



## Acronyms and Abbreviations

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

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## Executive Summary

This report is based upon NHM/PIP Monitoring visit to South District of Sikkim. South District is one of the four districts of Sikkim with its head quarters at Namchi. The PRC team intensively discussed the various issues with all the officers at the state level, district level, and at the block level along with ASHA co-ordinators and other staff members appointed under NHM. The team has visited the district hospital of south district located in Namchi, PHC Melli, CHC Jorethang and Sub Centre Nandugaon. .

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

### STRENGTHS

- South District had very few cases of maternal deaths i.e. there were only two maternal deaths in the current financial year.
- Proportion of fully immunized children has improved significantly over the past three years; the proportion has increased from 56.81 per cent to 115.39 per cent in a period of three years. Furthermore the proportion of pregnant women receiving any ANC is 100 per cent in the district.
- There has been a remarkable improvement in the percentage of institutional deliveries in past three years.
- All the facilities visited were clean and hygienic and were functioning in well constructed buildings.
- Information Education and Communication materials were well displayed and awareness campaigns are also organised on a frequent basis.
- Active Community Participation is one of the key contributor in provision of basic infrastructure like chairs, ambulances, buildings and funds for enhancing the provision of health facilities in the district
- ASHA's have been trained up to Module 6-7 and are actively participating in distribution of Oral Pills and other contraceptives.
- Under JSSK state is providing the services of diet in the hospitals.
- All JSY payments are made through Cheque. However in some of the areas listed as 'difficult areas' via the state the payments are made via cash also.



**IRREGULARITIES:**

- There was a lack of clarity among the nodal officers regarding the norms and regulations laid down under National Health Mission.
- Owing to the fact that Sikkim is located in the hilly region there are various issues faced by all the districts including South District like lack of connectivity of various blocks with the district, issues of power supply and poor internet connectivity.
- There were large lags in the paper work dues to lack of coordination amongst the regular and contractual staff.
- There was a unanimous complain of the officials of entire Sikkim including the officials of South district that is less remuneration paid to the officials in comparison to the workload.
- The duties of the nodal officers were not clearly defined. DPM was looking after uploading the HMIS data along with other activities.
- The distribution of the doctors was highly skewed in the district and severe shortage of gynaecologist and surgeon in the district.
- The district hospital of South district was not well organised and administered. The data was not maintained properly and many registered beneficiaries did not get JSY payments.
- There was a scepticism regarding the functioning of JSSK as a scheme in the district. Beneficiaries were bearing costs on the cashless services of diagnostic, diet and transport provided under JSSK. There was a ceiling on the amount that can be spend on various components listed under JSSK and any cost over and above that will be fully borne by the beneficiaries.
- Transportation was another issue of concern in the south district. There were only three ambulances which were functional out of ten available.
- There was a hindrance in JSY payments. Most of the beneficiaries had not received JSY payments in the district hospital. JSY payments although were made via cheques but the state unanimously with district has listed out some difficult areas where the payment is made in cash but proper records of such payments were not maintained.

## 1. Introduction

### 1.1 Background

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

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

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

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

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

Facility Type

District Hospital

Community Health Centre

Primary Health Centre

Sub Centre

Name of the facility

District Hospital Namchi

CHC Jorethang

PHC Melli

P.H.S.C Nandugaon





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

Indicator	India	Sikkim	South District
Actual Population	1,210,854,977	610,577	146,850
Males	6,23,121,843	323,070	76,670
Females	5,87,447,730	287,507	70,180
Population Growth	17.64 per cent	12.89 per cent	11.65 per cent
Area sq. km	3,287,240	7096	750
Density/km2	382	86	196
Sex Ratio (per 1000)	943	890	916
Child Sex Ratio (0-6 age)	1088	957	953
Literacy Rate (per cent)	73	81.42	81.42
Male Literacy Rate (in %)	80.9	86.55	86.52
Female Literacy Rate (in %)	64.6	75.61	75.82

Source: Census 2011

The key demographic indicators show a remarkable performance of South district with regard to Female Literacy Rate of 75.82 per cent which is far better than 64.6 per cent for India as a whole. The overall literacy rate of South district is 81.42 per cent higher than 73 per cent for India as a whole. Thus education is one of the key areas showing a decent picture of the district however female literacy rate is lower than male literacy rate. The population growth rate for the decade was 11.65 per cent in the South District. Sex ratio of the district is 916 which is relatively better than 890 for the state but lower than 943 for India as a whole. Child sex Ratio (0-6 age) of 953 in the South district was lower than 1088 for India as a whole but slightly lower than 957 of Sikkim state.

#### 1.4 Health Indicators: South District

National Health Mission was primarily aimed at improving the overall health scenario as measured by various health indicators like IMR, MMR, U5MR etc. Table 3 shows the key health and health service delivery indicators of South district for the year 2012-13, 2013-14 & 2014-15. The table shows that there has been a remarkable improvement in the proportion of fully immunized children which went up from 56.81 per cent in 2012-13 to 115.39 per cent in 2014-15. There are very less cases of maternal deaths and infant deaths in the district which is another positive indicator of improvement in health services in the district.

**Table 3: Key Health and Health Service Delivery Indicators of South District**

Health Indicators	2012-13	2013-14	2014-15
IMR (AHS)	26	24	22
U5MR (AHS)	4 nos.	5 nos.	11 nos.
MMR (AHS)	3 nos.	1 nos.	2 nos.
TFR	1.8	1.8	1.7
Proportion fully immunized children	56.81	115.22	115.39
Proportion of Pregnant receiving any ANC	100.00	100.00	100.00
Proportion of Safe Deliveries	96.52	95.10	97.18
Institutional Deliveries	87.01	90.66	96.38
No of women received PNC checkups within 48	95.51	100.12	95.65
Full ANC ( At least three ANC checkups)	81.90	79.82	85.64

Source: CMO Office, South District, 2015

Table 3 shows that Under5 mortality rate is rising over the years, it has almost doubled in the past two years. However there is a confusion regarding the denominator to be used to calculate the rates owing to the fact that the population is very less in the district. Proportion of women receiving full ANC is close to 80 per cent in the district and Proportion of institutional deliveries is gradually increasing from 87 per cent to 96 per cent in the past three years i.e. there has been an increase of about 9 per cent in proportion of institutional deliveries in last three years.

### 1.5 South District: Health Infrastructure

**Table 4: Health Infrastructure in South District**

Health Facility	Number available	Govt. building
District hospital	1	1
SDH	0	0
CHC FRUs	0	0
CHC	1	1
PHC	6	6
Sub Centre	39	39
Medical College	0	0
Delivery Points	3	3
108 Ambulances	0	0
Referral Transport	8	8

Source: CMO Office, South District, 2015

- There is one district hospital in the district and one CHC (PHC is converted to function as CHC), 6 PHCs, 39 sub centres and 8 ambulances for referral transport.



**Table 5: Human Resource at the District Hospital Namchi**

Category	Numbers
Obstetrics and Gynaecology	3
Anaesthetist	1
Paediatrician	1
General Surgeon	1
Other Specialists	1
MOs	6
SNs	36 (18 Regular 18 Contractual)
ANMs	47
LTs	7
Pharmacist	3
LHV	1
Radiographer	2
RMNCHA+ counsellors	0

Source: District Hospital Namchi, South District, Oct 2015

**Table 6: Training status of Staff at District Hospital Namchi**

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

Source: District Hospital Namchi, South District, 2015

From Table 6 it is observed that regular trainings were conducted for the staff members at District hospital Namchi. There were 15 members trained for PPIUCD, 15 for SBA, 15 for



NSSK, 6 for F-IMNCI and 5 for Immunization and Cold Storage. However in the last financial year no trainings conducted for BeMOC, LSAS, and EMOC. The district hospital had all the necessary equipments functional except Functional Foetal Doppler/CTG, Laparoscopes, and functional C.T scanners.

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

Service Utilization Parameter	April-June	July-September
OPD	-	-
IPD	-	-
Expected number of pregnancies	58	58
MCTS entry on percentage of women registered on first trimester.	-	-
No. of pregnant women given IFA	56	60
Total deliveries conducted	288	320
No. Of Assisted deliveries (Ventouse/forceps)	9	17
No. of C section conducted	138	158
Number of obstetric complications managed, pls specify type	0	49
No. of neonates initiated breast feeding within one hour	247	202
Number of children screened for Defects at birth under RBSK	16	0
RTI/STI Treated	73	80
No of admissions in NBSUs/ SNCU, whichever available	212	-
No of admissions :Inborn	57	51
No of admissions :Outborn	12	25
No. of children admitted with SAM	0	0
No. of sick children referred	-	-
No. of pregnant women referred	47	44
ANC 1 registration	48	91
ANC 3 Coverage	48	44
ANC 4 Coverage	-	-
No. of IUCD Insertions	4	4
No. of Tubectomy	18	21
No. of Vasectomy	0	0
No. of Minilap	13	20
No. of children fully immunized	54	55
Measles coverage	54	55
No. of children given Vitamin A	45	65
No. of women who accepted post-partum FP services	13	17
No. of MTPs conducted in first trimester	17	-
No. of MTPs conducted in second trimester	0	0
Maternal deaths, if any	0	0
Still births, if any	0	2
Neonatal deaths, if any	5	4
Infant deaths, if any	2	7

Source: District Hospital Namchi, South District, 2015



government building functioning in good condition and easily accessible from the road. The Sikkim state had recently upgraded two of its PHCs in East and South district as CHC.

The human resource available at the CHC is as given in table 8. Considering the load that the upgraded PHC will cater there is a severe shortage of Medical staff in the CHC Jorethang. There was also shortage of other Para-medical staff thus there is an urgent need for the human resource specifically Medical officers at CHC post its up gradation.

**Table 8: Human Resource at Community Health Centre Jorethang**

Category	Numbers
MO	03
SNs/GNMs	01
ANM	07
LTs	03
Pharmacist	02
LHV/PHN	01
Others	-

Source: CHC Jorethang, South District, 2015

There was no training on BeMOC, MTP/MVA, NSV, Mini Lap etc. 7 staff members were trained for SBA, 5 for IMNCI, 5 for F-IMNCI and 5 for NSSK, 5 for IUD, 3 for RTI/STI and 5 for Immunization and cold chain. Thus there is a need to for conducting more training programs on a regular basis in the facility.

**Table 9: Service Delivery in two quarters April-June & July-September in 2014-15**

Service Utilization Parameter	April-June	July-September
OPD	13787	13077
IPD	351	455
Expected number of pregnancies	92	92
MCTS entry on percentage of women registered in the first trimester	62	82
No. of pregnant women given IFA	64	71
Total deliveries conducted	26	30
Number of obstetric complications managed, pls specify type	0	0
No. of neonates initiated brSouth feeding within one hour	24	29
Number of children screened for Defects at birth under RBSK	03	01

RTI/STI Treated	214	219
No of admissions in NBSUs, if available	-	-
No. of sick children referred	2	2
No. of pregnant women referred	3	9
ANC1 registration	87	97
ANC3 Coverage	73	93
ANC4 Coverage	42	32
No. of IUCD Insertions	5	3
No. of Tubectomy	0	0
No. of Vasectomy	0	0
No. of Minilap	0	0
No. of children fully immunized	90	96
Measles coverage	90	96
No. of children given ORS + Zinc	4	1
No. of children given Vitamin A	-	-
No. of women who accepted post partum FP services	6	8
Maternal deaths, if any	0	0
Still births, if any	2	1
Neonatal deaths, if any	0	0
Infant deaths, if any	0	1

Source: CHC Jorethang, South District, Oct 2015

Table 9 shows that the number of OPDs is very high in the facility as compared to IPD, however delivery load is not very high in the CHC. There was no case of maternal death and neonatal death at CHC Jorethang in the last two quarters however there was one infant death in the second quarter. The family planning is not much focused at CHC since there are very less cases of IUCD insertions and negligible cases of tubectomy and vasectomy at the CHC.

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

Overall lot needs to be done in terms of infrastructure, human resource at CHC to make it function as CHC. All the registers were well maintained and updated and IEC materials were displayed properly. However there is no regular checking of records.



Training	No. trained
BeMOC	0
SBA	5
MTP/MVA	0
NSV	0
IMNCI	5
F- IMNCI	0
NSSK	5
Mini Lap	0
IUD	6

RTI/STI	6
Immunization and cold chain	7
Others	-

Source: PHC Melli, South District, 2015

All the lab services provided at the PHC but X-Ray facilities were not functional despite having the machine available because of non availability of dark room in the PHC

**Table 11: Service Delivery in two quarters April-June & July-September in 2014-15**

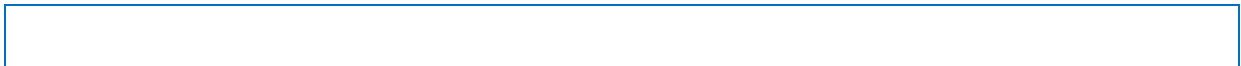
Service Utilization Parameter	April-June	July-September
OPD	4817	4162
IPD	86	62
Expected number of pregnancies	61	61
MCTS entry of women registered in the first trimester	44	42
No. of pregnant women given IFA	30	25
Total deliveries conducted	2	2
Number of obstetric complications managed, pls specify type	20	21
No. of neonates initiated breast feeding within one hour	2	4
Number of children screened for Defects at birth under RBSK	2	4
RTI/STI Treated	27	19
No of admissions in NBSUs, if available	0	0
No. of sick children referred	0	1
No. of pregnant women referred	20	21
ANC1 registration	51	50
ANC3 Coverage	38	29
ANC4 Coverage	0	0
No. of IUCD Insertions	3	3
No. of Tubectomy	0	0
No. of Vasectomy	0	0
No. of Minilap	0	0
No. of children fully immunized	34	35
Measles coverage	34	35
No. of children given ORS + Zinc	0	1024
No. of children given Vitamin A	83	169
No. of women who accepted post-partum FP services	1	0
Maternal deaths, if any	0	0
Still births, if any	0	0

Neonatal death, if any	0	0
Infant deaths, if any	2	1



Service Utilization Parameter	April-June	July-September
Number of estimated pregnancies	15	11
No. of pregnant women given IFA	11	-
Number of deliveries conducted at SC	02	00
Number of sick children referred	02	00
Number of pregnant women referred	13	13
ANC1 registration	15	11

ANC3 coverage	11	14
ANC4 Coverage	8	8
No. of IUCD insertions	1	1
No. of children fully immunized	17	18
Measles coverage	17	18
No. of children given ORS + Zinc	25	27
No. of children given Vitamin A	17	18
No. of children given IFA Syrup	-	-
No. of Maternal deaths recorded , if any	0	0
No. of still birth recorded, if any	0	0
Neonatal deaths recorded, if any	0	0
Number of VHNDs attended	18	18





**Table 13: Human Resources under NHM 2014-15**

Position Name	Regular		Contractual		Total Vacant	
	13-14	14-15	13-14	14-15	13-14	14-15
MO's including specialists	26	26	20	22	10	10
Gynaecologists	1	1	0	1	1	1
Paediatrician	2	3	0	0	1	1
Surgeon	1	1	1	1	1	1
LHV	5	5	0	1	2	2
ANM	47	47	0	0	0	0
Pharmacist	0	0	4	6	7	5
Lab technicians	0	0	7	7	0	0
X-ray technicians	0	0	2	2	0	0
Staff Nurse at CHC	(5 ANM)	(5 ANM)	0	1	10	9
Staff Nurse at PHC	0	0	2	2	4	4
ANM at PHC	22	22	3	4	7	6
ANM at SC	22	23	5	8	11	8

Source: CMO office, South District, 2015

There was an acute shortage of specialists in the district. There is only one surgeon in the district which is one of a major requirement in a hilly area prone to accidents. There is only one gynaecologist in the entire district

## 2.2 Training status of Human Resource

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

From the table we observe that there has been no training of RTI/STI/HIV screening, NSV, Minilap/PPS in the year 2014-15. Only two medical officers have received training on BeMOC thus it is advisable to conduct more training program in the district. 17 ANMs have been trained for IUCD insertion thus more ASHA training programs should be organised in the district.

**Table 14: Training status for the year 2014-15**

Position Name	SBA	IUCD insertions	BeMoc	Total
Medical Officers	0	0	2	2
Lady Medical Officers	0	2	0	2
Staff Nurses	1	3	0	4

ANM	3	17	0	20
Lab Technicians	0	0	0	0
Pharmacist	0	0	0	0
LHV/PHN	0	0	0	0
ASHA	0	0	0	0

Source: CMO Office, South District, Oct 2015

### 3. Maternal Health

#### 3.1 Maternal health

Improving the maternal and child health was one of the key areas of focus under National Health Mission. One of the key goals of NHM was to reduce maternal, infant and Child mortality rates by targeting the concerned population and focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendant at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care and postnatal care are crucial components of NHM to reduce maternal morbidity and mortality among the pregnant women. In South District of Sikkim the major problem was early marriage among girls leading to early pregnancy complications.

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

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

Block	ANC Registered		3 ANC's		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
Jorethang	116.1	104.8	81.4	93.6	6.11	3.43	93.8	96.5	98.8	100.	178.	164.0
Melli	89.92	92.27	63.6	68.8	23.08	14.29	76.9	85.7	105.	116.	343.	285.7
Namchi	56.34	57.88	75.3	95.1	0.26	0.18	99.7	99.8	99.4	90.7	12.4	12.76
Namthan	107.7	108.2	88.0	78.0	48.28	14.55	51.7	85.4	103.	103.	329.	374.5

Ravangla	93.14	90.15	76.0	80.5	32.46	8.14	67.5	91.8	98.2	95.3	141.	232.5
Temi	110.8	104.7	78.8	87.0	38.10	10.64	61.9	89.3	97.6	106.	214.	288.3
Tokel	97.58	91.74	92.0	81.5	59.38	37.04	40.6	62.9	121.	133.	434.	366.6
Yangang	130.4	130.3	80.9	91.9	36.11	14.71	63.8	85.2	102.	112.	270.	271.5

Block	TT1		TT2		Home Deliveries				Live Birth		Still Birth		Total Births	
					SBA assisted		Non-SBA							
	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-14	14-15	13-	14-	13-14	14-15
Jorethang	86.	86.	86.	94.	90.9	66.6	9.09	33.	97.	98.	3.	2.	180	175
Melli	75.	72	79.	85.	55.5	33.3	44.44	66.	100	95.	0.	7.	39	42
Namchi	85.	81.	93.	91.	33.3	0.00	66.67	100	98.	98.	1.	1.	116	109
Namthan	84.	84	93.	95.	46.4	37.5	53.58	62.	96.	100	0.	0.	58	55
Ravangla	71.	77.	93.	91.	64.8	28.5	35.14	71.	97.	98.	2.	4.	114	86
Temi	78.	83.	84.	83.	18.7	20	81.25	80	97.	102	2.	2.	42	47
Tokel	79.	78.	101	77.	21.0	0	78.95	100	100	103	0.	11	32	27
Yangang	77.	85.	88.	95.	43.5	6.56	56.41	93.	101	100	0.	0	108	102

Source: CMO Office, South district. 2015

Table 15 shows block wise indicators of service delivery of various indicators associated with maternal health:

- The ANC registration was highest for Yangang block and lowest for District hospital Namchi. Despite of having lowest ANC registration Namchi block has the highest percentage of women receiving full ANC.
- The percentage of home deliveries has reduced significantly in the year 2014-15 in all the blocks of the south district. The majority of home deliveries were conducted with SBA assistance.
- A significant percentage of women are receiving the facility of Post Natal Care within 48 hours and 14 days after delivery.
- The percentage of women receiving TT1 and TT2 booster is close to 75 per cent for all the blocks except Melli block.
- The number of total births has increased marginally in the year 2014-15 as compared to previous year.

### 3.2 Janani Suraksha Yojna

Janani Suraksha Yojana is an initiative for ensuring safe mother hood under NRHM. It basically aims at reducing maternal and neonatal-mortality rate by promoting

institutional deliveries among poor pregnant women. The scheme was particularly aimed at providing monetary incentives to encourage institutional deliveries.

All JSY payments were made through cheque but since at some areas there were no banks and were located at a distance in those difficult areas listed by the state official beneficiaries were paid in cash. The records of cash payments were not maintained properly thus we highly recommend to maintain a separate register with contact numbers of the beneficiary.

Table 16 shows the status of JSY payments in the various blocks of the district. From the table it can be inferred that most of the blocks the payment was made through account transfer however in some of the blocks like Ravangla, Namthang, Melli and Jorethang payments are made in cash.

**Table 16: Status of JSY Payments in district 2014-15**

Block	Status of payments			Mode of Payments			Record maintenance		
	Institutional deliveries	Home Deliveries	ASHAs	Cash	Cheque	A/C transfer	Avail able	Updat ed	Non updat ed
Jorethang	106	0	20	66	0	60	Yes	Yes	-
Melli	167	0	19	100	0	19	Yes	Yes	-
Namchi	662	0	533	0	0	1155	Yes	Yes	-
Namthang	48	0	48	48	0	0	Yes	Yes	-
Ravangla	164	0	0	164	0	45	Yes	Yes	-
Temi	45	0	0	0	0	45	Yes	Yes	-
Tokel	216	0	0	0	216	0	Yes	Yes	-
Yangang	41	0	6	0	20	30	Yes	Yes	-

Source: CMO Office, South District, 2015

### 3.3. Janani Shishu Suraksha Karyakaram

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

Free entitlement services included the following 1) Free cashless delivery, 2) Free C-Section, 3) Free drugs, 4) Free diagnostics, 5) Free diet during stay in the hospital, 6) Free provision

of blood, 7) Exemption from user charges, 8) Free transport from home to health institutions, 9) Free transport to other facilities if required for referral, 10) Free drop from institution till home after 48 hours. Further, similar entitlements are given to sick new born till 30 days of birth.

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

**Table 17: Block wise JSSK Progress in district 2014-15**

Block	No. of Beneficiaries under JSSK					
	Diet	Drugs	Diagnostic	Transport		
				Home to Facility	Referral	Facility to Home
Jorethang	169	169	0	169	150	169
Melli	0	28	0	183	183	4
Namchi	689	1338	649	568	815	321
Namthang	5	47	0	22	83	30
Ravangla	196	196	196	58	43	196
Temi	42	85	85	57	47	80
Tokel	17	17	17	17	128	17
Yangang	7	50	0	152	77	75

Source: CMO Office, South District, 2015

- JSSK was not effectively functioning in the district since beneficiaries were incurring costs on diagnostic and transport if the total expenditure incurred exceeds the ceiling limit set by the state under various categories.
- There were many patients coming from far away areas thus arranging a transport facility for them was challenging.
- Free referral transport was available in the district, but due to hilly areas and bad roads it was not that successful. The ambulances were there but GPS system was not functional.
- Maximum number of beneficiaries receiving JSSK services was in Namchi block. In Melli block negligible beneficiaries' received the services of diet and diagnosis. Although Jorethang block was providing the services of diet and drugs to many beneficiaries but none of the beneficiaries received services of diagnosis in this block.

## 4. Child Health

### 4.1 Child Health

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

Table 18 shows the details of infrastructure and services under Neonatal Health in the district for the financial year 2014-15. There was only one SNCU in the district and owing to the fact that SNCUs are very important for examining the new born child and tackling the malnourished child availability of more well equipped SNCUs is essential.

**Table 18: Child Health: Detail of infrastructure & Services under Neonatal Health, 2014-15**

Total SNCU	<b>1</b>
Total NBSU	-
Total NBCC	<b>8</b>
Total Staff in SNCU	<b>9</b>
Total Staff in NBSU	-
Total NRCs	-

Source: CMO Office, South District, 2015

Tables 19 show the status of neonatal Health for the financial year 2014-15 in the South district of Sikkim.

**Table 19: Neonatal Health: 2014-15 (SNCU, NRCS & CDR)**

Total neonates admitted in to SNCU	Treatment Outcome			
	Discharge	Referred	Death	LAMA *
<b>512</b>	<b>446</b>	<b>41</b>	<b>19</b>	<b>6</b>

Note- \* Leave against medical advise

Source: CMO Office, South District, 2015

In the financial year 2014-15 there were nineteen cases of neonatal deaths recorded which is a substantially a very high number thus it is highly recommended to strengthen SNCUs.

### 4.2 Immunization

Immunization is an important component of Child health which not only protects a child against various diseases but also increases the resistance power of a child. Owing to large

number of migratory population there is a difficulty in tracking the child but overall district official are trying hard to cover all the children.

**Table 20: Child Health: Block wise Analysis of immunization, 2014-15**

Block	Target	BCG	DPT			OPV			Measles	Full Immunization
			1	2	3	0	1	2		
Jorethang	324	208	360	337	362	166	357	337	369	353
Melli	194	60	170	160	163	41	170	161	170	170
Namchi	340	1035	196	177	253	987	196	177	239	239
Namthang	214	66	262	261	267	48	262	261	243	236
Ravangla	295	100	264	263	256	57	265	263	291	286
Temi	98	55	119	125	110	49	119	125	108	107
Tokel	122	26	133	131	141	23	133	131	168	166
Yangang	237	115	362	325	328	82	361	322	323	312
<b>Total</b>	<b>1824</b>	<b>1665</b>	<b>1866</b>	<b>1779</b>	<b>1880</b>	<b>1453</b>	<b>1863</b>	<b>1777</b>	<b>1911</b>	<b>1869</b>

Source: CMO Office, South District, 2015

Table 20 shows the total number of children receiving the vaccines and number of fully immunized bifurcated into various blocks of the district. From the table we observe that apart from Melli, Namchi and Ravangla block the other blocks were far ahead of their targets. The district hospital Namchi has targeted to immunize 340 children in the financial year however they were able to immunize only 239 children. The number of children given OPV0 and BCG in the district hospital Namchi has been substantially higher than all the other blocks. The follow up after OPV0 has been very low in Namchi since out of 987 children getting OPV0 there are only 196 and 177 children receiving OPV1 and OPV2 respectively.

#### 4.3 Rashtriya Bal Swasthya Karyakaram

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

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

**Table 21: Rashtriya Bal Swasthya Karyakram (RBSK), Progress Report 2014-15**

Years	No. of Schools	No. of children registered	Children Diagnosed	Eye Disease	Ear Disease	Heart disease	Physically challenged	Anaemic
2015-16	192	17796	4159	232	61	16	20	854
2014-15	353	32718	7669	427	112	30	37	1570

Source: CMO Office, South district, 2015

From Table 21 we observe that in the financial year 2014-185 353 schools were targeted and approximately 32718 children got themselves registered under this program. The number of cases of children with heart disease has declined from 30 to just 16 amidst the two years (2014-16), the number of children suffering from eye disease, ear disease has decreased to almost half of its levels in 2014-15 in 2015-16.

## 5. Family Planning

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

As table 22 suggests family planning achievement has been 100 per cent while methods of permanent sterilisation are used negligibly except in the block Namchi, the focus is on spacing methods where the district is meeting all its targets. However there is a need for counselling among adolescents since early marriage is a widespread phenomenon in the district leading to early pregnancy and other related complications in young girls thus there should be more focus upon educating the adolescents.



**Table 22: Family Planning Achievement in District 2014-15**

Name of the Block	Sterilization				IUD		OP		CC	
	Male	Female	Total	%	Ach	%	Ach	%	Ach	%
Jorethang	0	0	0	0	37	92	1556	88	5014	83
Melli	0	0	0	0	19	42.2	2727	100	9173	83.3
Namchi	41	87	128		16	80	2919	97	6730	96
Namthang	0	0	0	0	39	62	4996	70	22115	100
Ravangla	0	0	0	0	24	71	3039	127	8216	126
Temi	0	0	0	0	19	59	1225	165	1795	140
Tokel	0	0	0	0	10	90	999	98	624	89
Yangang	0	0	0	0	24	23	6892	77	19425	82

Source: CMO Office, South District, 2015

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

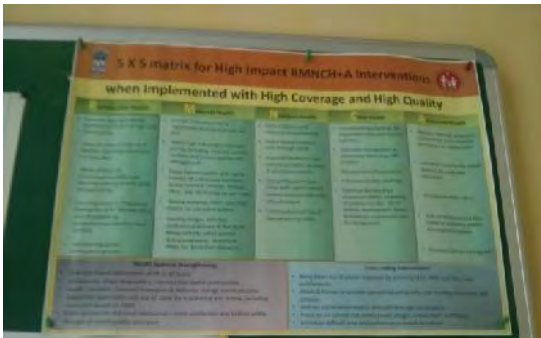
ARSH was functional in the district. Regular counselling is done regarding reproductive and sexual health and various camps were organized in the district. However there are large numbers of females who get married at an early age thus leave schools at an early age.

**Table 23: ARSH Progress in District 2014-15**

Quarter	No. of Counselling session held		No of Anaemic Adolescents			Iron tablets given	deworming tablets given	Referred with severe health	No. of RTI/STI cases
	Planned	Conducted	Severe	Moderate	Normal				
1st Qtr	60	59	21	59	861	80	492	5	39
2 <sup>nd</sup> Qtr	35	33	9	28	221	37	132	17	62
3 <sup>rd</sup> Qtr	75	71	18	32	723	50	526	3	120
4 <sup>th</sup> Qtr	45	44	16	36	700	52	392	9	69

Source: CMO Office, South District, 2015

Table 23 shows that in the financial year 2014-15 out of 215 planned sessions for counselling 207 were conducted. There were many cases of severe and moderate anaemia. The number of RTI/STI cases were as high as 290 in the district thus more counselling on RTI/STI related diseases is advisable



was not functional.

## 9. Community Process

### 9.1 ASHA and ANM Interaction

The team interacted with ASHAs and ANMs at the time of the field visit in the district. There were 199 ASHAs presently working in the district and has received trainings up to Module 7. The ASHAs were actively involved in all the activities.

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

## 10. Disease Control Programme

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

**Table 24: Disease control programme progress District 2014-15**

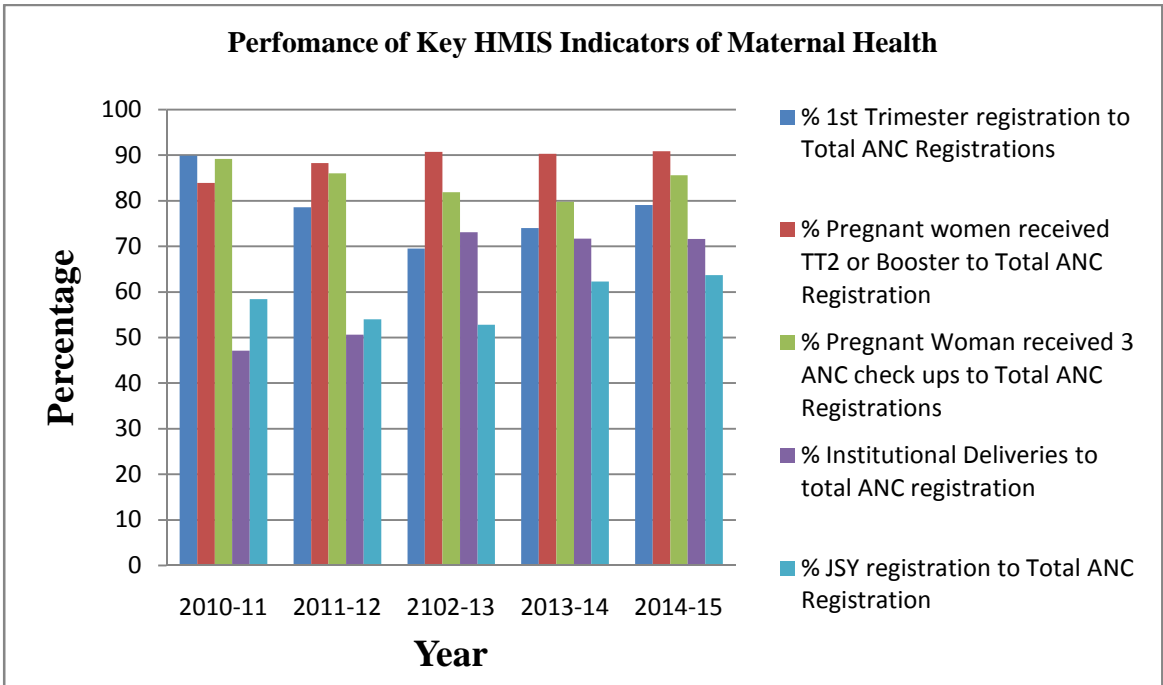
Name of the Program	No. of cases screened	No. of detected cases	No. of treated cases
RNTCP	742	323	323
Leprosy	79	1	1
Malaria	1119	1	1

Source: CMO Office, South District, 2015

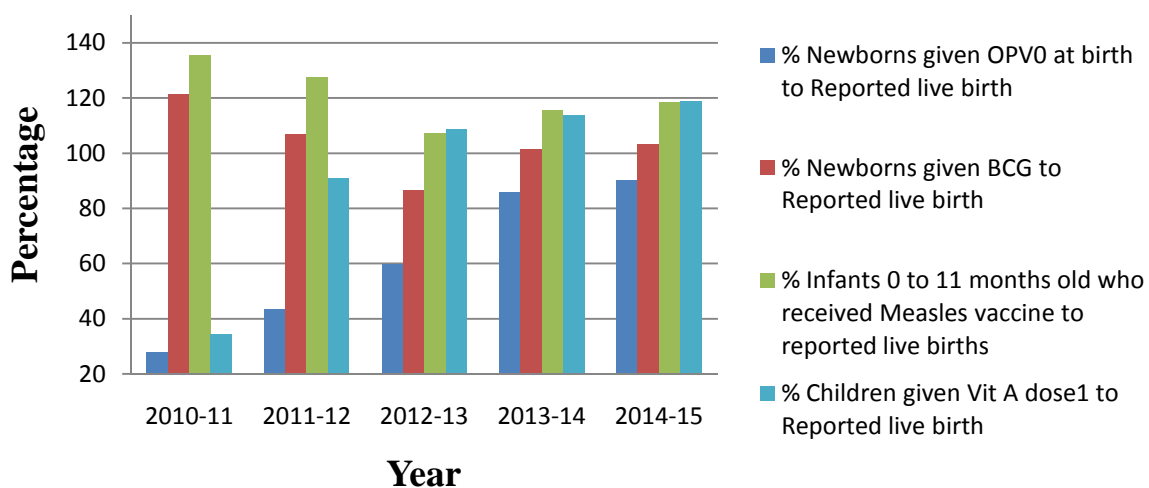
Table 24 shows the overall functioning of the disease control programme in the district in the year 2014-15 and from the table we observe that the district is functioning effectively in not only screening and detecting but majority of the detected cases have been treated.

## 11. Good Innovation and Practice

Maternal death Review is being done from time to time to figure out the major issues affecting the maternal health and the necessary precautions than needs to be taken. Under JSSK the beneficiaries receive free diet from the state. Other initiatives like Physiotherapy Programs, Homeopathy, Counselling Window etc. has been taken up in the district.



### Perfmance of Key HMIS Indicators of Child Health



## 13. Conclusion and Recommendations

### 13.1 Conclusions

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

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

### 13.2 Recommendations

- Although state officials were trying to distribute human resource equitably by giving priority to difficult areas but there was a severe shortage of orthopedician and surgeon in the district furthermore there was only one Medical officer at the PHC and except for CHC Jorethang all the PHCs and CHCs had only one or two medical officers thus it is highly recommended to make new deployment to smoothen the functioning of system.
- The norms laid down under JSSK were not clear. The basic aim of JSSK is to provide cashless services is hampered since the beneficiaries are incurring costs on treatment.
- It is highly recommended to maintain proper records of cash payments made under JSY. Furthermore there were long due JSY payments in the district hospital Namchi thus it is advised to the concerned officials to look into the matter and complete the lagging payments.
- The PHC that has been converted to CHC but lot needs to be done in terms of providing sufficient staff, proper infrastructure etc. to make it function as a CHC.
- There was no computerised inventory management for the available drugs and also the drugs supplied to the district were of short expiry hence we recommend the district officials to keep a proper computerised track of drugs. Furthermore the homeopathic doctor at CHC Jorethang had complained about non availability of essential drugs even after requesting in written applications.

## 14 Annexure

### MONITORING OF DISTRICT PIP

POPULATION RESEARCH CENTRE, INSTITUTE OF ECONOMIC GROWTH, DELHI

#### EVALUATION OF KEY INDICATORS OF THE DISTRICT

##### 1. Detail of demographic & health indicators

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

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

##### 2. Detail of health infrastructures 2014-15

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



CATS			
102 Ambulance			
Referral Transport			

### 3. Human Resources under NHM 2014-15

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

#### 4.1. Training status of human resource 2014-15

Position Name	SBA	BeMOC	MTP	Minilap/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)

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

Note- Please included the data for Medical college and DH

5.3. Status of JSY Payments in district 2014-15

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

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

5.4. Block wise JSSK Progress in district 2014-15

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

5.5. Maternal Death Review: 2014-15

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

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

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

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

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

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

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

Note- \* Leave against medical advise

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

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

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

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

7. Family Planning Achievement in District 2014-15

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

8. ARSH Progress in District 2014-15

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

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## 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

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

## 11. Disease control programme progress District 2014-15

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

## 12. AYUSH progress District 2014-15

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

## 13. HMIS/MCTS progress District 2014-15

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

## 13. New Initiative and new innovations

**DH level Monitoring Checklist**

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of DH: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

\_\_\_\_\_

**Section I: Physical Infrastructure:**

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



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

## Section II: Human resource:

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

**Section III: Training Status of HR:**

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

**Section IV: Equipment:**

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

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

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

### Section V: Essential Drugs and Supplies:

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

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

### Section VI: Other Services :

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

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

### Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries( Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated brSouth 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 brSouth 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
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8.1	Manage high risk pregnancy	Y	N	
8.2	Provide essential newborn care(thermoregulation, brSouthfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Action taken on MDR	Y	N	

### Section IX: Record Maintenance:

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

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

### Section X: Referral linkages in last two quarters:

S. no	JSSK	Mode of Transport (Specify Govt./ pvt)	No. of women transported during ANC/INC/PNC	No. of sick infants transported	No. of children 1-6 years	Free/P aid
10.1	Home to facility					

10.2	Inter facility					
10.3	Facility to Home (drop back)					

### Section XI: IEC Display:

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

### Section XII: Additional/Support Services:

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

12.6	Grievance Redressal mechanisms	Y	N	
12.7	Tally Implemented	Y	N	

### PHC/CHC (NON FRU) level Monitoring Checklist

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of PHC/CHC: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from Dist HQ: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

\_\_\_\_\_

### Section I: Physical Infrastructure:

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

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

### Section II: Human resource:

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

### Section III: Training Status of HR

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

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

### Section IV: Equipment

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

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

### Section V: Essential Drugs and Supplies

<b>S.No</b>	<b>Drugs</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
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	
<b>S.No</b>	<b>Supplies</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	
5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

### Section VI: Other Services :

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



6.10	Others	Y	N	
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### Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	Number of obstetric complications managed, pls specify type			
7.8	No. of neonates initiated brSouth 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 brSouth feeding within one hr of normal delivery	Y	N	
7.2a	Zero dose BCG, Hepatitis B and OPV given	Y	N	
7.3a	Counseling on IYCF done	Y	N	
7.4a	Counseling on Family Planning done	Y	N	
7.5a	Mothers asked to stay for 48 hrs	Y	N	
7.6a	JSY payment being given before discharge	Y	N	
7.7a	Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer)			

7.8a	Any expenditure incurred by Mothers on travel, drugs or diagnostics <i>(Please give details)</i>	Y	N
7.9a	Diet being provided free of charge	Y	N

## Section VIII: Quality parameter of the facility

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

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

## Section IX: Record Maintenance:

S. no	Record	Available, Updated and correctly filled	Available but Not maintained	Not Available	Remarks/Timeline for completion
9.1	OPD Register				
9.2	IPD Register				

9.3	ANC Register			
9.4	PNC Register			
9.5	Indoor bed head ticket			
9.6	Line listing of severely anaemic pregnant women			
9.7	Labour room register			
9.8	Partographs			
9.9	OT Register			
9.10	FP Register			
9.11	Immunisation Register			
9.12	Updated Microplan			
9.13	Drug Stock Register			
9.14	Referral Registers (In and Out)			
9.15	Payments under JSY			
9.16	Untied funds expenditure (Check per cent expenditure)			
9.17	AMG expenditure (Check per cent expenditure)			
9.18	RKS expenditure (Check per cent expenditure)			

### Section X: Referral linkages in last two quarters:

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

			C/PNC		rs	
10.1	Home to facility					
10.2	Inter facility					
10.3	Facility to Home (drop back)					

### Section XI: IEC Display:

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

### Section XII: Additional/Support Services:

Sl. no	Services	Yes	No	Remarks
12.1	Regular fumigation (Check Records)	Y	N	
12.2	Functional laundry/washing services	Y	N	

12.3	Availability of dietary services	Y	N
12.4	Appropriate drug storage facilities	Y	N
12.5	Equipment maintenance and repair mechanism	Y	N
12.6	Grievance redressal mechanisms	Y	N
12.7	Tally Implemented	Y	N

### FRU level Monitoring Checklist

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of FRU: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from Dist HQ: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

\_\_\_\_\_

### Section I: Physical Infrastructure:

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

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

## Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		

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

### Section III: Training Status of HR:

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



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

### Section IV: Equipment:

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

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

### Section V: Essential Drugs and Supplies:

S.No	Drugs	Yes	No	Remarks
5.1	EDL available and displayed	Y	N	
5.2	Computerised inventory management	Y	N	
5.3	IFA tablets	Y	N	
5.4	IFA tablets (blue)	Y	N	
5.5	IFA syrup with dispenser	Y	N	
5.6	Vit A syrup	Y	N	
5.7	ORS packets	Y	N	
5.8	Zinc tablets	Y	N	
5.9	Inj Magnesium Sulphate	Y	N	
5.10	Inj Oxytocin	Y	N	
5.11	Misoprostol tablets	Y	N	
5.12	Mifepristone tablets	Y	N	
5.13	Availability of antibiotics	Y	N	
5.14	Labelled emergency tray	Y	N	
5.15	Drugs for hypertension, Diabetes, common ailments e.g PCM, metronidazole, anti-allergic drugs etc.	Y	N	
5.16	Adequate Vaccine Stock <i>available</i>	Y	N	
S.No	Supplies	Yes	No	Remarks
5.17	Pregnancy testing kits	Y	N	
5.18	Urine albumin and sugar testing kit	Y	N	

5.19	OCPs	Y	N	
5.20	EC pills	Y	N	
5.21	IUCDs	Y	N	
5.22	Sanitary napkins	Y	N	
<b>S.No</b>	<b>Essential Consumables</b>	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	Y	N	

### Section VI: Other Services :

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

### Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			
7.4	MCTS entry on percentage of women registered in the first trimester			
7.5	No. of pregnant women given IFA			
7.6	Total deliveries conducted			
7.7	No. of assisted deliveries( Ventouse/ Forceps)			
7.8	No. of C section conducted			
7.9	Number of obstetric complications managed, pls specify type			
7.10	No. of neonates initiated brSouth 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 brSouth 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, brSouthfeeding and asepsis)	Y	N	
8.3	Manage sick neonates and infants	Y	N	
8.4	Correctly uses partograph	Y	N	
8.5	Correctly insert IUCD	Y	N	
8.6	Correctly administer vaccines	Y	N	
8.7	Segregation of waste in colour coded bins	Y	N	
8.8	Adherence to IMEP protocols	Y	N	
8.9	Bio medical waste management	Y	N	
8.10	Updated Entry in the MCP Cards	Y	N	
8.11	Entry in MCTS	Y	N	
8.12	Action taken on MDR	Y	N	

**Section IX: Record Maintenance:**

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

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

### Section X: Referral linkages in last two quarters:

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

### Section XI: IEC Display:

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



Sub Centre level Monitoring Checklist

Name of District: \_\_\_\_\_ Name of Block: \_\_\_\_\_ Name of SC: \_\_\_\_\_

Catchment Population: \_\_\_\_\_ Total Villages: \_\_\_\_\_ Distance from PHC: \_\_\_\_\_

Date of last supervisory visit: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Name & designation of monitor: \_\_\_\_\_

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

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

## Section I: Physical Infrastructure:

S.No	Infrastructure	Yes	No	Remarks
1.1	Subcentre located near the main habitation	Y	N	
1.2	Functioning in Govt building	Y	N	
1.3	Building in good physical condition	Y	N	
1.4	Electricity with power back up	Y	N	
1.5	Running 24*7 water supply	Y	N	
1.6	ANM quarter available	Y	N	
1.7	ANM residing at SC	Y	N	
1.8	Functional labour room	Y	N	
1.9	Functional and clean toilet attached to labour room	Y	N	
1.10	Functional New Born Care Corner (functional radiant warmer with neo-natal ambu bag)	Y	N	
1.11	General cleanliness in the facility	Y	N	
1.12	Availability of complaint/	Y	N	

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

## Section II: Human Resource:

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

## Section III: Equipment :

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

3.11	RBSK pictorial tool kit				
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## Section IV: Essential Drugs:

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

## Section V: Essential Supplies

S.No	Essential Medical Supplies	Yes	No	Remarks
5.1	Pregnancy testing Kits	Y	N	
5.2	Urine albumin and sugar testing kit	Y	N	
5.3	OCPs	Y	N	

5.4	EC pills	Y	N
5.5	IUCDs	Y	N
5.6	Sanitary napkins	Y	N

## Section VI: Service Delivery in the last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
6.1	Number of estimated pregnancies			
6.3	No. of pregnant women given IFA			
6.4	Number of deliveries conducted at SC			
6.5	Number of deliveries conducted at home			
6.8	No. of sick children referred			
6.9	No. of pregnant women referred			
6.10	ANC1 registration			
6.11	ANC3 coverage			
6.12	ANC4 Coverage			
6.13	No. of IUCD insertions			
6.14	No. of children fully immunized			
6.14a	Measles coverage			
6.15	No. of children given ORS + Zinc			
6.16	No. of children given Vitamin A			
6.17	No. of children given IFA Syrup			

6.18	No. of Maternal deaths recorded , if any		
6.19	No. of still birth recorded, if any		
6.20	Neonatal deaths recorded, if any		
6.21	Number of VHNDs attended		
6.22	Number of VHNSC meeting attended		

## Section VIII: Record Maintenance:

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

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

## Section X: IEC display:

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