

NATIONAL RURAL HEALTH MISSION



A REPORT ON NRHM PIP, MONITORING AND EVALUATION OF SOUTH DISTRICT, DELHI



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ACRONYMS AND ABBREVIATIONS

AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BEMOC	Basic Emergency Obstetric Care
BMW	Biomedical waste
BPM	Block Programme Manager
BSU	Blood Storage Unit
CATS	Centralized Ambulance Trauma Services
CDO	Computer Data Operator
CMO	Chief Medical Officer
DH	District Hospital
DPM	District Programme Manager
ECG	Electrocardiography
EMOC	Emergency Obstetric Care
FRU	First Referral Unit
HMIS	Health Management Information System
IEC	Information, Education and Communication
IPD	In Patient Department
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LSAS	Life Saving Anaesthetic Skill
LT	Laboratory Technician
MCTS	Mother and Child Tracking System
MMU	Mobile Medical Unit
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NBCC	New Born Care Corner
NBSU	New Born Stabilization Unit
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
OPV	Oral Polio Vaccines
PIP	Programme Implementation Plan
PRC	Population Research Centre
SBA	Skilled Birth Attendant
SN	Staff Nurse
SNCU	Special New Born Care Unit
VHND	Village Health Nutrition Day

EXECUTIVE SUMMARY

NRHM DELHI: SOUTH DISTRICT

This report is based on the NRHM PIP Monitoring visit to South District of Delhi. South District is one of the 11 districts of Delhi which came into existence in January, 1997 and later in September 2012 it was divided into two districts namely South and South-East.

The health care facilities visited by the PRC Team are: Nebsarai (PUHC), Madangir (DGD), Mehrauli (M&CW centre) and All India Institution of Medical Sciences (DH).

The Summary of Strengths and Weaknesses in the implementation of NRHM programmes in South District are as follows:

- The overall performance of this district has been weak and the major reason highlighted by the CDMO and the NRHM staff was lack of sufficient funds to conduct campaigns/awareness programmes and to provide funds for other contingencies. Furthermore money is not sanctioned on time thus delays in proper implementation of the training and other programmes.
- There were no staff quarters for the staff members of the facilities visited, further for facilities Neb Sarai and Madangir the building was not in a good condition and were not accessible due to narrow lanes and the problem further gets exaggerated during Monsoons because of water logging.
- There was no electricity back up in some of the facilities and there was problem of running water supply.
- Lack of human resource was also a major problem. CDOs were mainly on sharing basis thus there is no continuity and provision for day to day entering of records thus resulting in inappropriate reporting. Furthermore Management Information System was shared between South and South-east districts for a part of year thus accounting was on a sharing basis thereby monitoring was a challenging task.
- No clear guidelines for conducting the training programmes, thus there is no uniformity and continuity in conducting the training programs and lack of availability of timely funds further exaggerates the problem.

- Reporting problems from AIIMS. Reports only of gynae departments are submitted although CDO is given but still no reporting since the hospital authority does not provide data. No authority to coordinate among all departments. Thus intervention of Government of India or any other coordinating body is needed.
- Mechanism of payments under JSY is smooth. Beneficiaries are registered under MCTS than delivery document given which goes to CPSM account registered in MTS than bank takes one month to approve. Under JSY program, financial assistance to poor pregnant women for institutional delivery and post delivery care is successfully being provided. ASHAS involvement at the community level was also significant.
- No new manpower approved in past 3 years, no staff members sanctioned even after proposing to the state. In all the facilities there was major problem of crunch of staff which is over all affecting the performance of the district. More staff should be given to the district. Moreover appointment of staff members on contractual basis was another loophole since lack of job security manifests itself into lack of incentives for them to function effectively and since doctors are always in demand they should be given regular positions. In all the categories of staff, work pressure was more; in view of this more staff should be employed in the facilities.
- For the sterilization more initiatives need to be taken to spread awareness and more male sterilization needs to be encouraged. About the family planning, still a lot can be done in terms of creating awareness about the various methods for limiting the family size and spacing between the children. Furthermore many facilities complained that there is a scarcity of condoms as compared to its demand thus the supply should be increased as per the demand in the facility.
- Immunization programs have been successfully implemented, but more efforts needs to be made to track migratory population and more campaigns and health talks should be organized to make people aware of benefits of immunization for their child's health.
- Some of the facilities lack proper kits for providing essential testing facilities like hemoglobin, Urine albumin and sugar, Sugar, Blood Sugar Malaria, TB and HIV thus the beneficiaries has to rely upon nearby private centres thereby increasing their out of pocket expenditure.

- IEC material regarding different program such as JSY, JSSK, immunization and family planning were displayed and some of the facilities even conduct counseling sessions are also conducted to spread awareness.
- Cold chain storage was available in most of the facilities.
- Bio-medical waste mechanism is running smoothly in all the facilities and laundry services are also conducted smoothly but both these services were mainly on contractual basis.
- Under NRHM initiatives, all mothers initiated breast feeding within one hour of normal delivery in the facility. Immunization program was working properly in the district hospital. Zero doses BCG, Hepatitis B and OPV are given to the children.
- The training programs have been conducted for RTI/STI and Immunization but the available record shows that there is no training for staffs at facility level for EMOC, BeMOC, F-IMNCI, NSSK and IMEP.
- Essential drugs were mostly available but there was a shortage of MMR and typhoid vaccine. Overall in the districts supply of vaccines MMR and Hepatitis was lacking and other necessities like condoms zinc etc were also not available in adequate quantities.
- In a week, one day is fixed for immunization in the district. ANMs are actively involved in the process of immunization. ASHAs are also given duty to create awareness about vaccination program in the district.
- Proper records and registers were maintained regarding the utilization of the funds with the help of every facility in the district.
- HMIS and MCTS were functioning well in the district. Data entry operators were recording the data from time to time and maintained properly. But since in many facilities Computers are not functional for example In DGD Madangir NRHM computer is not working thus there is a lag in uploading data and due to overburdened CDOs there are delays in uploading data. Two ids one for MCD and one for NRHM lead to an extra burden on CDOs.

1.**INTRODUCTION****1.1 BACKGROUND**

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

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

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

This report discusses the implementation status of NRHM in South District of Delhi. The report is based on the findings and observation of District Hospital (DH), Primary Health Centre (PHC), Delhi Government Dispensaries (DGDs) and (MCW).

Before visiting the field a semi-structured interview schedule was used for interaction with Chief Medical Health Officer (CMHO), District program manager (DPM) and other NRHM officials who were questioned on various aspects of the NRHM activities. The field visits to health facilities in the district were planned and implemented with the consultation with NRHM

officials. The main motive of the team was to have a fruitful interaction with the officials such as CMHO, DPMO and block development officer, to identify the major problems faced by them and recommendations on their part to improve the overall efficacy of the NRHM program.

1.2. OBJECTIVES OF THE STUDY

The present study would focus on the performance of the South district of Delhi in NRHM activities. This study would analyze different issues and problems of the district. This study includes monitoring of Programme Implementation Plan (PIP) in the district. Further performance of various health indicators would be taken into account which is of utmost importance. This study will help the program managers and policy makers to strengthen the implementation of NRHM and overcome the constraints which are coming in the way of successful implementation. The main focus of this study is ‘Mother and Child health care’ which includes status of ANC, PNC, immunization and family planning. Further special focus would be laid on VHNS and RKS meetings which are essential for spreading of awareness among the masses. Apart from the above mentioned factors, other factors would be discussed which are essential for the smooth running of the district such as;

- Key Demographic Indicators of the District.
- Availability of Infrastructure
- Availability and performance of Human Resource.
- Training of Human Resource.
- Availability of Drugs and Equipments.
- How far quality services have been provided to the beneficiaries.
- Performance of schemes such as JSY and JSSK in the district.
- Provision of IEC material in the district.
- Availability of finance for the NRHM activities in the district

Specific objectives of the study are as follows:

- To visit the facilities of South district which to evaluate the overall performance of the district from the facility level.
- Over all study is based on the performance of various programs in the facilities.

- Main thrust of the study is on Reproductive and Child health care under NRHM.
- Study will evaluate condition of physical infrastructure and human resources in the district and look into various other components which are essential for the smooth functioning of the PIP at the facility level in the district.

1.3. STUDY APPROACH

The Ministry of Health and Welfare Society has engaged PRC for monitoring and evaluating the overall performance of South district, Delhi in providing the health care services under NRHM. PRC Delhi Team visited the district office at Saket to interact with CDMO, DPM and other nodal officers of the district. A brief profile of health scenario of the district has been discussed and the officers were questioned on broader areas under NRHM like Family Planning, Immunization, Training Status, Awareness Programs etc. and also on the gaps (if any) in infrastructure and human resources and a brief discussion on the loopholes of the programme and their major recommendations to improve the overall efficiency of the scheme.

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

Table 1: List of visited healthcare facilities in South District, Delhi

Facility Type	Name of the facility
District Hospital	DH All India Institute of Medical Science (AIIMS)
Primary Health Centre	Delhi Government Dispensary Madangir
Primary Health Centre	Seed PUHC Neb Sarai
Primary Health Centre	M&CW Centre Mehrauli

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

Seed PUHCs and MCW centres to interact with medical officers, staff, ASHAs, ANMs and beneficiaries in the district.

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

1.4. SOCIOECONOMIC AND DEMOGRAPHIC PROFILE: DELHI& SOUTH DISTRICT

Delhi is the capital of India and is the third largest city located on the Indo-Gangetic plain and situated on the floodplains of the Yamuna River. It covers an area of 1484 sq. km and has a population of 16,787,941 (Census 2011) making it one of the most populous city. The population density of Delhi is 11,297 per sq. km. As far as health indicators of Delhi are concerned, the total fertility rate is 1.8, Infant Mortality Rate is 42. The Sex Ratio is 868 females per thousand males. The Literacy Rate is 86.2 % but further bifurcation shows lower literacy levels of females (80.8) as compared to males (90.9).

Delhi initially had 9 districts which came into existence in January 1997 but later in 2012 two new districts namely Shahdara and South East came into existence thus presently Delhi is divided into 11 districts namely North, North East, North-West, West, Central, South, South-East, South-West, East, New Delhi and Shahdara. South Delhi district is one of the 11 districts of Delhi. South District having its district head quarter at M.B. Road, Saket, is surrounded by states of Uttar Pradesh and Haryana. The district is divided into three sub districts namely, Saket, Hauz Khas and Mehrauli. South district caters a population of 13 Lakh with a population density of 10,935 per sq. km after its division into two districts namely South and South-East. The map of South district is given in figure 1.

Figure 1 NRHM PIP Study Delhi 2014-15, South District

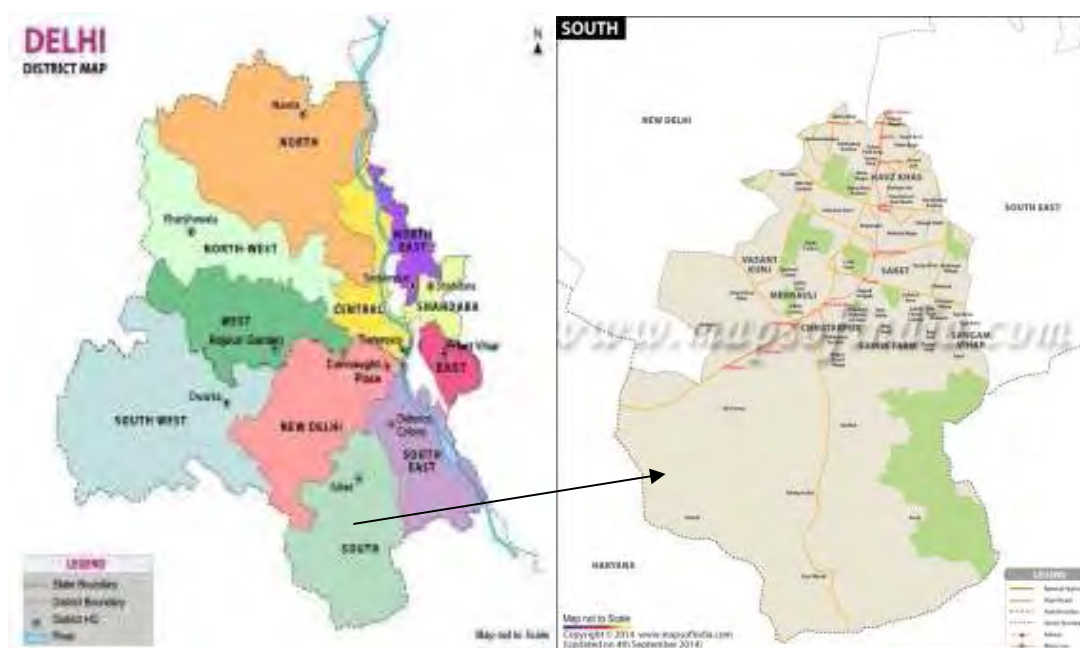


Table 2: Key demographic indicators: All India, Delhi and South District (CENSUS 2011)

Indicator	India	Delhi	South District
Actual Population	1,21,05,69,573	16,787,941	2,731,929
Males	62,31,21,843	8,987,326	1,467,428
Females	58,74,47,730	7,800,615	1,264,501
Population Growth	17.7	21.21%	20.51%
Density/ km 2	382	11,297	10935
Sex Ratio (per 1000 males)	943	868	862
Literacy Rate (in %)	73	86.21	86.57
Male Literacy (in %)	80.9	90.94	91.73
Female Literacy (in %)	64.6	80.76	80.55

Source: Census 2011

- According to census 2011, south district has population of 2,731,929 out which 1,467,428 were male and 1,264,501 were female. Further population growth was

20.51% which is close to the growth rate of Delhi as a whole but higher than the overall population growth of India, this may be due to increasing numbers of migratory population coming to Delhi.

- Sex ratio was lower than that for India as a whole for both the district and state thus efforts should be taken to correct the imbalance in the ratio.
- Overall Literacy rate was 86.57 % in the district which was far better than all India average of 73%, but female literacy rate of 80.55 is very low compared to 91.73% of males thus female education should be promoted.

1.5. HEALTH AND HEALTH SERVICE DELIVERY INDICATORS: DELHI & SOUTH DISTRICT

Table 3 shows that the Infant Mortality Rate (IMR) of Delhi is around 24 per 1000 live births, while it is 28 per 1000 live births in South district.

- The decadal growth rate of population of South district was 20.5 per cent which is close to the growth rate of 21.2 per cent for Delhi and is higher than all India average of 17.8 per cent. Interestingly there has been a substantial decline in the growth of rural population in the past decade (2001-2011)
- Aggregate Sex Ratio was 859 in 2011 improving significantly from ratio of 799 in 2001 and the sex ratio of the district was higher than the Sex ratio of Delhi as a whole which stood around 811 but still lower than many other districts of Delhi like Central district (896), North East district (886).
- Literacy rate has increased over the past decade from 81.96 per cent in 2001 to 86.57 in 2011 but female literacy rate of 80.55 is far lower than the literacy rate of 91.73 for males thus there is a need to take more incentives to educate females.

Table 3: Key health and health care indicators: India, Delhi & South District

Indicators	India	Delhi	South District
IMR	40*	24*	28#
MMR	212**	-	32#
Proportion of fully Immunized children	61.0**	67.6***	76.2***
Institutional Deliveries (in %)	72.9**	68.6***	59.3***
Full ANC	26.5**	71.7 ***	67.1***

Note: The data sources are as follows: *SRS 2014. #CDMO Office. **Planning Commission (CES 2009) ##SRS Estimates 2010 ***HMIS

- Maternal and Infant Mortality Rates (MMR & IMR) are regarded as the most important and sensitive indicators of the overall health status and effectiveness of interventions for improving maternal and child health mortality. In the district both IMR (28) and MMR (32) are declining post NRHM. The MMR of South district is 32 per 100000 live births which is far lower than the all India MMR of 212 per 100000 live births.
- Institutional deliveries have been low in the district which may be due to lack of awareness.
- Mothers who had full ANC checkups (%) in the district (67.1%) was higher than all India average of 26.5% but lagging behind the percentage of 71.7 for the state as a whole

1.6. SOUTH DISTRICT: HEALTH INFRASTRUCTURE

Table 4: Detail of health infrastructures 2014-15

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital	1	1	-
PHC	27	27	-
DGDs	11	8	3
Seed PUHs	4	-	4

Source: CDMO Office, South District

- Some of the facilities like SPUHC Neb Sarai and DGD Madangir were not accessible due to narrow lanes. Furthermore building of DGD Madangir and Neb Sarai was not in good condition.
- Lack of enough space for patients to sit or wait.
- The facilities visited did not have clean and separate toilets for men and women except for the district hospital AIIMS and MHW centre Mehrauli.

Fig 2: Health Infrastructure in visited facilities



- The cleanliness was maintained. However, it needs to be improved more in some of the facilities like SPUHC Neb Sarai.

1.7. FACILITY WISE OBSERVATION

1.7.1 District Hospital AIIMS

Figure 3: District Hospital AIIMS



AIIMS Main Hospital is located at Ansari Nagar, in front of Safdarjung Hospital and has 1766 beds and 1323 doctors. We have visited obstetric care gynecology department in All India Institution of Medical Sciences. During our visit we came across the following suggestions:

- 1) A separate department should be made which should deal with NRHM activities.
- 2) Regular monitoring of NRHM activities is required from time to time.
- 3) Shortage of medicines was recorded in the hospital.

- 4) There should be comprehensive approach when it comes to dealing with different sections of NRHM which were not coming under one section.
- 5) Problem of data entry in charge was also present which lead to delay in complying of the data and hamper the quality of the data.
- 6) If separate unit is being formed than it will be able to cater more patients which ultimately improve the quality of the work.

Table 5: Service Delivery in last two quarters of AIIMS:

Service Utilization Parameter	Q1 (Jan 2015 – Mar 2015)	Q2 (April 2015 – June 2015)
OPD	5000	5433
IPD		
Expected number of pregnancies	880	923
MCTS entry on percentage of women registered in the first trimester	32	55
No. of pregnant women given IFA	36	65
Total deliveries conducted	590	543
No. of assisted deliveries(Ventouse/ Forceps)	303	273
No. of C section conducted	287	270
Number of obstetric complications managed, pls specify type	485	506
No. of neonates initiated breast feeding within one hour	448	432
Number of children screened for Defects at birth under RBSK	592	554
RTI/STI Treated	59	70
No of admissions in NBSUs/ SNCU, whichever available		
Inborn		
Outborn		

No. of children admitted with SAM		
No. of sick children referred		
No. of pregnant women referred		
ANC1 registration	679	716
ANC 3 Coverage	1686	1840
ANC 4 Coverage		
No. of IUCD Insertions	230	221
No. of Tubectomy (Lap ligation & Mini lap)	277	178
No. of Vasectomy	1	0
No. of Minilap		
No. of children fully immunized (9m to 11m & 12m-23m)	1008	1387
Measles coverage	274	311
No. of children given ORS + Zinc	300	700
No. Folic acid distributed	1200	450
No. of children given Vitamin A	1008	1066
No. of women who accepted post-partum FP services	2286	2102
No. of MTPs conducted in first trimester	171	134
No. of MTPs conducted in second trimester	66	48
Number of Adolescents attending ARSH clinic		
Maternal deaths, if any	0	1
Still births, if any	10	12
Neonatal deaths, if any		
Infant deaths, if any		

Source: District Hospital, AIIMS

Table 5 shows the performance of various service delivery indicators for last two quarters at AIIMS. The MCTS registration is far less than the deliveries happening at AIIMS.

1.7.2 M&CW Centre Mehrauli

Fig 4: Facility M&CW Centre Mehrauli



MCW centre was located in an accessible location and was performing well in that area. The building was well maintained and was functioning well. Staff quarters were under construction. All the schemes and programs were functioning well; the medical officer in charge was active in taking initiative. But there were complaints regarding non-availability of adequate

resources. For instance, for diarrhea awareness program inadequate supply was given from the central store which hampered the whole pace of the initiative. Furthermore there was a shortage of condoms, ORS packets and essential consumables like gloves, Pads, bandages, gauze etc. The whole staff was productively following the rules and catering the large number of population. ASHAs were trained to manage sick neonates. The registers were maintained and data was uploaded on the website time to time. Other Services like laundry, biomedical waste management, grievance redressal mechanisms etc were working smoothly in the facility. The facility has won an honor for conducting highest Immunization in South District.

Suggestions:

- 1) Separate computer was required by the facility for uploading the NRHM data since the computer provided under NRHM 20 years back is not functional hence they use the computer provided by MCD to fill the data and also M.O. suggested WIFI connections should be provided for internet services instead of data cards
- 2) Demand of the drugs is more in comparison to the given supply. Instead of universal supply of the drugs, supply should be given according to the need of the facility.
- 3) Sufficient contingency funds should be provided.

Table 6: Service Delivery in last two quarters of M&CW CENTRE Mehrauli:

Service Utilization Parameter	Q1 (Jan 2015 – Mar 2015)	Q2 (April 2015 – June 2015)
OPD	21625	21850
IPD		
Expected number of pregnancies		
MCTS entry on percentage of women registered in the first trimester		
No. of pregnant women given IFA	349	256
Total deliveries conducted	253	197
Number of obstetric complications managed, please specify type		
No. of neonates initiated breast feeding within one hour	233	197
Number of children screened for Defects at birth under RBSK	222	175
RTI/STI Treated	108	65
No of admissions in NBSUs, if available		
No. of sick children referred	3	6
No. of pregnant women referred	67	60
ANC1 registration	415	370
ANC3 Coverage	232	194
ANC4 Coverage	215	182
No. of IUCD Insertions	111	78
No. of Tubectomy	33	27
No. of Vasectomy		
No. of Minilap		
No. of children fully immunized	364	370
Measles coverage	303	379
No. of children given ORS + Zinc	195	330

No. of children given Vitamin A	1022	1383
No. of women who accepted post partum FP services	28	17
No. of MTPs conducted	14	6
Maternal deaths, if any		
Still births, if any		
Neonatal deaths, if any		
Infant deaths, if any	1	0

Source: Mehrauli, M&CW Centre

The table above shows the performance of the facility over the past two quarters and from the table we can interpret that facility is performing well and capturing large number of patients. OPDs have also been very high in last two quarters.

Table 7 Equipments at M&CW Centre Mehrauli

Equipment	
Functional BP Instrument and Stethoscope	✓
Sterilised delivery sets	×
Functional neonatal, Paediatric and Adult Resuscitation kit	×
Functional Weighing Machine (Adult and infant/newborn)	×
Functional Needle Cutter	×
Functional Radiant Warmer	×
Functional Suction apparatus	×
Functional Facility for Oxygen Administration	×
Functional Autoclave	×
Functional ILR and Deep Freezer	✓
Functional Deep Freezer	×
Emergency Tray with emergency injections	✓
MVA/ EVA Equipment	
Laboratory Equipment	Yes
Functional Microscope	×
Functional Hemoglobinometer	✓
Functional Centrifuge,	×
Functional Semi autoanalyzer	×
Reagents and Testing Kits	✓

Source: Mehrauli, M&CW Centre

Table 8: Quality parameter of M&CW Centre Mehrauli:

Essential Skill Set	Yes	No
Manage high risk pregnancy	Y	
Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	Y	
Manage sick neonates and infants	Y	
Correctly uses partograph		
Correctly insert IUCD	Y	
Correctly administer vaccines	Y	
Segregation of waste in colour coded bins	Y	
Adherence to IMEP protocols	Y	

Table 7 shows various equipments available in the facility and Table 8 shows the various quality parameters of the centre.



1.7.3 SPUHC Neb Sarai

Fig 5: Facility SPUHC Neb Sarai

The facility was one of the Primary Health care centre which was visited during the field visit of South district. The facility was located in semi-urban area of the Delhi. There was some difficulty in accessing the facility due to narrow lanes which were worst in the weather of monsoon. Further the building was constructed in restricted place which effecting the number of patients catered by the facility. At the time of visit OPD hour was going on, and there were queues of patients waiting for their turn. Constraint of place was also mentioned by the doctor on duty and suggested that initiative should be taken to relocate such facility in other places. Major issues of the facility were space constraint, not getting adequate attention which can lead to improvement of the facility. When it comes to human resources, only shortage was of data entry operator which was on sharing basis. This issue was common in the whole district which was somewhere hampering the quality of data. Further it was suggested by the staff members that separate person should be allotted to deal with the administrative issues and recording of data as it was burdening the doctors as they have to check patients and deal with administrative issues as well. There was a shortage of MMR and typhoid vaccine and cards for ANC or immunization and furthermore no sterilization equipments (hand gloves sanitizers etc) were available for doctors.

When data was checked of both HMIS and MCTS it was well maintained, it was observed that both ANMs and CDO were handling their responsibilities quite well. There was problem of lab equipments not available which makes patients either to go for private facility for testing or Malviya hospital for testing. According to doctor in charge of the facility they have complain several times to the district but there requests were pending and there were no response up till now. There was also shortage of materials like gloves in the facility. Most of the complicated cases were referred to Safdurjang and there were no deliveries happening at the PHC level. Suggestions:

- 1) If more space can be given to the facility at the PHC level, they can cater more people. When we visited the facility most of the people were standing and waiting for their turn which included pregnant women as well.
- 2) Any lack of facility which includes drugs, IEC material and other necessary items should be immediately taken care of by the concerned district.
- 3) Lastly each facility should be provided single data entry operator which improve the data quality and can generate employment.

Table 9: Service Delivery in last two quarters of SPUHC Neb Sarai:

Service Utilization Parameter	Q1 (Jan 2015 –Mar 2015)	Q2 (April 2015 – June 2015)
OPD	8976	7157
IPD	-	-
Expected number of pregnancies	227	261
MCTS entry on percentage of women registered in the first trimester	158	90
No. of pregnant women given IFA	74	70
Total deliveries conducted	-	-
Number of obstetric complications managed, please specify type	-	-
No. of neonates initiated breast feeding within one hour	159	121
Number of children screened for Defects at	-	-

birth under RBSK		
RTI/STI Treated	95	137
No of admissions in NBSUs, if available	N.A.	N.A.
No. of sick children referred	-	-
No. of pregnant women referred	25	13
ANC1 registration	158	90
ANC3 Coverage	74	
ANC4 Coverage	159	121
No. of IUCD Insertions	23	15
No. of Tubectomy	-	-
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of children fully immunized	137	182
Measles coverage	-	-
No. of children given ORS + Zinc	96	188
No. of children given Vitamin A	446	559
No. of women who accepted post partum FP services	-	-
No. of MTPs conducted	-	-
Maternal deaths, if any	-	-
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	-

Source: SPUHC, Neb Sarai

The table above shows the performance of the facility over the past two quarters. From the table we observe that number of IUCD insertions is very low hence efforts should be made to increase the IUCD Insertions. However the OPDs have been high in past two quarters and the number of RTI/STI cases treated are also significant.

Table 10: Equipment at SPUHC Neb Sarai

Equipment	
Functional BP Instrument and Stethoscope	✓
Sterilised delivery sets	✓
Functional neonatal, Paediatric and Adult Resuscitation kit	✓
Functional Weighing Machine (Adult and infant/newborn)	✓
Functional Needle Cutter	✓
Functional Radiant Warmer	×
Functional Suction apparatus	✓
Functional Facility for Oxygen Administration	✓
Functional Autoclave	✓
Functional ILR and Deep Freezer	×
Functional Deep Freezer	✓
Emergency Tray with emergency injections	✓
MVA/ EVA Equipment	×
Laboratory Equipment	Yes
Functional Microscope	×
Functional Hemoglobinometer	×
Functional Centrifuge,	×
Functional Semi auto analyzer	×
Reagents and Testing Kits	✓

Source: SPUHC, Neb Sarai

Table 11: Quality parameter of SPUHC Neb Sarai:

Essential Skill Set	Yes	No
Manage high risk pregnancy	Y	N
Provide essential newborn care(thermoregulation, breastfeeding and asepsis)		N
Manage sick neonates and infants	Y	
Correctly uses partograph		N
Correctly insert IUCD	Y	
Correctly administer vaccines	Y	
Segregation of waste in colour coded bins	Y	
Adherence to IMEP protocols	Y	

Source: SPUHC, Neb Sarai

Table 10 shows various equipments available in the facility and Table 11 shows the various quality parameters of the centre.

1.7.4 DGD Madangir

The accessibility problem was also present in the DGD Madangir. Further building of the facility was not in good condition. According to the doctor level of awareness in the area was low and ASHAs and ANMs were sent in the field for counseling sessions. Similar problem of lack of lab equipments were noticed which led patients to visit other centres for testing purposes. More sessions should be held at primary level as well so that each facility can discuss their ideas and problems among themselves. Such as problem of district operator was common among all the facilities in the South district. Lack of resources was visible enough at PHC level, and immediate enquiry about a problem was absent.

Fig6: Facility DGD Madangir



Suggestions:

- 1) There should be proper redressal mechanism between district and at the facility level.
- 2) More incentive based approach should be adopted, so that facilities have incentives to perform better.

Table 12: Service Delivery in last two quarters of DGD Madangir:

Service Utilization Parameter	Q1 (Jan 2015 –Mar 2015)	Q2 (April 2015 – June 2015)
OPD	-	-
IPD	-	-
Expected number of pregnancies	198	99
MCTS entry on percentage of women registered in the first trimester	-	-

No. of pregnant women given IFA	56	71
Total deliveries conducted	-	-
Number of obstetric complications managed, please specify type	.-	-
No. of neonates initiated breast feeding within one hour	-	-
Number of children screened for Defects at birth under RBSK	-	-
RTI/STI Treated	48	15
No of admissions in NBSUs, if available	-	-
No. of sick children referred	2	2
No. of pregnant women referred	1	0
ANC1 registration	11	11
ANC3 Coverage	10	13
ANC4 Coverage	1	3
No. of IUCD Insertions	4	1
No. of Tubectomy	-	-
No. of Vasectomy	-	-
No. of Minilap	-	-
No. of children fully immunized	25	44
Measles coverage	0	0
No. of children given ORS + Zinc	30	45
No. of children given Vitamin A	77	108
No. of women who accepted post partum FP services	16	47
No. of MTPs conducted	-	-
Maternal deaths, if any	-	-
Still births, if any	-	-
Neonatal deaths, if any	-	-
Infant deaths, if any	-	-

Source: DGD Madangir

Table 12 depicts the various service delivery indicators of the facility DGD Madangir and from the table we observe that facility is lagging behind other facilities in its coverage thus facility should organize more programs to spread awareness among the people.

Table 13: Equipment at DGD Madangir

Equipment	
Functional BP Instrument and Stethoscope	✓
Sterilised delivery sets	×
Functional neonatal, Paediatric and Adult Resuscitation kit	×
Functional Weighing Machine (Adult and infant/newborn)	×
Functional Needle Cutter	×
Functional Radiant Warmer	×
Functional Suction apparatus	×
Functional Facility for Oxygen Administration	✓
Functional Autoclave	×
Functional ILR and Deep Freezer	×
Functional Deep Freezer	×
Emergency Tray with emergency injections	×
MVA/ EVA Equipment	
Laboratory Equipment	Yes
Functional Microscope	✓
Functional Hemoglobinometer	✓
Functional Centrifuge,	×
Functional Semi autoanalyzer	×
Reagents and Testing Kits	✓

Source: DGD Madangir

Table 14: Quality Parameters of DGD Madangir:

Essential Skill Set	Yes	No
Manage high risk pregnancy		N
Provide essential newborn care(thermoregulation, breastfeeding and asepsis)		N
Manage sick neonates and infants	Y	
Correctly uses partograph		N
Correctly insert IUCD	Y	
Correctly administer vaccines	Y	
Segregation of waste in colour coded bins	Y	
Adherence to IMEP protocols	Y	

Source: DGD Madangir

Table 13 shows various equipments available in the facility and Table 14 shows the various quality parameters of the centre.

2. HUMAN RESOURCE & HEALTH INFRASTRUCTURE

2.1. HUMAN RESOURCE

There was huge crunch of human resources in the district. Major issue was lack of doctors in the facilities thus there is a need to employ more medical force in facilities. Further, doctors on contractual basis have no motive to stay and whenever they get good opportunities they leave the job which proves to be hindrance in the performance of the facility. Another major issue was dual administrative duties on the medical staff; they have to fulfill their administrative responsibility as well as medical duties which affect their work.

Lack of CDOs was also an issue of major concern since CDOs were mainly on sharing basis hence regular reporting was a challenging task, thus one CDO per facility should be appointed.

Lastly, more Para-medical staff such as staff nurses should be appointed in the district.

Table 15: Human Resources under NHM

Position Name	Sanctioned		Regular		Contractual		Total		Vacant %	
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists	21	21	-	-	21	21	-	-	-	-
Gynecologists	-	-	-	-	-	-	-	-	-	-
Pediatrician	1	1	-	-	1	1	-	-	-	-
Surgeon	0	0	-	-	0	0	-	-	-	-
LHV	-	-	-	-	-	-	-	-	-	-
ANM	48	48	-	-	48	48	-	-	-	-
Pharmacist	9	9	-	-	9	9	-	-	-	-
Lab technicians	22	22	-	-	22	22	-	-	-	-
X-ray technicians	-	-	-	-	-	-	-	-	-	-
Staff Nurse at CHC	14	14	-	-	14	14	-	-	-	-
Staff Nurse at PHC	-	-	-	-	-	-	-	-	-	-
ANM at PHC	48	18	-	-	48	18	-	-	-	-
ANM at SC	-	-	-	-	-	-	-	-	-	-

Source: CDMO Office, South District

Table 15 shows the staff members sanctioned under NHM for past two years. The staff members appointed are equal to the members sanctioned as per the new norms thus if a staff member resigns from his job his post gets dissolved and no possibility for fresh recruitment to fill the post is available which is a major loophole which degrading the already existing problem of lack of human resources.

2.2. TRAINING STATUS OF HUMAN RESOURCE

Table no 16 depicts the status of training among facilities in the district. There were no trainings in NSV, F-IMNCI and NSSK in the facilities. In most of the facilities ASHAs has received fresher training and CDOs are trained about the portal regularly. Separate records should be maintained of each facility for how much training has been conducted so far and where they lack in terms of imparting training which is a crucial part for enhancing the HR skills.

Furthermore contractual nature of jobs hampers the incentives to spend on training of the staff since it is costly to train them and if they leave the job benefits of training gets redundant.

Table 16: Training Status of Human Resource for South District

Training Status for South District -2014-15			
S. No.	Training Name	Date	Total No. of Trained Staff
1	Bio Medical Waste (IMEP) Training	15-Apr-2014	MO -24
2	Bio Medical Waste (IMEP) Training	21-Apr-2014	ANM -24, LT -1 & LA-6
3	HMIS/MCTS/ASHA Training	24/04/2014 to 25/04/2014	CDEO -14, ANM -12 & LHV -2
4	National Vector Born Disease Control Program	1-Aug-2014	MO -22
5	Measles Surveillance Workshop	10/09/2014 to 11/09/2014	MO-45
6	Refresher Training on Leprosy	31/10/2014 to 31/10/2014	ANM-15, LHV-1, PHN-1, SN-2, LA-2, LT-1 & PH-9
7	Refresher Training on Leprosy	12/11/2014 to 13/11/2014	MO -19
8	Family Planning Orientation Workshop	27-Nov-2014	MO -22 & PHN -2

9	HMIS & MCTS Tr. cum Review Meeting (Combined)	01/12/2014 to 02/12/2014	CDEO-11 & ANM-15
10	HMIS & MCTS Tr. cum Review Meeting (Combined)	08/12/2014 to 09/12/2014	CDEO-05, ANM-16, SN-1 & LHV-4
11	ASHA TOT Module -VI & VII (Round-3)	15/12/2014 to 19/12/2014	MO-4 & ANM-21
12	HMIS & MCTS Tr. cum Review Meeting (Combined)	05/02/2015 to 06/02/2015	ANM-25 & LHV-1
13	ASHA Facilitator Training	03/03/2015 to 04/03/2015	ANM-25 & LHV-1
14	HMIS & MCTS Tr. cum Review Meeting (Combined)	18/03/2015	Private-25

Source: CDMO Office, South District

3. MATERNAL HEALTH

3.1. MATERNAL HEALTH

Promotion of maternal and child health has been an important objective of the NRHM. NRHM aims to reduce Maternal, Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care is a crucial component of NRHM to reduce maternal morbidity and mortality, whereas, as far as South District is concerned there were important issues for tracking the migratory population and most of the time people are not ready for institutional deliveries, and lack of awareness among the people regarding health issues during pregnancy was also another factor which needs to be addressed.

Table17: Key maternal health indicators

Indicators	2013-2014	2014-15(July)
Ante Natal Care Services ANC		
TT1	14612	14687
TT2 or booster	12629	12775
Number of pregnant women received 3 ANC	29795	25979

check		
Home Deliveries		
SBA Trained (Doctor/Nurse/ANM)	701	568
Non SBA (Trained TBA/Relatives/etc)	1607	1488
Total	2308	2056
Institutional Deliveries	8342	10605
Live Birth	12371	12729
Still Birth	89	93
Total	12460	12822

Source: CDMO Office, South District

Table number 17 is showing the key maternal health indicators for two financial years i.e. from 2013-14 and 2014-15 (up to the month of July).

- It can be observed that still home deliveries were 2308 in the year 2013-14 and 2056 in 2014-15 and further bifurcation shows that out of total home deliveries more than 50% were conducted by Non SBA. Despite of schemes like JSSK home deliveries are still high in the district.
- Although Institutional Deliveries has increased from 8342 in 2013-13 to 10605 in 2014-15 but still more efforts are needed to spread awareness among people and encourage them to get themselves delivered in the hospitals.

3.2. JANANI SURAKSHA YOJANA

- Janani Suraksha Yojana is an initiative for safe mother hood under NRHM. It basically aims at reducing maternal and neo-mortality rate by promoting institutional deliveries among poor pregnant women.
- Overall, the program was running smoothly in the district. Only issue faced by the district was that most of the beneficiaries do not have the necessary documents for example BPL cards or other documents like SC certificate thus it was difficult to open their account.
- Further, most of the beneficiaries don't want to stay till 48 hours which plays pivotal role in increasing the neo-natal death.

Table 18 depicts the total number of pregnant women registered for JSY in the district for three years. Interestingly the number of pregnant women has been declining over the years and has significantly declined in the year 2014-15. It can be loophole in the recording of the data or due to lack of awareness amongst the population.

Table 18: Pregnant Women Registered for JSY in the district

Year	Number of pregnant women registered for JSY
2012-13	1185
2013-14	1051
2014-15	249

Source:HMIS

Furthermore percentage of women registered for JSY to total women registered for ANC is miniscule (0.6%), less than 1 % of women out of those who have registered themselves for ANC have registered for JSY in the district in the year 2014-15. (Source: HMIS).

Table 19: Status of JSY Payments in district 2014-15

Status of payments			Mode of Payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Available	Updated	Non updated
144	12	110			Yes	Facility	Yes	

Source: CDMO Office, South District

The table above shows the status of JSY payments in the district for the year 2014-15.1

3.3. JANANI SHISHU SURAKSHA KARYAKRAM

JSSK is another initiative taken by NRHM for safe motherhood. In this program free of cost medicines, diagnostics, diet and transport is provided to the pregnant women. Free entitlement services are as follows 1) cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision of blood, 7)

Exemption from user charges, 8) Free transport from home to health institutions,9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

- JSSK was functional in the district
- Free referral transport was available in the district, but due to narrow lanes in some of the facilities this component was not fully utilised and most of the time transport was only for referral since beneficiaries were not aware about drop back facility.
- Proper record should be maintained regarding the number of cases which used referral transport as well as beneficiaries who refused to use the transport.

Table 20: JSSK Progress in district 2014-15

District	No. of Beneficiaries under JSSK						Total =
	Diet	Drugs	Diagnostic	Transport			
				Home to Facility	Referral	Facility to Home	
South	3219	4650	3011	-	460	-	

Source: CDMO Office, South District

4. CHILD HEALTH

4.1. CHILD HEALTH

Child health programme under NRHM stresses upon reducing IMR in India. The Child health program promotes the following points; 1) Neonatal Health, 2) Nutrition of the child, 3) Management of common childhood illness and 4) Immunization of the child. In South district, child health program was functioning smoothly but the overall effectiveness was curbed owing to lack of human resource and overcrowded patients.

Table 21: Child Health: Detail of infrastructure & Services under Neonatal Health, 2014-15

Infrastructure for Child Health	Functional Infrastructure
Total NBSU	02
Total NBCC	nil

Total SNCU	02
Total Staff in SNCU	
Total Staff in NBSU	

Source: CDMO Office, South District

Table number 21 is showing the infrastructure of child health in the district. It shows that there are only two SNCU and NBSU in the district which is less when compared to amount of burden in the district.

4.2. IMMUNIZATION

Immunization program was running smoothly in the district, ASHAs and ANMs were working efficiently and working hard to meet the targets in the district.

Immunization day was Friday in the district. Furthermore Mission Indradhanush is working smoothly in the district capturing a large number of children in the district. Immunization sessions are organised regularly.

Table 22: Number of Infants who received vaccination

Vaccine	Number of Infants who received vaccines		
	2012-13	2013-14	2014-15
BCG	17099	15188	14706
DPT1	18792	9211	3358
DPT2	18076	10007	3368
DPT3	17521	10325	3442
OPV0	9428	10638	11084
Measles	17809	17655	18946
Full Immunization	17102	16729	16982

Source: CDMO Office, South District & HMIS

Table no. 22 depicts the status of immunization in the district for the financial year 2012-13, 2013-14 and for the year 2014-15 till the month of July. Interesting patterns can be seen in the number of infants who have received DPT1, DPT2 & DPT3 vaccines have declined drastically in the financial year 2014-15 from its levels in 2012-13 & 2013-14 which shows that in the present year less number of infants are being immunized, it can be due to lack of awareness. Thus efforts should be made to increase awareness and convince parents on the benefits of immunization on their child's health and overall well-being. Infants who were fully immunized from (9-11) months were 16729 in the year 2013-14 and 16982 in 2014-15. The number of infants who has received Measles and OPV0 has increased in the year 2014-15

Fig 7: Immunization Cards maintained in the M&CW Centre Mehrauli:



4.3. RASHTRIYA BAL SURAKSHA KARYAKARAM

Rashtriya Bal Swasthya Karyakram is an initiative by NRHM for monitoring the child health in the different districts. Under this program team of experts are sent to schools for regular checkups of the children. The checkups include, the eye testing, dental checkups, and any prominent symptoms of any communicable and non-communicable disease are being screened.

- Rashtriya Bal Swasthya Karyakram is efficiently working in the district. There is a team of doctors which are regularly visiting the schools of the district. After checkups if any children are detected with some medical condition, then he/she is referred to nearby facility.
- There is no problem of cooperation from school authorities.
- 76 schools were targeted under this scheme in the year 2014-15 and cultural activities like painting, poem writing etc. were organised by the facilities

5. FAMILY PLANNING

5.1. FAMILY PLANNING

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy. District was trying its level best to perform in the field of family planning, but still lot can be done in terms of creating awareness regarding family planning. Furthermore as table 17 shows that male sterilization is very low in the district there should be more efforts to encourage male sterilization and more health talks should be organised to spread awareness on the various methods of family planning.

Table 23 Family Planning Achievement in South District, 2014-15

District	Sterilization				IUD		OP		CC	
	Male	Female	Total	%	Ach	%	Ach	%	Ach	%
South	27	1033	1060		573		12242		2932	

Source: CDMO Office, South District

6. ADOLESCENCE REPRODUCTIVE AND SEXUAL HEALTH

- ARSH was functional in the district. Regular counselling is done regarding reproductive and sexual health, further various camps are organized in the district. But efforts should be made to raise the level of awareness among the population and training programs should be organised at the school level.

7. QUALITY IN HEALTH SERVICES

7.1. INFECTION CONTROL

Proper norms were followed in the district for infection control. But more cleanliness is required as far as facilities are concerned, and regular class four workers should be employed. Facilities like SPUHC Neb Sarai suffers from water logging in the monsoon season thus there are many flies and mosquitoes outside the facility hence mosquito sprays should be provided, methods for

keeping a check to prevent water logging should be adopted and proper cleanliness should be maintained.

7.2. BIO MEDICAL WASTE MANAGEMENT

Bio-medical waste management was functioning well in the district. There were different coloured bins in which the waste is segregated and then disposed off and biomedical waste management was done through contractual basis in the district. There were separate dustbins and the residual was collected by the contracted agency on the next day.

7.3. INFORMATION, EDUCATION AND COMMUNICATION

- IEC was effective in the district. Facilities in the district were displaying the differentschemes organised under NRHM such as JSSK, JSY and benefits of immunization.
- Furthermore there were many charts reflecting the benefits and various methods of family planning, Posters were constantly updated as and when new schemes are introduced.

Fig 8: IEC Posters displayed in the facilities:



8. REFERRAL TRANSPORT

- The district faces some problem for referral transport. For instance ambulances take time to reach and due to narrow lanes accessibility also becomes a matter of concern.
- There is need to deploy more transportation facilities to improve the delivery of healthservices.

9. COMMUNITY PROCESS

9.1 ASHA and ANM Interaction

- The team interacted with ASHAs and ANMs at the time of field visit in the district. It was observed that most of the ANMs were given some refresher training on HMIS. They were well averse with the procedure for filling up the formats. They were engrossed in spreading awareness through talks and other programmes. The ANMs in M&CW centre were trained on IUCD insertion, symptoms of dehydration and pneumonia, symptoms of complicated pregnancies.
- On interaction with ASHAs, it was found that there are very less cases of home deliveries now. ASHAs encourage beneficiaries for institutional deliveries and adopting family planning methods. But they had some grievances related to irregularity of income and lack of enough incentives for them to perform. Further ASHA workers complained regarding the loss of cash incentive in case a beneficiary migrates to some other place for delivery.

10. DISEASE CONTROL PROGRAMME

- Provision of blood test was available in the district.
- Further leprosy program was working well in the district, there was no stigma attached to it.
- Laboratories were not present in the facilities thus most of the patients were referred to nearby hospitals but the beneficiaries' preferred private hospitals as government dispensaries were far.

11. GOOD INNOVATION AND PRACTICE

- Maternal Death review has been done from time to time. ASHAs do report if there are any maternal death in their area.
- ASHA trainings are conducted from time to time. Special initiative has been taken to overview the work of ASHAs in the district and training is given to them for different NRHM schemes.
- Staff members of M&CW Mehrauli are actively engaged in maintaining and coordinating the activities of the facility and contributing monetarily or providing the useful infrastructure like chairs, curtains etc. to the facility.
- There were complaint box/ Suggestion box in all the facilities.
- At AIIMS there is a format followed for providing systematic quality services to pregnant women from her first ANC check up to constant counselling regarding postpartum contraception starting from her first ANC and post-delivery PPIUCD is inserted with her consent.

Fig 9: Algorithm for providing Quality Services at AIIMS

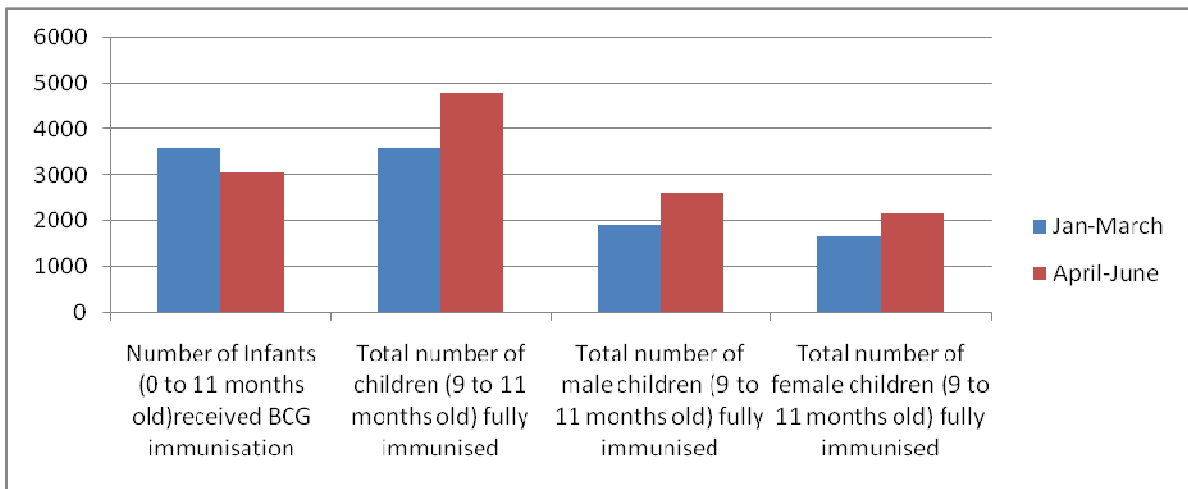


12. HMIS & MCTS

HMIS and MCTS are two most important part of NRHM functioning which includes reporting and compiling of the data which includes performance of basic indicators of maternal and child health care in the district. In South district, there were some issues in reporting of the data mainly due to shortage of staff in the district, further since CDOs were mainly on sharing basis the timely reporting of data was a challenging task and most of the time. CDO of AIIMS is facing problems in collecting the data from the hospital authorities.

Figure 10 and 11 represents graphical presentation of some of the basic maternal and child health indicators and their performance in the district.

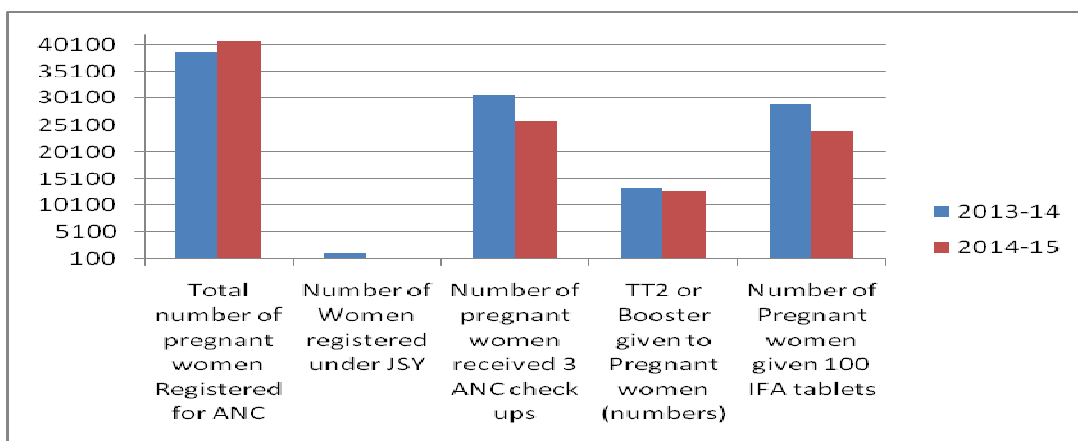
Figure 10: Immunization records of two quarters of South District, 2014-15



Source: HMIS

- Figure 10 shows the number of children being immunized in two quarters, January to March and April to June for the year 2014-15 in South District, Delhi
- It can be seen that number of infants given BCG vaccination is lower in the second quarter but when it comes to fully immunized, children there is a significant increase in the second quarter for both male children and female children however the number of female children fully immunized remains lower than male children in both the quarters.

Figure 11: ANC check-ups in the district in the year 2013-14, and 2014-15



Source: HMIS

- Figure 11 shows the ANC checkups in the district for the year 2013-14 and 2014-15. It can be seen that although there has been a slight improvement in the total number of

pregnant women registered for ANC but Number of women registered under JSY has declined drastically in the year 2014-15. Furthermore the number of women who have received 3 ANC checkups are lower than the total number of pregnant women registered for ANC.

- As far as TT2 booster and number of women given 100 IFA tablets are concerned, there has been no improvement rather there has been a slight decline in the year 2014-15 as compared to 2013-14.

13. CONCLUSION AND RECOMMENDATIONS

13.1. CONCLUSIONS

- Population Research Centre, Delhi has been assigned the task of monitoring and evaluation of various schemes under National Rural Health Mission by The Ministry of Health and Family Welfare. PRC team is expected to carry out the field visit of the state for quality checks and interact with the members associated with the Scheme to understand the various dimensions of the program and existing loopholes in implementation of the Scheme at its grass root level and suggest measures for further improvement of the different components of NRHM. This report explains the Monitoring and Evaluation findings of the South District of Delhi. The health facilities visited by the team comprises of: District Hospital AIIMS, SPUHC Neb Sarai, M&CW Centre Mehrauli and DGD Madangir.
- The physical infrastructure of the facilities visited was not well maintained. In terms of sanitation, there is need of more cleanliness in SPUHC Neb Sarai. The facilities should have enough contingency funds which they can use for repairing, whitewashing and maintaining the physical infrastructure in the facility.
- All the major and essential equipments were available in the facilities. For instance, equipments like BP instrument, stethoscope, sterilized delivery sets, weighing machine, and needle cutter were functional.
- There is huge shortage of staff in the district, especially for the specialists. There are very less doctors in comparison to the need for them. Most of the facilities have one or two doctors and overcrowded queues of patients and other administrative responsibilities on doctors further exaggerate the problem. Existing staff members complain about being overburdened with work and because of less income and contractual nature of job it is difficult to recruit new staff positions.
- The basic and essential drugs were available in the facilities. For instance, drugs like IFA, vitamin A syrup, oxytocin, magnesium sulphate and other like misoprostol and mifepristone tablets were available in all major facilities. However there was a shortage of MMR and typhoid vaccine and other necessities like condensed zinc etc were also not

available in adequate quantities, the supply of condoms zinc tablets and ORS were lagging behind the total demand for them.

- There is lack of training given in the district. There are no clear guidelines given to the district on which training programs should be conducted and also due to lack of enough funds at appropriate time makes organisation of training programs a challenging task. Furthermore temporary nature of jobs reduces the incentives to train the staff which may leave anytime.
- The JSY payments system was smooth but there was a difficulty in registering the beneficiaries for JSY since they were unable to produce supportive documents (BPL cards, Caste certificates etc.)
- Under JSSK, beneficiaries are receiving the services of free diet and free medicines. However, awareness on free transportation services is very low and narrow lanes which cause an obstacle in delivering the health services.
- Rashtriya Bal Swasthya Karyakaram was working effectively in the district. Teams of RBSK consisted of health officials who regularly visit the schools and treat the children if any problem is detected in screening.
- The IEC displays were managed well in the district. There were displays on timings of the facility, drug list, immunization, eye donation, JSY, JSSK and many others posters related to family planning, women and child's health.
- The disease control programmes are working but not efficient in the district due to shortage of staff.
- Biomedical waste management was working effectively in all the facilities on contractual basis and laundry services were also smooth
- There were some issues in reporting of the data despite the fact that all registers were well maintained and were updated day to day because of irregularity in uploading the data on portal due to lack of staff
- Overall the staff members were performing their assigned duty convincingly, However because of overburden of work and lack of staff members the overall effectiveness of the scheme was curbed.

13.2. RECOMMENDATIONS

- The crunch of health staff is the major obstacle in delivering the health services in the district. The doctor to patients ratio is highly skewed, there are very few doctors catering large masses of population in each facility leading to overcrowding of patients in each facility waiting in queues for many hours to get themselves checked. Thus, it is highly recommended to make new deployment to smoothen the functioning of system.
- It is strongly recommended to arrange for regular supply of essential consumables like bandages, sanitizers etc and also ensure timely supply of ORS packets and other necessary items on basis of their demand in the respective facility and not distribute them uniformly among all the facilities.
- Fund given under NHRM programs such as maintenance fund, corpus grant and untied fund has been given far less than the actual requirements therefore more contingency funds which can be carried forward should be provided and facilities and the district should be given enough flexibility to use the funds as per their needs.
- At least two computers per facility should be provided and more data entry operators should be appointed to ensure good quality of data. Furthermore each facility should have the provision of Wi-Fi connection instead of data cards.
- Since in Delhi there are multiple agencies working to ensure good health outcomes, there is a burden on some of the facilities like M&CW Centre Mehrauli which comes under Municipal Corporation of Delhi they have to do double reporting of the same data thus it is recommended to merge the two activities to save time and have common reporting for both so that there is less burden of uploading data.
- Many facilities face problems in tracking a beneficiary who has migrated and there are problem of double reporting since beneficiaries get themselves registered in their hometown and come to Delhi for delivery where they are again registered but post delivery they migrate so it becomes a difficult task to track whether the child has been fully immunized or not thus there must be a provision to ensure single MCTS number given to the beneficiary by which they can be tracked.
- Owing to large number of patients there are less beds in the District hospital and also less doctors in comparison to what is needed to cater the large number of patients, thus

more doctors should be deployed and efforts should be made to increase the physical infrastructure like beds to accommodate more patients or more facilities should be provided at primary levels to reduce the burden on district hospital.

- It is strongly recommended to conduct continuous monitoring of various facilities by the district and facilities should report their grievances and problems they face to the district officials regularly so that they can combat the problem at an early level and this will ensure smooth functioning of the NRHM scheme in the district and will also ensure a more coordinated and conducive environment and will provide enough incentives for the facilities to perform.

14 ANNEXURE**14.1. NODAL PERSON QUESTIONNAIRE****MONITORING OF DISTRICT PIP****POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI****EVALUATION OF KEY INDICATORS OF THE DISTRICT****1. Detail of demographic & health indicators**

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

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

2. Detail of health infrastructures 2014-15

Health Facility	Number available	Govt. building	Rented building/ Under const.
District hospital			
SDH			
CHC FRUs			

CHC			
PHC			
Sub Centre			
Medical College			
Delivery Points			
108 Ambulances			
CATS			
102 Ambulance			
Referral Transport			

3. Human Resources under NHM 2014-15

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

4.1. Training status of human resource 2014-15

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

ASHA						
Other						

* Note- Fill number of officials received training

4.2. Training status of human resource 2014-15

Position Name	IUCD insertion	RTI/STI/HIV screening	FIMNCI	NSSK	Total
MO					
LMO					
Staff Nurses					
ANM					
Lab Technicians					
Pharmacist					
LHV/PHN					
ASHA					
Other					

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

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

Note- Please included the data for Medical College and DH

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

Bloc	TT1	TT2	Home Deliveries	Live Birth	Still Birth	Total Births

k					SBA assisted		Non-SBA							
	13-	14-	13-	14-	13-14	14-15	13-14	14-15	13-	14-	13-	14-	13-	14-15

Note- Please included the data for Medical college and DH

5.3. Status of JSY Payments in district 2014-15

Status of payments			Mode of Payments			Record maintenance		
Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Available	Updated	Non updated

5.4. Block wise JSSK Progress in district 2014-15

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

5.5. Maternal Death Review: 2014-15

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

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

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

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

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

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

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

Note- * Leave against medical advise

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

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

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

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

7. Family Planning Achievement in District 2014-15

Name Block	Target	Sterilization				IUD		OP		CC	
		Male	Female	Total	%	Ach	%	Ach	%	Ach	%

8. ARSH Progress in District 2014-15

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

9. Quality in health care services

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

10. Community process in District 2014-15

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

11. Disease control programme progress District 2014-15

Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
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13. New Initiative and new innovations

14.2. DH LEVEL MONITORING CHECKLIST

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	Y	N	

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

Section II: Human resource:

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

Section III: Training Status of HR:

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

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	Y	N	
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Foetal Doppler/CTG	Y	N	
4.10	Functional Mobile light	Y	N	
4.11	Delivery Tables	Y	N	
4.12	Functional Autoclave	Y	N	
4.13	Functional ILR and Deep Freezer	Y	N	
4.14	Emergency Tray with emergency injections	Y	N	
4.15	MVA/ EVA Equipment	Y	N	
4.16	Functional phototherapy unit	Y	N	
4.17	O.T Equipment			
4.18	O.T Tables	Y	N	
4.19	Functional O.T Lights, ceiling	Y	N	

4.20	Functional O.T lights, mobile	Y	N	
4.21	Functional Anesthesia machines	Y	N	
4.22	Functional Ventilators	Y	N	
4.23	Functional Pulse-oximeters	Y	N	
4.24	Functional Multi-para monitors	Y	N	
4.25	Functional Surgical Diathermies	Y	N	
4.26	Functional Laparoscopes	Y	N	
4.27	Functional C-arm units	Y	N	
4.28	Functional Autoclaves (H or V)	Y	N	
Laboratory Equipment				
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	
4.6a	Functional Ultrasound Scanners	Y	N	
4.7a	Functional C.T Scanner	Y	N	
4.8a	Functional X-ray units	Y	N	
4.9a	Functional ECG machines	Y	N	

Section V: Essential Drugs and Supplies:

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

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

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Ultrasound scan (Ob.)			
6.11	Ultrasound Scan (General)			
6.12	X-ray			
6.13	ECG			
6.14	Endoscopy			
6.15	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.16	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.17	Sufficient no. of blood bags available	Y	N	
6.18	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
------	-------------------------------	----	----	---------

7.1	OPD		
7.2	IPD		
7.3	Expected number of pregnancies		
7.4	MCTS entry on percentage of women registered in the first trimester		
7.5	No. of pregnant women given IFA		
7.6	Total deliveries conducted		
7.7	No. of assisted deliveries(Ventouse/ Forceps)		
7.8	No. of C section conducted		
7.9	Number of obstetric complications managed, pls specify type		
7.10	No. of neonates initiated breast feeding within one hour		
7.11	Number of children screened for Defects at birth under RBSK		
7.12	RTI/STI Treated		
7.13a	No of admissions in NBSUs/ SNCU, whichever available		
7.13b	Inborn		
7.13c	Outborn		
7.14	No. of children admitted with SAM		
7.15	No. of sick children referred		
7.16	No. of pregnant women referred		
7.17	ANC1 registration		
7.18	ANC 3 Coverage		
7.19	ANC 4 Coverage		
7.20	No. of IUCD Insertions		
7.21	No. of Tubectomy		
7.22	No. of Vasectomy		
7.23	No. of Minilap		
7.24	No. of children fully immunized		
7.25	Measles coverage		
7.26	No. of children given ORS + Zinc		
7.27	No. of children given Vitamin A		
7.28	No. of women who accepted post-partum FP services		
7.29	No. of MTPs conducted in first trimester		
7.30	No. of MTPs conducted in second trimester		
7.31	Number of Adolescents attending ARSH clinic		
7.32	Maternal deaths, if any		
7.33	Still births, if any		

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

Section VII a: Service delivery in post natal wards:

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

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

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

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

Section XII: Additional/Support Services:

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

14.3. FRU LEVEL MONITORING CHECKLIST***FRU level Monitoring Checklist***

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Additional Remarks
1.1	Health facility easily accessible from nearest road head	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good condition	Y	N	
1.4	Staff Quarters for MOs	Y	N	
1.5	Staff Quarters for SNs	Y	N	
1.6	Staff Quarters for other categories	Y	N	
1.7	Electricity with power back up	Y	N	
1.9	Running 24*7 water supply	Y	N	
1.10	Clean Toilets separate for Male/Female	Y	N	
1.11	Functional and clean labour Room	Y	N	
1.12	Functional and clean toilet attached to labour room	Y	N	
1.13	Functional New born care corner (<i>functional radiant warmer with neo-natal ambu bag</i>)	Y	N	
1.14	Functional Newborn Stabilization Unit	Y	N	
1.16	Functional SNCU	Y	N	
1.17	Clean wards	Y	N	
1.18	Separate Male and Female wards (at least by partitions)	Y	N	
1.19	Availability of Nutritional Rehabilitation Centre	Y	N	
1.20	Functional BB/BSU, specify	Y	N	
1.21	Separate room for ARSH clinic	Y	N	
1.22	Availability of complaint/suggestion box	Y	N	
1.23	Availability of mechanisms for Biomedical waste management (BMW) at facility	Y	N	
1.23a	BMW outsourced	Y	N	
1.24	Availability of ICTC Centre	Y	N	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		

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

Section III: Training Status of HR:

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks
4.1	Functional BP Instrument and Stethoscope	Y	N	
4.2	Sterilised delivery sets	Y	N	
4.3	Functional Neonatal, Paediatric and Adult	Y	N	

	Resuscitation kit			
4.4	Functional Weighing Machine (Adult and child)	Y	N	
4.5	Functional Needle Cutter	Y	N	
4.6	Functional Radiant Warmer	Y	N	
4.7	Functional Suction apparatus	Y	N	
4.8	Functional Facility for Oxygen Administration	Y	N	
4.9	Functional Autoclave	Y	N	
4.10	Functional ILR and Deep Freezer	Y	N	
4.11	Emergency Tray with emergency injections	Y	N	
4.12	MVA/ EVA Equipment	Y	N	
4.13	Functional phototherapy unit	Y	N	
	Laboratory Equipment			
4.1a	Functional Microscope	Y	N	
4.2a	Functional Hemoglobinometer	Y	N	
4.3a	Functional Centrifuge	Y	N	
4.4a	Functional Semi autoanalyzer	Y	N	
4.5a	Reagents and Testing Kits	Y	N	

Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock 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	
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	Y	N	
6.2	CBC	Y	N	
6.3	Urine albumin and sugar	Y	N	
6.4	Blood sugar	Y	N	
6.5	RPR	Y	N	
6.6	Malaria	Y	N	
6.7	T.B	Y	N	
6.8	HIV	Y	N	
6.9	Liver function tests(LFT)	Y	N	
6.10	Others , pls specify	Y	N	
S.No	Blood bank / Blood Storage Unit	Yes	No	Remarks
6.11	Functional blood bag refrigerators with chart for temp. recording	Y	N	
6.12	Sufficient no. of blood bags available	Y	N	
6.13	Check register for number of blood bags issued for BT in last quarter			

Section VII: Service Delivery in last two quarters:

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

7.10	No. of neonates initiated breast feeding within one hour			
7.11	Number of children screened for Defects at birth under RBSK			
7.12	RTI/STI Treated			
7.13a	No of admissions in NBSUs/ SNCU, whichever available			
7.13b	Inborn			
7.13c	Outborn			
7.14	No. of children admitted with SAM			
7.15	No. of sick children referred			
7.16	No. of pregnant women referred			
7.17	ANC1 registration			
7.18	ANC3 Coverage			
7.19	ANC 4 Coverage			
7.20	No. of IUCD Insertions			
7.21	No. of Tubectomy			
7.22	No. of Vasectomy			
7.23	No. of Minilap			
7.24	No. of children fully immunized			
7.25	Measles coverage			
7.26	No. of children given ORS + Zinc			
7.27	No. of children given Vitamin A			
7.28	No. of women who accepted post-partum FP services			
7.29	No. of MTPs conducted in first trimester			
7.30	No. of MTPs conducted in second trimester			
7.31	Number of Adolescents attending ARSH clinic			
7.32	Maternal deaths, if any			
7.33	Still births, if any			
7.34	Neonatal deaths, if any			
7.35	Infant deaths, if any			

Section VII a: Service delivery in post natal wards:

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

7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)			
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N	
7.9a	Diet being provided free of charge	Y	N	

Section VIII: Quality parameter of the facility:

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

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

Section IX: Record Maintenance:

S. no	Record	Available and Updated and Correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				

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

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

S.No	Material	Yes	No	Remarks
11.1	Approach roads have directions to the health facility	Y	N	
11.2	Citizen Charter	Y	N	
11.3	Timings of the health facility	Y	N	
11.4	List of services available	Y	N	

11.5	Essential Drug List	Y	N	
11.6	Protocol Posters	Y	N	
11.7	JSSK entitlements (Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.8	Immunization Schedule	Y	N	
11.9	JSY entitlements(Displayed in ANC Clinics/, PNC Clinics)	Y	N	
11.10	Other related IEC material	Y	N	

14.4. PHC & NON FRU LEVEL MONITORING CHECKLIST

PHC/CHC (NON FRU) level Monitoring Checklist

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

Section I: Physical Infrastructure:

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

1.14	Functional Newborn Stabilization Unit	Y	N
1.15	Clean wards	Y	N
1.16	Separate Male and Female wards (at least by Partitions)	Y	N
1.17	Availability of complaint/suggestion box	Y	N
1.18	Availability of mechanisms for waste management	Y	N

Section II: Human resource:

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

Section III: Training Status of HR

S. no	Training	No. trained	Remarks if any
3.1	BeMOC		
3.2	SBA		
3.3	MTP/MVA		
3.4	NSV		
3.5	IMNCI		
3.6	F- IMNCI		
3.7	NSSK		
3.8	Mini Lap		
3.9	IUD		
3.10	RTI/STI		
3.11	Immunization and cold chain		
3.12	Others		

Section IV: Equipment

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

Section V: Essential Drugs and Supplies

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

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

Section VI: Other Services :

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

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	Number of obstetric complications managed, pls specify type			

7.8	No. of neonates initiated breast feeding within one hour		
7.9	Number of children screened for Defects at birth under RBSK		
7.10	RTI/STI Treated		
7.11	No of admissions in NBSUs, if available		
7.12	No. of sick children referred		
7.13	No. of pregnant women referred		
7.14	ANC1 registration		
7.15	ANC3 Coverage		
7.16	ANC4 Coverage		
7.17	No. of IUCD Insertions		
7.18	No. of Tubectomy		
7.19	No. of Vasectomy		
7.20	No. of Minilap		
7.21	No. of children fully immunized		
7.22	Measles coverage		
7.23	No. of children given ORS + Zinc		
7.24	No. of children given Vitamin A		
7.25	No. of women who accepted post partum FP services		
7.26	No. of MTPs conducted		
7.27	Maternal deaths, if any		
7.28	Still births, if any		
7.29	Neonatal deaths, if any		
7.30	Infant deaths, if any		

Section VII a: Service delivery in post natal wards:

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

7.7a	Mode of JSY payment (Cash/bearer cheque/Account payee cheque/Account Transfer)		
7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics(<i>Please give details</i>)	Y	N
7.9a	Diet being provided free of charge	Y	N

Section VIII: Quality parameter of the facility

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

Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				
9.3	ANC Register				
9.4	PNC Register				
9.5	Indoor bed head ticket				
9.6	Line listing of severely anaemic pregnant women				
9.7	Labour room register				
9.8	Partographs				
9.9	OT Register				
9.10	FP Register				

9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check % expenditure)			
9.17	AMG expenditure (Check % expenditure)			
9.18	RKS expenditure (Check % expenditure)			

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

11.10	Other related IEC material	Y	N	
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Section XII: Additional/Support Services:

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

14.5. SC LEVEL MONITORING CHECKLIST

Sub Centre level Monitoring Checklist

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

Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	

1.10	Functional New Born Care Corner(<i>functional radiant warmer with neo-natal ambu bag</i>)	<i>Y</i>	<i>N</i>	
1.11	General cleanliness in the facility	<i>Y</i>	<i>N</i>	
1.12	Availability of complaint/suggestion box	<i>Y</i>	<i>N</i>	
1.13	Availability of deep burial pit for biomedical waste management / any other mechanism	<i>Y</i>	<i>N</i>	

Section II: Human Resource:

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

Section III: Equipment :

S.No	Equipment	Available and Functional	Available but non-functional	Not Available	Remarks
3.1	Haemoglobinometer				
3.2	Any other method for Hemoglobin Estimation				
3.3	Blood sugar testing kits				
3.4	BP Instrument and Stethoscope				
3.5	Delivery equipment				
3.6	Neonatal ambu bag				
3.7	Adult weighing machine				
3.8	Infant/New born weighing machine				
3.9	Needle & Hub Cutter				
3.10	Color coded bins				
3.11	RBSK pictorial tool kit				

Section IV: Essential Drugs:

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

Section V: Essential Supplies

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

Section VI: Service Delivery in the last two quarters:

S.No	Service Parameter	Utilization	Q1	Q2	Remarks
6.1	Number of estimated pregnancies				
6.3	No. of pregnant women given IFA				
6.4	Number of deliveries conducted at SC				
6.5	Number of deliveries conducted at home				
6.8	No. of sick children referred				
6.9	No. of pregnant women referred				
6.10	ANC1 registration				
6.11	ANC3 coverage				
6.12	ANC4 Coverage				

6.13	No. of IUCD insertions		
6.14	No. of children fully immunized		
6.14a	Measles coverage		
6.15	No. of children given ORS + Zinc		
6.16	No. of children given Vitamin A		
6.17	No. of children given IFA Syrup		
6.18	No. of Maternal deaths recorded, if any		
6.19	No. of still birth recorded, if any		
6.20	Neonatal deaths recorded, if any		
6.21	Number of VHNDs attended		
6.22	Number of VHNSC meeting attended		

Section VIII: Record Maintenance:

Sl. No	Record	Available and Upto-date and correctly filled	Available but non-maintained	Not Available	Remarks
8.1	Untied funds expenditure (Rs 10,000-Check % expenditure)				
8.2	Annual maintenance grant (Rs 10,000-Check % expenditure)				
8.3	Payments under JSY				
8.4	VHND plan				
8.5	VHSNC meeting minutes and action taken				
8.6	Eligible couple register				
8.7	MCH register (as per GOI)				
8.8	Delivery Register as per GOI format				
8.9	Stock register				
8.10	Due lists				
8.11	MCP cards				

8.12	Village register			
8.13	Referral Registers (In and Out)			
8.14	List of families with 0-6 years children under RBSK			
8.15	Line listing of severely anemic pregnant women			
8.16	Updated Microplan			
8.17	Vaccine supply for each session day (check availability of all vaccines)			
8.18	Due list and work plan received from MCTS Portal through Mobile/ Physically			

Section X: IEC display:

S. no	Material	Yes	No	Remarks
10.1	Approach roads have directions to the sub centre	Y	N	
10.2	Citizen Charter	Y	N	
10.3	Timings of the Sub Centre	Y	N	
10.4	Visit schedule of "ANMs"	Y	N	
10.5	Area distribution of the ANMs/ VHND plan	Y	N	
10.6	SBA Protocol Posters	Y	N	
10.7	JSSK entitlements	Y	N	
10.8	Immunization Schedule	Y	N	
10.9	JSY entitlements	Y	N	
10.10	Other related IEC material	Y	N	

