

NATIONAL RURAL HEALTH MISSION



A REPORT ON MONITORING OF IMPORTANT COMPONENTS OF NRHM PROGRAMME IMPLEMENTATION IN SHAHDARA DISTRICT, DELHI



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TABLE OF CONTENTS

CONTENTS

TABLE OF CONTENTS	1
LIST OF TABLES.....	3
LIST OF FIGURES.....	3
ACKNOWLEDGEMENT	4
ACRONYMS AND ABBREVIATIONS	5
EXECUTIVE SUMMARY.....	7
STRENGTHS.....	7
WEAKNESSES.....	8
1. INTRODUCTION	9
2. STUDY APPROACH	10
3. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE: SHAHDARA DISTRICT	11
4. KEY HEALTH INDICATORS.....	12
5. HEALTH INFRASTRUCTURE.....	13
6. HUMAN RESOURCE	14
7. TRAINING STATUS.....	15
8. MATERNAL HEALTH	15
8.1 ANC AND PNC CHECK UPS.....	15
8.2 DELIVERIES	16
8.3 MATERNAL DEATH REVIEW.....	17
8.4 JANANI SURAKSHA YOJNA	18
8.5 JANANI SHISHU SURAKSHA KARYAKARAM	19
9. CHILD HEALTH	20
9.1 IMMUNISATION.....	21
10. FAMILY PLANNING.....	22
11. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH	22
12. QUALITY IN HEALTH SERVICES	22
12.1. INFECTION CONTROL.....	22

12.2. BIO MEDICAL WASTE MANAGEMENT	23
12.3. INFORMATION, EDUCATION AND COMMUNICATION	23
13. COMMUNITY PROCESS	23
14. DISEASE CONTROL PROGRAM.....	24
15. GOOD INNOVATION AND PRACTICE.....	24
16. HMIS & MCTS	25
17. FACILITY WISE OBSERVATIONS.....	25
DISTRICT HOSPITAL, SWAMI DAYANAND HOSPITAL.....	25
MATERNITY HOME, CHANDIWALA.....	32
DELHI GOVERNMENT DISPENSARY, NANDNAGRI.....	35
DELHI GOVERNMENT DISPENSARY, OLD SEEMAPURI.....	38
18. CONCLUSIONS	41
18.1. RECOMMENDATIONS	43
19. ANNEXURE 1.....	45
19.1 DH LEVEL MONITORING CHECKLIST	45
19.2 FRU LEVEL MONITORING CHECKLIST.....	54
19.3 PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST	61
19.4 SUB CENTRE LEVEL MONITORING CHECKLIST.....	68

LIST OF TABLES

Table 1: List of visited healthcare facilities in Shahdara, Delhi 2015.....	10
Table 2: Demographic Indicators	12
Table 3: Key health indicators of Shahdara district	12
Table 4: Health Facilities in the District.....	13
Table 5: Position of Human Resource in Shahdara District	14
Table 6: Status of ANC and PNC in the Shahdara District	15
Table 7: Home and Institutional Deliveries.....	17
Table 8: Maternal Death Review.....	18
Table 9: Reasons for Maternal Deaths	18
Table 11: Status of JSY payments in the district 2014-15.....	19
Table 10: Block wise JSSK progress in the district 2014-15.....	20
Table 12: Infrastructure and Service under Neo Natal Health.....	20
Table 13: Status of Immunisation 2014-15.....	21
Table 14: Family planning achievement in the district in 2014-15	22
Table 15: Current status of ASHAs (Total number of ASHAs).....	23
Table 16: Human Resource of SDN Hospital.....	26
Table 17: Status of Availability of Equipments in SDN	27
Table 18: Status of Available Equipments.....	27
Table 19: Status of laboratory equipments	28
Table 20: Service Utilisation Parameters in Last Two Quarters.....	29
Table 21: Service Utilisation Parameter for Paediatrics	30
Table 22: Human Resource of the district	32
Table 23: Service Delivery Parameters In Last Two Quarters.....	33
Table 24: Human Resource in the Facility	36
Table 25: Service Delivery Parameters In Last Two Quarters.....	37
Table 26: Human Resource of the Facility	38
Table 27: Service Delivery in Last Two Quarters.....	39
Table 28: Status Of Equipments Availability In The Facility.....	40

LIST OF FIGURES

Figure 1: Delhi District Map	11
Figure 3: Chandiwala Maternity Home.....	32
Figure 4: Delhi Government Dispensary Nandnagri.....	35
Figure 5: Delhi Government Dispensary, Old Seemapuri	38

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ACRONYMS AND ABBREVIATIONS

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

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

EXECUTIVE SUMMARY

STRENGTHS AND IRREGULARITIES

This report is based on the NRHM PIP Monitoring visit to Shahdara District of Delhi. The following healthcare facilities were visited by the PRC Team: Swami Dayanand District Hospital, Delhi Government Dispensary Old Seemapuri and Nandnagri and Maternity Home Chandiwala. The district is of recent origin as it was created in 2013-14 and started functioning in September 2014. It is facing initial problems such as lack of infrastructure for CDMO office and is presently sharing it with North East district. The major strengths and weaknesses for the district are as follows:

STRENGTHS

- The physical infrastructure in the health facilities of Shahdara district was being adequately maintained. The premises were found in clean condition. The FBNC wards, labour room, OT and general wards were functioning properly. The sanitation standards were being followed as no one was allowed to enter without shoe cover and sanitising hands.
- The bio waste mechanisms were functioning well in the district and the collection of waste was outsourced to private agency. Different coloured bins were maintained in the facilities where in all the waste was being segregated before it gets disposed off.
- The records were maintained in the health facilities. The registers like for labour room, ANC, PNC, immunization, FBNC, drug stock, OPD and IPD were maintained and regularly updated. Only exception found was Nandnagri DGD wherein data was not maintained timely and properly in registers. Some facilities had also displayed monthly immunisation and family planning status to focus on improvement of their performance.
- The drug delivery system was functioning in the facilities. Most of the essential and basic drugs like IFA tablets, ORS, vitamin A etc were available in the facilities. Apart from this, essential equipments like the BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter and so on were available and functional.
- The IEC displays were well placed and had good visibility. The displays were communicating essential information like the timings of the facilities, drug list, immunization, JSY, JSSK, TB, malaria, HIV and so on.

- The Maternity Home Chandiwala facilitated a television set for providing information to the delivering mothers on immunisation and health practices for infant and mother after delivery.
- The ARSH unit was functional in the facility. There were counsellors to create awareness among adolescents on delay of marriages, prevention of teenage pregnancies, safe abortions, etc. Counselling was also being provided to young girls for their menstrual issues.
- Innovative practices like involving the religious head of the area for immunisation of children had positive impact.
- ASHAs were actively involved in convincing the people for institutional deliveries and timely immunisation.

WEAKNESSES

- A major hurdle blocking the success of NRHM in the district is lack of coordination among the multiple agencies like Delhi Government, MCD, DHS and others healthcare providers. This is resulting in duplication of work for over burdened staff. Case in point being uploading of same data separately on MCD portal as well as HMIS.
- Contractual employment fails to provide job security and is impacting the performance of staff. It is also resulting in paucity of staff at various levels.
- The supply of drugs was irregular. There was shortage of drugs needed for immunisation especially under specific program such as Indradanush, thereby impacting the immunisation performance of the facility.
- There is lack of training of health officials. For example in the district hospital NRC training has not being conducted for last three years.
- The payments of JSY are delayed or are not getting utilised as it is account payee and most of the beneficiaries do not have bank accounts.
- The RKS was dissolved the Delhi Government last year and this year a nomination list of RWA, NGOs and others has not yet been given by the state therefore blocking the utilisation of untied funds.
- Many slum areas are still untapped by the district for undertaking immunisation and maternity healthcare measures.

1. INTRODUCTION

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

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

PRC Delhi is engaged in quality monitoring of State PIPs in – Uttar Pradesh, Sikkim and Delhi. This report discusses the M&E findings and observations for Shahdara District in Delhi. Before visiting Shahdara in the 3rd week of August 2015, the M&E Team reviewed the Delhi PIP document and prepared, semi-structured interview schedules for district programme managers (DPM), facility staff and beneficiaries. The field visits to health facilities in the district were planned in consultation with the district NRHM officials.

2. STUDY APPROACH

The Ministry of Health and Welfare Society has engrossed PRC for monitoring the performance of Delhi district in providing the health care needs. PRC Delhi Team visited the district based on their low health performance during the period (10th August -14th August 2015). Before visiting the different level of healthcare facilities we had an enriching session with DPO and other district nodal officials of the district. A brief profile of health scenario of the district has been discussed that added a lot to facilitate our PIP monitoring visit at Shahdara. The health care facilities visited to accomplish the objective of the visits are enlisted in table 1 below.

Table 1: List of visited healthcare facilities in Shahdara, Delhi 2015

Facility Type	Name of the facility
District Hospital	District Hospital (DH) Swami Dayanand Hospital
Community Health Centre	Maternity Home (MH), Chandiwala
Primary Health Centre	Delhi Government Dispensary (DGD), Nandnagri
Primary Health Centre	Delhi Government Dispensary (DGD), Old Seemapuri

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

3. SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE: SHAHDARA DISTRICT

Delhi, the capital territory of India embraces a population of more than 18 million (2014-15). It is situated on the floodplains of the Yamuna River and is essentially a landlocked city. Shahdara is one of the 11 districts of Delhi carved out from East and North East districts and was given the status of a separate district in 2013-14. The name Shahdara originated from Persian words shah and dara, meaning ‘doors of king’ and it is one of the oldest localities of Delhi. Shahdara is famously known as Trans Yamuna region as it is situated on the banks of river Yamuna. In East and North it touches the boundary of Ghaziabad district of UP. In West and South it is surrounded by North East and East district of Delhi respectively. Shahdara district has eight Assemblies namely Babarpur, Rohtash Nagar, Vishwash Nagar, Seemapuri, Shahdara, Gokulpuri, parts of Krishna Nagar and Gandhi Nagar. Shahdara is divided into three sub divisions namely Vivek Vihar, Shahdara, Seemapuri and each sub division is headed by one sub divisional magistrate (SDM).



Figure 1: Delhi District Map

Table 2: Demographic Indicators

Demographic indicators	Shahdara	Delhi
Population	1,151,868 (14-15)	18,546,936
Sex Ratio	861	881

SOURCE: CDMO OFFICE, 2014-15

- The above table shows the demographic indicators of Shahdara district and Delhi. Shahdara district has an estimated population of 1,151,868 (2014-15) while the population of Delhi state is 18,546,936.
- The sex ratio of Shahdara is 861 females per 1000 males and of Delhi it is 881 females per 1000 males.

4. KEY HEALTH INDICATORS

The health indicators of the district for two years 2013-14 and 2014-15 are represented in table 3. Overall the performance of the district deteriorated in 2014-15 than in 2013-14. The proportion of fully immunised children declined from 65.91 in 2013-14 to 60.67 in 2014-15. The proportion of pregnant women receiving any ANC was reduced from 58.85 to only 44.37 in 2014-15. Safe deliveries showed no improvement as well and declined to 97.67 in 2014-15 from 98.26 in 2013-14. Institutional deliveries however, reflected a positive sign by increasing from 30568 in 2013-14 to 36544 in 2014-15.

Table 3: Key health indicators of Shahdara district

Health Indicators	2013-14	2014-15
Proportion of fully immunized children	65.91	60.67
Proportion of Pregnant receiving any ANC	58.85	44.37
Proportion of Safe Deliveries	98.26	97.67
Institutional Deliveries	30568	36237

No of women received PNC checkups within 48 hours	29903	34544
Full ANC (At least three ANC checkups)	58695	48711

SOURCE: CDMO Office, 2014-15

5. HEALTH INFRASTRUCTURE

Infrastructure is of crucial importance for delivering quality health services. Table 4 shows the health infrastructure of Shahdara district. Following are the key highlights:

- There are four district hospitals and one sub district hospital.
- There are 2 community health centres, and 31 primary health centres. There are no sub centres in the district.
- There is one medical college, 2 super speciality hospital and 7 delivery points.

Table 4: Health Facilities in the District

S.No.	Health facility	Number Available	Government building	Rented
1.	District hospital	4	4	0
2.	SDH	1	1	0
3.	CHC	2	2	0
4.	PHC	31	20	0
	Seed PUHCs	3	0	3
5.	Sub- Centre	N.A	-	-
6.	Medical colleges	1	1	0
7.	Delivery points	7	-	-
8.	Super speciality hospital (Autonomous)	2	-	-

Source: CDMO office 2014-15

6. HUMAN RESOURCE

The status of sanctioned, in position and vacant staff in the district under NRHM for two financial years 2013-14 and 2014-15 is represented in Table 5. Since there are multiple agencies in Delhi like MCD, Railways CGHS and others, undertaking healthcare facilitation, this picture does not represent the actual paucity of human resource in the district rather it is highlighting the fact that recruitment under NRHM is not gaining popularity due to its inherent flaws like differential salaries at same level, contractual employment, low salaries offered relative to others and so on.

Table 5: Position of Human Resource in Shahdara District

Position Name	Sanctioned		Regular		Contractual		Total Vacancies		Vacant %	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists	87	87	20	39	33	26	34	23	39	26.34
Gynaecologists	N.A									
Paediatrician	4	4			01	01	3	3	75	75
Surgeon	N.A									
LHV	N.A									
ANM (Except 7 ANM, all working in PHC)	87	87	18	18	50	50	19	19	21.8	21.8
Pharmacist	68	68	50	45	12	12	6	11	8.8	16.17
Lab technicians	32				29	29	3	3	9.3	9.3
X-ray technicians	N.A									
Staff Nurse at CHC	8	8	N.A	N.A	8	7	0	1	0	12.5

Source: CDMO office, 2014-15

- Out of 87 positions sanctioned for medical officers including specialists, 34 were vacant in 2013-14 which got reduced to 23 in 2014-15 signalling decline in vacancy from 39% to 26.34%.
- There was only one contractual paediatrician in position as against the vacancy of 4 in both the financial years representing a 75% vacancy.
- The vacancy position for ANMs remained unchanged for both the years with 21.8% vacancies or 19 vacant positions of sanctioned 87.

- The sanctioned posts for pharmacists were 68 while in position were 62 in 2013-14 and 57 in 2014-15, resulting in rise in vacancy in 2014-15 to 16.17% from 8.8%.
- The vacant posts for lab technicians were only 3 against the sanctioned 32 for both the years.
- The picture for staff nurse post is bright with only one vacant position in 2014-15.

7. TRAINING STATUS

The trainings were given only to the ANMs. For IUCD insertion 8 ANMS were trained in 2014-15 and for RTI/STI/HIV screening 50 ANMs were given training.

8. MATERNAL HEALTH

8.1 ANC AND PNC CHECK UPS

The ANC services comprises of physical checks, checking position and growth of foetus and giving Tetanus Toxoid (TT) injections at periodic intervals during the time of pregnancy. At least three ANC checkups are required to safeguard women from pregnancy related complications and forewarn pregnant women about possible delivery complications. Institutional delivery and post natal care in a health facility is promoted in NRHM with the help of Accredited Social Health Activist (ASHA) and Janani Suraksha Yojna (JSY) which is 100% centrally sponsored scheme, providing cash assistance with delivery and post delivery care.

Table 6: Status of ANC and PNC in the Shahdara District

Sl.NO	ANC	2013-14	2014-15
1.	Total women registered for ANC	100,000	109777
1.1	Women registered in the first trimester (within 12 weeks)	37471	45530
2.	Number of women registered under JSY	6029	4615
3.	Number of pregnant women who received 3 ANC check ups	58695	48711

4.	TT1 Injection	29823	36627
5.	TT2 or Booster	25501	29616
6.	Number having Hb level <11 (tested cases)	31722	42164
7.	Number having severe anaemia (Hb<7) treated at institution	2366	2825
8.	Number of women given 100 iron folic tablets	60543	45812
10.	PNC within 48 hours after delivery	30861	34026
11.	PNC between 48 hours and 14 days of delivery	12300	14460

Source: CDMO office, 2014-15 and HMIS

Table 6 represents the ANC and PNC status and also essential health indicators for two financial years 2013-14 and 2014-15.

- The ANC registrations were 100,000 in 2013-14 and it increased to 109777 in 2014-15. The number of women registered under JSY reported a decline to 4615 in 2014-15 from 6029 in 2013-14.
- It is reported that in 2013-14, 29823 women received TT 1 and 25501 women received TT 2. There was an increase in numbers in 2014-15, women given TT 1 were 36627 and women given TT 2 were 29616.
- The number of severe anaemia (Hb<7) treated at institution increased to 2825 in 2014-15 from 2366 in 2013-14.
- PNC within 48 hours after delivery and PNC between 48 hours and 14 days of delivery both showed an increasing trend in 2014-15 as compared to 2013-14.

8.2 DELIVERIES

The delivery scenario in the district for two financial years 2013-14 and 2014-15 is shown in table 7. Home deliveries in 2014-15 were reduced to 548 from 861 in 2013-14 and also the

number of home deliveries attended by SBA increased drastically thereby reducing the non SBA attended deliveries to 273 in 2014-15 from 832 in 2013-14.

- Deliveries conducted at public institutions increased to 36237 in 2014-15 from 31526 in 2013-14. C section deliveries performed increased to 10140 in 2014-15 from 7654 in 2013-14.
- Still births reduced to 527 in 2014-15 from 578 in 2013-14.

Table 7: Home and Institutional Deliveries

DELIVERIES	2014-15	2013-14
Home deliveries		
• SBA attended	275	29
• Non SBA attended	273	832
Total	548	861
Total deliveries conducted at public institution	36237	31526
C-Section deliveries performed	10140	7654
Complicated pregnancies attended	413	259
Still births	527	578

Source: CDMO office, 2014-15

8.3 MATERNAL DEATH REVIEW

Maternal deaths in the district were high numbering to 89 for the year 2014-15 as represented in table 8. Out of this, 87 happened in hospital while 2 took place in transit. Majority of the deaths were post delivery. Unbooked ANC was 71 outnumbering booked ANC which was only 14.

Table 8: Maternal Death Review

Total Maternal Deaths	Place of Deaths			Month Of pregnancy			ANC Status	Total No. of children
	Hospital	Home	Transit	During pregnancy	During Delivery	Post Delivery		
89	87	-	02	16	-	73	Booked 14	93
							Unbooked 71	

Source: CDMO office, 2014-15

Table 9 shows the reasons for maternal death.

- Pregnancy induced hypertension was a significant reason resulting in 21 maternal deaths.
- Maternal deaths due to Sepsis and haemorrhage were 13 each.
- Anaemia resulted in 5 maternal deaths.
- Other reasons accounted for 35 deaths.

Table 9: Reasons for Maternal Deaths

S.NO	Reason for Maternal Death	No. of Maternal Deaths
1.	Sepsis	13
2.	Haemorrhage	13
3.	Pregnancy Induced Hypertension	21
4.	Anaemia	5
5.	Others	35
	Total	87

Source: CDMO office, 2014-15

8.4 JANANI SURAKSHA YOJNA

JSY is an initiative for safe mother hood under NRHM. It aims at reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women.

One of the observations during the field visit was on that the beneficiaries were not attracted enough towards the scheme because the amount (Rs. 600) being offered is perceived to be

miniscule compared to the enormous efforts involved in fulfilling the procedures like opening a bank account, identifications and others, for obtaining the amount. The district is catering to a large number of migratory a population of UP which is offering Rs. 1400 under JSY payments to the beneficiaries. The delivering mothers belonging to UP prefer to take this higher JSY incentive. A suggestion made by the doctors on our visit was to abolish JSY and rather incorporate this amount into their diet funds.

Table 11 shows the status of JSY payments in the district for the year 2014-15. The institutional deliveries beneficiaries who availed the incentive were 1033 and an amount of Rs. 619800 was given to them. Beneficiaries under ASHAs receiving payments were 206. The payments were transacted through National Electronic Fund Transfer system. Records regarding payments were being duly maintained.

Table 10: Status of JSY payments in the 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
1033	-	206			NEFT		YES	
(619800)		(73,400)						

Source: CDMO office, 2014-15

8.5 JANANI SHISHU SURAKSHA KARYAKARAM

The purpose of JSSK is to minimize the burden on families for financing the expenses of pregnancy and sick new born child. It aims to provide them with all requisite facilities like:

- Free and Cashless Delivery, Free C-Section, Free treatment of sick-new-born up to 30 days,
- Exemption from User Charges,

- Free Drugs and Consumables, Free Diagnostics, Free Diet during stay in the health institutions – 3 days in case of normal delivery and 7 days in case of caesarean section,
- Free Provision of Blood, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral as also Drop Back from Institutions to home after 48hrs stay.

Table 10 represents the JSSK beneficiary's status for 2014-15 for Shahdara district. Under JSSK, free diet was provided to 8368 beneficiaries, free drugs to 12399 beneficiaries and free diagnostic to 5585 beneficiaries. It is reported that referral transport was used at a scale of 284 beneficiaries in the year 2014-15.

Table 11: Block wise JSSK progress in the district 2014-15

District	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Shahdara	8368	12399	5585	-	284	58

Source: CDMO office, 2014-15

9. CHILD HEALTH

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

Table 12: Infrastructure and Service under Neo Natal Health

Total SNCU	2 (DHAS,SDN)
Total NBSU	2(Maternity Home Chandiwala and Seemapuri)
Total NBCC	3 (All Maternity Home)
Total NRCs	01
Total Admissions in NRCs	52
Total Staff in NRCs	02
Anticipated Admissions in NRCs	5-6

Source: CDMO office, 2014-15

- The special new born care unit (SNCU) is established for the care of sick newborn. Shahdara district has 2 SNCU, one in Swami Dayanand Hospital (SDN) and other in Dr Hedgewar arogaya sansthan (DHAS) as shown in table 12.
- The district is facilitated with 2 New born stabilisation unit one in maternity home Chandiwala and other in old Seemapuri. All maternity homes have 3 new born care corner.
- There is one NRC equipped with 2 staff members. The NRC staffs were not provided with training for past 3 years which the doctors emphasised is needed. For the financial year 2014-15 it had 52 admissions.

9.1 IMMUNISATION

The immunisation status of the district for 2014-15 is represented in table 13. The BCG vaccination was given to 39849 infants and 24269 were immunised for measles. The birth dose OPV 0 was given to 36703 infants who got reduced to 22419 for OPV 1 and further to 20853 for OPV 2. The infants receiving full immunisation numbered 22317 which is less as compared to infants receiving birth dose.

Table 13: Status of Immunisation 2014-15

S.NO	Vaccination	2014-15 Number of Infants
1.	BCG	39849
2.	DPT1	3055
	DPT2	3229
	DPT3	3358
3.	OPV 0 (Birth Dose)	36703
	OPV1	22419
	OPV2	20853
4.	Measles	24269
5.	Full immunisation	22317

Source: CDMO office, 2014-15

10. FAMILY PLANNING

Family planning facilitates an individual to anticipate and attain the desired number of children with the help of contraception and sterilisations. Table 14 represents the types of sterilisations done in different health care facilities of government.

Table 14: Family planning achievement in the district in 2014-15

Name Block	Sterilization			IUD	OP	CC
	Male	Female	Total			
SHD	23	2008	2031	10084	16120	373499

Source: CDMO office, 2014-15

- Male sterilization represents a low acceptance with only 23 sterilizations as compared to 2031 female sterilisations.
- IUD insertions conducted in the year 2014-15 were 10084.
- In the district 16120 oral pills and 373499 condoms were distributed. It is observed that temporary methods are used more than permanent methods for family planning.

11. ADOLESCENT REPRODUCTIVE AND SEXUAL HEALTH

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

12. QUALITY IN HEALTH SERVICES

12.1. INFECTION CONTROL

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

12.2. BIO MEDICAL WASTE MANAGEMENT

The bio waste management was well functioning. The different coloured bins were being used to segregate the waste before it was disposed off.

12.3. INFORMATION, EDUCATION AND COMMUNICATION

The IECs were maintained well in the district in all facilities. The IECs like immunization schedule, JSY, JSSK and others like awareness on TB, malaria, HIV programmes were maintained. Also, posters of the drug list and the timings at the facilities were available. The Maternity Home Chandiwala facilitated a television for providing information to the delivering mothers on immunisation and health practices for infant and the mother after delivery.

13. COMMUNITY PROCESS

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

Table 15: Current status of ASHAs (Total number of ASHAs)

Current status of ASHAs (Total number of ASHAs)	
ASHAs presently working	278
Positions vacant	22
Skill development/refresher training of ASHAs (List the module)	276(4) 276(6) 256(7)
Total number of meeting with ASHA (in a Year)	132
Total number of ASHA resource centres/ ASHA Ghar	8 (Nodal Units)
Drug kit replenishment	Regular

Source: CDMO office, 2014-15

The above table shows the status of ASHAs in the district. Total number of ASHAs currently working in the district is 278 with 22 positions lying vacant. There are 8 ASHA centres in the district.

A new initiative taken by the government on a pilot basis is to provide an opportunity to ASHA worker for completing their school education from IGNOU for free. After successful completion of school they can opt for doing an ANM course, thereby enhancing their skill and position. The district received a positive response from the ASHAs as many were willing to apply under the pilot scheme.

14. DISEASE CONTROL PROGRAM

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

A district surveillance committee is made to consider the chances of outburst and the outburst of diseases along with ways to prevent and control it.

In 2014-15, 499 leprosy cases were detected and 83 cases were treated. The district had 230 ASHAs trained in leprosy. Provisioning of diagnostics for malaria is under the control of Municipal Corporation of Delhi (MCD) in the district.

15. GOOD INNOVATION AND PRACTICE

- The ANMs and ASHAs are given incentive from the district to increase health services in remote areas.
- The programmes like school health are functioning well in the district. Timely screening is done by the doctors in school and children are given proper care if any problem is detected. Also, they are distributed free optical in schools.
- ARSH wing was functional and beneficial for people.

16. HMIS & MCTS

HMIS and MCTS were functioning well in the district with timely recording of data. This has been helpful in tracking women and child health timely and to know how much district is able to achieve its targets of health indicators. Sometimes the data entered in portal mismatches the data entries in registers. Therefore, there is a need to improve the quality of existing training sessions to improve the quality of data.

Duplication of work due to uploading data on multiple portals needs consideration as it increases the work load of staff members, for instance uploading same data on different portals of Delhi government and also for MCD. Timely and accurate data can be achieved if we minimize the duplication effort and centralise the data uploading portal from where respective authorities can consider it for their use. Another method can be by provisioning for handy computer tablets for direct data uploading on site and therefore avoiding entries in registers.

The MCTS has not made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates in hospitals. Also the MCTS call centre have not being set up at the District level to check the veracity of data and service delivery.

17. FACILITY WISE OBSERVATIONS

DISTRICT HOSPITAL, SWAMI DAYANAND HOSPITAL



Swami Dayanand is a 370 bedded district hospital located in Dilshad Garden. It is run by the East Delhi Municipal Corporation catering to the population of Shahdara district, East Delhi and western UP. Health facility's accessibility from nearest road head is hindered by regular heavy traffic congestion.

The human resource of hospital is represented in table 16. It comprises of 6 obstetrician gynaecologists, 7 paediatricians, 1 general surgeon, 28 other specialist, 31 medical officers, 2ANMs, 4 anaesthetist, 198 staff nurses, 16 LT, 9 Pharmacist, 1 LHV and 17 radiographers. SAM and MAM patients counselling is also undertaken.

Table 16: Human Resource of SDN Hospital

S. no	Category	Numbers
1	OBG	2 regular, 4 contract
2	Anaesthetist	4
3	Paediatrician	4 regular, 3 contract
4	General Surgeon	1
5	Other Specialists	28
6	MOs	31
7	SNs	198
8	ANMs	2
9	LTs	16
10	Pharmacist	9
11	LHV	1
12	Radiographer	6 regular, 11 contract
13	RMNCHA+ counsellors	-
14	Others	-

Source: SDN, District Hospital

- The hospital building is in good condition with electricity power back up and 24*7 running water supply. Staff quarters for staff nurses and other categories are available except for medical officers.
- Clean and separate toilet facility is available for males and females.
- An Early Intervention Centre was installed from the donations received by the hospital but presently the centre does not have adequate staff and equipments.

The hospital was equipped with all the required equipments such as BP instrument and stethoscope, sterilised delivery set, weighing machine, needle cutter, radiant warmer, autoclave and others, as represented in table 17. Labour tables were properly managed and labour room was in satisfactory condition.

Table 17: Status of Availability of Equipments in SDN

S.No	Equipment	Yes
1	Functional BP Instrument and Stethoscope	Y
2	Sterilised delivery sets	Y
3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y
4	Functional Weighing Machine (Adult and child)	Y
5	Functional Needle Cutter	Y
6	Functional Radiant Warmer	Y
7	Functional Suction apparatus	Y
8	Functional Facility for Oxygen Administration	Y
9	Functional Foetal Doppler/CTG	Y
10	Functional Mobile light	Y
11	Delivery Tables	Y
12	Functional Autoclave	Y
13	Functional ILR and Deep Freezer	Y
14	Emergency Tray with emergency injections	Y
15	MVA/ EVA Equipment	Y
16	Functional phototherapy unit	Y

Source: SDN, District Hospital

The O.T was well provisioned with the equipments such as Ventilators, Pulse-oximeter, Multi-Para monitor, surgical diathermies, Laparoscopes, C-arm unit and autoclaves, as shown in table 18.

Table 18: Status of Available Equipments

S.No	O.T Equipment	Y
1	O.T Tables	Y
2	Functional O.T Lights, ceiling	Y
3	Functional O.T lights, mobile	Y
4	Functional Anesthesia machines	Y
5	Functional Ventilators	Y
6	Functional Pulse-oximeters	Y

7	Functional Multi-para monitors	Y
8	Functional Surgical Diathermies	Y
9	Functional Laparoscopes	Y
10	Functional C-arm units	Y
11	Functional Autoclaves (H or V)	Y

Source: SDN, District Hospital

Table 19 shows the status of availability of laboratory equipments. The laboratory was having functional microscope, haemoglobin meter, centrifuge, semi auto analyser, testing kits, ultrasound scanners, X-ray units and ECG machine. C.T scanners were not available and the testing was outsourced.

Table 19: Status of laboratory equipments

S.No	Laboratory Equipment	Y
1	Functional Microscope	Y
2	Functional Hemoglobinometer	Y
3	Functional Centrifuge	Y
4	Functional Semi autoanalyzer	Y
5	Reagents and Testing Kits	Y
6	Functional Ultrasound Scanners	Y
7	Functional C.T Scanner	Y
8	Functional X-ray units	Y
9	Functional ECG machines	Y

Source: SDN, District Hospital

Table 20 represents service delivery parameters in last two quarters.

- The hospital's gynaecologist department was serving an OPD in 2014-15, of 17053 checkups in Q1 and 19778 in Q2 and an IPD of 2086 in Q1 and 1606 in Q2. A large chunk of population comprises of neighbouring state Uttar Pradesh's Loni area population because of lack of hospital facility in that area. Another reason is that commuting to SDN hospital is relatively easy for them.

- In 2014-15 the hospital conducted 1786 deliveries in Q1 and 1611 deliveries in Q2, signalling the heavy maternity load. The number of C-section deliveries conducted was 428 in Q1 and 432 in Q2.
- The associated maternal deaths were high numbering around one per month in 2015. Majorly the maternal deaths occurring were related to Loni area population. Also, still births were high for 2014-15 numbering 36 in Q1 and 38 in Q2.
- The government's free transportation facility for maternity is not being fully utilised due to lack of awareness in the area and due to the fact that the transport facility cannot be availed for inter-state travel for example, SDN in Delhi cannot facilitate CATS to Loni area.
- For maternal death review the facility has formed a committee which consists of the doctors who review the whole case of maternal death, observing all the reasons of the death and finding ways to prevent it in future.
- IUCD insertions done in Q1 were 340 and were 195 in Q2. Number of tubectomy conducted in Q1 was 99 and in Q2 were 70. 2 vasectomy were undertaken in Q1 while none was done in Q2.

Table 20: Service Utilisation Parameters in Last Two Quarters.

S.No	Service Utilization Parameter	Q1	Q2
1	OPD	17053	19778
2	IPD	2086	1606
3	Expected number of pregnancies	11253	14380
4	MCTS entry on percentage of women registered in the first trimester	-	-
5	No. of pregnant women given IFA	1796	1611
6	Total deliveries conducted	1786	1606
7	No. of assisted deliveries(Ventouse/ Forceps)	180	160
8	No. of C section conducted	428	432
9	Number of obstetric complications managed, pls specify type	1705	1977
10	No. of neonates initiated breast feeding within one hour	1760	1573
11	No. of IUCD Insertions	340	195
12	No. of Tubectomy	99	70
13	No. of Vasectomy	2	0
14	No. of Minilap	27	22
15	No. of children fully immunized	N/A	N/A
16	Measles coverage	77	85

17	No. of children given ORS + Zinc	2075	2406
18	No. of children given Vitamin A	501	210
19	No. of women who accepted post-partum FP services	255	172
20	No. of MTPs conducted in first trimester	66	48
21	No. of MTPs conducted in second trimester	1	4
22	Number of Adolescents attending ARSH clinic	NA	NA
23	Maternal deaths, if any	3	3
24	Still births, if any	36	38
25	Neonatal deaths, if any	17	6
26	Infant deaths, if any	1	3

Source: SDN, District Hospital

The hospital has 10 inborn units while 8 out born units and the Ventilators are in pipeline. A nursery care was established in September 2014. SDN paediatrics First Referral Unit is Chacha Nehru hospital. In 2014-15, Q1, 244 inborn and 8 out born were admitted in SNCU/NBSU whereas in Q2, 233 inborn and 34 out born were admitted in SNCU/NBSU. In these quarters no sick was referred.

Table 21: Service Utilisation Parameter for Paediatrics

S.No	Service Utilisation Parameter	Q1	Q2
1	No of admissions in NBSUs/ SNCU, whichever available	252	267
2	Inborn	244	233
3	Out born	8	34
4	No. of children admitted with SAM	3	31
5	No. of sick children referred	NIL	NIL

Source: SDN, district Hospital

- The records of patients were well maintained in registers. Proper records were available for labour room, immunization, ANCs, PNCs, OPD, and IPD and so on.
- Staff crunch is affecting the efficiency of doctors as they have to do multitasking. For example in the paediatrics department there is one specialist, 1 dietician, 6 staff nurses, 5 IVCF and one NRC. Lack of a medical officer, cook, supervisor and a maid is adding to the existing burden on the doctors and the dietician. They have to manage from counselling to

supervising to cooking. There is no CDO as well in the paediatrics department which is hampering data uploading process for HMIS and MCTS.

- Unavailability of round the clock staff is a major issue for gynaecology department. Recruiting residents (JRs and SRs) rather than specialists can increase the efficiency of the hospital as a specialist devotes lesser time and therefore caters to lesser number of people.
- Recruitment has been approved but is not taking place at state level. District can be given permission to recruit staff themselves thereby eliminating the staff crunch problem.
- NRHM provides aiding staff to the hospital in addition to its current staff. But the objective of this exercise gets defeated because when a doctor is appointed under NRHM, the MCD calls back its doctor.
- During recruitments of staff nurses and CDOs the departments are not pre defined, leading to inter departmental conflicts to get hold of the new recruits.
- Frequent transfers are happening of NRHM employees from the hospitals; this is not a healthy practice and is impacting their performance.
- A significant problem faced is duplication of work in regard to data uploading and maintenance, as the facility has to upload data twice, once on the HMIS and MCTS portal and then again on the MCD portal.
- The facility is lagging behind in trainings conducted, for example no NRC training has been conducted since past 3 years. Up gradation and assessment of staff nurses also needs a to be undertaken.
- Empanelment of labs is being hindered by differences in lab listings of the Delhi government and the MCD.
- The IECs were displayed visible all over the facility. There were displays for immunization, JSY, JSSK, disease control and services and drugs available.

MATERNITY HOME, CHANDIWALA



The healthy facility is temporarily functioning in other MCD building and is soon expected to shift to its own permanent facility which is currently under construction. The existing facility had a clean premise and was equipped with toilet facility separate for males and females along with 24*7 running water supply and electricity power back up.

Figure 2: Chandiwala Maternity Home

- Table 22 shows the human resource in the district. The maternity home is provisioned with 2 medical officers, 3 staff nurses, 8 ANM, 25 ASHAs, 1 LT and 4 LHV as shown in table 22, catering to a population of 64,000 with a delivery load of 35-40 deliveries per month. The facility is treating a large chunk of migratory population from UP and therefore tracking them for services like ANC, PNC and immunisation becomes difficult.

Table 22: Human Resource of the district

S.No	Category	Numbers
1	MOs	2
2	SNs	3
3	ANMs	8
4	LTs	1
5	Pharmacist	NA
6	LHV	5
7	ASHAs	25
8	Others	4 SK

Source: Maternity Home Chandiwala

Table 23 represents the service delivery parameters for last two quarters.

- The maternity home's daily OPD on an average is of 125 patients. For 2014-15, the Q1 OPD figure was 9203 and IPD was 91 patients. For Q2 the OPD figure was 9530 and IPD was 93.
- Patient's response to the deliveries in maternity homes is worrisome. For such a well developed infrastructure specifically created for maternity needs, the output is very low. On the day of our visit only 2 beds were occupied and 12 were vacant, heavily contrasting with the situations in hospitals like SDN, where delivering mothers were found to be sharing beds. In 2014-15, Q1 deliveries conducted were 87 and in Q2 were 89.
- ANC 1 registrations in Q1 were 304 and in Q2 were 262. ANC 3 coverage was 183 in Q1 and 192 in Q2. ANC 4 coverage was 205 and 208 in Q1 and Q2 respectively.
- The facility is actively undertaking family planning activities. IUCD insertion rate is high in the area. In 2014-15 Q1, 56 IUCD insertions were conducted while in Q2, 53 IUCD were inserted. Oral pills and condoms were also distributed and were getting utilised on a larger scale. Family planning counselling was initiated during the ANC checkups and the ladies were being motivated continuously to undertake birth control measures.
- Immunisation camps were regularly conducted on Wednesday and Friday in centre as well outreach. The number of children fully immunised by the facility in 2014-15 stands to 209 for Q1 and it increased to 243 in Q2. Vitamin A was provided to 1108 children in Q1 and 1037 children in Q2.

Table 23: Service Delivery Parameters In Last Two Quarters

S.No	Service Utilization Parameter	Q1	Q2
1	OPD	9203	9530
2	IPD	91	93
3	Expected number of pregnancies	300	300
4	MCTS entry on percentage of women registered in the first trimester	90%	80%
5	No. of pregnant women given IFA	208	190
6	Total deliveries conducted	87	89
7	Number of obstetric complications managed, pls specify type	0	0
8	No. of neonates initiated breast feeding within one hour	87	89
9	Number of children screened for Defects at birth under RBSK	-	-
10	RTI/STI Treated	162	174

11	No of admissions in NBSUs, if available	-	-
12	No. of sick children referred	2	4
13	No. of pregnant women referred	102	91
14	ANC1 registration	304	262
15	ANC3 Coverage	183	192
16	ANC4 Coverage	205	208
17	No. of IUCD Insertions	56	53
18	No. of Tubectomy	0	0
19	No. of Vasectomy	0	0
20	No. of Minilap	0	0
21	No. of children fully immunized	209	243
22	Measles coverage	209	243
23	No. of children given ORS + Zinc	248	222
24	No. of children given Vitamin A	1108	1037
25	No. of women who accepted post partum FP services	5	12
26	No. of MTPs conducted	0	0
27	Maternal deaths, if any	0	0
28	Still births, if any	0	0
29	Neonatal deaths, if any	0	0
30	Infant deaths, if any	0	0

Source: Maternity Home Chandiwala

- The records of patients were well maintained in registers. There were proper records available for immunization, ANCs, PNCs, OPD and so on.
- The facility has one New Born Care corner which was facing repair difficulties due to lack of funds. The maternity home does not have a New Born Stabilization Unit due to paucity of staff.
- Mothers were being provided free diet under JSSK, comprising of a dry diet including bread, butter biscuits and milk, totalling to a maximum of rupees 100 per day.
- The benefits intended under JSY are not materialising as the beneficiaries don't have the required identification proof and are considering the amount insignificant against the efforts required to obtain the amount. The medical officers were of opinion that this JSY money should be included in diet so that a healthy diet can be given to the delivering mothers, rather than giving them 600 rupees through bank transfer after institutional deliveries. Those who were availing JSY were getting the payments after their discharge.

- The facility was getting the funds of NRHM under a name head rather than for the facility as a whole, creating problems of accountability and responsibility for funds management.
- The staff members were not being receiving salary timely and it was getting delayed by 1-2 months.
- Information Education and Communications (IEC) were displayed properly. There were displays for immunization, JSY, JSSK, disease control and services and drugs available. An electronic digital display board was also provided in the facility displaying relevant information for pregnant women and infants care.
- It also facilitated a television for providing information to the delivering mothers on immunisation and health practices for infant and the mother after delivery.

DELHI GOVERNMENT DISPENSARY, NANDNAGRI



Figure 3: Delhi Government Dispensary Nandnagri

Nandnagri health facility is a Delhi Government Dispensary, functioning in a government building and although Nandnagri is a slum area, it has easy accessibility from nearest road head.

- It has 24*7 running water supply and electricity power back up. Clean toilets separate for males and females were available, but there were problems of water leakage.
- Bio medical waste collection was outsourced to an agency and it was being collected on daily basis.

- Table 24 shows the human resource of the facility. The dispensary is equipped with 2 medical officers, 1 PHN, 5 ANMs, 2 pharmacists, 1 DOTS provider, 1 LT and 46 ASHAs as shown in the following table.

Table 24: Human Resource in the Facility

S.No	Category	Numbers
1	MOs	2
2	SNs	-
3	ANMs	5
4	LTs	1
5	Pharmacist	2
6	PHN	1
7	ASHAs	46
8	Others	1 DOTS provider

Source: DGD Nandnagri

- The dispensary is catering to a population of 1, 15,000 people with daily OPD load of 200-250 new patients and 100-150 old patients.
- The dispensary is DOTS and Microscopy centre under chest clinic GTB hospital and the suspected slides are 15-20 daily with 6-7 being positive. On an average monthly 150 old and new treatment including MDR and XDR are being undertaken.

Table 25 represents the service delivery parameters for last two quarters.

- The OPD in 2014-15, Q1 was 17489 and in Q2 it was 17406.
- Expected number of pregnancies in the facility was 350 in Q1 and 378 in Q2.
- RTI/STI treated in Q1 was 195 and in Q2 were 210.
- ANC 1 registrations in Q1 were 126 and in Q2 were 114. ANC 3 coverage was 225 in Q1 and 238 in Q2. ANC 4 coverage was 241 and 155 in Q1 and Q2 respectively.
- The IUCD insertions were low only 5 in Q1 and 1 in Q2. All ANMs were trained in IUD but they were not performing it individually without the supervision of PHN. According to norms, ANMs can do the insertions independently after completing their training and after compulsorily performing 5 insertions under a doctor's supervision.

- The number of children fully immunised were 216 in Q1 and 404 in Q2. Measles coverage was 259 children in Q1 and 785 children in Q2.

Table 25: Service Delivery Parameters In Last Two Quarters

S.No	Service Utilization Parameter	Q1	Q2
1	OPD	17489	17406
2	Expected number of pregnancies	350	378
3	MCTS entry on percentage of women registered in the first trimester	219	175
4	No. of pregnant women given IFA	857	785
5	RTI/STI treated	195	210
6	No. Of pregnant women referred	132	147
7	ANC 1 registrations	126	139
8	ANC 3 coverage	225	238
9	ANC 4 coverage	241	155
10	No. of IUCD Insertions	5	1
11	No. of Tubectomy	-	-
12	No. of Vasectomy	-	-
13	No. of Minilap	-	-
14	No. of children fully immunized	216	404
15	Measles coverage	259	785
16	No. of children given ORS + Zinc	120	180
17	No. of children given Vitamin A	577	564
18	No. of women who accepted post-partum FP services	-	-

Source: DGD Nandnagri

- Beneficiaries in the facility who were waiting in cue for consultation, complaint to us regarding money being taken unofficially in SDN district hospital after their deliveries, by the security guards, maids or other help, forcefully with threats of not showing the new born to mothers.
- Information Education and Communications (IEC) were displayed, like displays for immunization, JSY, JSSK, disease control and services and drugs available.
- The overall observation of the facility leads us to conclude that there was lack of management. Proper and timely maintenance of records was found missing. One chief data entry operator is available on shifting basis for two days and ANMs were also found entering data, but data entries were not uploaded on time. Registers were also not organised.

DELHI GOVERNMENT DISPENSARY, OLD SEEMAPURI



The Delhi government dispensary of old Seemapuri is located on the road head with easy accessibility for people and is 3kms away from district headquarters. The dispensary was relatively very well maintained in terms cleanliness and

Figure 4: Delhi Government Dispensary, Old Seemapuri

It had 24*7 running water supply and electricity power back up. Clean and separate toilets for males and females were also in place.

Table 26 shows the human resource of the district. The dispensary had 3 medical officers, 2 ANMs, 2 Lab technicians, 1 pharmacist, 10 ASHAs, 1 PHN, 3 SSC and 1 PMOA. Trainings for MTP, IMNCI, NSSK, IUD, RTI, Immunisation and cold chains and others were being provided. The facility is equipped with a vision centre and AYUSH.

Table 26: Human Resource of the Facility

S.No	Category	Numbers
1	MOs	3
2	SNs	-
3	ANMs	2
4	LTs	2
5	Pharmacist	2
6	PHN	1
7	ASHAs	10
8	Others	1 PMOA 3 SCC

Source: DGD Old Seemapuri

The dispensary had a catchment population of 52000. Table 27 represents the service delivery parameters for last two quarters.

- The OPD in 2014-15, Q1 was 20401 and in Q2 it was 19194.
- Expected number of pregnancies in the facility was 50 each in Q1 and Q2.
- RTI/STI treated in Q1 was 78 and in Q2 were 65.
- ANC 1 registrations in Q1 were 105 and in Q2 were 114. ANC 3 coverage was 21 in Q1 and 36 in Q2. ANC 4 coverage was 25 and 42 in Q1 and Q2 respectively.
- The IUCD insertions were 15 in Q1 and 14 in Q2.
- The number of children fully immunised were 66 in Q1 and 102 in Q2. Measles coverage was 66 children in Q1 and 102 children in Q2.

Table 27: Service Delivery in Last Two Quarters

S.No	Service Utilization Parameter	Q1	Q2
1	OPD	20401	19194
2	Expected number of pregnancies	50	50
3	MCTS entry on percentage of women registered in the first trimester	98%	98%
4	No. of pregnant women given IFA	21	36
5	RTI/STI treated	78	65
6	No. Of pregnant women referred	30	35
7	ANC 1 registrations	105	114
8	ANC 3 coverage	21	36
9	ANC 4 coverage	25	42
10	No. of IUCD Insertions	15	14
11	No. of Tubectomy	-	-
12	No. of Vasectomy	-	-
13	No. of Minilap	-	-
14	No. of children fully immunized	66	102
15	Measles coverage	66	102
16	No. of children given ORS + Zinc	55	123
17	No. of children given Vitamin A	275	320
18	No. of women who accepted post-partum FP services	25	32

Source: DGD Old Seemapuri

Equipments available in the facility are represented in following table. Essential equipments available were BP instruments and stethoscope, adult resuscitation kit, functional needle cutter, autoclave emergency tray with injections. Some equipments that were not available were neonatal and paediatric resuscitation kit, deep freezer and others. Semi autoanalyzer was not available in laboratory.

Table 28: Status Of Equipments Availability In The Facility

S.No	Equipment	Yes	No
1.	Functional BP Instrument and Stethoscope	Y	
2.	Sterilised delivery sets		N
3.	Functional neonatal, Paediatric Resuscitation kit		N
4.	Functional Weighing Machine (Adult and infant/newborn)	Y	
5.	Functional Needle Cutter	Y	
6.	Functional Radiant Warmer		N
7.	Functional Suction apparatus		N
8.	Functional Facility for Oxygen Administration	Y	
9.	Functional Autoclave	Y	
10.	Functional ILR and Deep Freezer		N
11.	Functional Deep Freezer		N
12.	Emergency Tray with emergency injections	Y	
13.	MVA/ EVA Equipment		N
	Laboratory Equipment	Yes	No
1.	Functional Microscope	Y	
2.	Functional Hemoglobinometer	Y	
3.	Functional Centrifuge,	Y	
4.	Functional Semi autoanalyzer		N
5.	Reagents and Testing Kits	Y	

Source: DGD Old Seemapuri

Some observations made are:

- Old Seemapuri is an urban slum area with a dominant Muslim population. It was reported that in many cases the Muslim beneficiaries felt discriminated resulting in problems for the staff.
- The records of patients were well maintained in registers for instance, proper records were available for immunization, ANCs, PNCs, OPD and so on.

- Family planning tools such as pregnancy test kits, IUCDs copper-t, oral pills, and condoms were available. Emergency contraceptive pills were not available in the facility.
- Information Education and Communications (IEC) displays for immunization, JSY, JSSK, disease control and services and drugs available were well displayed. The timings of the facility were displayed on a black board. A colourful handmade chart showing monthly progress of immunisation and family planning methods was also on display.
- HMIS and MCTS data was being uploaded timely by the CDO and ANMs.

18. CONCLUSIONS

Population Research Centre, Delhi has been assigned various states by the Ministry of Health and Family Welfare to evaluate and monitor NRHM Programme Implementation Plans. The team is expected to carry out the field visit of the state for quality checks and further improvement of the different components of NRHM. This report explains the Monitoring and Evaluation findings of the Shahdara District of Delhi. The team visited health facilities viz: District Hospital SDN, Maternity home Chandiwala and DGDs Nandnagri and Old Seemapuri.

- The district is catering to a huge population of UP which is impacting its performance. It is difficult to track their immunisation, ANC and PNC check-up status. Also many maternal deaths in the district were of delivering mothers from UP, but the numbers were getting registered under Delhi's Shahdara district.
- The physical infrastructure of the health facilities were being maintained properly. Proper sanitation was being maintained in FBNC wards, labour rooms and OTs. No one was being allowed to enter neonatal intensive care unit in DH without wearing shoe cover and sanitising their hands.
- The Nandnagri facility did not have power back up for its first floor facilities and was also facing water leakage problems.
- The essential equipments were available in the facilities. There were equipments like BP instrument; stethoscope, sterilized delivery sets, weighing machine, and needle cutter in the facilities. Most of the OT and Laboratory equipments were also functional.

- The facilities had all the essential and important drugs available and properly stored. For instance in DH, drugs like IFA, ORS, Oxytocin, Magnesium Sulphate and Antibiotics were available. The other drugs for hypertension, diabetes, and anti allergic problems were also found. There was supply of pregnancy testing kits, OC pills and IUCDs in the facilities. However, the facilities complained of irregular supply of drugs at times hampering their immunisation programs. Also, ECs were scarce in supply and also not available in all facilities.
- The shortage of staff especially CDO for uploading data was prominent in all facilities.
- There is lack of training of human resources in the district. For instance, in DH, NRC training was not conducted since past 3 years. In 2014-15 only 8 ANMs were trained for IUCD insertions and 50 were trained for RTI/STI/HIV.
- The JSY payments were being often delayed as beneficiaries did not have their own account. In that case, the officials were transferring the amount in the account of the patient's family members. However, sometimes they too did not have bank accounts, causing further delays in payment. Also in Delhi, the JSY incentive being given is Rs. 600 which is less than that of the neighbouring state of UP, which is offering Rs.1400. Beneficiaries are less motivated to undertake all the efforts for Rs. 600. The delivering mothers from UP prefer to take incentive from their state due to the price differential.
- Under JSSK, beneficiaries are receiving the services of free diet and free medicines.
- Maternal deaths and still births were high in the district numbering 89 and 527 respectively in 2014-15.
- ARSH was found to be functional. The adolescents were being given counselling in the areas of delay of marriages, prevention of teenage pregnancies, safe abortions and so on. Counselling was also being given to young girls for their menstrual issues.
- It is important to note that the IECs were displayed in all facilities for timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others. Colourful charts representing facility's monthly performance for immunisation and IUCD insertions were also displayed at some facilities.
- HMIS and MCTS were functioning averagely in the district as data entry operators were available on shifting basis which led to delays in uploading data. Also, many facilities were facing server problems wherein they were not able to upload data due to congestion on site.

18.1. RECOMMENDATIONS

- To tackle the migratory problem, infrastructure needs to be developed in Loni and nearby area. If infrastructure exists it needs to be further developed to win the confidence of patients so that they start opting for their own state facility. This will not only reduce the migratory load on the district hospital in Shahdara but also prevent maternal deaths due to transportation problems. Tracking immunisation, ANC and PNC status will also be easy for the health officials.
- Shortage of medical staff causes major obstacle in delivering the health services. No new recruitments for paramedical staff have taken place since two years. The sanctioned vacant posts should be filled for better delivery of health services. Also new vacancies can be announced where needed, as recently ‘in position’ posts were converted to sanctioned posts resulting in less number of sanctioned vacant posts.
- Majority of the employment is on contractual basis resulting in lack of motivation among the employees to work as such employment fails to provide job security. The enormous salary differentials along with minimal hike between NRHM employees and other medical employees should also be rectified. Thus rational appointments are a priority concern.
- Inadequate training to the health staff in the district is a worrisome factor. No training was conducted for EmoC, BeMoc, LSAS, F-IMNCI, NSSK and minilap sterilization. Thus, it is recommended to immediately take rectifying measures.
- The number of still births is still high in the district. This infers the lack of proper health care in the community. Thus, some new initiatives should be taken to understand and work on the problem.
- Beneficiaries in the facility who were waiting in cue for consultation, complaint to us regarding money being taken unofficially in SDN district hospital after their deliveries, by the security guards, maids or other help, forcefully with threats of not showing the new born to mothers. This issue needs to be addressed.
- There are delays in JSY payments as beneficiaries do not have their own account. Thus, some steps should be taken to solve the issue.

- Family planning services need to be spread by increasing the number of awareness camps and counselling sessions. Pregnant mothers can be given counselling in their ANC and PNC stages and be motivated to adopt birth control measures.
- MIS expert is not available in the district. The CDO is also not regular in many facilities but is on shifting basis which is impacting timely and accurate data uploading by the facility. This issue needs to be addressed to obtain timely, accurate and complete information.
- ASHAs have a prominent role in provisioning health care services for the weaker sections of society. Their role needs to be recognised and respected by the hospitals as presently they are facing problems in hospitals. Also repetitive work should be avoided like doing a head count every time at the start of a new program like Mission Indradanush and other related programs initiated in same or nearing months. Agencies running the programs are different but the target population is the same. This is resulting in the population getting irritated and less responding.

19. ANNEXURE 1

19.1 DH LEVEL MONITORING CHECKLIST

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

Catchment Population: _____ Total Villages: _____

Date of last supervisory visit: _____

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

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

Section I: Physical Infrastructure:

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

1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23	BMW outsourced	Y	N	
1.24	Availability of ICTC/ PPTCT Centre	Y	N	
1.25	Availability of functional Help Desk	Y	N	

Section II: Human resource:

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

Section III: Training Status of HR:

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

3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopey-Sterilisations		
3.11	IUCD		
3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	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
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7.1	OPD		
7.2	IPD		
7.3	Expected number of pregnancies		
7.4	MCTS entry on percentage of women registered in the first trimester		
7.5	No. of pregnant women given IFA		
7.6	Total deliveries conducted		
7.7	No. of assisted deliveries(Ventouse/ Forceps)		
7.8	No. of C section conducted		
7.9	Number of obstetric complications managed, pls specify type		
7.10	No. of neonates initiated breast feeding within one hour		
7.11	Number of children screened for Defects at birth under RBSK		
7.12	RTI/STI Treated		
7.13a	No of admissions in NBSUs/ SNCU, whichever available		
7.13b	Inborn		
7.13c	Outborn		
7.14	No. of children admitted with SAM		
7.15	No. of sick children referred		
7.16	No. of pregnant women referred		
7.17	ANC1 registration		
7.18	ANC 3 Coverage		
7.19	ANC 4 Coverage		
7.20	No. of IUCD Insertions		
7.21	No. of Tubectomy		
7.22	No. of Vasectomy		
7.23	No. of Minilap		
7.24	No. of children fully immunized		
7.25	Measles coverage		
7.26	No. of children given ORS + Zinc		
7.27	No. of children given Vitamin A		
7.28	No. of women who accepted post-partum FP services		
7.29	No. of MTPs conducted in first trimester		
7.30	No. of MTPs conducted in second trimester		
7.31	Number of Adolescents attending ARSH clinic		
7.32	Maternal deaths, if any		
7.33	Still births, if any		

7.34	Neonatal deaths, if any			
7.35	Infant deaths, if any			

Section VII a: Service delivery in post natal wards:

S.No	Parameters	Yes	No	Remarks
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(Please give details)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular Fogging (Check Records)	Y	N	
12.2	Functional Laundry/washing services	Y	N	
12.3	Availability of dietary services	Y	N	
12.4	Appropriate drug storage facilities	Y	N	
12.5	Equipment maintenance and repair mechanism	Y	N	
12.6	Grievance Redressal mechanisms	Y	N	
12.7	Tally Implemented	Y	N	

19.2 FRU LEVEL MONITORING CHECKLIST

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

Section I: Physical Infrastructure:

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

1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource:

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

Section III: Training Status of HR:

S. no	Training	No. trained	Remarks if any
3.1	EmOC		
3.2	LSAS		
3.3	BeMOC		
3.4	SBA		
3.5	MTP/MVA		
3.6	NSV		
3.7	F-IMNCI		
3.8	NSSK		
3.9	Mini Lap-Sterilisations		
3.10	Laproscopy-Sterilisations		
3.11	IUCD		

3.12	PPIUCD		
3.13	Blood storage		
3.14	IMEP		
3.16	Immunization and cold chain		
3.15	Others		

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA 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 % expenditure)				
9.21	AMG expenditure (Check % expenditure)				
9.22	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

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

			C			
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	

19.3 PHC/CHC (NON FRU) LEVEL MONITORING CHECKLIST

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	

1.2	Functioning in Govt building	Y	N
1.3	Building in good condition	Y	N
1.4	Staff Quarters for MOs available	Y	N
1.5	Staff Quarters for SNs available	Y	N
1.6	Staff Quarters for other categories	Y	N
1.7	Electricity with power back up	Y	N
1.9	Running 24*7 water supply	Y	N
1.10	Clean Toilets separate for Male/Female	Y	N
1.11	Functional and clean labour Room	Y	N
1.12	Functional and clean toilet attached to labour room	Y	N
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	Y	N
1.14	Functional Newborn Stabilization Unit	Y	N
1.15	Clean wards	Y	N
1.16	Separate Male and Female wards (at least by Partitions)	Y	N
1.17	Availability of complaint/suggestion box	Y	N
1.18	Availability of mechanisms for waste management	Y	N

Section II: Human resource:

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

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		

3.2	SBA	
3.3	MTP/MVA	
3.4	NSV	
3.5	IMNCI	
3.6	F- IMNCI	
3.7	NSSK	
3.8	Mini Lap	
3.9	IUD	
3.10	RTI/STI	
3.11	Immunization and cold chain	
3.12	Others	

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

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

Section VI: Other Services :

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

6.7	Malaria	Y	N
6.8	T.B	Y	N
6.9	HIV	Y	N
6.10	Others	Y	N

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	Number of obstetric complications managed, pls specify type			
7.8	No. of neonates initiated breast feeding within one hour			
7.9	Number of children screened for Defects at birth under RBSK			
7.10	RTI/STI Treated			
7.11	No of admissions in NBSUs, if available			
7.12	No. of sick children referred			
7.13	No. of pregnant women referred			
7.14	ANC1 registration			
7.15	ANC3 Coverage			
7.16	ANC4 Coverage			
7.17	No. of IUCD Insertions			
7.18	No. of Tubectomy			
7.19	No. of Vasectomy			
7.20	No. of Minilap			
7.21	No. of children fully immunized			
7.22	Measles coverage			
7.23	No. of children given ORS + Zinc			
7.24	No. of children given Vitamin A			
7.25	No. of women who accepted post partum FP services			
7.26	No. of MTPs conducted			
7.27	Maternal deaths, if any			
7.28	Still births, if any			
7.29	Neonatal deaths, if any			

7.30	Infant deaths, if any			
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Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility

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

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.10	FP Register				
9.11	Immunisation Register				
9.12	Updated Microplan				
9.13	Drug Stock Register				
9.14	Referral Registers (In and Out)				
9.15	Payments under JSY				
9.16	Untied funds expenditure (Check % expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the Health Facility	Y	N	
11.4	List of services available	Y	N	
11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements	Y	N	
11.10	Other related IEC material	Y	N	

Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	Y	N	
12.2	Functional laundry/washing services	Y	N	
12.3	Availability of dietary services	Y	N	
12.4	Appropriate drug storage facilities	Y	N	
12.5	Equipment maintenance and repair mechanism	Y	N	
12.6	Grievance redressal mechanisms	Y	N	
12.7	Tally Implemented	Y	N	

19.4 SUB CENTRE LEVEL MONITORING CHECKLIST

Name of District: _____	Name of Block: _____	Name of SC: _____
Catchment Population: _____	Total Villages: _____	Distance from PHC: _____
Date of last supervisory visit: _____		
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 neonatal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/suggestion box	Y	N	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	Y	N	

Section II: Human Resource:

S.no	Human resource	Numbers	Trainings received	Remarks
2.1	ANM			
2.2	2 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			

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	ANC4 Coverage			
6.13	No. of IUCD insertions			
6.14	No. of children fully immunized			
6.14a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			
6.18	No. of Maternal deaths recorded, if any			
6.19	No. of still birth recorded, if any			
6.20	Neonatal deaths recorded, if any			
6.21	Number of VHNDs attended			
6.22	Number of VHNSC meeting attended			

Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks

8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				
8.6	Eligible couple register				
8.7	MCH register (as per GOI)				
8.8	Delivery Register as per GOI format				
8.9	Stock register				
8.10	Due lists				
8.11	MCP cards				
8.12	Village register				
8.13	Referral Registers (In and Out)				
8.14	List of families with 0-6 years children under RBSK				
8.15	Line listing of severely anemic pregnant women				
8.16	Updated Microplan				
8.17	Vaccine supply for each session day (check availability of all vaccines)				
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically				

Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	

10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	