NATIONAL HEALTH MISSION

A REPORT ON

MONITORING OF IMPORTANT COMPONENTS OF
NHM PROGRAMME IMPLEMENTATION IN NAINITAL DISTRICT,
UTTARAKHAND

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ACRONYMS AND ABBREVIATIONS

ANC	Ante Natal Care	**MDR**	Maternal Death Review
ANM	Auxiliary Nurse Midwife	**MMU**	Mobile Medical Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	**MoHFW**	Ministry of Health and Family Welfare
BEMOC	Basic Emergency Obstetric Care	**MOIC**	Medical Officer In- Charge
BMW	Biomedical waste	**NBCC**	New Born Care Corner
BSU	Blood Storage Unit	**NBSU**	New Born Stabilization Unit
CMO	Chief District Medical Officer	**NSSK**	Navjat Shishu Suraksha Karyakram
CHC	Community Health Centre	**NSV**	No Scalpel Vasectomy
DH	District Hospital	**OCP**	Oral Contraceptive Pill
DMPA	Depot Medroxyprogesterone Acetate	**OPD**	Out Patient Department
DPM	District Programme Manager	**OPV**	Oral Polio Vaccines
ECG	Electrocardiography	**PIP**	Programme Implementation Plan
EMOC	Emergency Obstetric Care	**PNC**	Post Natal Care
FRU	First Referral Unit	**PPP**	Public Private Partnership
HMIS	Health Management Information System	**PRC**	Population Research Centre
IEC	Information, Education and Communication	**RBSK**	Rashtriya Bal Suraksha Karyakram
IMEP	Infection Management and Environment Plan	**RCH**	Reproductive Child Health
IPD	In Patient Department	**RKS**	Rogi Kalyan Samiti
IUCD	Intra Uterine Contraceptive Device	**RPR**	Rapid Plasma Reagin
IYCF	Infant and Young Child Feeding	**SBA**	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	**SKS**	Swasthya Kalyan Samiti
JSY	Janani Suraksha Yojana	**SN**	Staff Nurse
LHV	Lady Health Visitor	**SNCU**	Special New Born Care Unit
LSAS	Life Saving Anaesthetic Skill	**TFR**	Total Fertility Rate
LT	Laboratory Technician	**TT**	Tetanus Toxoid
M&E	Monitoring and Evaluation	**VHND**	Village Health and Nutrition Day
MCTS	Mother and Child Tracking System		

EXECUTIVE SUMMARY

The National Health Mission (NHM) is a flagship initiative of Government of India in the health sector. One of the salient factors that measure the progress of NHM remains the Monitoring and Evaluation activities undertaken by The Ministry of Health and Family Welfare on a continuous basis. The Ministry of Health and Family Welfare has established a network of 18 Population Research Centres (PRCs) scattered in 17 major States. Services of PRCs are utilized in monitoring of State Programme Implementation Plans.

This report hence focuses on the monitoring of essential components of NHM in Nainital district for the year 2017-18. The assessment was carried out in the month of May, 2018 and thus captures the status of NHM activities in the said district of Uttarakhand. The report highlights key observations made during the PRC, Delhi team's visit to various health facilities of the district and also brings forth essential inputs provided by the key personnel of NHM. The evaluation preceded a desk review of the ROP and PIP of the state by the PRC team based on which questionnaire schedules were prepared for field investigation.

The report therefore summarises the status of Public Health Care in Nainital, Uttarakhand during the financial year 2017-18 with regards to NHM and its components namely Maternal Health, Child Health, Family Planning, etc. The strengths and weaknesses observed are discussed below with regards to service delivery, infrastructure, RMNCH+A, Child Health, Quality, etc are discussed below.

STRENGTHS

- NHM has significantly helped the district to improve the shortfalls in public health infrastructure. With the exception of 11 percent sub centres functioning in rented premises, all other health facilities are operational in Government buildings.
- The presence of Medical College in the district is of special advantage.
- Khushio ki Sawari and 108 ambulance service is functioning efficiently in the district catering to scattered population. The achievement is commendable considering the geographic dispersion in the area.

- Training in e-parchi is effectively going on in the district and the hardware related for its functioning is also being actively arranged by the health facilities.
- JSY programme has essentially contributed to the increase in institutional deliveries. The payments made to the beneficiaries are moreover swift and transparent.
- Nainital has witnessed a significant decline in birth rate; which can be attributed to n number of services under NHM ranging from Family Planning methods adoption to couple counseling sessions to improvement in Maternal and Child Health.
- Regular camps, Monthly meetings, and family planning fortnight is observed and monitored by RCH Nodal officer, Nainital.
- The district observes more than 100% full immunization coverage.
- Rahtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), and other disease control programs like Malaria, Leprosy, etc are running in the district.
- AYUSH facilities of the district are fully functional.
- The district has not recorded any case of death due to communicable diseases since 2012.
- IEC/BCC activities have generated awareness regarding various aspects of health, till the grass-root level. Population is now especially aware of the various entitlements under NHM and avail them time-to-time.
- The quality coordinator of the district supervises activities pertaining to Kayakalp and Bio-Medical Waste (BMW). BMW Management is efficient in District Hospital.
- Nainital has a dedicated pool of human resource effectively involved in ensuring smooth running and implementation of NHM and its activities.

WEAKNESSES

- Infrastructure with regards to residential quarters particularly, is poor in the district.
- State Allopathic Dispensaries receive no funding and hence service delivery is nil deeming them to be essentially non-functional.
- The observed labour rooms as well as operation theatres have damp walls and flaky fallings, which leads to a compromising sanitary environment for a surgical setup.
- The district has no Maternal Health Programme Officer.

- The district observes an acute shortage of manpower. The doctors were observed to be handling administration work apart from the primary medical responsibilities. Shortage of Gynaecologist and Anaesthetist was also reported.
- There is also a serious scarcity of Data Entry Operators in the health facilities. This absence is particularly unfavourable to the quality of service statistics obtained via HMIS. Facility based reporting stands at a serious disadvantage.
- Limited availability of comprehensive public health services is observed beyond the District Hospital. Services which relate to Diagnostics, particularly screening, suffers from either the non-availability of the equipments or non-availability of the required staff.
- Access to water is a serious issue faced by the health facilities.
- A few Sub Centres were identified to be vacant, non-functional. In the name of service delivery, only a building stands with no medical equipments, no essential drugs, etc.
- The district has observed a decline in institutional deliveries without a simultaneous decline in home deliveries.
- The ASHAs in the district have not been provided with the kits.
- Non-availability of IFA and Vitamin A tablets was observed in all the health facilities visited. Lack of a robust supply chain mechanism was reported to result in interrupted drug supplies across the district.
- The tender for management of Bio-Medical Waste is given to one company only. The effectiveness thus suffers in the said case. Lack of motivation and awareness with regards to infection control and waste management exists.
- Infection control practices, particularly, sterilization of equipments is poor. Gloves are re-used and no staff is available for autoclave or CSSD handling.
- The issue of convergence with parallel programs and channelization of activities at district, block and SC level was reported.
- There is a need for greater capacity and systematic management of existing systems.

1. INTRODUCTION

NHM envisages "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective intersectoral convergent action to address the wider social determinants of health". The mission encompasses a wide range of services.

A state PIP is a comprehensive document comprising of situation analysis, Goals and strategies and corresponding costs. States prepare Program Implementation Plans (PIPs) on an annual basis which goes through a formal process of appraisal each year by MoHFW and with subsequent approval, the states commence implementation. A holistic reporting of commitments made in the State PIP, forms an essential component of Monitoring and Evaluation of NHM progress.

The strength of the monitoring and evaluation systems for various national health programmes is integral to its strengthening. PRC, Delhi has time and again provided a continuous flow of good quality information on inputs, outputs and outcome indicators which are deemed essential for monitoring the progress of NHM at closer intervals.

As part of this qualitative report, key highlights are provided on the following four broad areas described in the Records of Proceedings (RoPs);

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

This PIP monitoring report concerns the district of Nainital in Uttarakhand. The report provides a review of key population, socio-economic, health and service delivery indicators of the Nainital District. The report also deals with health infrastructure and human resource of the district and provides insights on MCH service delivery including JSSK and JSY schemes, Family Planning, ARSH, bio-medical waste management, referral transport, ASHA scheme, communicable, non-communicable diseases and status of HMIS and MCTS. This report is based on the interviews of CMO, District Health Officials, ANM and beneficiaries.

1.1. OBJECTIVES

- To monitor the status of physical infrastructure of health facilities under NHM Programme.
- To understand the availability and efficiency of human resource.
- To understand the gap between Demand and supply of health service delivery under NHM programme.
- To assesses functionality of equipment, supply and essential drugs, essential consumables etc.
- To analyse implementation and performance of different scheme under NHM.
- To analyse other important components namely service delivery, record maintenance, Biomedical Waste Management, referral transports system, IEC material, disease control programme etc.
- To assess availability of finance for the NHM activities in the district.

1.2. METHODOLOGY

The report is based on Primary data collected from health facility visits as well secondary data collected from DPMU and CMO office as well as information collected from HMIS Web Portal for Nainital district, 2017-18. Structure interview schedules were used for nodal officers and health facilities.

The assessment is based on observations made and information collected during:
a) Round table meeting with CMO, DPMU and other Nodal officers and NHM staff
b) Visits to health facilities
c) Beneficiary interactions

Prior to the assessment of health facilities, a meeting with key personnel of NHM, Nainital was held. The interactions gave an enriching insight into the health situation of the district, key challenges that lay ahead, and a prospective way forward. The DPMU further elaborated the plan of visit to the health facilities

1.3. DEMOGRAPHIC PROFILE

Nainital District is one among 13 Districts of Uttarakhand state ,India. District Nainital is a part of the micro region of Kumaon Himalaya-East. It comprises partly of hill pattis, the bhabar and the plains. It is bounded in the north by district Almora, in the north-west by Garhwal, in the west by Bijnor, in the south by district of Udham Singh Nagar and in the east by district Champawat. It lies in latitude 29º00"N 29º05" north and long. 78º80"E80º14"east. The nucleus of Nainital's exquisite beauty is its lake.

Nainital has 8 blocks namely Betalghat, Bhimtal, Dhari, Haldwani, Kotabagh, Okhalkanda, Ramgarh and Ramnagar. Figure 2 displays the district map of Uttarakhand. Nainital is identified as the study region.

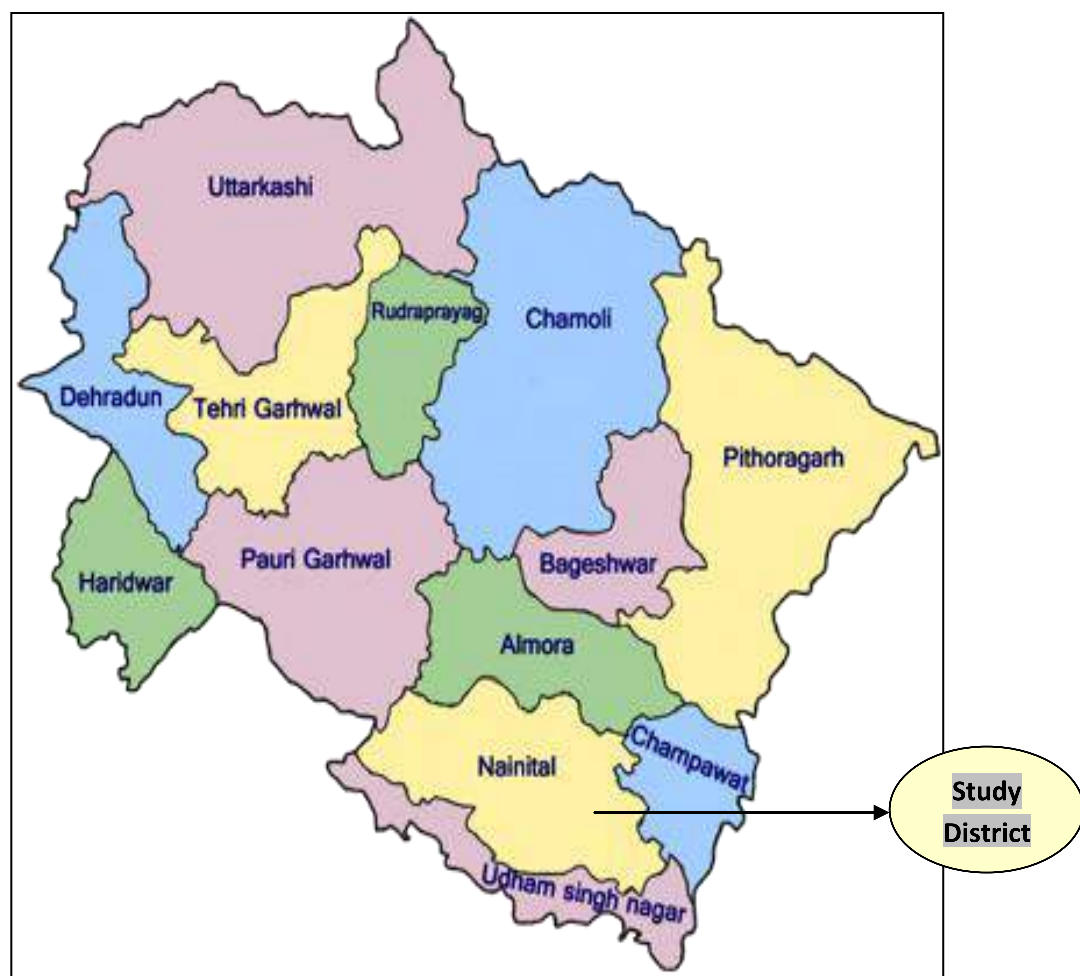


Figure 1: Districts of Uttarakhand

Table 1: Key Demographic Indicators, Nainital, Uttarakhand, India

S.No.	Indicators	India	Uttarakhand	Nainital
i.	Actual Population	1210569573	10086292	954605
ii.	Male	623121843	5137773	493666
iii.	Female	587447730	4948519	460939
iv.	Total Child Population (0-6)	164478150	1355814	124272
v.	Male Population (0-6)	85732470	717199	65337
vi.	Female Population (0-6)	78745680	638615	58935
vii.	Schedule Castes	201,378,372	1,892,516	191,206
viii.	Scheduled Tribes	104545716	291,903	7 ,495
ix.	Population Growth	17.7	18.8	25.1
x.	Density/km^2	382	189	225
xi.	Sex Ratio	943	963	934
xii.	Child Sex Ratio	919	890	902
xiii.	Avergae Literacy	72.99	78.8	83.9
xiv.	Male Literacy	80.89	87.4	90.1
xv.	Female Literacy	64.64	70.01	77.3

Source: Census, 2011

Table 1 summarises the demographic and socio-economic profile of the Nainital.

- The district has a population of 954605. This equals to around 9.5 per cent of the total population of Uttarakhand.
- Of the total female population in Uttarakhand, 9.3 per cent belongs to Nainital district.
- 47 per cent of the total child population (124272) in Nainital is female.
- Of the 954,605 total population of the district, 20.03 per cent of the total population belongs to the Scheduled Castes and 0.79 per cent to Scheduled Tribes.
- The literacy rate of the district is 83.9 per cent which is higher than the state average (78.8 per cent). However, female literacy rate is relatively lower than male literacy rate but fares well when compared with the national and state average.
- The sex ratio of the Nainital District is 934 females per 1000 males while that for Uttarakhand is 963.
- The child sex ratio for the district is 902 as against 890 for the state.
- Nainital district has population density of 225 persons per sq.km.which is more than the state average (189 persons per sq. km).
- Population growth rate in Nainital is higher than the national and state estimate and is valued at 25.1 percent.

1.4. HEALTH PROFILE

Table 2 presents the health profile of Nainital district for the year 2017-18. It highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Nainital with respect to various domains such as, Maternal Health, Child Health, Delivery care, Family Planning, etc.

Table 2: Health and Health Care Service Delivery Indicators, Nainital, 2017-18

Health and Health Care Service Delivery Indicators	HMIS (2017-18)		Health Outcomes
	Uttarakhand	Nainital	
I) Maternal Health			^MMR: 182
Total number of pregnant women Registered for ANC	229,260	17,467	
% 1st Trimester registration to Total ANC Registrations	60.95	66.3	
% Pregnant Woman received 4 or more ANC checkups to Total ANC Registrations	51.1	40.5	
% Pregnant women given 180 IFA to Total ANC Registration	46.7	31.7	
II) Delivery Care			^NMR: 20
a) Home Deliveries			
Number of Home deliveries	20,327	1,653	
% SBA attended home deliveries to Total Reported Home Deliveries	28	53.4	
% Newborns received 7 Home Based Newborn Care (HBNC) visits to Total Reported Home Deliveries	54.75	43.43	
b) Institutional Deliveries			
Institutional deliveries (Public Insts.+Pvt. Insts.)	122,301	13,736	
% Institutional deliveries to Total Reported Deliveries	85.7	89.3	
% Deliveries conducted at Public Institutions to Total Institutional Deliveries	73.3	85.2	
% Deliveries conducted at Private Institutions to Total Institutional Deliveries	26.7	14.8	
% Institutional deliveries to Total ANC Registrations	53.3	78.6	^IMR: 29
% Women discharged in less than 48 hours of delivery to Total Reported Deliveries at public institutions	61.5	56.9	
c) C-Section and Complicated deliveries (Public and Private Facilities)			
% C-section deliveries (Public + Pvt.) to reported institutional (Public + Pvt.) deliveries	13.9	34.1	
% C-sections conducted at public facilities to Deliveries conducted at public facilities	10.9	29.7	
% C-sections conducted at Private facilities to Deliveries conducted at private facilities	21.9	59.3	
d) Post Natal Care			
% Women getting 1st Post Partum Checkup between 48 hours and 14 days to Total Reported Deliveries	53.1	43.1	

<table>
<tr><td>% Newborns breast fed within 1 hour of birth to Total live birth</td><td>84.1</td><td>88.2</td><td rowspan="23"></td><td rowspan="2"></td></tr>
<tr><td>% Newborns weighed at birth to live birth</td><td>90.4</td><td>99.5</td></tr>
<tr><td>III) Child Health</td><td></td><td></td><td rowspan="8">^U5MR:
36</td></tr>
<tr><td>Number of fully immunized children (9-11 months)</td><td>169,863</td><td>17,242</td></tr>
<tr><td>Number of cases of Childhood Diseases (0-5 years): Pneumonia</td><td>3,280</td><td>267</td></tr>
<tr><td>Number of cases of Childhood Diseases (0-5 years): Diarrhoea</td><td>25,290</td><td>4,708</td></tr>
<tr><td>IV) Immunisation coverage</td><td></td><td></td></tr>
<tr><td>Infants received BCG to full Immunisation %</td><td>131.3</td><td>111.8</td></tr>
<tr><td>Fully Immunised children</td><td>169863</td><td>17242</td></tr>
<tr><td>Infants received Measles to full Immunisation %</td><td>56.15</td><td>32.4</td></tr>
<tr><td>V) Family Planning</td><td></td><td></td><td rowspan="7">*Unmet Need for Family Planning:
18.2</td></tr>
<tr><td>Total Sterilisation Conducted</td><td>12684</td><td>1800</td></tr>
<tr><td>% Male Sterlisation (Vasectomies) to Total sterilisation</td><td>3.2</td><td>3.9</td></tr>
<tr><td>% Female Serlisation (Tubectomies) to Total sterilisation</td><td>96.8</td><td>96.1</td></tr>
<tr><td>% IUCD insertions to all family planning methods (IUCD plus permanent)</td><td>82</td><td>77.8</td></tr>
<tr><td>Number of beneficiaries given 4th or more than 4 doses of Injectable (Antara Program)</td><td>65</td><td>50</td></tr>
<tr><td>Condom pieces distributed</td><td>4508835</td><td>283146</td></tr>
<tr><td>VI) Facility Service Delivery</td><td></td><td></td><td>*High blood sugar level</td></tr>
<tr><td>IPD</td><td>348347</td><td>38065</td><td rowspan="2">Men: 8.8
Women: 7.3</td></tr>
<tr><td>OPD</td><td>8487494</td><td>1085875</td></tr>
<tr><td>Outpatient - Diabetes</td><td>51566</td><td>2060</td><td>*Hypertensio n</td></tr>
<tr><td>Outpatient - Hypertension</td><td>58748</td><td>3552</td><td rowspan="2">Men: 13.6
Women: 9.4</td></tr>
<tr><td>% IPD to OPD</td><td>4.1</td><td>3.5</td></tr>
<tr><td colspan="5">Source: HMIS,Nainital, 2017-18; ^: CMO Office, Nainital, 2018; *: NFHS-4</td></tr>
</table>

An important component of the Maternal Health is ANC. Antenatal care is the systemic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. 66.3 percent of women in Nainital register for ANC in the first trimester while less than half of women (40.5 percent) who register for ANC receive 4 or more checkups. Early registration of pregnancy allows for adequate care during the cycle. IFA supplementation was given to 31 per cent of all women who registered for ANC. The low value could be due to the non-availability of drugs as was also observed during the visits. The Maternal Mortality ratio in the district is 182 maternal deaths per 1, 00,000 live births.

Delivery care is an important component of Infant health. Of the total home deliveries in Nainital, 53.4 percent were SBA attended. GoI recognises an SBA as someone who can handle common obstetric and neonatal emergencies. Thus presence of SBA in cases home delivery is essential to combat Maternal deaths. 89 per cent of all deliveries are institutional deliveries and of all the institutional deliveries in Nainital, 85 per cent took place in Public Institutions. Of all women who registered for ANC, 76 per cent went for institutional delivery. 34 percent of all institutional deliveries were C-section deliveries. With regards to Post Natal Care, 88 per cent of the newborns were breast fed within 1 hour of delivery and 99 per cent of newborns were weighed at birth. 43 per cent of women received the 1st post-partum checkup within 48 hours and 14 days of delivery. Infant Mortality Rate(IMR) for the district is 29.

As per Census 2011, the share of children in Nainital's total population is 13 per cent. Child Mortality is a threat facing India since decades. The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. With regards to the service delivery for Child Health, Nanital observes 105 per cent of full immunisation coverage rate. The most common childhood disease is reported as diarrhoea and in the year 2016-17, the district had 4708 cases of diarrhoeal disease. The observed Under Five Mortality rate in Nainital is 36 per 1000 live births.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilisation as a method of permanent family planning dominates the statistics with 96 percent of all sterilisation conducted in 2016-17 in Nainital being Tubectomies. The Unmet Need for family Planning is the district is 18.2 per cent.

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health systems has been a contribution of NHM. Facility Service Delivery with regards to patient services is summarised in section 6 of Table 2. The OPD patient load is as high as 1085875 number of OPD patients in 2017-18 as against 38065 IPD Patients. 2060 OPD patients were diabetes centric while 3552 were hypertension patients. According to NFHS-4, 8.8 per cent men and 7.3 percent women have high blood sugar levels whereas 13.6 per cent men and 9.4 per cent women suffer from hypertension in Nainital.

2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of Human Resources under NHM includes different interventions to ensure recruitment, deployment, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health Human Resources to meet the demands in the public sector

The Public Health Care Infrastructure includes of Sub Health Centres at the most peripheral level, Primary Health Centres envisaged to provide an integrated curative and preventive health care, and Community Health Centres which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1. HUMAN RESOURCE

CMO Meeting and discussions with BPMs unanimously cited manpower crunch as a significant limiting factor affecting the NHM effectiveness in the district. There is an acute shortage of HR in Nainital at all facility levels. Sub-optimal HR capacity runs alongside the said issue.

Table 3 depicts the HR availability at the female district hospital in Nainital. There is an acute shortage of specialists. It was reported that since Nainital has two district hospital, the female hospital is only female service centric while in the Male hospital, all other provisions are available. The district male hospital is adjacent to the female hospital and thus accessibility of services by the female patients is not greatly compromised.

Overall, a significant shortage significant shortage of skilled human resources was observed across the district. The scarce availability of specialists, paramedicals and adminisatrative staff breeds inefficiency in the system. Non-availability of data entry operators was repeatedly reported by health personnel across the district. In today's time when the role of IT is of such significance in the efficient working of NHM, the need for DEOs must not be ignored. In the present situation, Staff Nurses/medical officer were seen to be collecting and

preparing data. Thus, timely filling up the vacant positions, training and skill building, etc are urgent factors to consider while addressing the manpower shortfall in the district.

Table 3: Human Resource under NHM at District Hospital, Nainital, 2018

Status of Human Resource Availability & HR training			
1	**Manpower at District Hospital**	**Regular**	**Contractual**
i.	OBG	2	-
ii.	Anesthetists	1	-
iii.	Paediatrician	1	-
iv.	General Surgeon	1	-
v.	Other Specialists	-	-
vi.	MOs	2	-
vii.	SNs	8	-
viii.	ANMs	1	-
ix.	Pharmacists	4	-
x.	Radiolographer	1	-
xi.	Dental Surgeon	-	-
xii.	RMNCHA Counsellor	-	1
xiii.	Nutritionist	-	-

Source: : CMO Office, Nainital District, 2018

2.2. HEALTH INFRASTRUCTURE

Table 4 presents the details of Health Infrastructure in Nainital. With regards to Public health infrastructure, there are 2 District Hospitals, 4 Sub-District Hospitals, 3 First Referral Units(FRUs), 8 Community Health Centres(CHCs), 15 Primary Health Centres(PHCs), 136 Sub Centres(SCs) in Nainital. In addition, 9 adolescent friendly health clinics, 1 Medical College, 1 district early intervention centre are functioning in the district.

The population norms for setting up of public health facilities in hilly areas are as under:

- Sub Centre: 1 per 3,000 population
- Primary Health Centre: 1 per 20,000 population
- Community Health Centre: 1 per 80,000 population

The district observes a shortfall of 32 PHCs, 3 CHCs and 182 Sub health centres.

Table 4: Details of Health Infrastructure, Nainital, 2017-18

Health Infrastructure in the last financial year		
Facilities	**Number of Institutions**	**Functioning in a Rented building**
Health Facility		
District Hospital	2	-
Sub district hospital	4	-
First referral unit	3	-
CHC	8	-
PHC	15	-
Sub Centre	136	16
Adolescent friendly health clinics	9	-
Medical college	1	-
District Early Intervention Centre	1	-
Delivery Points	31	-
Transport Facility		
108 Ambulances	13	
Referrral Transport	9	
		Source: CMO Office,Nainital,2018

All the facilities are run in a government building except for 16 sub centres which are functioning in a rented building. It was reported that 4 sub centres in the district are vacant and non-functional. Transport facilities in the district include 13 ‘108 ambulances’ and 9 ‘referral transports’.

The concept of establishing State allopathic dispensaries (SADs) in hard-to-reach areas in entire Uttarakhand was an perceived to be an efficient step to reduce travel time and Out of Pocket expenditure by the community. However, CMO meeting highlighted the fact that due to poor funding no SADs are functional in the district and hence stand barren. No drugs, equipment, etc. are available at the said facilities. It was thus suggested to either ensure the functioning of such SADs or turn them into delivery points. Table 5 highlights the list of SADs on Government buildings in Nainital.

Table 5: State Allopathic Dispensaries in Nainital, 2017-18

<table>
<tr><th>Block</th><th>Name of the SAD</th><th></th><th>Block</th><th>Name of the SAD</th></tr>
<tr><td rowspan="5">Bhimtal</td><td>Bajoon</td><td rowspan="15"></td><td rowspan="2">Dhari</td><td>Paharpani</td></tr>
<tr><td>Bhorsa</td><td>Sunderkhal</td></tr>
<tr><td>Banna</td><td rowspan="7">Ramgarh</td><td>Mona</td></tr>
<tr><td>Okhaldunga</td><td>Talla Ramgrah</td></tr>
<tr><td>High Court Nainital</td><td>Nathuwakhan</td></tr>
<tr><td rowspan="4">Haldwani</td><td>Futkuan</td><td>Puyra</td></tr>
<tr><td>Kheda</td><td>Satbunga</td></tr>
<tr><td>Kathgodam</td><td>Pokhari</td></tr>
<tr><td>Bamphoolpura</td><td>Banjpathri</td></tr>
<tr><td rowspan="3">Betalghat</td><td>Kalakhet</td><td rowspan="3">Ramnagar</td><td>Chooi</td></tr>
<tr><td>Simalkha</td><td>Maddhanchoor</td></tr>
<tr><td>Sukadhankori</td><td>Paathkot</td></tr>
<tr><td rowspan="3">Kotabagh</td><td>Ghughu Sigdi</td><td rowspan="3">Okhalkanda</td><td>Dalkanya</td></tr>
<tr><td>Chakalua</td><td>Khanshu</td></tr>
<tr><td>Pataliya</td><td>Tushrad</td></tr>
<tr><td colspan="5">Source: CMO Office, Nainital, 2017-18</td></tr>
</table>

Table 6 gives the details of infrastructure parameters of the facilities visited as provided on Web HMIS portal. Non-availability of residential quarters for medical and paramedical staff was a common concern. It is even more serious due to the fact that in case of emergencies, if the staff is not living on-site, the commutation becomes difficult in the region and unavailability of transport facilities adds to the problem.

Facility visit to Sub Health Centre in Motahaldu depicted facts that differ from what the HMIS data suggests, particularly with regards to accessibility, water supply and waste disposal. Firstly, the location is not easily accessible; secondly, the facility has no water supply since last year. There is also no waste disposal system in place as against the HMIS data claim. This surfaces the errors in HMIS reporting.

Table 6: Status of Health Infrastructure in facilities visited, Nainital, 2017-18

S. No.:	Facilities Visited Physical Infrastructure Indicators	DH	CHC, Bhowali	PHC, Motahaldu	SC, Bhowali	SC, Motahaldu
1	Population Covered	**161732**	**42000**	**24255**	**7053**	**3519**
2	Total Coverage Area (Sq. Kms.)	**15**	**-**	**23**	**-**	**12**
3	Whether located at an easily accessible area?	Yes	Yes	Yes	Yes	Yes
4	Regular electric supply available?	Yes	Yes	Yes	Yes	Yes
5	Round the clock pipped water supply?	Yes	Yes	Yes	No	Yes
6	Proper waste disposal system as per National Guidelines?	Yes	Yes	No	No	Yes
7	Residential Quarters for medical and para medical staff ?	Yes	Yes	No	Yes	No

Source: HMIS, Infrastructure annual report, 2017-18

Major challenges lay ahead for Nainital in the domain of infrastructure strengthening. Systematic monitoring of health facilities may be undertaken to ensure compliance to IPHS norms over a period of time.

3. Maternal Health

Maternal Health is an important aspect for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers is not only important in their own right but are also central to solving large broader, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The major direct causes of maternal morbidity and mortality include haemorrhage, infection, high blood pressure, unsafe abortion, and obstructed labour. (WHO) The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening of health care delivery system.

3.1. Overview

The 5x5 RMNCH+A matrix under NHM throws light on 4 important life cycle stages of maternal and reproductive health. Table 6 gives performance indicators by various stages for the last two financial years.

IUCD insertion is a priority area under spacing services. Pertaining to the performance under reproductive health, percent of women opting for IUCD insertions as a family planning method has marginally increased in 2017-18 to 77.8 per cent. Women continue to bear an uneven burden of sterilization. In 2017-18, percentage of male sterilization procedures to total sterilizations dropped to 3.9 from 5.2 in 2016-17.

Table 7: Maternal Health indicators, Nainital, 2017-18

Sl. No.	Stages	Indicators	2017-18	2016-17
1	Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization	20.5	18.6
2		Male sterilization to total sterilization conducted	3.9	5.2
3		IUCD insertions to all family planning methods (IUCD plus permanent)	77.8	76.9
4	Pregnancy care	1st Trimester registration to total ANC registration	66.3	67.9
5		Pregnant women received 3 ANC check-ups to total ANC registration	40.5	80
6		Pregnant women given 100 IFA to total ANC registration	31.7	59.2
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries	2.3	11.6
8		Pregnant women receiving TT2 or Booster to total number of ANC registered	92.2	90.4
9	Child Birth	SBA attended home deliveries to total reported home deliveries	53.4	67.2
10		Institutional deliveries to total ANC registration	78.6	75.3
11		C-Section to reported deliveries	34.1	32.4
12	Postnatal, maternal & new born care	Newborns breast fed within 1 hour to live births	88.2	89.3
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions	56.9	60.6
14		Newborns weighing less than 2.5 kg to newborns weighed at birth	9	7.3
15		Newborns visited within 24hrs of home delivery to total reported home deliveries	43.4	81.6
16		Infants 0 to 11 months old who received Measles to reported live births	113.3	104.4

Source: HMIS, Nainital, 2017-18

With regards to accessibility of ANC services, 66.3 percent women registered in first trimester in 2017-18 as against 68 per cent women in 2016-17. 40.5 per cent women received 4 ANC checkups. Since, non-availability of IFA tablets was reported throughout the district, percentage of women who received 100 IFA tablets declined to 32 in 2017-18 while the same for the year 2016-17 was at 59 percent. There has been a decline in the percentage of women with obstetric complications in 2017-18.

In 2017-18, 53.4 percent of all home deliveries were attended by a skilled birth attendant; the performance has dropped relative to 2016-17 levels. The data also indicates an increase in C-section deliveries in the last financial year.

Postnatal care is yet another domain integral to maternal health. It is critical that women be kept under observation up to 48 hours after institutional delivery. However, in Nainital, 57 percent of women were discharged under 48 hours of delivery in public institutions. A slight decline in 2017-18 (88 percent) was also observed in the percentage of women who breastfed within 1 hour of delivery when compared to 89 percent women in 2016-17.

3.2. JANANI SURAKSHA YOJANA (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY, a demand promotion scheme was launched in April 2005 with the objective of reducing Maternal and Infant Mortality. This is a conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as a successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of INR 1400 is provided to mothers who deliver in institutional facilities.

Table 8: Status of JSY Payments in Nainital, 2017-18

Status of payments for (%)			**Record maintenance**
Institutional deliveries	74		**Available:** YES **Updated:** YES
Home Deliveries	NA		
Deliveries brought by ASHAs	100		
Source: CMO Office, Nainital, 2018			

In Nainital, beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. However, it was reported that some women are reluctant to get into the hassles of opening a bank account for a meager sum of money and in some cases, beneficiaries even deny the entitlements. The PFMS mode of making payments is not effectively practiced by the staff due to lack of training and in some cases payments are made by cheque. Though the district has initiated steps towards online payment of JSY incentives, implementation is relatively slow.Table 8 highlights that in Nainital 74 per cent of women who delivered in institutional facilities received JSY Payments and 100 percent of these cases were bought by ASHA which highlights their active role in emphasizing institutional deliveries.

3.3. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)

To complement JSY, Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new- borns and infants on drugs, diet, diagnostics, user charges, referral transport, etc. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities.

Table 9: JSSK Component-wise analysis, Nainital, 2017-18

S.No:	Number of Beneficiaries under JSSK	
1)	Diet	9000
2)	Drugs	13468
3)	Diagnostic	13468
4)	Transport:	
4.1)	Home to facility	2912
4.2)	Referral	46
4.3)	Facility to home	3078
		Source: CMO Office, Nainital, 2018

Out of pocket expenditure on diagnostics and transport was reported and observed in the district. JSSK beneficiaries were observed to be spending on pick-up transportation/ ambulance due to the far reach or extremely scattered peripheral location of beneficiaries in the district. However, beneficiaries were aware of the drop-back “Khushiyo ki sawari” from facility to the home. The fact also reflects in Table 8 where the number of beneficiaries

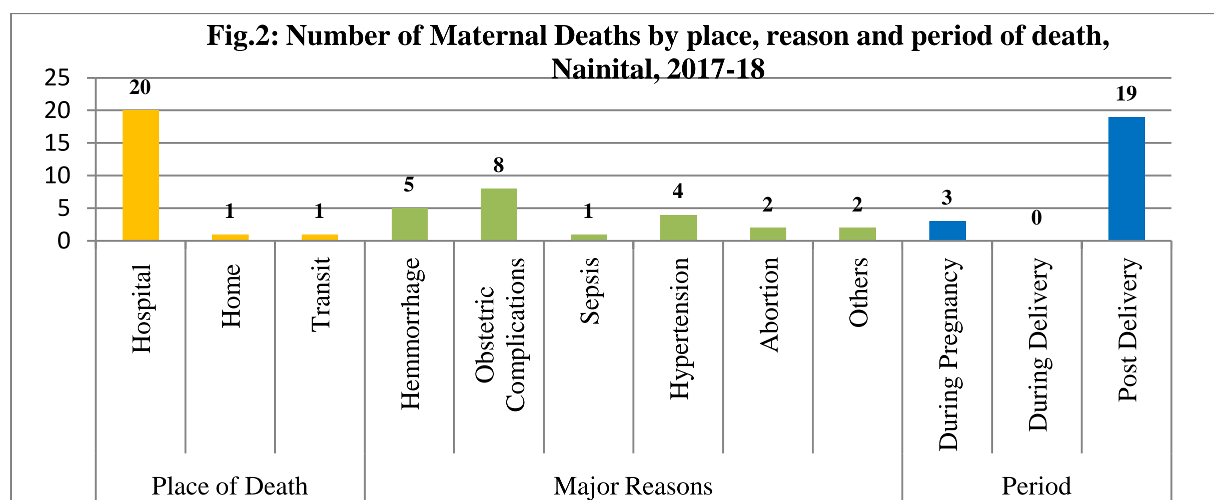
availing transport from home to facility is 2912 as against 3078 beneficiaries who availed transport entitlement facility to home No beneficiary in the facilities visited reported spending on drugs.

The Medical Officers reported an increase in the number of beneficiaries who need more than one-time diagnostics (lab test, X-rays) during the pregnancy. Hence, out-of-pocket expenditure with regards to the diagnostics during pregnancy is on a rise.

3.4. MATERNAL DEATH REVIEW

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan document. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in service.

Nainital observed 22 Maternal deaths in the year 2017-18. Figure 2 illustrates the total number of maternal deaths by place, reason and period. Of the total maternal deaths, 91 per cent took place in a hospital. A total of two maternal deaths took place during transit and at home. The major reasons for maternal deaths in the district include haemorrhage, obstetric complications, sepsis, and hypertension. Of the total maternal deaths, 8 were caused due to obstetric complications. Majorly, the highest number of maternal deaths occurred post delivery.



Source: CMO Office, Nainital, 2018

4. CHILD HEALTH

The RMNCH+A under the National Health Mission (NHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health. Further, Twelfth Five Year plan (2012-2017) and National Health Mission (NHM) laid down the Goal to Reduce Infant Mortality Rate (IMR) to 25 per 1000 live births by 2017. Child population in Nainital is 13.1 percent of the total population.

The key thrust areas under child health include:

Thrust Area 1 : Neonatal Health

- Essential new born care (at every 'delivery' point at time of birth)
- Facility based sick newborn care (at FRUs & District Hospitals)
- Home Based Newborn Care

Thrust Area 2 : Nutrition

- Promotion of optimal Infant and Young Child Feeding Practices
- Micronutrient supplementation (Vitamin A, Iron Folic Acid)
- Management of children with severe acute malnutrition

Thrust Area 3: Management of Common Child hood illnesses

- Management of Childhood Diarrhoeal Diseases & Acute Respiratory Infections

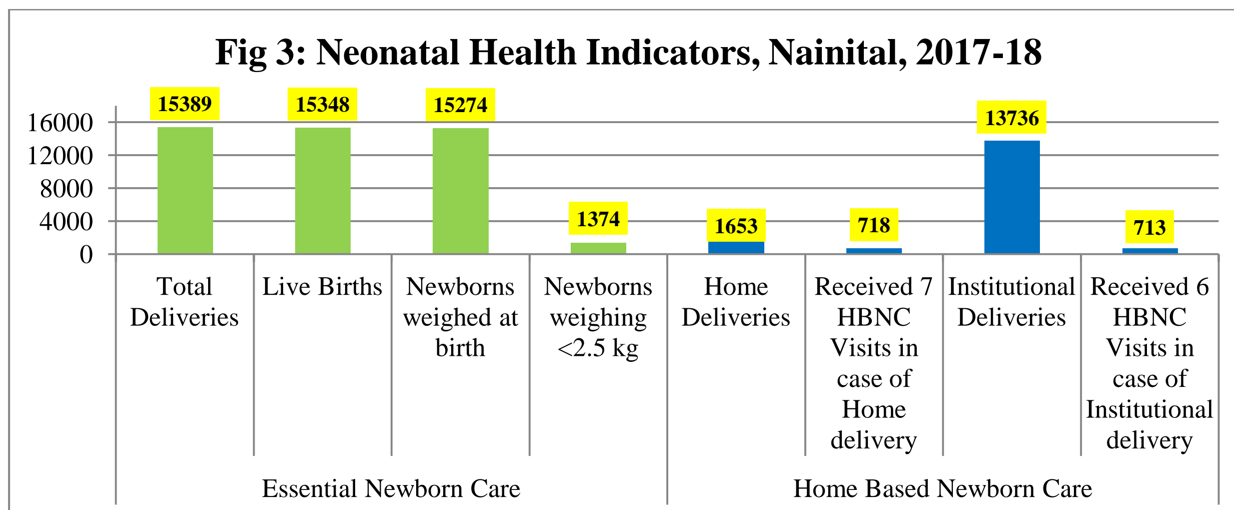
Thrust Area 4: Immunisation

- Intensification of Routine Immunisation
- Eliminating Measles and Japanese Encephalitis related deaths
- Polio Eradication

4.1. NEONATAL HEALTH

The district has observed 13,736 institutional deliveries in year 2017-18 of the total 15,389 deliveries as depicted in Fig. 3. Of the total newborns, 99.5 percent were weighed at birth. 1374 newborns had a birth weight of less than 2.5 kg of the total home deliveries in the

district, 43 percent newborns received 7 HBNC visits. The total home deliveries in the district for the last financial year are 1653 which accounts to 10.7 percent of total deliveries in Nainital.



Source: HMIS, Nainital, 2017-18

The service delivery for neonatal health in terms of infrastructure is discussed in Table 9. The district has one NBSU AND SNCU, each. The total number of NBCC is 15 in the district. Manpower dedicated to SNCUs in the district include 3 doctors, 14 staff nurses, 1 data entry operator and 1 support staff. 4 staff nurses are available for the NBSUs in the district.

The total number of neonates admitted in SNCU and NBSU is 1951 and 272, respectively. Of the total SNCU admissions 53% of the neonates were discharged, 14% were referred, 16% died and 17% signed LAMA. The health infrastructure pertaining to neonatal health in the district needs serious improvement.

Table 10: Neonatal Health Service Delivery, Nainital, 2017-18

Facility type	Number of facilities across district	Total Staff	Admissions in last financial year
SNCU	1	Medical: 3 Paramedical: 16	1951
NBSU	1	Paramedical: 4	272
NBCC	15	-	-

Source: CMO Office, Nainital, 2018

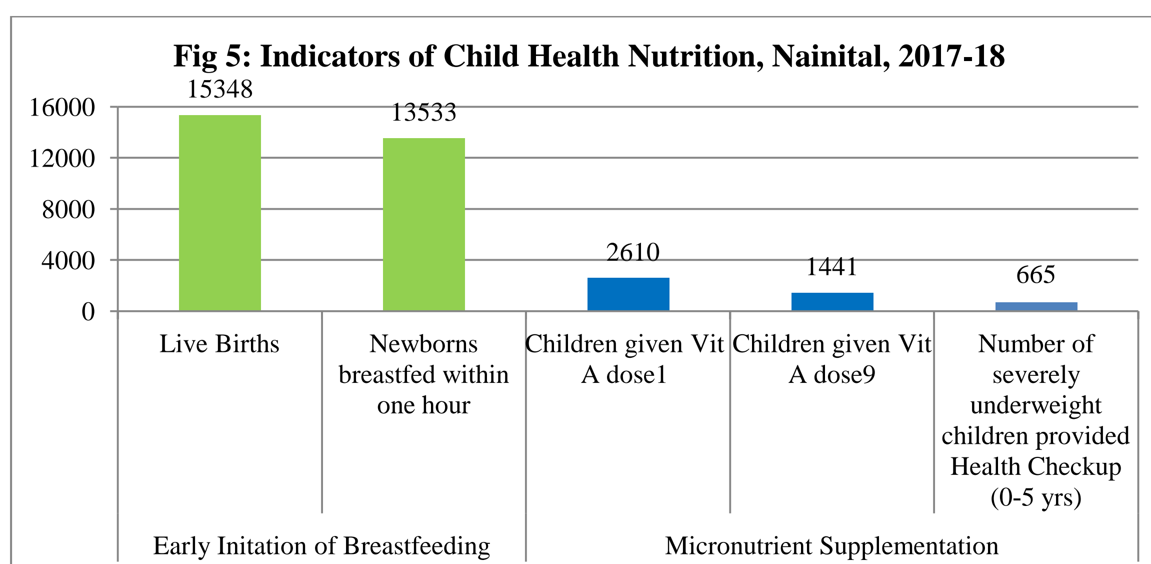
Fig 4: Treatment Outcome in Total Neaonates admitted in SNCU& NBSU, Nainital, 2017-18

SNCU: Discharge 53%, Referred 14%, Death 16%, LAMA 17%
NBSU: Discharge 97%, Referred 3%

4.2. NUTRITION

Nutrition is acknowledged as one of the most effective entry points for human development, poverty reduction and economic development, with high economic returns. Nutrition is central to the achievement of other National and Global Sustainable Development Goals. It is critical to prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits. Factors contributing to undernutrition during infancy and childhood include low birth weight and poor breast feeding.

RMNCH includes calcium, iron and Vitamin A supplementation to improve maternal and infant survival. With regards to the same, Figure 6 depicts that, 13533 newborns in the district were breastfed within 1 hour of delivery which accounts to 88 per cent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be encouraged. Number of children given Vitamin A dose 1 is 2610 while the number of children given Vitamin A dose 9 is 1441. The low levels of micronutrient supplementation as well as the high dropout between dose 1 and dose 9 is suggestive of both, the demand side hindrance as well as the supply side hindrance. 665 severely underweight children were provided health check-up in the district.

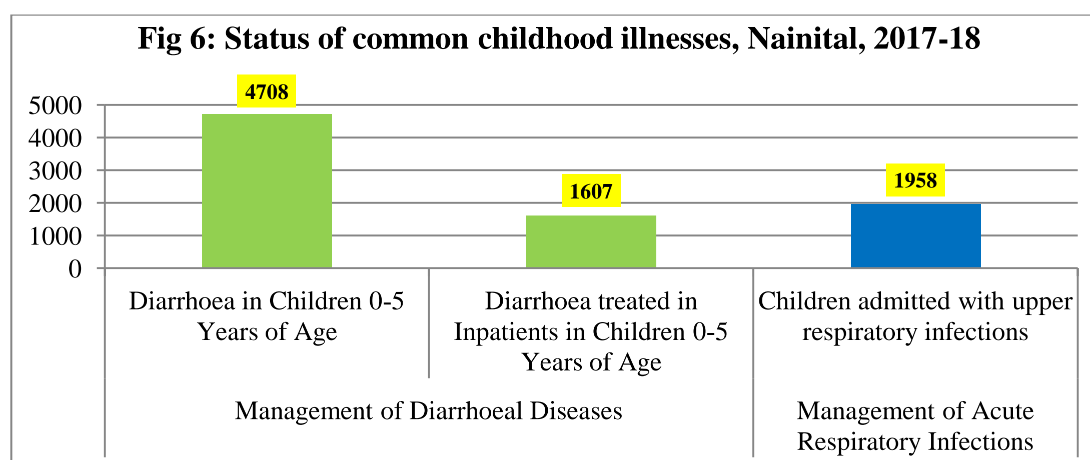


Source: HMIS, Nainital, 2017-18

4.3. MANAGEMENT OF COMMON CHILDHOOD ILLNESSES

Every year some 8 million children in developing countries die before they reach their fifth birthday; many during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infections (mostly pneumonia), diarrhoea (including dysentery), malaria, or severe malnutrition – or a combination of these conditions.(WHO)

In India, common childhood illnesses in children under 5 years of age include fever acute respiratory infections , diarrhoea and malnutrition (43%) – and often in combination. As illustrated in Figure 7, in Nainital 4708 children were identified with diarrhoea of which 34 per cent were treated in IPD. As for acute respiratory infections, 1958 children were admitted with upper respiratory infections in the year 2017-18.



Source: HMIS, Nainital, 2017-18

4.4. IMMUNISATION

Immunization Programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization programme under NHM It is one of the major public health intervention in the country.

Table 11 shows, against the target set by the district, achievement in immunisation coverage for OPV at birth is 134 per cent in Haldwani whereas it is only 3 per cent in Okhalkanda.

Less than half achievement percentage was observed in 5 blocks of the district namely Betalghat, Dhari, Kotabagh, Okhalkanda and Ramgarh.

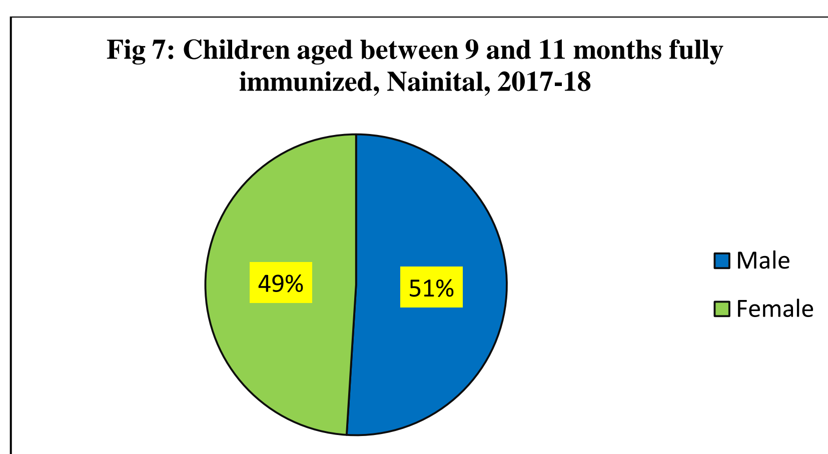
Achievement in BCG vaccination coverage against the target was highest in Haldwani with 140 % achievement followed by Okhalkanda and Betalghat with 91 and 68 per cent achievement respectively. No significant dropout is observed in Pentavalent vaccine schedule. No block in the district shows achievement percentage of less than 65 for Pentavalent 1, 2 and 3. Achievement percentage with regards to Measles vaccination is satisfactory among the blocks of the district. Haldwani reports 127 per cent achievement against the target, followed by Ramgarh(104 per cent), Okhalkanda(100 per cent) and Betalghat(95 per cent). All other block have an achievement percentage of more than 70.

Full immunisation for the year 2017-18 accounts for 17348 children as against the target of 16254. The achievement rate thus comes out to be 107 per cent. Of the fully immunized children 49 per cent are females while 51 per cent are males.

Table 11: Block-wise status of Immunization coverage, Nainital, 2017-18

Block	Target	OPV at birth	BCG	DPT			Pentavalent			Measles	Full Immunisation
				1	2	3	1	2	3		
Betalghat	707	336	481				563	573	576	674	674
Bhimtal	1955	1013	1177				1412	1404	1477	1496	1496
Dhari	680	284	404				435	411	501	494	494
Haldwani	7542	10114	10573				8765	8692	8521	9599	9599
Kotabagh	1207	331	497				860	851	859	994	994
Okhalkand	823	28	749				802	794	833	827	827
Ramgarh	678	107	419				527	541	552	519	519
Ramnagar	2662	1396	2860				2785	2759	2868	2781	2781

Source: CMO Office, Nainital, 2018



Source: HMIS, Nainital, 2017-18

4.5. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)

National Health Mission has ensured significant progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 12 depicts the status of RBSK activities in the district for the years 2016-17 and 2017-18. 2847 schools were covered under RBSK in the year 2017-18 as against 2858 schools in the year 2016-17. 180596 children were registered under the programme of which 143649 children were diagnosed.

An increase in the number of children with eye diseases can be seen from the year 2016-17 to 2017-18 with 1641 cases detected during the latter period. In the last financial year, 101 Children were diagnosed with heart diseases were, 19 physically challenged children were identified and 456 children were reported to be anaemic. The number of anemic children in 2016-17 was 959. A significant decline can be observed.

Table 12: Status of RBSK, Nainital, 2016-17 & 2017-18

Years	2017-18	2016-17
No. of Schools	2847	2858
No. of children registered	180596	192654
Children Diagnosed	143649	147226
No. of Children referred	4044	5210
Eye Disease	1641	1219
Ear Disease	115	190
Heart disease	101	261
Physically challenged	19	13
Anaemic	456	959
Source: CMO Office, Nainital, 2018		

5. FAMILY PLANNING

Family planning provides a choice & freedom to Women for deciding their Family size number of children and determine the spacing of pregnancies.. A woman's freedom to choose "When to become pregnant" has a direct impact on her health and well-being as well as the neonate. This could be achieved only by providing basket of choices for contraceptive methods. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortions.

Female sterilization is noted to be the dominate method under permanent sterilization. As against the sterilization targets set by the block, Ramnagar achieved 196 per cent in sterilizations, followed by Dhari with the achievement percentage of 77 per cent. Achievement percentage with regards to IUCD insertion was remarkable in Ramnagar, Haldwani and Bhimtal with 657, 500 and 337 percent achievement against the target. However, two blocks of the district, namely, Okhalkanda and Betalghat recorded less than 50% achievement against the set targets. Overall, achievement percentage for IUCD was 171.

Table 13: Block-wise analysis of Family Planning status in Nainital, 2017-18

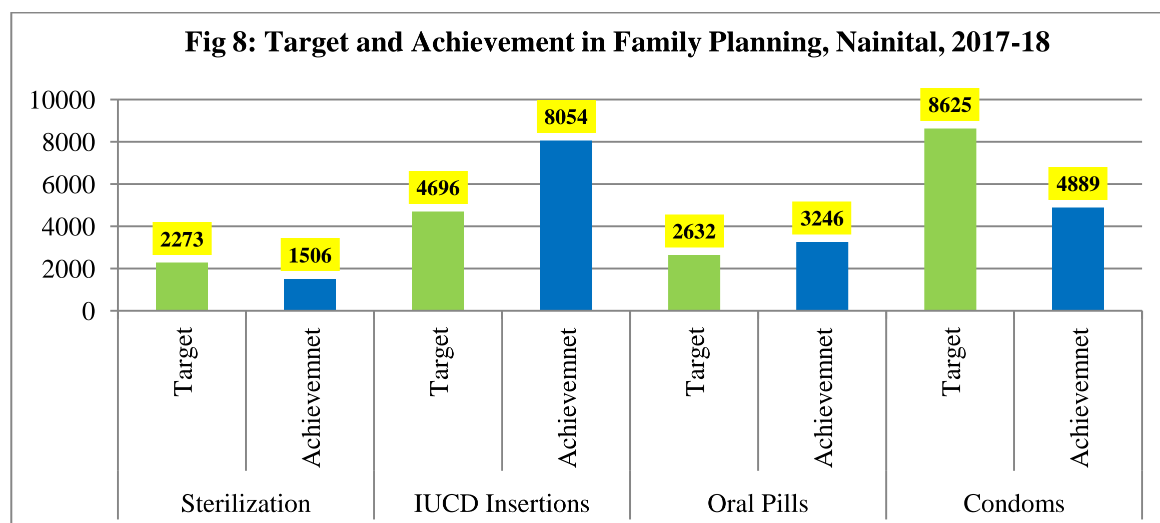
Block	Sterilization			IUCD insertions		Oral Pills		Emergency Contraceptives		Condoms		Injectables
	T	Male	Female	T	A	T	A	T	A	T	A	
Betalghat	120	2	81	665	304	250	253		9	500	505	-
Bhimtal	298	8	183	185	623	510	599		469	1129	992	23
Dhari	105	2	79	510	269	200	184		119	350	223	-
Haldwani	1189	21	695	702	3513	161	1001		345	3491	1424	203
Kotabagh	193	7	71	945	738	248	302		49.3	468	300	-
Okhalkand	173	5	120	735	305	200	261		225	339	485	-
Ramgarh	120	1	84	665	403	307	149		0	347	267	-
Ramnagar	75	23	124	289	1899	756	497		1591	2001	693	-

T: Target; A: Achievement *Source: CMO Office, Nainital, 2018*

Again, it can be seen in Table 13, the block of Haldwani recorded 622 per cent of achievement as against the target for oral contraceptive pills. More than 100 per cent achievement is reported by 5 blocks in the district: Haldwani, Okhalakand, Kotabagh, Bhimtal and Betalghat. Injectables contraceptive were adopted as a family planning method in Haldwani and Bhimtal by 203 and 23 women, respectively.

Achievement percentage for condoms distribution was relatively low for Haldwani at 41 percent. Betalghat and Okhalkanda had the highest achievement percent while Ramnagar had the lowest, as against the targets set.

Figure 8 summarises the target and achievement status in Family planning by method type. It can be seen that for sterilization and condom distribution, under-achievement with respective targets is observed while the contrary holds true for IUCD insertions and Oral Pills.



Source: CMO Office, Nainital, 2018

6. RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

With a view to address the health and development needs of the adolescent population Ministry of Health and Family Welfare launched the Rashtriya Kishor Swasthya Karyakram (RKSK) on the 7th of January 2014. RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy. Whilst core programming principles for RKSK are health promotion and a community based approach expanded scope of the programme includes nutrition, sexual & reproductive health, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. RKSK units are mandated to focus on the following specific interventions:

- WIFS
- Facility based RKSK Services
- Community based RKSK Sservices

- Menstrual Hygiene scheme

The district observed 1024 counselling sessions in the last financial year. The highest number of counselling sessions was held in Haldwani block (505). A total of 1129 adolescents attended these counselling sessions. Again, maximum attendance was observed in haldwani block(4938) followed by Dhari(1813) and Kotabagh(1785). No case of severe anaemia among adolescents was recorded in the district. However, 1618 anaemic adolescents were identified in the last financial year as depicted in Table 14.

As part of WIFS under RKSK, IFA tablets were given to a total of 84070 adolescents. RTI/STI screening diagnosed 164 cases with the underlying condition. 51 cases of RTI/STI were recorded in Ramnagar.

Table 14: Block-wise service delivery under RKSKS in Nainital, 2017-18

Block	No. of Counselling sessions conducted	No. of Adolescents who attended the Counselling sessions	No of Anaemic Adolescents		IFA tablets given	No. of RTI/STI cases
			Severe Anaemia	Any Anaemic		
Betalghat	33	389		30	1560	17
Bhimtal	111	854		10	520	0
Dhari	119	1813		305	15800	13
Haldwani	505	4938		902	46900	49
Kotabagh	109	1785		162	8430	5
Okhalkand						
Ramgarh	98	826		55	2860	51
Ramnagar	49	694		154	8000	29

Source: CMO Office, Nainital, 2017-18

7. QUALITY MANAGEMENT IN HEALTH CARE SERVICES

Quality of health care services is essential to the smooth functioning of the public health sector as well as the dignity and comfort of the patients. Quality of care in health care services offer manifold benefits to the facilities as well as the patients in terms of goodwill, upkeep, lower infection rates an and promotion of healthy behaviour. Ministry of Health and Family Welfare, Government of India is committed to support and facilitate a Quality Assurance Programme, which meets needs of Public Health System in the country and is

sustainable. Main focus of proposed Quality Assurance Programme would be enhancing satisfaction level among users of the Government Health Facilities.

Quality in Health System has two components: Technical Quality and Service Quality. An important aspect of the former is "Infection control" and "Health Care Waste Management".

7.1. HEALTH CARE WASTE MANAGEMENT

Bio-medical pits and colour-coded bins were observed in all the facilities across the district. Table 15 shows a broad status of Health care waste management in Nainital. Two sub-district hospitals outsourced to global environment solution for bio-medical waste management. In majority of the facilities deep burial was in place for bio-medical waste. Efficiency in this domain is required.

With regards to sterilization practices in the district, record for fumigation of OTs was not kept or maintained. The staff showed hesitation when asked about the conduction of fumigation rounds in the facility. Due to shortage of medical consumables, particularly, gloves, re-use of the same were reported. The OT walls were damp throughout the facilities in the district. Infection control needs prime focus. Although all facilities had autoclave, there was no separate staff to handle sterility specifically and regular maintenance of autoclaves was also not observed.

Table 15: Health Care waste Management in Nainital, 2017-18

S.No.	Health Care Waste Management			
A)	**Bio-Medical Waste Management**	**DH**	**CHC**	**PHC**
i.	No of facilities having bio-medical pits	2	8	15
ii.	No. of facilities having color coded bins	2	8	15
iii.	Outsourcing for bio-medical waste	2(SDH)	0	0
iv.	If yes, name company	Global Environment Solution		
v.	How many pits have been filled	0	0	0
vi.	Number of new pits required	0	0	0
B)	**Infection Control**			
i	No. of times fumigation is conducted in a year	0	0	0
ii	Training of staff on infection control	Yes	Yes	Yes

Source: CMO Office, Nainital, 2018

7.2. INFORMATION EDUCATION COMMUNICATION (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviors in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots, etc. are printed / produced and circulated / broadcasted as a means of promoting desired & positive behaviors in the community.IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.

The visited facilities put in place the procured IEC material in place. Hoardings, posters and citizen charts were properly displayed. The procurement for IEC material was not reported to be a problem. Material was available with the facilities pertaining to all major schemes like JSY, JSSK, Immunisation, Referral Transport, etc. Figure ... shows few of the IEC materials cited by the team during visits to various health facilities.

Fig.9 : IEC Material displayed in the visited health facilities

8. COMMUNITY PROCESS

ASHAs have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategic role in the are a of public health. The bottom up approach of NHM especially draws attention to the role of

ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

The broad working status of ASHAs is highlighted in Table 15. At present, a total of 938 ASHAs are working in the district. 12 ASHA meetings were held in the year 2017-18. These monthly meetings focus on capacity building of ASHAs and review their performance. An important element of these meetings is the replenishment of ASHA drug kits. However, this aspect was reported to be a common problem as ASHAs have not received their kits since a few months now.

With respect to training, 149 ASHAs were trained last year in Malaria Blood Sample Preparation. ASHAs are critical frontline workers who have enabled improved access to health care services and have also facilitated behaviour change at the community level. ASHA workers reported an absence of a strong grievance redressal system which hinders their motive and performance.

Table 16: Details of ASHAs in Nainital district, 2017-18

Community Process in Nainital, 2017-18		
S.No.	**Last status of ASHAs**	**Total number of ASHAs**
i.	ASHAs presently working	938
ii.	Positions vacant	2
iii.	Total number of meeting with ASHA (in a Year)	12
iv.	Total number of ASHA resource centers/ ASHA Ghar	2
v.	Drug kit replenishment	-
vi.	No. of ASHAs trained in last year	149
vii.	ASHA's Trained in Digital Literacy	-
vii.	Name of trainings received	1) Malaria Blood Sample Preparation 2) 3)
		Source: CMO Office, Nainital, 2018

9. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy) systems of Medicine and revitalization of LHT (Local Health Traditions) is a major vision of NRHM. The AYUSH systems, especially Ayurveda and Homeopathy play an

important role in the Health Care Delivery System. In Nainital, a total of 10 AYUSH health centres are in place while there are 15 PHCs in the district. An AYUSH doctor is available at every AYUSH centre. For the financial year 2017-18, 70,684 patients received AYUSH treatment in Nainital district as depicted in Table 17 below.

Table 17: Status of AYUSH in Nainital, 2017-18

No. of facilities with AYUSH health centres	10
No. of AYUSH Doctors	10
No. of Patients who received treatment	70684
	Source: CMO Office, Nainital, 2018

10. DISEASE CONTROL PROGRAMME

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable diseases in the district has been discussed below.

10.1. COMMUNICABLE DISEASES

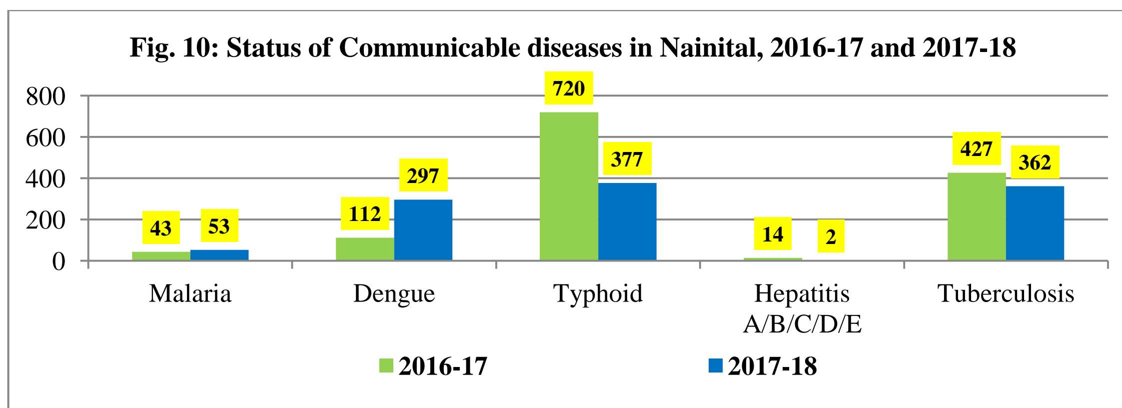
Table 18 summarises the progress of health with regards to communicable diseases in the years 2016-17 & 2017-18. In 2016-17, the maximum number of cases detected was that of typhoid. However, screening for Malaria was the highest with 38,128 people tested for Malaria.

The incidence of typhoid has significantly decreased in 2017-18 (377) as against the 2016-17 level of 720 cases. A similar trend can be observed in cases of Tuberculosis as well. The screening for Tuberculosis has, however, increased which is a progressive sign. Cases of dengue have more than doubled in 2017-18 with 297 cases detected as against 112 in 2016-17.

Table 18: Status of Communicable diseases in Nainital, 2017-18

Disease Control Programme progress(CDs), Nainital, 2017-18				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Malaria	38128	43	31011	53
Dengue	256	112	397	297
Typhoid	8368	720	8244	377
Hepatitis A/B/C/D/E	1482	A:8; E:6	112	E:2
Influenza	20	0	63	0
Tuberculosis	1563	427	2128	362
Filariasis	0	0	0	0
japanese encephalitis	0	0	0	0
Others, if any: Chikenguniya	1	1	0	0
Source: CMO Office, Nainital, 2018				

Significant improvement can be seen in Hepatitis A/E cases as well between the two years. Overall, the increase in the incidence of dengue and malaria draws attention to working of National Vector Borne Disease Control Programme (NVBDCP) in the district.



Source: CMO Office, Nainital, 2018

10.2. NON-COMMUNICABLE DISEASES

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer, etc. are covered under NHM.

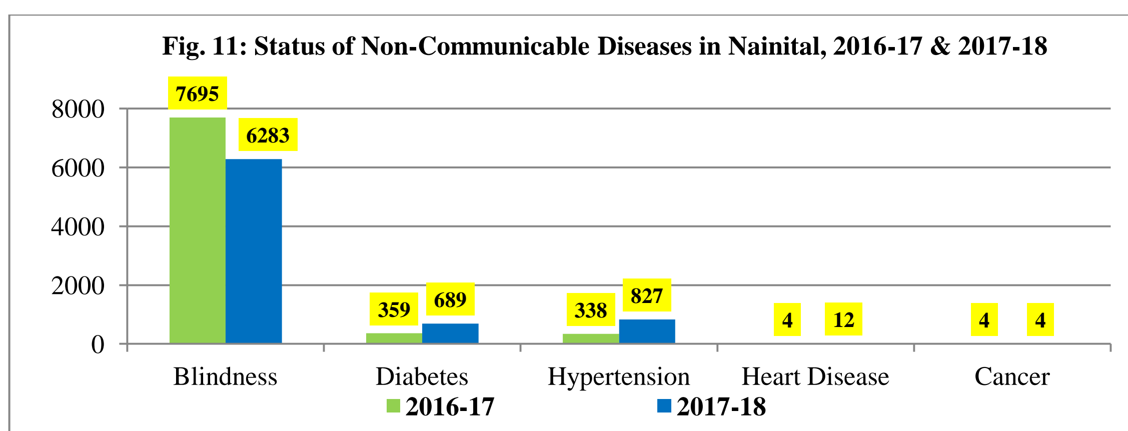
Table 19 depicts the status of NCDs in Nainital in the years 2016-17 and 2017-18. The incidence of blindness remains the highest in both the years. This highlights the need for an efficient network of ophthalmologists in the district, which at present was not observed. Eye speciality services suffered hindrances related to equipment and manpower availability.

Table 19: Status of Non-Communicable Diseases in Nainital, 2017-18

Disease Control Programme progress(NCDs), Nainital, 2017-18				
Name of the Programme/ Disease	2016-17		2017-18	
	No. of cases screened	No. of detected cases	No. of cases screened	No. of detected cases
Blindness	162718	7695	194136	6283
Mental Health	-	-	4794	-
Diabetes	1580	359	845	689
Hypertension	1121	338	1517	827
Heart Disease	4	4	14	12
Cancer	5	4	4	4
Source: CMO Office, Nainital, 2018				

Fig 10 shows a comparative analysis of the incidence of NCDs in the years 2016-17 & 2017-18. With the exception of blindness, the incidence of all other NCDs, namely, diabetes (689), hypertension (827) and heart disease (12) has increased in 2017-18 as against the 2016-17 level of 359, 338 and 4 respectively.

Number of patients detected with cancer remains the same in both the years. The status of Mental Health is not up to the mark in the district. 4794 cases of mental disorder/counselling were undertaken by the district in the last financial year. The monitoring team did not observe any significant IEC related to mental health being displayed at the health facilities. A serious crunch of psychologists and MOs/Community health workers trained in Mental Health exists in Nainital.



Source: CMO Office, Nainital, 2018

11. HEALTH MANAGEMENT INFORMATION SYSTEM

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

As per the observations of the monitoring team, HMIS data in the district suffers serious errors, the primary cause of which remains the acute shortage of manpower. Data entry operators/statisticians etc. are not available with the majority of health facilities. In such a scenario, paramedical staff is mostly allotted to complete the task which leads to multitude of errors. Owing to the geographical spread in Nainital, establishing an efficient HMIS poses difficulties in terms of "Net connectivity" particularly. It was further reported that the validation and error is not being considered while reporting and uploading the data.

As depicted in Table 20, there has been some progress with regards to HMIS while the system still has wide scope of improvement

Table 20: HMIS/MCTS status in Nainital. 2017-18

Parameters	Remarks
Is HMIS implemented at all the facilities?	**Yes**
Is MCTS implemented at all the facilities?	**Yes**
Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	**Yes**
Do programme managers at all levels use HMIS data for monthly reviews?	**Yes**
Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anemic women, low birth weight babies and sick neonates?	**Yes**
Is the service delivery data uploaded regularly?	**Yes**
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	**Yes**
Is HMIS data analyzed and discussed with staff at all levels for necessary corrective action to be taken in future?	**Yes**
Source: CMO Office, Nainital, 2018	

12. BUDGET UTILISATION

The budget utilisation summary for Nainital district by the five NHM flexipools and their major components is presented in Table 21. The highest part of the budget accrues to RMNCH+A flexipool. National Mental Health programme (NMHP) and National Programme for the Healthcare of the Elderly (NPHCE) need strengthening.

Table 21: Budget Utilisation summary by major NHM components, Nainital, 2017-18

Budget Utilisation Parameters, Nainital, 2017-18			
S.No	**Scheme/Programme**	**Funds 2017-18**	
		Sanctioned	**Utilized**
13.1	**NRHM + RMNCH plus A Flexipool**	164620971.7	127841508
13.1.1	Maternal Health	30485520	28122037
13.1.2	Child Health	7761200	6133116
13.1.3	Family Planning	4584888	3476663
13.1.4	Adolescent Health/RKSK	27628000	1756377
13.1.6	Immunization	21610462.08	12945538.35
13.2	**NUHM Flexipool**		
13.2.1	Strengthening of Health Services	142000	142000
13.3	**Flexipool for disease control programme (Communicable Disease)**		
13.3.1	Integrated Disease Surveillance Programme (IDSP)	1048064.5	1024722
13.3.2	National Vector-Borne Disease Control programme	1441837	867067
13.4	**Flexipool for Non-Communicable Diseases**		
13.4.1	National Mental Health programme (NMHP)	105825	394164
13.4.2	National Programme for the Healthcare of the Elderly (NPHCE)	1868469	337770
13.4.3	National Tobacco Control Programme (NTCP)	1105551	655784
13.4.4	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	1593756	904143
13.5	**Infrastructure**		
13.5.1	Infrastructure	-	-
13.5.2	Maintenance	-	-
13.5.3	Basic training for ANM/LHVs	-	-
			Source: CMO Office, Nainital, 2018

13. FACILITY WISE OBSERVATIONS

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, etc.

13.1. B.D. PANDEY FEMALE HOSPITAL

The monitoring team visited district hospital of Nainital- B.D. Pandey Female Hospital located in Bhimtal. The facility has an average OPD load of 100 patients per day. Table 22 displays the service delivery indicators of the hospital. The Medical Officer at the facility was newly appointed and was observed to be keenly getting accustomed to the operationalisation of NHM activities. The following observations with were made:

- The infrastructure of the hospital shows a huge scope of improvement. The electric wires in the facility were not properly covered and with the rainy season, the situation can prove to be dangerous.
- The walls of the wards as well as Operation theatre/Labour room were severely damp.
- There is no functional/ clean toilet attached to labour room in the hospital.
- The hospital does not have any NSBU and SNCU, the availability of which is critical to new born care.
- There is no ARSH clinic in the facility.

Figure 12 : B.D. Pandey female district hospital, Nainital

- The hospital also has an absence of dental speciality.
- In the last financial year, the facility received training in MAA and PAFP.
- With regards to availability of medical, O.T and lab equipments, it was observed that the facility has no functional microscope, ultrasound scanners and X-ray units. There is thus no radiographer in place. Absence of multi=opera monitors, surgical diathermies was also observed.

- The essential drugs availably was satisfactory at the facility. IFA syrup and Mifepristone tablets were observed to be out of stock.
- Sanitary napkins were unavailable at the hospital.
- The blood storage unit wasn't in place with no sufficient blood bags or functional blood bag refrigerators available in the facility.
- Of the total deliveries conducted in the year 2017-18, 17 per cent were C-section as opposed to C-section delievy rate of 12 per cent in the year 2016-17.
- All the lab services including haemoglobin, CBC, blood sugar, R.P.R, HIV, Malaria, T.B are available in B.D Pandey "MALE" hospital which is adjacent to the Female hospital.

Table 22: Service Delivery Indicators of District Hospital, Nainital, 2016-17 & 2017-18

Service Utilization Parameter	2016-17	2017-18
OPD	34812	35438
IPD	5672	5350
Total deliveries conducted	682	718
No. of C section conducted	134	126
No. of pregnant women referred	48	43
ANC1 registration	553	573
ANC 3 Coverage	542	586
No. of IUCD Insertions	161	165
No. of children fully immunized	593	602
No. of children given ORS + Zinc	746	832
No0. of children given Vitamin A	1188	561
Total MTPs	36	28

Source: CMO Office, Nainital, 2017-18

- The number of children given Vit A tablets was only 561 in the year 2017-18 while the corresponding number for the year 2016-17 was 1188. The decline is indicative of non-availability of Vit A supplements at the facility for longer intervals
- The district hospital received INR 6,35,001 as Annual Maintenance grant out of which INR 3,74,298 was utilised.
- Deep burial and sharp pit are available for the Bio-Medical Waste Management.
- Consumables like gloves were observed to be re-used which can foster various infections.
- Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD, ANC PNCOT, etc were well maintained and updated.
- The beneficiary interaction surfaced that no cost was borne by them for the delivery and timely doctor rounds were observed.

- The hospital is in serious need of data entry operator, accountant and multipurpose workers.

13.2. CHC BHOWALI, BHIMTAL

CHC Bhowali is a 30 bedded facility situated in Bhimtal. It was earlier an FRU. The CHC delivered services to 18631 patient in the year 2017-18 of which 18526 were OPD patients. A total of 9 deliveries were conducted in 2017-18 while in 2016-17, 19 deliveries were conducted in the facility. The observations made by the monitoring team during visit to the facility are listed below:

- There is non-availability of NBSU or SNCU. The child health infrastructure needs a serious boost in the district.
- No suggestion/complaint box was in place in the facility.
- A critical manpower problem prevails in the facility as there is no LMO, anaesthetist and gynaecologist. Thus, only 2 doctors are available who perform a multipurpose duty which not only hinders the quality of care provided but also hinders the demand.
- Paramedical staff at the facility was reported to be performing data entry work.
- The residential quarters are available for the staff nurses.

Figure 13: CHC Bhowali, Nainital

- The facility provides dental services.
- The CHC received untied funds upto INR 1,50,000 in the last financial year.
- The doctor has arranged for all the necessary equipments to facilitate e-parchi but due to lack of training, the system still isn't well in place.
- JSY payments are made by cheque since the concerned staff was found to be unaware of the DBT system.
- The facility has X-Ray and Ultrasound Services available.
- The staff at the CHC received training in SBA, IUCD, PPIUCD, Immunisation and cold chain in the last financial year.
- Drugs availability was also reported to be an issue of concern. Iron, calcium medicines were not available with the facility. In addition, the majority of cases that the CHC caters to are of dog bite, monkey bite, etc for which no injection is available with the CHC.
- All the IEC material was displayed well in place in the CHC.

13.3. PHC MOTAHALDU, HALDWANI

PHC Motahaldu is located in Haldwani, Nainital. The average OPD load in the facility is about 30 patients. The PHC conducted a total of 351 deliveries in the year 2017-18. The observations made by the monitoring team during the facility visit are listed below:

- The building for staff quarters is in an absolute worse condition.
- The facility has no Radiant Warmer in place in addition to non-availability of sterilised delivery sets and neonatal resuscitation kit.
- With regards to infection control; the PHC has no autoclave available which raises serious concerns about the sterility of

Figure 14: Residential Quarter, PHC Motahaldu

medical consumables and equipments.

- The PHC had no stock of IFA tablets, Vit A syrup and ORS packets.
- It was observed that there were also no stock available of Emergency contraceptives and Sanitary Napkins.
- The facility was observed to not follow IMEP protocols with regards to the disposal of medical waste.
- The PHC also does not conduct regular fumigation which again inhibits an infection-free O.T environment.
- With regards to the record maintenance, the facility did not have an IPD register, O.T. Register and referral register. Quality of data maintenance and reporting must suffer in the given scenario.
- The IEC display was also inefficient at the PHC. No material regarding the essential drugs or services available was displayed. However, the facility had done an illustrative mapping of health facilities in the block and displayed it.

Figure 15: PHC, Motahaldu

13.4. SC BHOWALI, BHIMTAL

The sub centre is located adjacent to the CHC Bhowali. A total of 2 ANMs and 3 ASHAs are working with the Sub centre. The observations are listed below:

- Record maintenance was found to be up to the mark in the facility
- Equipments in the SC were functional and maintained.
- Approximately 5 per cent of all deliveries were reported to be home deliveries.
- All the procured IEC material was properly displayed.
- Non-availability of IFA AND Vitamin A supplementation was reported.
- The centre procured INR 10,000 as untied funds in the year 2017-18 and had utilised 100 per cent of it.

13.5. SC GANGAPUR KABAWAL, HALDWANI

The health facility is caters to an approximate population of 3500. The observations are listed below:

- 1 ANM and 2 ASHAs are associated with the Sub Centre.
- Essentially, no deliveries are conducted at the facility. Water supply is a major problem and the situation is such that the SC has not had any water supply for more than a year now. The same issue prevailed with regards to electricity which was only recently managed. Thus, it is not a delivery point.
- The facility had nothing in terms of essential equipments and for a few things that were available like B.P instrument and Newborn weighing machine; they were found to be non-functional. With regards to drugs, a similar situation existed.

Figure 16: Sub centre, Haldwani

- Record maintenance regarding VHND was proper.
- The accessibility to the health facility was extremely difficult and the approach roads did not have any directions to the sub health centre.

14. CONCLUSION AND RECCOMENDATIONS

The Population Research Centre, Delhi undertook the monitoring of NHM Programme Implementation Plan in various states, wherein the team was expected to carryout the field visit of the state for quality checks and further improvement of the different components of NHM. This report explains the Monitoring and Evaluation findings of the Nainital District of Uttarakhand. The following healthcare facilities in Nainital are visited for Monitoring & Evaluation: B.D Pnadey Female Hospital, CHC Bhowali, PHC Motahaldu SC Bhowali and SC Gangapur Kobarwal. A summary of our findings in the district is presented below:

The district has 8 CHCs, 15 PHCs and 136 SCs.With respect to transport, 13 ambulances and 9 referral transport are available. No mobile medical units are available in the district. All the visited health care facilities such as District Hospitals (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs) are running in government buildings. However, the infrastructure in the health facility premises was not proper. Roof leakages, damp walls in monsoons were found to be common sights. Location of certain facilities (SC Gangapur Kobarwal, for instance) is such that approaching the facility is not feasible conveniently. Better location of the health centre is of the need. Further, Staff quarters are not available in the PHC Motahaldu. In CHC Bhowali, even though these are available, the building has been declared condemned. Fumigation in certain facilities is not done regularly. There is a vacancy for Medical Officers, Anaesthetists, Staff Nurses, Pharmacist, Data Entry Operators, Accountants and Fourth-Class Employees in the district.

Nainital experienced a total of 15348 live births in 2017-18. Both JSY and JSSK are functional in the district. However, payments under JSY could only be made to 74% of institutional deliveries. 22 maternal deaths occurred in the last financial year owing to haemorrhage, sepsis or other causes. 20 of these deaths occurred in the health facility itself.

The district has the following infrastructure for child care:, 1 SNCU, 1 NBSUs and 15 NBCCs. 17 staff members are present in the SNCU, while 4 staff nurses are available at NBSUs. It also fulfilled 105% of its immunisation target 9 months into the 2016-17 financial year. Rastriya Bal Surakha Karyakaram is functional in the district.

In Nainital, Male sterilization is very less in comparison to female sterilization despite it being the easier and safer option among the two. Achievements of female sterilization far outnumber the targets. Certain facilities experienced non-availability of Emergency

contraceptives.There has been a huge increase (91%) in the number of detected cases of diabetes. Hypertension cases and heart disease cases have also increased.

All the Blocks have AYUSH health centres in the district. A total of 10 AYUSH health centres running in the district with 10 AYUSH doctors. The amount utilised is consistently lower than the total funds sanctioned for the programme in the year. This may be due to delays in the receipt of funds. Community Process is functional in the district. Currently 938 ASHAs are working in the district, while there is a need for 2 positions vacant.

RECCOMENDATIONS

Based on the monitoring the following recommendations for improving the service delivery in the district are made-

- A dire need exists to improve the staff quarters for the medical staff at the health facilities. It is especially important owing to the geographical distribution of the district and the commute issue after evening hours.
- Health facilities that essentially stand non-functional with respect to various NHM activities must be identified and worked on, this includes SCs and SADs. This, in turn, requires regular monitoring and supervision and ascertains optimal utilisation of resources.
- Training with respect to HMIS data reporting as well as transfer of beneficiaries entitlements via DBT and/or PFMS is essential. The district suffers a serious crunch of manpower with respect to Medical Specialists, Data entry operators, Accountants and class IV workers. In order to ensure smooth functioning of the activities and minimize the wastage of resources, essential manpower should be bought into the system. Timely and appropriate payment of frontline workers must be ensured.
- Formulation and strengthening of District Quality Assurance committee is advisory considering the wide scope of improvement that exits with regards to infection control practices. Inadequacy in Biomedical equipment maintenance must be eliminated.
- Access to essential drugs must be prioritized by the district. Facility based care for the sick new born must be strengthened.

- Water supply was noted to be a common issue with the health facilities visited across the state. Necessary action must be taken in this respect to ensure the smooth functioning of the facilities.
- Supervisory visits by CMO, DPM, etc. should be conducted in regular intervals to ensure adherence to the standards and norms with respect to various activities. This will bring the existing lacunae to the surface and also streamline the redressal system. Systematic review may be conducted to understand the existing gaps in public health facilities and must be timely rectified.

15. ANNEXURES

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	Burn Unit	Y	N	
1.23	Availability of	Y	N	

	complaint/suggestion box			
	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.24	BMW outsourced	**Y**	**N**	
1.25	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.26	Rogi Sahayta Kendra/ Functional Help Desk	**Y**	**N**	

Section II: Human Resource under NHM in the last financial year:

S. no	Category	Regular	Contractual	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	Nutritionist			
2.15	Dental Surgeon			
2.16	Others			

Section III: Training Status of HR in the last financial year:

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

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

Section IV: Equipment:

S. No	**Equipment**	**Yes**	**No**	**Remarks**
4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and child)	**Y**	**N**	
4.5	Functional Needle Cutter	**Y**	**N**	
4.6	Functional Radiant Warmer	**Y**	**N**	
4.7	Functional Suction apparatus	**Y**	**N**	
4.8	Functional Facility for Oxygen Administration	**Y**	**N**	
4.9	Functional Foetal Doppler/CTG	**Y**	**N**	
4.10	Functional Mobile light	**Y**	**N**	
4.11	Delivery Tables	**Y**	**N**	
4.12	Functional Autoclave	**Y**	**N**	
4.13	Functional ILR and Deep Freezer	**Y**	**N**	
4.14	Emergency Tray with emergency injections	**Y**	**N**	
4.15	MVA/ EVA Equipment	**Y**	**N**	
4.16	Functional phototherapy unit	**Y**	**N**	
4.17	Dialysis Equipment	**Y**	**N**	
4.18	**O.T Equipment**			
4.19	O.T Tables	**Y**	**N**	
4.20	Functional O.T Lights, ceiling	**Y**	**N**	
4.21	Functional O.T lights, mobile	**Y**	**N**	
4.22	Functional Anesthesia machines	**Y**	**N**	
4.23	Functional Ventilators	**Y**	**N**	
4.24	Functional Pulse-oximeters	**Y**	**N**	
4.25	Functional Multi-para monitors	**Y**	**N**	
4.26	Functional Surgical Diathermies	**Y**	**N**	

4.27	Functional Laparoscopes	**Y**	**N**	
4.28	Functional C-arm units	**Y**	**N**	
4.29	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 syrup with dispenser	*Y*	*N*	
5.5	Vit A syrup	*Y*	*N*	
5.6	ORS packets	*Y*	*N*	
5.7	Zinc tablets	*Y*	*N*	
5.8	Inj Magnesium Sulphate	*Y*	*N*	
5.9	Inj Oxytocin	*Y*	*N*	
5.10	Misoprostol tablets	*Y*	*N*	
5.11	Mifepristone tablets	*Y*	*N*	
5.12	Availability of antibiotics	*Y*	*N*	
5.13	Labelled emergency tray	*Y*	*N*	
5.14	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	*Y*	*N*	
5.15	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	*Y*	*N*	

	gauze etc.			

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 financial years:

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No. of C section conducted		
7.5	No. of neonates initiated breast feeding within one hour		
7.6	No of admissions in NBSUs/ SNCU, whichever available		
7.7	No. of children admitted with SAM (Severe Acute Malnutrion)		
7.8	No. of pregnant women referred		
7.9	ANC1 registration		
7.10	ANC 3 Coverage		
7.11	No. of IUCD Insertions		
7.12	No. of PPIUCD Insertion		
7.13	No. of children fully immunized		

7.13	No. of children given ORS + Zinc		
7.13	No. of children given Vitamin A		
7.14	Total MTPs		
7.15	Number of Adolescents attending ARSH clinic		
7.16	Maternal deaths		
7.17	Still births		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VII B: Service delivery in post natal wards:

S. No	*Parameters*	*Yes*	No	Remarks
7.1b	All mothers initiated breast feeding within one hour of normal delivery	**Y**	**N**	
7.2b	Zero dose BCG, Hepatitis B and OPV given	**Y**	**N**	
7.3b	Counselling on Family Planning done	**Y**	**N**	
7.4b	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5b	JSY payment being given before discharge	**Y**	**N**	
7.6b	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

S. No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	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	Line listing of severely anaemic pregnant women				
9.6	Labour room register				
9.7	OT Register				
9.8	Immunisation Register				
9.9	Blood Bank stock register				
9.10	Referral Register (In and Out)				
9.11	MDR Register				
9.12	Drug Stock Register				
9.13	Payment under JSY				

Section X: IEC Display

S.No	Material	Yes	No	Remarks
10.1	Approach roads have directions to the health facility	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the health facility	Y	N	
10.4	List of services available	Y	N	
10.5	Essential Drug List	Y	N	
10.6	Protocol Posters	Y	N	
10.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	Y	N	
10.10	Other related IEC material	Y	N	

Section XI: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
11.1	Regular Fogging (Check Records)	Y	N	
11.2	Functional Laundry/washing services	Y	N	
11.3	Availability of dietary services	Y	N	
11.4	Appropriate drug storage facilities	Y	N	
11.5	Equipment maintenance and repair mechanism	Y	N	
11.6	Grievance Redressal mechanisms	Y	N	

11.7	Tally Implemented	**Y**	**N**	

Qualitative Questionnaires for District Hospital Level

1. What are the measures being taken or planned for Infection control, bio medical waste management at all facility levels and how IEC is beneficial for health demand generations (MCH, FP related IEC, services available, working hours, EDL, phone numbers etc)?
   ....
   ....
   ....

2. What are the common infrastructural and HR problems faced by the facility?
   ....
   ....
   ....

3. Do you face any issue regarding JSY payments in the hospital?
   ....
   ....
   ....

4. What is the average delivery load in your facility? Are there any higher referral centres where patients are being referred?
   ....
   ....
   ....

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	**Y**	**N**	

	from nearest road head			
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**	
1.23	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23 a	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC Centre	**Y**	**N**	

Section II: Human resource under NHM in last financial year :

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:

(*Trained in Last year)

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

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	MCTS entry on percentage of women registered in the first trimester		
7.4	No. of pregnant women given IFA		
7.5	Total deliveries conducted		
7.6	No. of C section conducted		
7.7	No of admissions in NBSUs/ SNCU, whichever available		
7.8	No. of children admitted with SAM (Severe Acute Anaemia)		
7.9	No. of sick children referred		
7.10	No. of pregnant women referred		
7.11	ANC1 registration		
7.12	ANC 3 Coverage		
7.13	No. of IUCD Insertions		

7.14	No. of PPIUCD insertions		
7.15	No. of children fully immunized		
7.16	No. of children given Vitamin A		
7.17	Total MTPs		
7.18	Number of Adolescents attending ARSH clinic		
7.19	Maternal deaths,		
7.20	Still births,		
7.21	Neonatal deaths,		
7.22	Infant deaths		

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 Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

S.No	**Essential Skill Set**	**Yes**	**No**	**Remarks**
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Segregation of waste in colour coded bins	**Y**	**N**	
8.5	Bio medical waste management	**Y**	**N**	
8.6	Updated Entry in the MCP Cards	**Y**	**N**	
8.7	Entry in MCTS	**Y**	**N**	
8.8	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	OT Register				
9.10	Immunisation Register				
9.11	Blood Bank stock register				
9.12	Referral Register (In and Out)				
9.13	MDR Register				
9.14	Drug Stock Register				
9.15	Payment under JSY				

Section X: Fund Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
10.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

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	

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	Y	N	

	wards (at least by Partitions)			
1.17	Availability of complaint/suggestion box	**Y**	**N**	
1.18	Availability of mechanisms for waste management	**Y**	**N**	

Section II: Human resource under NHM in last financial year:

S. no	Category	Regular	Contractual	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

(*Trained in Last Financial Year)

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

S.No	Service Utilization Parameter	2016-17	2017-18
7.1	OPD		
7.2	IPD		
7.3	Total deliveries conducted		
7.4	No of admissions in NBSUs, if available		
7.5	No. of sick children referred		
7.6	No. of pregnant women referred		
7.7	ANC1 registration		
7.8	ANC3 Coverage		
7.9	No. of IUCD Insertions		
7.10	No. of PPIUCD insertions		
7.11	No. of Vasectomy		
7.12	No. of Minilap		
7.13	No. of children fully immunized		
7.14	No. of children given Vitamin A		
7.15	No. of MTPs conducted		
7.16	Maternal deaths		
7.17	Still birth		
7.18	Neonatal deaths		
7.19	Infant deaths		

Section VII a: Service delivery in post natal wards:

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

7.3a	Counselling on Family Planning done	**Y**	**N**	
7.4a	Mothers asked to stay for 48 hrs	**Y**	**N**	
7.5a	JSY payment being given before discharge	**Y**	**N**	
7.6a	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 administer vaccines	**Y**	**N**	
8.5	Alternate Vaccine Delivery (AVD) system functional	**Y**	**N**	
8.6	Segregation of waste in colour coded bins	**Y**	**N**	
8.7	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	OT Register				
9.9	FP Register				
9.10	Immunisation Register				
9.11	Updated Microplan				
9.12	Drug Stock Register				
9.13	Referral Registers (In and Out)				
9.14	Payments under JSY				

Section X: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
10.1	Untied funds expenditure (Rs 10,000- Check % expenditure)			
10.2	Annual maintenance grant (Rs 10,000- Check % expenditure)			

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	

Qualitative Questionnaires for PHC/CHC Level

1. Population covered by the facility. Is the present infrastructure sufficient to cater the present load?
   ....
2. Any good practices or local innovations to resolve the common programmatic issues.
   ....

3. Any counselling being conducted regarding family planning measures. ....

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	Sub centre located near the main habitation	***Y***	***N***	
1.2	Functioning in Govt building	***Y***	***N***	
1.3	Building in good physical condition	***Y***	***N***	
1.4	Electricity with power back up	***Y***	***N***	
1.5	Running 24*7 water supply	***Y***	***N***	
1.6	ANM quarter available	***Y***	***N***	
1.7	ANM residing at SC	***Y***	***N***	
1.8	Functional labour room	***Y***	***N***	
1.9	Functional and clean toilet attached to labour room	***Y***	***N***	
1.10	Functional New Born Care Corner (*functional radiant warmer with neo-natal ambu bag*)	***Y***	***N***	
1.11	General cleanliness in the facility	***Y***	***N***	
1.12	Availability of complaint/ suggestion box	***Y***	***N***	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	***Y***	***N***	

Section II: Human Resource:

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

2.5	ASHAs			

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 years:

S.No	Service Utilization Parameter	2016-17	2017-18
6.1	Number of estimated pregnancies		
6.2	No. of pregnant women given IFA		
6.3	Number of deliveries conducted at SC		
6.4	Number of deliveries conducted at home		
6.5	ANC1 registration		
6.6	ANC3 coverage		
6.7	No. of IUCD insertions		
6.8	No. of children fully immunized		
6.9	No. of children given Vitamin A		
6.10	No. of children given IFA Syrup		
6.11	No. of Maternal deaths recorded		
6.12	No. of still birth recorded		
6.13	Neonatal deaths recorded		
6.14	Number of VHNDs attended		
6.15	Number of VHNSC meeting attended		

Section VII: Record Maintenance:

Sl. No	Record	Available and updated	Available but non-maintained	Not Available
7.1	Payments under JSY			
7.2	VHND plan			
7.3	VHSNC meeting minutes and action taken			
7.4	Eligible couple register			
7.5	MCH register (as per GOI)			
7.6	Delivery Register as per GOI format			
7.7	Stock register			
7.8	MCP cards			
7.9	Referral Registers (In and Out)			
7.10	List of families with 0-6 years children under RBSK			
7.11	Line listing of severely anemic pregnant women			
7.12	Updated Microplan			
7.13	Vaccine supply for each session day (check availability of all vaccines)			
7.14	Due list and work plan received from MCTS Portal through			

	Mobile/ Physically			

Section VII A: Funds Utilisation

Sl. No	Funds	Proposed	Received	Utilised
7a.1	Untied funds expenditure (Rs 10,000-Check % expenditure)			
7a.2	Annual maintenance grant (Rs 10,000-Check % expenditure)			

Section VIII: IEC display:

S. no	Material	Yes	No	Remarks
8.1	Approach roads have directions to the sub centre	Y	N	
8.2	Citizen Charter	Y	N	
8.3	Timings of the Sub Centre	Y	N	
8.4	Visit schedule of "ANMs"	Y	N	
8.5	Area distribution of the ANMs/ VHND plan	Y	N	
8.6	SBA Protocol Posters	Y	N	
8.7	JSSK entitlements	Y	N	
8.8	Immunization Schedule	Y	N	
8.9	JSY entitlements	Y	N	
8.10	Other related IEC material	Y	N	

Qualitative Questionnaires for Sub-Centre Level

1. Since when you are working here, and what are the difficulties that you face in running the Sub-centre.
   ………………………………………………………………………………………
   ………………………………………………………………………………………
2. Do you get any difficulty in accessing the flexi pool.
   ………………………………………………………………………………………
   ………………………………………………………………………………………..
3. On what head do you spend money of flexi pool? Do you keep record of money spend on the maintenance of infrastructure.
   ………………………………………………………………………………………
   ………………………………………………………………………………………

SCORE CARD USER MANUAL USING HMIS INDICATORS, MOHFW (STATISTICS DIVISION)

Composite index is obtained by combining a number of indicators in a standardised way. It is a useful statistical measure to assess overall performance of a region over a period of time.

This section will cover the various steps involved in generation of the composite index based on the assumption that the scorecard is to be generated for State across Districts (Note: the same methodology shall apply for the district level score cards too i.e. District across blocks):

1. Generation of 16 indicators

There are 16 indicators used for generation of Composite index. The user is required to calculate these indicators (*using the data elements*) manually or use these indicators available in Standard report section "Performance of Key HMIS indicators"

Sl. No.	Stages	Indicators
1	Pre Pregnancy / Reproductive age	Post-partum sterilization against total female sterilization
2		Male sterilization to total sterilization conducted
3		IUCD insertions to all family planning methods (IUCD plus permanent)
4	Pregnancy care	1st Trimester registration to total ANC registration
5		Pregnant women received 3 ANC check-ups to total ANC registration
6		Pregnant women given 100 IFA to total ANC registration
7		Cases of pregnant women with Obstetric Complications and attended to reported deliveries
8		Pregnant women receiving TT2 or Booster to total number of ANC registered
9	Child Birth	SBA attended home deliveries to total reported home deliveries
10		Institutional deliveries to total ANC registration
11		C-Section to reported deliveries
12	Postnatal maternal& new born care	Newborns breast fed within 1 hour to live births
13		Women discharged under 48 hours of delivery in public institutions to total deliveries in public institutions
14		Newborns weighing less than 2.5 kg to newborns weighed at birth
15		Newborns visited within 24hrs of home delivery to total reported home deliveries
16		Infants 0 to 11 months old who received Measles to reported live births

2. Identification of Max value and Min value

After getting the 16 indicators mentioned above, the user is required to identify the maximum and the minimum value for each indicator across districts in a State

3. Calculation of Index value for each district for each indicator

After identification of the maximum and minimum value for each indicator, the user is required to calculate the index value for individual indicator for each district. The index value is calculated on the basis of nature of the indicator, i.e. Positive indicator or Negative indicator

a. Positive indicator: those indicators which are positively associated with development (*higher value linked to better performance*). Out of the 16 indicators used in calculation 14 indicators are positive indicators. Indicators listed at s.no. 13 & 14 in Annexure-1 are negative indicators. For calculation of the index value of positive indicators, the following formula is referred:

$$\text{Index Value, } X_{id} = \frac{X_{id} - Min(X_{id})}{Max(X_{id}) - Min(X_{id})}$$

- Where, X_{id} represent the value of the i-th indicator in the d-th district of a state (i=1,2,3……….16: d=1,2,3…………, n)
- n is the number of districts in a State
- Min (X_{id}) and Max (X_{id}) are, respectively, the minimum and maximum of (X_{i1}, X_{i2}, ...$X_{i,n}$) for that particular indicator across districts in a State.

b. Negative indicator: those indicators which are negatively associated with development (*higher value linked to poor performance*). Out of the 16 indicators used in calculation, 2 indicators are negative indicators (i.e. 13 & 14). For calculation of the index value the following formula is referred:

$$\text{Index Value, } Xid = \frac{Max(X_{id}) - X_{id}}{Max(X_{id}) - Min(X_{id})}$$

- Where, X_{id} represent the value of the i-th indicator in the d-th district of a state (i=1,2,3……….16: d=1,2,3…………, n)
- n is the number of districts in a State
- Min (X_{id}) and Max (X_{id}) are, respectively, the minimum and maximum of (X_{i1}, X_{i2}, ...$X_{i,n}$) for that particular indicator across districts in a State

4. Calculation of Composite index

After calculating Index value for each district on each indicator, the user is required to calculate the composite index for each district for indicators in each life stage and for all stages overall:

- Pre-pregnancy/reproductive age
- Pregnancy care
- Child birth / delivery
- Post natal, maternal and new born care
- Overall Index

The calculation involves simple average of indicators for each category.

$$\text{Composite Index for } d^{th} \ (d=1,2,\ldots\ldots,n) \text{ district} = \frac{\sum_{i=1}^{y} Xid}{y}$$

- where, y is the number of indicators in that particular category
- n is the number of districts in that State
- Xid is the index value for the particular indicator