANA (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 Moradabad as per the guidelines from NHM and all payments are done through account transfer. Currently they are facing problems of delay in payment of the beneficiaries as most of them do not have a bank account of their own. There is also lack of awareness about this program in the district which was confronted on interaction with beneficiaries.

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

<b>Status of payments</b>	<b>Institutional deliveries</b>	21220
	<b>Home Deliveries</b>	135
	<b>ASHAs</b>	14272
<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

- According to the data provided by the district 14272 ASHAs were incentivised for 21220 deliveries conducted in the facilities. All the payments of ASHAs and beneficiaries are updated and there no delay payments.
- One of the problems that were observed in the district was poor display of IEC material of JSY programme. Lack of training worsened the problem more and resulted in ill practices such as collection of out of pocket expenses for deliveries rather than the payment for them.
- Free referral transport was well prominent in the district however most of the beneficiaries are using their own transport for coming to the hospitals.

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

JSSK was not functioning well in the district. Beneficiaries were not receiving all the services such as free and cashless delivery, free C-section, free drugs and consumables, free diagnostics, free diet during stay in health institutions, free provision of blood and free transport as per the guidelines of NHM. Regarding delivery they were charged out of pocket expenses for drugs and other services. Food was not provided on time and quality was also not maintained. Transport facility was functioning well and proper log registers were maintained by the drivers.

**Table 10: Facilities wise JSSK performance in District for 2014-15, Moradabad, UP**

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Total	19755	21527	21527	21527-		16381

Source- DPMU Office, 2015

- Diet was provided to 19755 and drugs and diagnostics were provided to 21527 but quality was not maintained. There was also carelessness regarding providing services on time.
- Transport services given to the beneficiaries were working well. Ambulance drivers were quickly responding to all the calls and there was no delay in bringing or dropping back of beneficiaries. 102 were appointed only for home to facility and 108 was appointed for dropping back.
- IEC display for JSSK programme was very poor which resulted in lack of awareness about this program.

## 4. CHILD HEALTH

### 4.1. CHILD HEALTH

Child health is yet another important part of NHM program as it aims at safe motherhood and healthy new born. From district hospital to CHCs and PHCs immunization routine is conducted but due to social stigma faced in this district full immunization coverage is very low. As far as infrastructure is concerned SNCU is functioning in the female district hospital. There is 1 SNCU, 2 NBSU and 9 NBCCs in the district that are functioning quite well and catering the needs of infants. There is no NRC functioning in the district whereas scenario of child health shows there is high rate of anaemia and stunting in children which makes it necessary to build NRC in the district.

### 4.2. IMMUNIZATION

- As compared to the targets full immunization coverage is low. In none of the blocks targets have been achieved rather they are far below the targets.
- BCG coverage as shown in the table 11 is 59322 which is better than DPT and OPV coverage which revolves around 50,000 approximately.

**Table 11: Immunization Programme, Block wise Analysis, 2014-15, Moradabad, UP**

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	1	2	3		
Bilari	7258	7663	6068	5621	5454	4001	6070	5621	6246	5735
Thakurdwara	6346	5858	5652	5463	5506	3837	5664	5452	5517	4993
Dilari	6917	6700	5179	5101	5216	5007	5207	5157	6132	4876
Bhojpur	8477	8681	5755	5400	5004	3721	5597	5105	6667	5138
Tajpur	8357	7871	7799	7369	7093	3991	7690	7202	7384	6892
Mudapandey	6976	6562	6386	6041	5952	5767	6386	6030	6506	5649
Kunderki	8882	8914	8937	7986	8481	4630	8841	8290	8413	8437
Kanth	8378	7073	6255	5740	5891	3728	5948	5603	7582	6008
<b>Total</b>	<b>61591</b>	<b>59322</b>	<b>52032</b>	<b>48723</b>	<b>48597</b>	<b>34682</b>	<b>51403</b>	<b>48460</b>	<b>54447</b>	<b>47728</b>

Source- DPMU Office, 2015

- There is no monitoring or checking done about previous vaccination before giving any vaccination due to which there is a high level discrepancy in the data as once drop outs are reported in DPT 2 after DPT 1 but then the number of children receiving DPT 3 increases more than the number of children receiving DPT 2. Same trend can be seen in OPV vaccination.
- On the whole only 47728 children are fully immunized out of the target of 61591, which shows low level of immunization coverage in this district and there is a need to improve this to cater poor child health in the district.

#### 4.3.CHILD HEALTH INFRASTRUCTURE

**Table 12: Details of infrastructure & Services under Neonatal Health, Moradabad, UP**

Total SNCU	1
Total NBSU	2
Total NBCC	9
Total Staff in SNCU	12
Total Staff in NBSU	2

Source: DPMU office Moradabad, 2015

- SNCU is functional in female district hospital with 12 staff working out of which two are paediatricians under it. Proper care has been provided to the new born which has resulted in the improvement in neonatal health.
- Occupancy rate is low in SNCU as compared to the cases available.

- All the records regarding neonatal cases and sick new born are maintained and updated and staff appointed is working efficiently.
- Availability of NBCC in most of the facilities assures proper care of the new born and hence helps in improving new born health.

#### 4.4. RASTRIYA BAL SWASTHYAKARYAKARAM (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 13: RBSK performance in Moradabad District, Uttar Pradesh**

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Anemic
2014-15	4620	331000	27415	74	12	0	74

Source- DPMU Office, 2015

- As can be seen from the table 12, number of schools covered under RBSK are 4620. Out of the 331000 number of children registered, 27415 children were diagnosed.
- The health issues that were prevalent in children were eye diseases under which 74 children diagnosed with this problem and Anaemia under which 74 children were diagnosed with this problem.
- There is a discrepancy in the data under RBSK performance as well. There are 27415 children diagnosed and data reporting problems is only for 160 children.

## 5. FAMILY PLANNING

Family planning is an important component of NHM as it aims to achieve population stabilization as well as promote reproductive health and reduce maternal, infant and child mortality and morbidity. No nodal officer to manage this program makes it difficult for the district to achieve its targets under the programme. Performance of district is not satisfactory for family planning programme. More mechanisms are needs to be developed to reduce high population growth rate and also for full filling the set target that will turn in reduction in total fertility rate of district.

**Table 14: Family Planning Achievement in Moradabad, Uttar Pradesh**

Moradabad		Total
Target		14155
Sterilization	Male	134
	Female	3201
	Total	3315
	%	23.50
IUD	Achieved	23116
	%	69.76
OP	Achieved	7862
	%	63.00
CC	Achieved	15328
	%	66

Source- DPMU Office, 2015

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

- Out of the available options for family planning, IUD and CC are most preferred by the people in the district. Number of IUD achieved are 23116 and number of CC achieved are 15328.
- In sterilization number of female sterilization 3201 is much higher than the number of male sterilization which is 134.
- Percentage achievement of sterilization is lowest only 23.50 percent in comparison other family planning options available such as IUD whose achievement is highest at 69.76 percent, op whose achievement is 63 percent and CC whose target was achieved by 66 percent.
- Awareness programs are important to educate people about different methods of family planning. Distribution of OPs and CCs at SC level should be done by ANMs, and they should have good knowledge about these.

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

ARSH is seen as an attempt to reduce some of the public health challenges for adolescents including 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. ARSH clinic is functioning in the district and counselling is conducted for both male and females of specific age group.

**Table 15: ARSH Progress in Moradabad District, UP 2014-15**

Block	No. of Counselling sessions conducted	No of Anemic Adolescents			Iron tablets given	deworming tablets given	No. of RTI/STI cases
		Severe	Moderate	Normal			
Male	337	4	16	161	181	201	129
Female	401	2	7	20	27	27	32

Source: DPMU Office, Moradabad 2015

- Numbers of counselling sessions conducted for female are higher than the number of sessions conducted for males.
- There is a larger portion of males diagnosed with problems such as anaemia, RTI/STI as compared to their female counterparts. Even most of the iron and deworming tablets are distributed to males rather than females.
- There is a high rate of normal anaemia in both males and females.

## 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. All the facilities 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 year 2014-15 and no trainings have been provided to the staff for infection control. However, there were separate foot wears available in district hospital 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 not functioning in the district properly. There are no proper training provided to the staff for waste segregations. As suggested by the data provided by the district colour coded bins were available in 9 facilities but as observed that most of the facilities were not maintaining different coloured bins to segregate the waste before disposing them off. There are pits available at 9 facilities but as informed by the district officials outsourcing is not working well and hence the only option available for waste management are pits.



Bio-Medical Waste Management	Number Available
No of facilities having bio-medical pits	09
Training on bio-medical waste management	0
No. of facilities having colour coded bins	09





<b>Current status of ASHAs (Total number of ASHAs)</b>	
<b>ASHAs presently working</b>	1938
<b>Positions vacant</b>	120
<b>Skill development/refresher training of ASHAs (List the module)</b>	1146
<b>Total number of meeting with ASHA ( in a Year)</b>	96
<b>Total number of ASHA resource centers/ ASHA Ghar</b>	0
<b>Drug kit replenishment</b>	1521

- Total numbers of ASHAs presently working in the district are 1938. Out of the total posts sanctioned for ASHAs 120 are still vacant.
- 1146 ASHAs has been trained in the year 2014-15, although the list of module is not mentioned but still most of the ASHAs has full information about the programmes.
- Major problem faced by the ASHAs in this district was regarding charging of money for the submission of their vouchers by staff nurses and other staff at the blocks. Due to this problem their actual payments are also due.
- 1521 drugs kits have been replenished of ASHAs which will result in their better performance.

## 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 Health Mission and under the keen supervision of distinct state and District officials.

**Table 18: Disease control programme progress in Moradabad, Uttar Pradesh**

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP	15384	2161	1972
Leprosy	454	317	317
Malaria	288	288	270

Source- DPMU Office, 2015

- Number of cases screened under RNTCP are 15384, out of these 2161 persons are detected with TB. 1972 cases were treated under this programme.
- Leprosy programme screened 454 cases out of which 317 were detected with the problem. All the cases were successfully treated and cured in the district.
- Out of the 288 cases screened for malaria all of them were found suffering with this problem. 270 cases were provided proper treatment to cure this disease.



**Table 19: District hospital performance indicators, Moradabad, UP**

Section	Availability	Remarks
Physical Infrastructure	Except NRC and functional help desk other infrastructure was well maintained but there is a need to improve cleanliness and maintain proper hygiene.	Colour coded bins were not available at some places and there was no awareness regarding this.
Human Resource	General surgeon, other specialist, MOs and radiographer is not available as suggested by the medical officials in the hospital	Major human resource is not available. Although AYUSH doctors are available.
Training status	Training for only SBA, Minilap, NSSK and IUCD have been provided.	Training status is very poor.
Equipment	Major equipment not available is foetal Doppler, functional ventilator in O.T., multi-para monitors, C-arm units, semi autoanalyzer, C.T. scanner, X-ray units and ECG machines.	There was no information provided by the district regarding their order for such equipments.
Essential Drugs and Supplies	IFA syrup, Vit A syrup and mifepristone are not available.	EDL and computerised inventory management are not maintained here.
Other Services	Lot of services are not available such as T.B., LFT, ultrasound (general), X-ray, ECG and Endoscopy.	Blood bank is available in the male district hospital.
Record maintenance	Immunization register, listing of anaemic women, MDR register, infant death and neonatal death review are not maintained.	Even when cases of MDR and infant death are recorded in last two quarters, records are still not maintained.

Source: Female District hospital, Moradabad 2015

- Number OPD have increased from 14782 in first quarter to 15649 in second quarter of this year. IPD has also increased from 4230 in first quarter to 5267 in second quarter of the same period.
- Labour Room was properly maintained in the female district hospital. 1032 total deliveries were conducted in first quarter and 1594 were conducted in second quarter. The major problem observed in the district hospital is regarding collection of out of pocket expenses from the beneficiaries at the time of delivery.
- Numbers of admissions in SNCU/NBSUs in the first quarter were 582 which increased to 633 in the second quarter. Proper care is given to sick new born and proper medication is provided to them.
- Number of women who accepted post-partum FP services increased from 130 in first quarter to 159 in the second quarter, this explains increasing awareness and wide acceptance of FP



Sections	Availability	Remarks
Physical Infrastructure	Facility is functional in a govt. building.	Repairs were needed which were in progress during the visit.
Human Resource	Only LTs were not available among the required staff.	
Training	Training for SBA, IUD and Immunization are mainly provided.	Other training were conducted before 2014-15.
Equipment	Only equipment that was not available was MVA/EVA	No operator is available for semi autoanalyzer.

	equipment.	
Essential drugs and supplies	IFA syrup and Inj magnesium sulphate are not available.	Inj Magnesium sulphate is demanded.
Other services	Except CBC and HIV all other services are provided.	
Record maintenance	Except partographs registers for everything else is maintained.	No separate registers are maintained for anaemic pregnant women.

Source: CHC Kanth, Moradabad 2015

- On an average 400 rupees are charged for the delivery from the beneficiaries in the name of medicines and injection by the ANMs. District officials should take strict actions to stop such ill practices.
- Bed occupancy rate is very low in this facility and this can be concluded from comparing the number of OPD and IPD. OPD in first quarter was 27152 and IPD was only 701.
- Number of pregnant women referred increased from 75 in the first quarter to 109 in the second quarter. Quality of the services should be improved to make proper measures to manage complicated cases.
- Family planning services are very poor. Due to absence of surgeon there are no sterilization taking place. Only option accepted as FP services IUCD insertions. No cases of Tubectomy, vasectomy and Minilap are taking place.
- IEC display was very poor in this facility. There was no awareness regarding JSY, JSSK and other services available at this facility.

### 12.3. PUBLIC HEALTH CENTRE, KOTHI KHIDMATPUR, MORADABAD, UTTAR PRADESH

Kothi Khidmatpur is an additional PHC functioning in Kanth block with the catchment population of 50,000. It is situated 35km away from district headquarter and covers 35 villages. Although all the equipments are available still this facility is not functional and this is the case with other PHC and CHC as well in the district. During the monitoring visit, CMS was not available and there were no beneficiaries and other patients for OPD. All the resources available here were not utilised.



Sections	Availability	Remarks
Physical Infrastructure	No mechanism for waste management.	Other infrastructure is maintained only at the satisfactory level.
Human Resource	Only 1 MO, 2 ANM and 1 LT is appointed here.	
Training	No training whatsoever has been provided to any of the staff.	
Equipment	Only BP instrument, weighing machine, needle cutter, emergency tray with injection are available. Inot equipment only semi auto analyzer is not available.	Deliveries are not conducted in any of the PHC of the district.
Essential drugs and supplies	Inj Magnesium tablets, Inj Oxytocin, Misoprostol and Mifepristone tablets are not available.	
Other services	Only services available here are for testing haemoglobin, CBC and malaria.	
Record maintenance	Only OPD, IPD, Immunization and drug stock registers are maintained out of all the necessary records.	All the registers maintained are not updated correctly.





Sections	Availability	Remarks
Physical Infrastructure	No water supply, no provision for ANMs residence, no burial pit for disposal of bio-medical waste.	
Human Resource	1 ANM available	
Training	Only trained for SBA	
Equipment	Blood sugar testing kit and neonatal ambu bag are not available.	Other equipment are available
Essential drugs and supplies	Inj Oxytocin and Misoprostol tablets are not available here.	
Record maintenance	All the records are available but not updated.	

## 13. CONCLUSION & RECOMMENDATIONS

### 13.1. SUMMARY

- Major problem in the district is related to the charging of out of pocket expenditure from JSY and JSSK beneficiaries for injection and medicines. Attendants of the patients are forced to the extent that they are not allowed to meet their patients until and unless they make the payments. ASHAs are also facing the same problem when they are charged for the submission of vouchers and usually there payments are also delayed.
- Training status is very poor in the district. Quality of staff is not up to the mark due to lack of training which will eventually result in poor performance of health indicators and low quality service delivery.
- There is no provision for conducting deliveries in any of the PHC. Some of the PHC are not functioning at all even though all the equipments are available which can termed as under utilisation of resources available in the district.
- Full Immunization coverage is very low in this district. There are high variations observed in the data of number vaccinations given and records are not maintained for temperature maintained in cold chains.
- Some of the programmes are not working well due to lack of nodal officers or head in that department such as Family Planning and Information, Education and Communication.
- Bio medical waste management and hygiene practices are not taken care of. Fumigations are not at all conducted in a year. Cleanliness should be given high priority and bio medical waste should be segregated in colour coded bins.
- 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. Staff should be trained at CHC to manage complicated cases.
- SNCU is working well but ventilators and warmer are not available at some places, posing a threat on infant's health. NBCC is functional in all the facilities where deliveries are conducted.
- 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.

### **13.2. MAJOR RECOMMENDATIONS**

- There is a need of internal monitoring to check the quality of services provided and stop certain ill practices such as charging money from beneficiaries under JSY and JSSK programme and ASHAs for the submission of their vouchers.
- Late PIP budget arrival creates difficulty in proper utilization of fund and hence a large amount is left unspent. Problem also arises during making proposal for next PIP as arrival of budget cannot be predicted.
- Rules regarding bio-medical waste management should be relaxed or simplified to combat the problems arising in the district where there is only one agency available for outsourcing of such waste.
- There are problems occurring in the JSY payments as most of the beneficiaries do not have bank accounts and banks are also not supportive, hence some exemptions are recommended so that beneficiaries can claim the benefits.
- It is recommended that recruitment for the vacant posts should be a priority concern to improve the management and making some of PHCs functional that are not functional at the moment. Shortages under each category of medical and paramedical in DH, CHCs, PHCs, SCs hampers preparedness to deliver quality care.
- Proper training is essential to improve the quality of the staff appointed and avoid misreporting. Frequency of the training should be improved and proper monitoring and follow up is required regarding data entry operator and other additional staff.

## 14. ANNEXURE

### 14.1. 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	Laproscopey-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	
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	
<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 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	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	

### 14.2. 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	Laproscopey-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	
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	
<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
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	ANCI 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	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	

**14.3. PHC & 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	Y	N	

	Resuscitation kit			
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	
<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	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	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
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	

**14.4. 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	

**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	