

NATIONAL HEALTH MISSION



**A Report
On
NHM PIP, Monitoring and Evaluation of East District,
Sikkim, State**



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
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit

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Executive Summary

This report is based upon NHM/PIP Monitoring visit to East District of Sikkim. East District is one of the four districts of Sikkim which occupies the South-East part of the state. The PRC team intensively discussed the various issues with all the officers at the state level, district level, and at the block level along with ASHA co-ordinators and other staff members appointed under NHM. The team has visited the district hospital East located in Singtam, PHC Pakyong, CHC Rhenock and Sub Centre Rorathang. .

The summary of strengths and irregularities in the functioning of NHM activities in the East District are as follows:

Strengths

- East District is performing well in encouraging institutional deliveries. There has been a steep decline in home deliveries in the district.
- CMO is actively involved in all the programmes implemented under the District. Not only she takes personal interests in training programmes but also conducts regular block level and district level meetings to discuss the grievances, if any.
- Sanitation and Nutrition Committee has been set up in the district to combat the problems of infection and nutritional deficiency.
- Block Health Action Plan is designed so that every block can mention about their specific problems and suggest for the necessary actions to be taken to combat the problem. This is a good initiative at district level to give equal chance to all the nodal officers even at the block level to recommend their specific requirements in the PIP.
- Active Community Participation is one of the key contributor in provision of basic infrastructure like chairs, ambulances, buildings and funds for enhancing the provision of health facilities in the district
- ASHA's have been trained up to Module 6-7 and are actively participating in distribution of Oral Pills and other contraceptives.
- Under JSSK state is providing the services of diet in the hospitals.
- All JSY payments are made through Cheque. However in some of the areas listed as 'difficult areas' via the state the payments are made via cash also. In the district a sum of Rs. 500/- is provided every month for first six years if beneficiary delivers a girl child.

IRREGULARITIES:

- Owing to the fact that Sikkim is located in the hilly region there are various issues faced by all the districts including East District like lack of connectivity of various blocks with the district, issues of power supply and poor internet connectivity.
- Lack of connectivity among various blocks is further hampered since there is no program vehicle provided to district officials under NHM.
- There was a unanimous complain of the officials of entire Sikkim including the officials of East district that is less remuneration paid to the officials in comparison to the workload.
- The district lacks sufficient logistic support like ambulances and program vehicles even when state owes 34 ambulances/ referral vehicles.
- Medical Stock comes in short expiry thus it is very difficult to store it.
- The district officials complained regarding the difficulty in evaluating programs post its implementation due to lack of funds.
- There was a shortage of medical officers in the district. There is a single Medical officer in some of the facility and Chief Medical Officer recommends at least two doctors are needed in a facility. Furthermore there is no specialist in the Community Health Centre and since it is located near highway, it is more prone to receive trauma cases, accidental cases thus there is an urgent need of orthopedician in the Community Health Centre.
- Early marriage was another issue in the district leading to high school drop-outs and early pregnancy.
- There are many tests which needs high power consumption but since there is no transformer and issues of power supply the test facilities are not provided in the district hospital. There is a generator installed in the facility but there is a shortage in supply of fuel hence it becomes redundant and non-functional.
- The district officials have complained about lack of sufficient funds for providing the various services under JSSK. The state government has kept a ceiling on the expenditure on various components like Rs. 1000 for normal delivery and 1600 for C-section delivery.
- JSY payments were made via cheques but the state unanimously with district has listed out some difficult areas where the payment is made in cash but proper records of the payments were not maintained.

1. Introduction

1.1 Background

Over the years National Health Mission has become one of the integral parts for providing health services in the country and the funds allotted for NHM activities have increased many folds since its inception. Keeping in view of the enhanced allocation under NHM, MoHFW entrusted the continuous qualitative monitoring of program implementation plans (PIPs) to PRCs to monitor the progress made by the states in implementation of annual PIP and state's adherence to the mutually agreed road map and conditionality. This initiative has proved to be a stepping stone for further improvement in health infrastructure. PRC Delhi has been given the responsibility for monitoring twenty four districts in three states namely Delhi, Uttar Pradesh & Sikkim.

Population research centres in India are given responsibility to review the functioning of NHM activities in different districts. While evaluating different districts, PRC team would indentify various concerns and recommendations of the officials and beneficiaries. Functioning of the NHM schemes would be evaluated including functioning of JSY and JSSK. Following are the thrust areas which PRC team would cover in its qualitative report:

- 1) Mandatory disclosure of the documents related to NHM functioning,
- 2) Key innovations and practices in the district.
- 3) Areas of concern in the district
- 4) Key strengths and weaknesses in the implementation of the program

This report discusses the implementation status of NHM in East district of Sikkim. The report is based on the findings and observation of District Hospital (DH), Primary Health Centre (PHC), Community Health Centre (CHC) and Sub Centre.

Before visiting the field a semi-structured interview schedule was used for interaction with Chief Medical Officer (CMO), District program manager (DPM) and other NHM officials who were questioned on various aspects of the NHM activities. The field visits to health facilities in the district were planned and implemented with the consultation with NHM officials. The main motive of the team was to have a fruitful interaction with the officials such as CMO, DPMO and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NHM program.

1.2 Study approach

The Ministry of Health and Welfare Society has engrossed PRC for monitoring and evaluating the overall performance of East district, Sikkim in providing the health care services under NHM. PRC Delhi Team visited the state office at Gangtok on 28th-Nov-2015 to interact with the Mission Director, NHM. And other state officials. Post the state meeting the team visited the district office of East district to interact with CMO, DPM and other nodal officers of the district from 28th-Nov 2015 to 2nd-Dec-2015. A brief profile of health scenario of the district has been discussed intensively and the officers were questioned on broader areas under NHM like Family Planning, Immunization, Training Status, Awareness Programs etc. and also on the gaps (if any) in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

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

Table 1: List of visited healthcare facilities in East District, Sikkim 2015

Facility Type	Name of the facility
District Hospital	District Hospital Singtam
Community Health Centre	CHC Rhenock
Primary Health Centre	PHC Pakyong
Sub Centre	P.H.S.C Rorathang

Figure 1: PRC Team interacting with the nodal officers' up to block level in the District



The Team interacted with key programme officials at District Programme Management Unit (DPMU) office of East district and examined the status of key activities. Apart from rigorous interactions with the District Programme Manager, the Team visited at District Hospital, CHC,

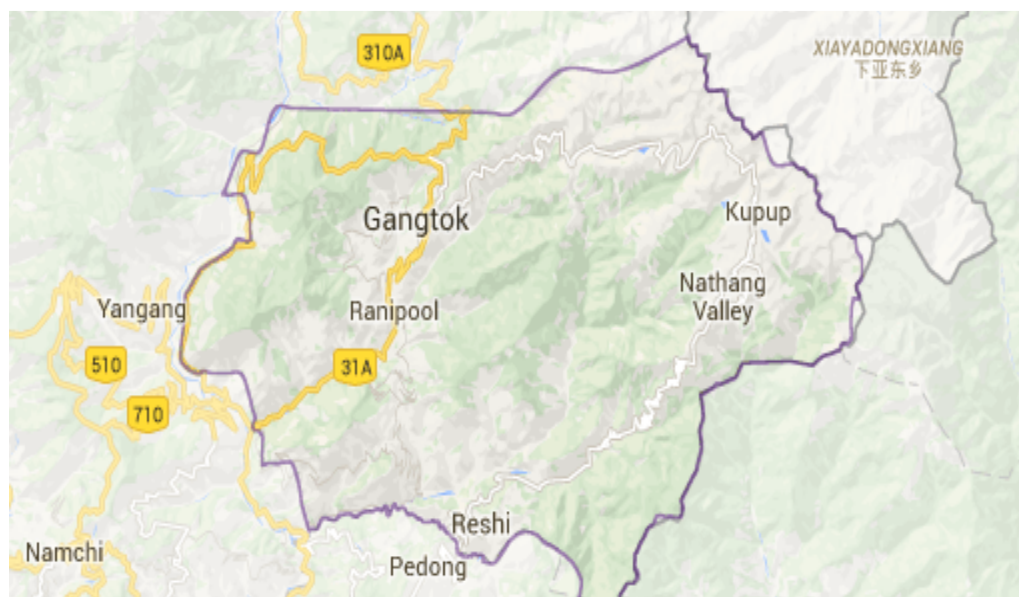
PHC and sub centre to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

Interviews with the patients who were present during visits to health facilities were also conducted to obtain information from the beneficiaries' perspective about the functioning of the health mission. The Secondary Data was taken from the DPMU and CMO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the District Program Manager. The PRC team has prepared questionnaires which were used for collecting the relevant data. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

1.3 Socio-Economic and Demographic Profile: Sikkim & East District

Sikkim is located in the Himalayan Mountains of India and covers approximately 7096 square kilometres. It covers a population of 607,688 inhabitants in 2011, thereby making it one of the least populous states of India. The literacy rate of Sikkim stood at 82.2 per cent which was far above the national average of 74 per cent as per Census 2011.

Figure 2: NHM/PIP Study Sikkim 2014-15, East District



East district of Sikkim is divided into 7 blocks covering 199 villages catering a population of 283,583 people as per Census 2011. The density of population is 297. The overall sex ratio stood at 873 women per 1000 men which is lower than all India average of 943 females per 1000 males and the literacy rate was 83.65 per cent.

Table 2: Key Demographic Indicators: All India, Sikkim and East District

Indicator	India	Sikkim	East District
Actual Population	1,210,854,977	610,577	283,583
Males	6,23,121,843	323,070	151,432
Females	5,87,447,730	287,507	132,151
Population Growth	17.64 per cent	12.89 per cent	15.73 per cent
Area sq. km	3,287,240	7096	954
Density/km2	382	86	297
Sex Ratio (per 1000)	943	890	873
Child Sex Ratio (0-6 age)	1088	957	960
Literacy Rate (per cent)	73	81.42	83.85
Male Literacy Rate (in %)	80.9	86.55	88.47
Female Literacy Rate (in %)	64.6	75.61	78.50

Source: Census 2011

The key demographic indicators shows a remarkable performance of East district with regard to Female Literacy Rate of 78.50 per cent which is not only higher than the female literacy rate of 75.61 per cent for Sikkim but also far better than 64.6 per cent for India as a whole. The overall literacy rate of East district is 83.85 per cent higher than 81.42 per cent for Sikkim and 73 per cent for India as a whole. Thus education is one of the key areas showing a decent picture of the district however female literacy rate is lower than male literacy rate. The population growth has increased 15.73 per cent in the past 10 years in the East District. Sex ratio of the district is 873 which is not only lower than 890 for the state but also lower than 943 for India as a whole. Child sex Ratio (0-6 age) of 960 in the east district was lower than 1088 for India as a whole but slightly higher than 957 of Sikkim state.

1.4 Health Indicators: East District

National Health Mission was primarily aimed at improving the overall health scenario as measured by various health indicators like IMR, MMR, U5MR etc. Table 3 shows the key health and health service delivery indicators of East district for the year 2012-13, 2013-14 & 2014-15. The table shows that there has been a remarkable improvement in the proportion of women receiving at least 3 ANC checkups which went up from 75 per cent in 2012-13 to 90 per cent in 2014-15. There are very less cases of maternal deaths and infant deaths in the district which is another positive indicator of improvement in health services in the district.

Table 3: Key Health and Health Service Delivery Indicators of East District

Health Indicators	2012-13	2013-14	2014-15
NMR (AHS)	-	7	2
IMR (AHS)	-	5	3
U5MR (AHS)	-	12	5
MMR (AHS)	6	0	5
Proportion fully immunized children	82	90	86
Proportion of Pregnant receiving any ANC	84	89	89
Proportion of Safe Deliveries	85	94	98
Institutional Deliveries	1038	1016	930
No of women received PNC checkups within 48	1379	1252	1149
Full ANC (At least three ANC checkups)	75	75	90

Source: CMO Office, East District, 2015

Table 3 shows that Neonatal Mortality Rate has declined from 7 to just 2 in past two years. Under5 mortality rate is also declining over the years. However there is a confusion regarding the denominator to be used to calculate the rates owing to the fact that the population is very less in the district. Proportion of fully immunized children is close to 80 per cent in the district and Proportion of safe deliveries is gradually increasing from 85 per cent to 98 per cent in the past three years i.e. there has been an increase of about 13 per cent in proportion of same deliveries in last three years.

1.5 East District: Health Infrastructure

Table 4: Health Infrastructure in East District

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	1	1	0
SDH	0	0	0
CHC FRUs	0	0	0
CHC	1	1	0
PHC	6	6	0
Sub Centre	48	44	4
Medical College	1	0	0
Delivery Points	9		0
108 Ambulances	8	8	0
Referral Transport	8	8	0

Source: CMO Office, East District, 2015

- There is one district hospital in the district and one CHC, 6 PHCs and 48 sub centres.

- All the facilities visited for the purpose of monitoring were maintained and functioning in well constructed buildings however in some of the facilities there was issues of cleanliness and since the number of patients were very less the vacant beds were not cleaned.
- Since Sikkim and East district is located in the hilly regions the accessibility was not that smooth and since visit from one facility to another needed a lot of time the connectivity among various facilities and district was very low.
- Overall the health infrastructure was effectively functional.

1.6 Facility wise Observation

1.6.1 District Hospital: District Hospital Singtam

Figure 3: District Hospital Singtam



The building of the district hospital Singtam was constructed in 1978 with foundation stone placed by Indira Gandhi in the year 1975. The district hospital Singtam had 100 beds catering a total population of 23587 people scattered in 17 villages. The district hospital Singtam was easily accessible and was functioning in a well constructed government building having staff

quarters for the staff members but the staff quarters were not sufficient. The hospital was clean and hygienic.

Table 5 shows the status of human resource in the district hospital Singtam and from the table we observe that there was an acute shortage of specialists like surgeons, orthopedician etc. and owing to the large number of trauma/accidental cases in the district the availability of these posts in the district hospital becomes an issue of utmost importance. The medical officials of District hospital Singtam has also demanded for an additional anaesthesian since the working hours gets exaggerated if a single doctor is available. The district hospital Singtam also had less number of supporting staff like staff nurses, ANMs etc as compared to their requirement.

Table 5: Human Resource at the District Hospital Singtam

Category	Numbers
Obstetrics and Gynaecology	2
Anaesthetist	1
Paediatrician	2
Other Specialists	6
MOs	6
SNs	25
ANMs	23
LTs	7
Pharmacist	1
LHV	2
Radiographer	3
RMNCHA+ counsellors	4
Others (MPHW/M)	6
QUALITY ASSESSOR	1

Source: District Hospital Singtam, East District, Oct 2015

Table 6: Training status of Staff at District Hospital Singtam

Training	No. trained
EmOC	-
LSAS	-
BeMOC	-
SBA	15
MTP/MVA	(1) 5
NSV	3
F-IMNCI	6
NSSK	15
Mini Lap-Sterilisations	2
Laprosopy-Sterilisations	2
IUCD	5
PPIUCD	15
Blood storage	2 + 1
IMEP	1
Immunization and cold chain	5
Others	-

Source: District Hospital Singtam, East District, 2015

From Table 6 it is observed that regular trainings were conducted for the staff members at District hospital Singtam. There were 15 members trained for PPIUCD, 15 for SBA, 15 for NSSK, 6 for F-IMNCI and 5 for Immunization and Cold Storage. However in the last financial year no trainings conducted for BeMOC, LSAS, and EMOC. The district hospital had all the necessary equipments functional except Laparoscopes, Functional Ultrasound Scanners and functional C.T scanners.

Table 7: Service Delivery in two quarters April-June & July-September in 2014-15

Service Utilization Parameter	April-June	July-September
OPD	18076	19226
IPD	656	720
Expected number of pregnancies	95	95
MCTS entry on percentage of women registered on first trimester.	90%	73 %
No. of pregnant women given IFA	75	73
Total deliveries conducted	124	107
No. of C section conducted	29	50
Number of obstetric complications managed, pls specify type	29	50
No. of neonates initiated breast feeding within one hour	153	157
Number of children screened for Defects at birth under RBSK	5	3
RTI/STI Treated	182	115
No of admissions in NBSUs/ SNCU, whichever available	46	48
No of admissions :Inborn	37	39
No of admissions :Outborn	9	11
No. of children admitted with SAM	-	-
No. of sick children referred	6	18
No. of pregnant women referred	37	75
ANC 1 registration	71	59
ANC 3 Coverage	58	62
ANC 4 Coverage	35	31
No. of IUCD Insertions	12	23
No. of children fully immunized	61	58
Measles coverage	61	58
No. of children given Vitamin A	356	439
No. of women who accepted post-partum FP services	6	10
No. of MTPs conducted in first trimester	2	2
No. of MTPs conducted in second trimester	-	-
Number of Adolescents attending ARSH clinic	406	295
Maternal deaths, if any	1	-
Still births, if any	6	3
Neonatal deaths, if any	1	-
Infant deaths, if any	-	1

Source: District Hospital Singtam, East District, 2015

From Table 7 we observe that the district hospital is doing well in terms of OPDs and IPDs in both the quarters. ANC coverage is also one of the indicators of good performance of the functioning of District Hospital Singtam.

There were very few maternal and infant deaths in the last two quarters which clearly depicts a remarkable improvement in maternal and child health at district hospital.

There was no system of computerised inventory management for the available drugs. All the necessary drugs except Mifepristone tablets were available. The district hospital Singtam does not provide the services for ultrasound scan and endoscopy.

Overall the medical officers of the district hospital were very active and were doing their jobs enthusiastically but there were issues of power supply and lack of availability of enough fuel for the generators which was one of the major drawbacks hampering the smooth conduction of lab services.

The JSY payments were made timely and payment is made via cash in the difficult areas. The IEC materials were also displayed and all the registers and records were well maintained in the District hospital Singtam.

1.6.2 Primary Health Centre: PHC Pakyong

Figure 4: Front View of PHC Pakyong, East District



The Primary Health Centre Pakyong was functioning in a well maintained government building having staff quarters only for the Medical officers and not for staff nurses and other staff of PHC. The PHC had 10 beds catering a population of 40,000. The PHC had 2 Medical officers, 4 Staff nurses, 7 ANMs, 2 LTs, 1 Pharmacist and 1 LHV/PHN

working with 24 other paramedical staff. There was an acute shortage of specialists in the PHC.

Figure 5: Building donated by Airport Authority

There was a building adjacent to the Primary Health Centre donated by Airport Authority to the district which was used for OPDs and for providing other medical facilities to the beneficiaries. Community Participation was one of the indispensable part of providing health services in East district.

The PHC had all the necessary equipments functional and had all the essential drugs except IFA syrup with dispenser, Mifepristone tablets available.

Table 8 shows the training status of human resource at PHC Pakyong and from the table we observe that 7 of the staff members were trained in RTI/STI, 10 members has received trainings in IMNCI, 8 were trained for SBA and 5 in Immunization and cold chain thus we can say that staff members has received sufficient trainings. However in the financial year 2014-15 there were no trainings conducted for MTP/MVA, NSV, Mini Lap and IUD.

Table 8: Training Status of HR at PHC Pakyong

Training	No. trained
BeMOC	1
SBA	8
MTP/MVA	0
NSV	0
IMNCI	10
F- IMNCI	4
NSSK	4
Mini Lap	0
IUD	0
RTI/STI	7
Immunization and cold chain	5
Others	3

Source: PHC Pakyong, East District, 2015

Table 9 shows the lab services provided at the PHC and from the table we observe that except for CBC and Serum Bilirubin test all the lab services were provided at PHC Pakyong.

Table 9: Lab services provided at PHC Pakyong

Lab Services	Yes	No
Haemoglobin	Y	
CBC		N
Urine albumin and Sugar	Y	
Serum Bilirubin test		N
Blood Sugar	Y	
RPR	Y	
Malaria	Y	
T.B	Y	
HIV	Y	
Others	Y	

Source: PHC Pakyong, East District, 2015

Table 10: Service Delivery in two quarters April-June & July-September in 2014-15

Service Utilization Parameter	April-June	July-September
OPD	8698	9706
IPD	353	373
Expected number of pregnancies	49	37
MCTS entry of women registered in the first trimester	86	83
No. of pregnant women given IFA	25	47
Total deliveries conducted	24	30
Number of obstetric complications managed, pls specify type	14	11
No. of neonates initiated breast feeding within one hour	24	30
Number of children screened for Defects at birth under RBSK	0	0
RTI/STI Treated	18	15
No of admissions in NBSUs, if available	0	0
No. of sick children referred	0	0
No. of pregnant women referred	21	20
ANC1 registration	49	37
ANC3 Coverage	27	50
ANC4 Coverage	35	40
No. of IUCD Insertions	7	7
No. of Tubectomy	0	0
No. of Vasectomy	0	0

No. of Minilap	0	0
No. of children fully immunized	51	53
Measles coverage	51	53
No. of children given ORS + Zinc	1855	2052
No. of children given Vitamin A	51	53
Maternal deaths, if any	0	0
Still births, if any	0	0
Infant deaths, if any	0	0

Source: PHC Pakyong, East District, Oct 2015

Table 10 shows that the PHC is performing well in terms of immunization and ANC Coverage but lagging behind in the family planning methods since the number of IUCD insertion was only 14 in the last two quarters and negligible number of tubectomy and vasectomy. There was not even a single maternal death, still birth and infant death in the PHC Pakyong in last two quarters.

IEC materials except the protocol posters were displayed and all the registers except OT register were well maintained in the facility. There was no grievance redressal mechanism at the PHC and is strongly recommended to the medical officer at PHC to keep a complaint/suggestion box in the facility.

1.6.3 Community Health centre: CHC Rhenock

Figure 6: CHC Rhenock (*Board not updated)



Community Health Centre Rhenock was located 35 km away from the District hospital catering a total population of 16,493 however there are large number of migrants from West Bengal who comes to the CHC for treatment thereby increasing its total catchment population to 20,000. CHC Rhenock was located in a government building functioning in good condition and easily accessible from the road. The Sikkim state had recently upgraded two of its PHCs in East and South district as CHC.

The human resource available at the CHC is as given in table 11. There is no surgeon, radiologist, anaesthesian at the CHC and considering the load that the upgraded PHC will

cater there is a severe shortage of Medical staff in the CHC Rhenock. There are days assigned for each activity at CHC for example Monday was fixed for Immunization, Tuesday for examining patients with Non Communicable Diseases , Wednesday for ANC. Thus there is an urgent need for the human resource specifically Medical officers at CHC post its up gradation.

Table 11: Human Resource at Community Health Centre Rhenock

Category	Numbers
MO	2
SNs/GNMs	2
ANM	5
LTs	2
Pharmacist	1
LHV/PHN	1
Others	3

Source: CHC Rhenock, East District, 2015

There was no training on BeMOC, EMOC, NSV, Mini Lap etc. 4 staff members were trained for SBA, 2 for MTP/MVA, 3 for IMNCI, 2 for F-IMNCI, 3 for NSSK, 4 for IUD, 4 for RTI/STI and 2 for Immunization and cold chain. Thus there is a need to for conducting more training programs on a regular basis in the facility.

Table12: Service Delivery in two quarters April-June & July-September in 2014-15

Service Utilization Parameter	April-June	July-September
OPD	8487	8773
IPD	170	140
Expected number of pregnancies	55	55
MCTS entry on percentage of women registered in the first trimester	85	80
No. of pregnant women given IFA	78	61
Total deliveries conducted	16	26
Number of obstetric complications managed, pls specify type	01	05
No. of neonates initiated breast feeding within one hour	16	25
Number of children screened for Defects at birth under RBSK	16	25
RTI/STI Treated	38	53
No of admissions in NBSUs, if available	0	0

No. of sick children referred	0	2
No. of pregnant women referred	13	12
ANC1 registration	65	46
ANC3 Coverage	32	77
ANC4 Coverage	23	31
No. of IUCD Insertions	11	11
No. of Tubectomy	0	0
No. of Vasectomy	0	0
No. of Minilap	0	0
No. of children fully immunized	48	60
Measles coverage	48	60
No. of children given ORS + Zinc	330	248
No. of children given Vitamin A	48	60
Maternal deaths, if any	0	0
Still births, if any	0	0
Neonatal deaths, if any	0	0
Infant deaths, if any	01	02

Source: CHC Rhenock, East District, Oct 2015

Table 12 shows that the number of OPDs is high in the facility as compared to IPD, however delivery load is not very high in the CHC. There was no case of maternal death, still birth and neonatal death at CHC Rhenock in the last two quarters however there was one infant death in the first quarter and two in the second quarter. The family planning is not much focused at CHC since there are very less cases of IUCD insertions and negligible cases of tubectomy and vasectomy at the CHC.

All the essential equipments except autoclave were functional at the CHC and all the essential drugs except IFA syrup with dispenser were available at CHC.

The medical officer at CHC has requested for a separate room for new born care. Overall lot needs to be done in terms of infrastructure, human resource at CHC to make it function as CHC. All the registers were well maintained and updated and IEC materials were displayed properly. However there is no regular checking of records and no grievance redressal mechanism is there.

1.6.4 Sub Centre: Rorathang

Figure 7: Rorathang Primary Health Sub Centre



The Sub Centre Rorathang is located 10 km away from PHC catering a population of 2174 scattered in 5 villages. The sub centre was located in an accessible area and was in a government building functioning in a good condition. There was one ANM, one MPW and one FWA in the sub centre Rorathang. The ANM was trained for conducting normal delivery.

Table 13 shows the various service delivery indicators. The ANC coverage was very low in the second quarter as compared to the first quarter. ANM has complained that there is no proper labour table in the sub centre although the delivery load is very less at the sub centre but there should be a provision of a proper labour table..

Table 13: Service Delivery in two quarters April-June & July-September in 2014-15

Service Utilization Parameter	April-June	July-September
Number of estimated pregnancies	18	19
No. of pregnant women given IFA	14	03
Number of deliveries conducted at SC	02	-
ANC1 registration	14	03
ANC3 coverage	11	01
ANC4 Coverage	07	02
No. of IUCD insertions	02	01
No. of children fully immunized	18	03
Measles coverage	18	03
No. of children given ORS + Zinc	299	103
No. of children given Vitamin A	76	32
No. of children given IFA Syrup	0	0
No. of Maternal deaths recorded , if any	0	0
No. of still birth recorded, if any	0	0
Neonatal deaths recorded, if any	0	0
Number of VHNDs attended	12	02
Number of VHNSC meeting attended	12	02

Source: Sub Centre-Rorathang, East District, 2015

As seen from Table 13 ANC registration and coverage has declined significantly in the second quarter as compared to first quarter. Number of women given IFA tablets has declined in the second quarter from 14 to just 3. The number of children fully immunized has also reduced in the second quarter

Figure 8: Team evaluating the Record Books of the Sub Centre



The ANM has asked for more ASHAs to manage the field work. There was no urine test kit and blood sugar test kit at the sub centre. No proper registers were there for records the statistics were displayed on charts therefore we strongly recommend the district officials to provide sufficient registers to the sub centres to encourage more systematic maintenance of records

2. Human Resource and Health Infrastructure

2.1 Human resource

Human Resource constitutes a major part in delivering the services and keeping a proper record of the data. The state distributes H.R. Table 14 shows the status of human resource in the east district of Sikkim.

Table 14: Human Resources under NHM 2014-15

Position Name	Regular		Contractual	
	13-14	14-15	13-14	14-15
MO's including specialists	20	20	13	13
Gynaecologists	2	2	0	0
Paediatrician	2	2	0	0
Surgeon	0	0	0	0
LHV	9	9	0	0
ANM	113	113	21	21
Pharmacist	0	0	3	3
Lab technicians	13	13	10	10
X-ray technicians	3	3	3	3
Staff Nurse at CHC	0	0	2	2
Staff Nurse at PHC	0	0	14	14
ANM at PHC	24	24	5	5
ANM at SC	59	59	12	12

Source: CMO office, East District, 2015

There was an acute shortage of specialists in the district. There is no surgeon in the district which is one of a major requirement in a hilly area prone to accidents. There is no orthopedician in the CHC Rhenock which is close to an area where there are large numbers of trauma cases hence there is an urgent requirement for recruiting Orthopedician at the CHC of the district.

2.2 Training status of Human Resource

The table 15 shows the training status of various staff members appointed under NHM for the financial year 2014-15.

From the table we observe that there has been no training of RTI/STI/HIV screening, NSV, Minilap/PPS in the year 2014-15. Only one medical officer has received training on BeMOC. No IUCD insertion training program was conducted in the district. More ASHA training programs should be organised in the district.

Table 15: Training status for the year 2014-15

Position Name	SBA	FIMNCI	MTP	NSSK	BeMoc	Total
Medical Officers	0	4	0	5	1	10
Lady Medical Officers	0	0	2	0	0	2
Staff Nurses	2	10	0	7	0	19
ANM	2	0	0	16	0	18
Lab Technicians	0	0	0	0	0	0
Pharmacist	0	0	0	0	0	0
LHV/PHN	0	0	0	0	0	0
ASHA	0	0	0	0	0	0
Other	3	0	0	0	0	3

Source: CMO Office, East District, Oct 2015

3. Maternal Health

3.1 Maternal health

Improving the maternal and child health was one of the key areas of focus under National Health Mission. One of the key goals of NHM was to reduce maternal, infant and Child mortality rates by targeting the concerned population and focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care are crucial

components of NHM to reduce maternal morbidity and mortality among the pregnant women. In East District of Sikkim the major problem was early marriage among girls leading to early pregnancy complications.

Maternal health was improving overall and there are very few maternal deaths happening in the district but anaemia among pregnant women was very common and the major reason cited by district officials was because of early marriage leading to early pregnancy among young girls in age group of 15-20 years. Thus leads to large number of school drop-outs of young girls.

Table 16: Block wise service Delivery indicators of Maternal Health for 2013-14 & 2014-15

Block	ANC Registered		3 ANCs		Home Deliveries		Institutional Deliveries		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
Machong	124	132	77	95	15	5	17	18	42	28	91	73
Pakyong	446	422	350	385	26	8	101	119	156	169	329	347
Rangpo	425	421	374	396	17	5	94	75	114	80	322	251
Rhenock	240	224	129	188	4	2	109	95	1077	95	144	132
Rongli	217	204	154	173	10	1	111	83	114	84	157	155
DHS	314	219	258	205	14	11	477	444	423	441	15	46
Samdong	338	321	241	266	35	6	54	42	116	95	255	247
Sang	494	474	377	471	18	13	53	54	180	157	377	415
Total	2598	2417	1960	2179	139	51	1016	930	1252	1149	1690	1666

Block	TT1		TT2		Home Deliveries				Live Birth		Still Birth		Total Births	
	13-14	14-15	13-14	14-15	SBA assisted		Non-SBA		13-14	14-15	13-14	14-15	13-14	14-15
					13-14	14-15	13-14	14-15						
Machong	106	115	115	124	11	2	4	3	31	24	1	2	32	26
Pakyong	399	366	407	402	9	4	17	4	125	126	2	1	127	127
Rangpo	372	364	375	396	10	5	7	0	109	79	2	1	111	80
Rhenock	197	192	200	200	2	0	2	2	110	96	3	1	113	97
Rongli	179	169	194	181	4	1	6	0	120	81	1	3	121	84
DHS	250	221	282	267	1	0	13	11	483	447	9	11	492	458
Samdong	276	256	327	281	25	6	10	0	87	48	3	0	90	48
Sang	404	407	466	453	13	9	5	4	70	67	1	1	71	68
Total	2183	2090	2366	2304	75	27	64	24	1135	968	22	20	1157	988

Source: CMO Office, East district. 2015

Table 16 shows block wise indicators of service delivery of various indicators associated with maternal health:

- The number of women registered for ANC is close to 2500 in both the years but the number of women receiving at least 3 ANC check up is low hence more focus on tracking of pregnant women is needed in the various blocks of the district.
- The number of home deliveries has reduced significantly in the year 2014-15. There were only 51 home deliveries in the year 2014-15 against 139 in the year 2013-14 and more than 50 per cent of home deliveries were SBA assisted. Home deliveries were highest in Samdong block and Non-SBA assisted deliveries were highest in Pakyong block in 2013-14.
- A significant number of women are receiving the facility of Post Natal Care within 48 hours and 14 days after delivery.
- The number of women receiving TT1 and TT2 is very close to the number of women registered for ANC.
- The total number of births has declined from 1157 in 2013-14 to 988 in 2014-15 and the cases of still birth are 22 and 20 in the years 2013-14 and 2014-15 respectively.
- In Manchong and Pakyong district Post Natal Care is far below the total number of ANC registrations in the block.

3.2 Janani Suraksha Yojna

Janani Suraksha Yojana is an initiative for ensuring safe mother hood under NRHM. It basically aims at reducing maternal and neonatal-mortality rate by promoting institutional deliveries among poor pregnant women. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries.

Overall, the program was running smoothly in the district. And apart from JSY payments the district officials were instructed to pay Rs. 500/- is every month for first six years if beneficiary delivers a girl child which is a commendable initiative to combat the problem of malnutrition among young girls by providing monetary benefits to the beneficiary.

All JSY payments were made through cheque but since at some areas there were no banks and were located at a distance in those difficult areas listed by the state official beneficiaries were paid in cash. The records of cash payments were not maintained

properly thus we highly recommend to maintain a separate register with contact numbers of the beneficiary.

Table 17: Status of JSY Payments in district 2014-15

Status of payments			Mode of Payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Available	Updated	Non updated
1074	8	-	43	891	148	Yes	Yes	0

Source: CMO Office, East District, 2015

3.3. Janani Shishu Suraksha Karyakaram

Janani Shishu Suraksha Karyakaram was initiated to promote institutional deliveries and ensure safe motherhood. There were four main components of this program namely drugs, diagnostics, diet and transport which were provided for free to the pregnant women.

Free entitlement services included the following 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

The central government has declared to provide cashless delivery irrespective of whether it is normal delivery or C-Section but the Sikkim government has imposed a monetary ceiling on how much to spend on various categories like drugs, diagnostic and transport depending upon the situation hence beneficiaries are incurring costs on getting the services under JSSK.

Table 18: Block wise JSSK Progress in district 2014-15

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Machong	0	0	0	0	13	0
Pakyong	116	116	95	11	79	98
Rangpo	93	93	89	93	12	93
Rhenock	82	82	56	80	46	80
Rongli	65	65	42	0	61	65

DHS	26	530	-	150	209	150
Samdong	0	0	0	51	51	33
Sang	14	50	0	28	114	42

Source: CMO Office, East District, 2015

- JSSK was not effectively functioning in the district since beneficiaries were incurring costs on diagnostic and transport if the total expenditure incurred exceeds the ceiling limit set by the state under various categories.
- Migration was another major issue, there are many patients who come from West Bengal thus arranging a transport facility for them is challenging.
- Free referral transport was available in the district, but due to hilly areas and bad roads it was not that successful. The ambulances were there but GPS system was not functional.
- Maximum number of beneficiaries receiving JSSK services was in Pakyong block. Samdong and Machong block had negligible beneficiaries' receiving diet, diagnosis and drugs. However referral transport was functional.

4. Child Health

4.1 Child Health

Child health programme under NHM stresses upon reducing Infant Mortality Rate in India. The program primarily stresses upon improvement in the following; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. In East district, Sikkim there were no major issues related to child health.

Table 19 shows the details of infrastructure and services under Neonatal Health in the district for the financial year 2014-15. There are no SNCU and NRC in the district which are very important for examining the new born child and tackling the malnourished child. There is one NBSU and 10 NBCC in the district.

Table 19: Child Health: Detail of infrastructure & Services under Neonatal Health, 2014-15

Total SNCU	0
Total NBSU	1
Total NBCC	10
Total Staff in SNCU	0
Total Staff in NBSU	3
Total NRCs	0

Source: CMO Office, East District, 2015

Tables 20 show the status of neonatal Health for the financial year 2014-15 in the East district of Sikkim. There was not even a single neo-natal death out of 38 neonates admitted in to NBSU

Table 20: Neonatal Health: 2014-15 (SNCU, NRCS & CDR)

Total neonates admitted in to NBSU	Treatment Outcome			
	Discharge	Referred	Death	LAMA *
38	25	5	0	4

Note- * Leave against medical advise

Source: CMO Office, East District, 2015

In the financial year 2014-15 there were five cases of neonatal deaths were recorded and out of which two occurred in the hospital, two at home and one on the way to Singtam hospital.

4.2 Immunization

Immunization is an important component of Child health which not only protects a child against various diseases but also increases the resistance power of a child. Owing to large number of migratory population from West Bengal there is a difficulty in tracking the child but overall district official are trying hard to cover all the children.

Table 21: Child Health: Block wise Analysis of immunization, 2014-15

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	0	1	2		
Machong	146	24	110	112	118	21	111	110	120	119
Pakyong	427	129	383	365	369	125	365	365	355	355
Rangpo	372	92	356	370	392	91	356	370	407	391
Rhenock	229	92	173	188	193	95	173	188	194	194
Rongli	219	94	168	161	162	92	168	161	194	190
DHS	351	442	234	255	261	440	234	255	238	237
Samdong	314	48	267	264	265	48	267	264	296	295
Sang	477	61	383	407	411	55	382	407	393	391
Total	2535	982	2074	2122	2171	967	2056	2120	2197	2172

Source: CMO Office, East District, 2015

Table 21 shows the total number of children receiving the vaccines and number of fully immunized bifurcated into various blocks of the district. From the table we observe that apart

from Rangpo block all the other blocks were lagging behind their targets. The district hospital Singtam has targeted to immunize 351 children in the financial year however they were able to immunize only 237 children. Sang block and Pakyong block are also lagging behind their targets for full immunization. While all the other blocks are marginally behind their targets.

In Machong block the number of Children receiving BCG and OPV 0 are far less than the target and the number of fully immunized children thus there is some lag in data entry in this block.

4.3 Rashtriya Bal Swasthya Karyakaram

Rashtriya Bal Swasthya Karyakram is another major initiative by NHM for monitoring the child health and adolescent health to spread awareness, detect the adolescent problems and counsel the adolescent children in the district. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

Rashtriya Bal Swasthya Karyakram is efficiently working in the district. There are separate counselling rooms and doctors regularly visit schools for health talks and examining the children and if detected with any problem they are immediately referred to nearby facility for follow up.

Table 22: Rashtriya Bal Swasthya Karyakram (RBSK), Progress Report 2014-15

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anaemic
2014-15	226	27077	8015	225	67	1	94	22
2013-14	224	31638	3340	48	34	18	11	1

Source: CMO Office, East district, 2015

From Table 22 we observe that in the current financial year 226 schools were targeted and approximately 27077 children got themselves registered under this program. The number of children diagnosed has increased substantially from 3340 to 8015 in the past two years. While the number of cases of children with heart disease has declined from 18 to just 1 amidst the last two years, the number of children suffering from eye disease, ear disease has increased two-folds and the number of physically challenged children has increased drastically from 11 to 94 in between the two financial years. Anaemic cases have also risen from 1 to 22 in last two years which is an issue of major concern.

5. Family Planning

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. The Total fertility rate of East district, Sikkim is as low as 1.7 thus the district medical officials are encouraging temporary methods to have sufficient gap between two kids and are not focusing upon permanent methods thus the focus is more on spacing methods.

As table 23 suggests family planning achievement has been 100 per cent while methods of permanent sterilisation are used negligibly the focus is on spacing methods where the district is meeting all its targets. However there is a need for counselling among adolescents since early marriage is a widespread phenomenon in the district leading to early pregnancy and other related complications in young girls thus there should be more focus upon educating the adolescents.

Table 23: Family Planning Achievement in District 2014-15

Name of the Block	Sterilization				IUD		OP		CC	
	Male	Female	Total	%	Ach	%	Ach	%	Ach	%
Machong	0	0	0	0	30	100	794	100	1282	100
Pakyong	0	0	0	0	77	100	3223	100	5388	100
Rangpo	0	0	0	0	58	100	2310	100	4498	100
Rhenock	0	0	0	0	44	100	689	100	2287	100
Rongli	0	0	0	0	20	100	1169	100	2604	100
DHS	0	35	35	100	80	100	164	100	3850	100
Samdong	0	0	0	0	73	100	9078	100	4953	100
Sang	0	0	0	0	83	100	4199	100	9696	100

Source: CMO Office, East District, 2015

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH (ARSH)

ARSH was functional in the district. Regular counselling is done regarding reproductive and sexual health and various camps were organized in the district. However there are large numbers of females who get married at an early age thus leave schools at an early age.

Table 24: ARSH Progress in District 2014-15

Block	No. of Counselling session held		No of Anaemic Adolescents			Iron tablets given	deworming tablets given	Referred with severe health	No. of RTI/STI cases
	Planned	Conducted	Severe	Moderate	Normal				
East Sikki	5605	2574	-	88	163	227	-	90	237

Source: CMO Office, East District, 2015

Table 24 shows that in the financial year 2014-15 out of 5605 planned sessions for counselling 2574 were conducted. While no severe anaemic case was detected, there were 88 cases of moderate anaemia. The number of RTI/STI cases were as high as 237 in the district thus more counselling on RTI/STI related diseases is advisable

7. Quality in Health services

7.1 Infection Control

Proper norms were followed in the district for infection control. The facilities visited were clean and hygienic. But the bed sheets are not changed regularly. Fumigation is conducted every month in the district and the staff members were well trained on various measures of infection control.

7.2 Bio-Medical Waste Management

Only 8 facilities had bio-medical pits and colour coded bins. The staffs of the facilities were trained on bio-medical waste management. The waste was collected and disposed of by a state agency on daily basis.

7.3 Information Education and Communication

Information Education and Communication was effective in the district. Facilities in the district were displaying the different schemes organised under NHM such as JSSK, JSY and benefits of immunization

Figure 9: IEC Materials displayed in the facilities



All the charts and pamphlets were updated regarding the new schemes. The district officials have demanded for a computer and projector to spread awareness using pictorial displays.

8. Referral Transport

Figure 10: Team seeing the ambulance meters and records



Since the district is located in the hilly areas the referral transport system was not very effective in the district. Furthermore the district did not have sufficient number of ambulances under NHM. Although GPS was fitted in most of the ambulances but the system was not functional.

9. Community Process

9.1 ASHA and ANM Interaction

Figure 11: Team Interacting with ASHAs and ANMs of the district



The team interacted with ASHAs and ANMs at the time of the field visit in the district. There were 199 ASHAs presently working in the district and has received trainings up to Module 7. The ASHAs were actively involved in all the activities and some of the ASHAs were appointed as a member of Gram Panchayats in the district owing to their widespread popularity among the residents.

ASHAs had demanded for more lengthier bags since they are not able to carry all the required materials in the existing bag hence the ASHAs of the district has demanded for bags with higher storing capacity.

10. Disease Control Programme

Provision of diagnostics of tuberculosis and malaria was available in the district. Further leprosy program was working well in the district, there was no stigma attached to it. But there was lack of specialists which was hampering the overall benefits of the programme.

Table 25: Disease control programme progress District 2014-15

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP	1407	162	114
Leprosy	3663	8	8
Malaria	4842	-	-

Source: CMO Office, East District, 2015

Table 25 shows the overall functioning of the disease control programme in the district in the year 2014-15 and from the table we observe that the district is functioning effectively in not only screening and detecting but majority of the detected cases have been treated.

11. Good Innovation and Practice

Maternal death Review is being done from time to time to figure out the major issues affecting the maternal health and the necessary precautions than needs to be taken. Under JSY the beneficiaries in the district are paid an additional sum of Rs. 500 is paid every month for a period of six years if a girl child is born to a beneficiary. Other initiatives like Physiotherapy Programs, Homeopathy, Counselling Window etc. has been taken up in the district.

Regular meetings are organised at block level, district level and state level. Regular performance appraisal has been done by state and the district to evaluate the performance of HR in the district and decide on the renewal of their contracts.

NGO and Community Participation are integral part of the functioning of health services in the district. There are huge donations from individuals, NGO and community in form of chairs, buildings, wheel chairs, ambulances etc in the district.

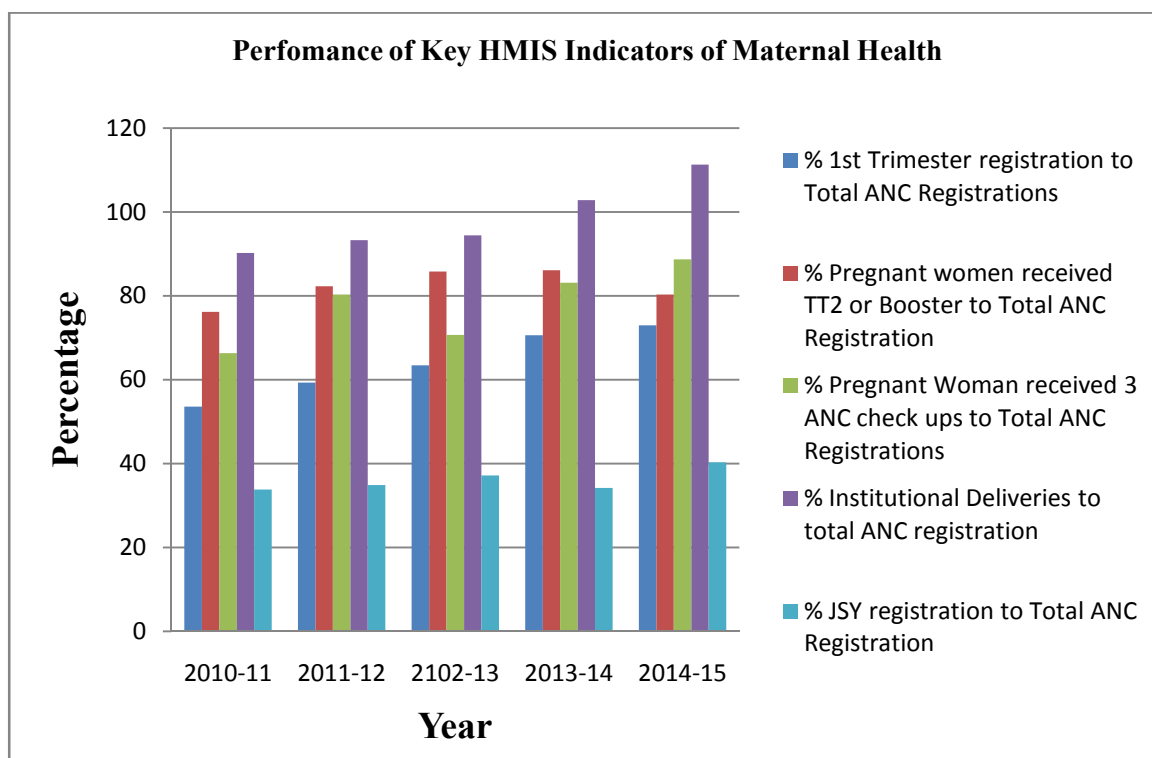
12. HMIS and MCTS

HMIS and MCTS are two most important part of monitoring NHM which includes reporting and compiling of the data thereby indicating performance of basic indicators of maternal and child health care in the district.

In East district, there were some issues in reporting of the data due to irregular availability of internet and power supply. Overall the data entry operators were well trained and were

performing the assigned tasks and the district has arranged for separate books having the same format as the portal in which the facilities will fill their performance indicators in the given format and forward a copy of the same to the district office.

Figure 12: Performance of Key HMIS Indicators of Maternal Health in Five Years



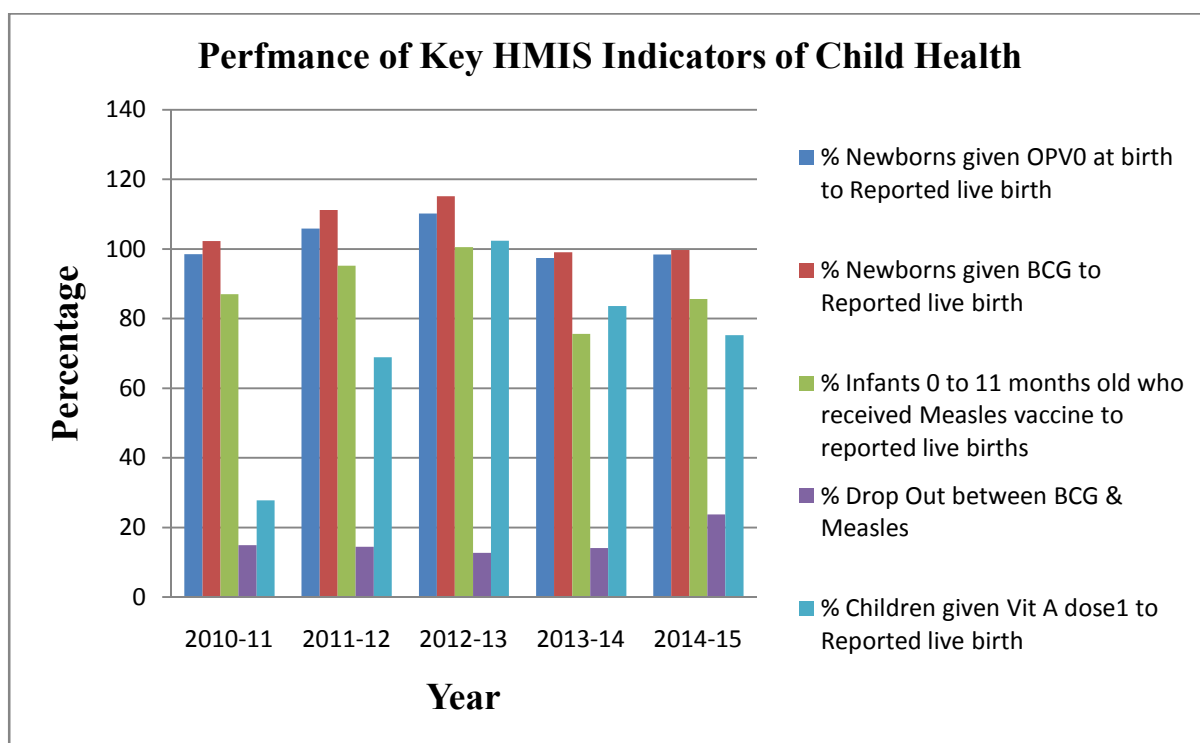
Source: HMIS (2010-15)

Figure 12 shows the performance of key indicators of maternal health for a period of five years i.e. from 2010-11 to 2014-15. The figure shows that there has been a gradual increase in the percentage of registration in the first trimester to total ANC registration which has risen from 53.6 per cent in the year 2010-11 to 73 per cent in 2014-15. The Percentage of pregnant women receiving TT2 or booster to total ANC registration is close to 80 per cent. There has been a remarkable increase over the past 3 years in percentage of women receiving 3 ANC's to total ANC registration. It has risen from 66.3 per cent in 2010-11 to 88.7 per cent in the year 2014-15.

The percentage of institutional deliveries to total ANC registration is close to 100 per cent in the district thereby indicating a good performance of the district in encouraging institutional

deliveries. However percentage of JSY registration to total ANC registration is very low in the district.

Figure 13: Performance of Key HMIS Indicators of Child Health in Five Years



Source: HMIS (2010-15)

Figure 13 shows the performance of key indicators of child health for a period of five years i.e. from 2010-11 to 2014-15 in the east district of Sikkim. The figure shows highly inflated figures for the percentage of newborns given OPV0 at birth to total reported live births. The percentage has been higher than 100 per cent for the years 2011-12 and 2012-13 and declined only marginally to 98 per cent in the year 2014-15. The percentage of newborns given BCG and Vitamin A dose 1 has declined in past 3 years. The drop-out percentage between BCG and measles is increasing over the years. From 14.9 per cent in 2010-11 the drop-out percentage between BCG and measles have risen to 23.7 per cent in 2014-15.

13. Conclusion and Recommendations

13.1 Conclusions

Population Research Centre, Delhi has been assigned the task of monitoring and evaluation of various schemes under National Rural Health Mission by The Ministry of Health and Family Welfare. PRC team is expected to carry out an extensive discussion and interact with the members associated with the Scheme to understand the various dimensions of the program and existing loopholes in implementation of the Scheme at its grass root level and suggest measures for further improvement of the different components of NHM and performing various quality checks during the field visit. This report explains the Monitoring and Evaluation findings of the East District of Sikkim. The health facilities visited by the team comprises of: District Hospital Singtam, PHC Pakyong, CHC Rhenock, and Sub centre Rorathang.

- The physical infrastructure of the facilities visited was well maintained and almost all the facilities were functioning under well constructed government building. However there were issues of connectivity among various blocks in the district.
- There was a severe shortage of staff in the district, especially for the specialists.
- The JSY payments system was smooth but since in some areas payments are made via cash the proper records for such payments are not kept.
- Under JSSK, beneficiaries are receiving the services of free diet from the state but the state has imposed ceiling on how much to spend on diagnosis and transport thus beneficiaries are still incurring costs on diagnosis and transport if the expenditure exceeds the ceiling limit imposed by the state.
- The IEC displays were managed well in the district. There were displays on timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others posters related to family planning, women and child's health.
- The disease control programmes are working and many cases have been examined and treated.
- Under family planning district is focusing more upon spacing methods than limiting methods because of lower TFR close to 1.7 however early marriage and early pregnancy are inflating the number of anaemic cases in the district.
- Overall the staff members were performing their assigned duty convincingly and all the officers are actively involved in improving the effectiveness of the scheme.

13.2 Recommendations

- Although state officials were trying to distribute human resource equitably by giving priority to difficult areas but there was a severe shortage of orthopedician and surgeon in the district furthermore there was no surgeon at CHC which is located in an accident-prone area thus, it is highly recommended to make new deployment to smoothen the functioning of system.
- The norms laid down under JSSK were not clear. The basic aim of JSSK is to provide cashless services is hampered since the beneficiaries are incurring costs on treatment.
- It is highly recommended to maintain proper records of cash payments made under JSY.
- The district officials have demanded for a projector and computer to spread awareness using visual methods.
- There were no complain/suggestion box in many of the facilities. It is recommended to have complain/suggestion box to get productive feedbacks from the beneficiaries.
- There were issues of power supply in the District hospital Singtam. Although generators were installed but the fuel was not supplied in sufficient quantity which is leading to lags in providing various lab services to the beneficiary thus we recommend the state official to look for measures to combat this problem.
- The PHC that has been converted to CHC but lot needs to be done in terms of providing sufficient staff, proper infrastructure etc. to make it function as a CHC.
- There was no computerised inventory management for the available drugs and also the drugs supplied to the district were of short expiry hence we recommend the district officials to keep a proper computerised track of drugs.

14 Annexure

MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

EVALUATION OF KEY INDICATORS OF THE DISTRICT

1. Detail of demographic & health indicators

No. of Blocks	
No. of Villages	
Population (2011)	
SC-ST Population (per cent)	
Literacy Rate	
Overall Sex Ratio	
Density of Population	

Health Indicators	2012-13	2013-14	2014-15
NMR			
IMR			
U5MR			
MMR			
TFR			
Proportion of fully immunized children			
Proportion of Pregnant receiving any ANC			
Proportion of Safe Deliveries			
Institutional Deliveries			
No of women received PNC checkups within 48 hours			
Full ANC (At least three ANC checkups)			

2. Detail of health infrastructures 2014-15

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
SDH			
CHC FRUs			
CHC			
PHC			
Sub Centre			
Medical College			
Delivery Points			
108 Ambulances			

CATS			
102 Ambulance			
Referral Transport			

3. Human Resources under NHM 2014-15

Position Name	Sanctioned		Regular		Contractual		Total Vacant		Vacant per cent	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists										
Gynecologists										
Pediatrician										
Surgeon										
LHV										
ANM										
Pharmacist										
Lab technicians										
X-ray technicians										
Staff Nurse at CHC										
Staff Nurse at PHC										
ANM at PHC										
ANM at SC										

4.1. Training status of human resource 2014-15

Position Name	SBA	BeMOC	MTP	Minilap/PP S	NSV	Total
Medical Officers						
Lady Medical Officers						
Staff Nurses						
ANM						
Lab Technicians						
Pharmacist						
LHV/PHN						
ASHA						
Other						

* Note- Fill number of officials received training

4.2. Training status of human resource 2014-15

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
MO					
LMO					

Staff Nurses					
ANM					
Lab Technicians					
Pharmacist					
LHV/PHN					
ASHA					
Other					

5.1 Block wise service delivery indicators 2013-14 & 2014-15 (Maternal Health)

Block	ANC Registered		3 ANCs		Home Deliveries		Institutional Deliveries		PNC within 48 hrs after delivery		PNC between 48 hrs and 14 days after delivery	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15

Note- Please included the data for Medical College and DH

5.2 Block wise service delivery indicators 2013-14 & 2014-15 (maternal health)

Block	TT1		TT2		Home Deliveries				Live Birth		Still Birth		Total Births	
	13-	14-	13-	14-	SBA assisted		Non-SBA		13-	14-	13-	14-	13-	14-15
					13-14	14-15	13-14	14-15						

Note- Please included the data for Medical college and DH

5.3. Status of JSY Payments in district 2014-15

Status of payments	Mode of Payments	Record maintenance
--------------------	------------------	--------------------

Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Available	Updated	Non updated

5.4. Block wise JSSK Progress in district 2014-15

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

5.5. Maternal Death Review: 2014-15

Total Maternal Deaths	Place of Deaths			Cause of death	Month Of pregnancy			ANC Stat us	Total No of childr
	Hospital	Home	Transit		During pregnancy	During Delivery	Post Delive		

6.1. Child Health: Block wise Analysis of immunization, 2014-15

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	0	1	2		

6.2. Child Health: Detail of infrastructure & Services under Neonatal Health, 2014-15

Total SNCU	
Total NBSU	
Total NBCC	
Total Staff in SNCU	
Total Staff in NBSU	
Total NRCs	
Total Admissions in NRCs	
Total Staff in NRCs	
Anticipated Admissions in NRCs	
Discharged from NRCs	
Referred from NRCs	
Average duration of stay in NRCs	

6.3. Neonatal Health: 2014-15 (SNCU, NRCS & CDR)

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

Note- * Leave against medical advise

6.4. Neonatal Health: 2014-15 (SNCU, NRCS & CDR)

Total Deaths	Place of Deaths			Reason	Month/year in which child has died	ANC Status of mother	Birth order
	Hospital	Home	Transit				

6.5. Rashtriya Bal Suraksha Karyakram (RBSK), Progress Report 2014-15

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anemic
2014-15								
2013-14								

7. Family Planning Achievement in District 2014-15

Name Block	Target	Sterilization				IUD		OP		CC	
		Male	Female	Total	per	Ach	per cent	Ach	per	Ach	per

8. ARSH Progress in District 2014-15

Block	No. of Counseling session held		No of Anemic Adolescents			Iron tablets given	deworming tablets given	Referred with severe health	No. of RTI/STI cases
	Planned	Conducted	Severe	Moderate	Normal				

--	--	--	--	--	--	--	--	--	--

9. Quality in health care services

Bio-Medical Waste Management	
No of facilities having bio-medical pits	
Training on bio-medical waste management	
No. of facilities having color coded bins	
Outsourcing for bio-medical waste	
Infection Control	
No. of times fumigation is conducted in a year	
Training of staff on infection control	

10. Community process in District 2014-15

Current status of ASHAs (Total number of ASHAs)	
ASHAs presently working	
Positions vacant	
Skill development/refresher training of ASHAs (List the module)	
Total number of meeting with ASHA (in a Year)	
Total number of ASHA resource centers/ ASHA Ghar	
Drug kit replenishment	

11. Disease control programme progress District 2014-15

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP			
Leprosy			
Malaria			

12. AYUSH progress District 2014-15

Block	No. of facilities with AYUSH health centers	No. of AYUSH Doctors	No. of patients received treatment	Ayurveda Medicines availability		Unani/Siddha Medicines availability		Homeopathy Medicines availability	
				Yes	No	Yes	No	Yes	No

13. HMIS/MCTS progress District 2014-15

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

13. New Initiative and new innovations

DH level Monitoring Checklist

Name of District: _____ Name of Block: _____ Name of DH: _____

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

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

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

Section II: Human resource:

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

Section III: Training Status of HR:

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

Section IV: Equipment:

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

	child)		
4.5	Functional Needle Cutter	Y	N
4.6	Functional Radiant Warmer	Y	N
4.7	Functional Suction apparatus	Y	N
4.8	Functional Facility for Oxygen Administration	Y	N
4.9	Functional Foetal Doppler/CTG	Y	N
4.10	Functional Mobile light	Y	N
4.11	Delivery Tables	Y	N
4.12	Functional Autoclave	Y	N
4.13	Functional ILR and Deep Freezer	Y	N
4.14	Emergency Tray with emergency injections	Y	N
4.15	MVA/ EVA Equipment	Y	N
4.16	Functional phototherapy unit	Y	N
4.17	O.T Equipment		
4.18	O.T Tables	Y	N
4.19	Functional O.T Lights, ceiling	Y	N
4.20	Functional O.T lights, mobile	Y	N
4.21	Functional Anesthesia machines	Y	N
4.22	Functional Ventilators	Y	N
4.23	Functional Pulse-oximeters	Y	N
4.24	Functional Multi-para monitors	Y	N
4.25	Functional Surgical Diathermies	Y	N
4.26	Functional Laparoscopes	Y	N
4.27	Functional C-arm units	Y	N
4.28	Functional Autoclaves (H or V)	Y	N
	Laboratory Equipment		

4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	

5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Ultrasound scan (Ob.)			

6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

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

7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	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:

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

S.No	Essential Skill Set	Yes	No	Remarks
------	---------------------	-----	----	---------

8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Action taken on MDR	Y	N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				

9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check per cent expenditure)				
9.21	AMG expenditure (Check per cent expenditure)				
9.22	RKS expenditure (Check per cent 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/P aid
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	

PHC/CHC (NON FRU) level Monitoring Checklist

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

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

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs available	Y	N	
1.5	Staff Quarters for SNs available	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	

1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.15	Clean wards	Y	N
1.16	Separate Male and Female wards (at least by Partitions)	Y	N
1.17	Availability of complaint/suggestion box	Y	N
1.18	Availability of mechanisms for waste management	Y	N

Section II: Human resource:

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

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		

3.7	NSSK	
3.8	Mini Lap	
3.9	IUD	
3.10	RTI/STI	
3.11	Immunization and cold chain	
3.12	Others	

Section IV: Equipment

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and infant/newborn)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	Y	N	
4.13	MVA/ EVA Equipment	Y	N	

	Laboratory Equipment	Yes	No	Remarks
4.14	Functional Microscope	Y	N	
4.15	Functional Hemoglobinometer	Y	N	
4.16	Functional Centrifuge,	Y	N	
4.17	Functional Semi autoanalyzer	Y	N	
4.18	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	

5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
S.No	Essential Consumables	Yes	No	Remarks
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

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

6.10	Others	Y	N	
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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

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timelin e 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 per cent expenditure)			
9.17	AMG expenditure (Check per cent expenditure)			
9.18	RKS expenditure (Check per cent expenditure)			

Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./pvt)	No. of women transported during ANC/IN	No. of sick infants transported	No. of children 1-6 yea	Free/Paid

			C/PNC		rs	
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

FRU level Monitoring Checklist

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

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

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	

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

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		

2.2	Anaesthetist	
2.3	Paediatrician	
2.4	General Surgeon	
2.5	Other Specialists	
2.6	MOs	
2.7	SNs	
2.8	ANMs	
2.9	LTs	
2.10	Pharmacist	
2.11	LHV	
2.12	Radiographer	
2.13	RMNCHA+ counsellors	
2.14	Others	

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	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	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	

4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <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	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries(Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	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 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:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Action taken on MDR	Y	N	

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	FP-Operation Register (OT)				
9.10	OT Register				
9.11	FP Register				
9.12	Immunisation Register				
9.13	Updated Microplan				
9.14	Blood Bank stock register				
9.15	Referral Register (In and Out)				
9.16	MDR Register				
9.17	Infant Death Review and Neonatal Death Review				
9.18	Drug Stock Register				
9.19	Payment under JSY				
9.20	Untied funds expenditure (Check per cent expenditure)				

9.21	AMG expenditure (Check per cent expenditure)				
9.22	RKS expenditure (Check per cent 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	

Sub Centre level Monitoring Checklist

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

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

Date of last supervisory visit: _____

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

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

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	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/	Y	N	

	suggestion box			
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

Section II: Human Resource:

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

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for 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				
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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 per cent expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check per cent 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	