National Rural Health Mission

A Report On

NRHM PIP, Monitoring and Evaluation of Udaipur, Rajasthan


Submitted to

Ministry of Health and Family Welfare

Dr. Suresh Sharma
Ms. Neeti Goutam

Population Research Centre
Institute of Economic Growth
Delhi University Enclave-110007

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Dr. Suresh Sharma
Ms. Neeti Goutam
Population Research Centre, Delhi
Institute of Economic Growth
Delhi-110007

ACRONYMS & ABBREVIATIONS

ANC	Antenatal Care
ASHA	Accredited Social Health Activists
ANM	Auxiliary Nurse Midwife
AYUSH	Ayurveda, Yoga ,Unani, Siddha & Homeopathy
ARSH	Adolescent Reproductive and Sexual Health
BCG	Bacillus Calmette Guerin
BCC	Behaviour Change Communication
CHC	Community Health Centre
CSR	Child Sex Ratio
DOTS	Directly Observed Treatment Strategy
DPT	Diphtheria, Pertussis (whooping cough), tetanus
DPMU	District Programme Management Unit
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Service
IUD	Intra Uterine Device
IEC	Information Education and Communication
JSY	JananiSurakshaYogna
JSSK	JananiSishusurakshaYogna
LHV	Lady Health Visitor
MCH	Maternal & Child Health
MIS	Management Information System
MMR	Maternal Mortality Rate
MTP	Maternal Termination of Pregnancy
NBSU	Newborn Stabilization Unit
ORS	Oral Rehydration Solution
OPV	Oral Polio Vaccine
PIP	Programmne Implementation Plan
PNC	Post Natal Care
PHC	Primary Health Centre
RBSK	RogiBalSwasthyaKaryakaram
SNCU	Special Newborn Care Unit

1. Executive Summary

This Report primarily focus on to the quality monitoring of Programme Implementation Plan (2013-2014) of Udaipur District, Rajasthan. PRC Delhi was engaged in the task of monitoring the functioning of Public Health facilities of Udaipur District. This report is made by Population Research Centre, Delhi on the basis of the observation made during the Monitoring and Evaluation of the key components of NRHM. This report highlights the status of NRHM in the district. Delhi PRC team undertook desk review of PIP document and prepared semi-structured interview schedules and observations checklist for the field study which included interaction with the MO/ICs, ANMs, ASHAs, beneficiaries and a few stake holders of the programme.

Key Findings of the District

- NMR of the District was found to be very steep, reasons could be pre-term birth, asphyxia, sepsis, pneumonia, congenital anomalies, diarrheal diseases and tetanus.
- Lack of managerial staff, delay in reporting were the major reasons behind the poor performance of the district. Specially, crunch of BPMs is causing a major hindrance.
- As far as ANC registrations are concerned, situation is improving but still lot can be done. Most of the beneficiaries are not coming till 3rd ANC check up.
- Apart from the distribution of ECPs, other contraceptive were available in Sub centres.
- Apart from the medical training, the training given to data entry operators was found to be very fragile.
- JSY and JSSK are working steadily in improving the rate of Institutional Deliveries.
- Janani Surkasha Yojana is functional in the district, and there are no issues regarding procedure of the sanctioning of the JSY payment in the district. JSY entitlements were paid through cheques both to the promoter and to the beneficiaries.
- JSSK is functioning in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district. Further drop back facility is given from sub-centers also.

- Mukhyamantri Nishulka Janch Yogna and Dava Yogna are the two such schemes which are working quite well in supplying drugs & diagnostics free of cost to the patients. As far as free drug supply is concerned Essential Drug List is ready at disposal for the beneficiaries.
- In every facility there is a grievance drop box where the written complaints can be dropped by the beneficiaries and if they have any serious problems regarding the availability of JSSK entitlements then they can directly speak to the Medical Officer in Charge.
- Proper records by the name of MDR Line listing form for all cases of maternal deaths are being maintained by the district officials.
- With the initiation of RBSK, functioning of school health programmes has got affected for past one year.
- There was one single SNCU in District and too in Medical College.
- As far as functioning of ARSH clinics are concern, though doctors got their respective training, centres are running poorly. This can be linked to people's especially adolescents' shyness to open up.
- Immunization days are uniformly followed on Thursdays and Mondays at respective centres. Proper immunization card are maintained in DH, PHCs, CHCs and Sub- Centers. ANMs are actively involved in the process of immunization.
- Over the years the performance of female sterilization is somewhat satisfactory in the district. When it comes to male sterilization situation is worse in the district.
- IEC was effective in the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were at display. Further list of drugs, list of services were also available in the facilities.
- IEC coordinators with their respective staff regularly conduct 'nukkad natak' and make people aware about the burning issues faced by the district.

- AYUSH is working quite well in district. With no complaints regarding the drugs, doctors are providing smoothened services to the patients.
- HMIS login were only given to BPMs and not to the data entry operators at various facilities. Here at facilities the data was being recorded in PCTS format and sent to the assigned block.

2. Introduction

An effective feedback regarding the progress in implementation of key components of NRHM could be helpful for both planning and resource allocation purposes. Therefore, following the approval of National Rural Health Mission (NRHM) State Programme Implementation Plan (PIP) 2013-14 for Rajasthan, the Ministry of Health and Family Welfare (MoHFW) has asked Population Research Centre, Delhi (PRC Delhi) to conduct quality monitoring of its important components. While engaging with the quality monitoring of PIPs it is expected that PRCs would evolve suitable quality parameters and would assume a critical role in monitoring various components of NRHM every month. As part of this, our Delhi PRC was assigned to monitor and evaluate the NRHM activities in the District Udaipur which is located in Rajasthan. The major objective of this whole monitoring and evaluation process was to have a common understanding about the district public health system and to bring clarity in the understanding regarding their interventions, suggesting them to get equipped with tools and skills required for better service delivery, and get them exposed to various replicable programmes and facilities under NRHM.

2.1 Study Approach

Ministry of Health and Family Welfare (MoHFW) has assigned the task of monitoring the overall health setup of, District Udaipur. PRC Delhi Team visited the district based on their low health performance and their labeled as high priority district during the period (7th-10th May 2014). The Secondary Data was taken from the DPMU and CMHO offices. Health facilities from all the three levels were selected for Supportive Supervision after discussions with the Chief Medical Health Officer and the District Program Manager. District Hospitals, Maternity Home (CHCs) were visited for supportive supervision. To gain insights about the beneficiary's perspective about the service delivery, exit interviews were done. The tools used for collecting the relevant data can be seen in the Annexure section of the report. The attempt was to find solutions and support the health functionaries in identifying gaps and sensitizing them about the same and then to find areas where action can be taken within their designated capacities.

3. District Profile

Udaipur District is one of the 33 districts of Rajasthan state in western India. The area is being recognized as a tribal belt of the country. Udaipur is the administrative headquarters of the district. Udaipur District bounded on the northwest by the Aravalli Range, across which lie the districts of Sirohi and Pali. It is bounded on the north by Rajsamand District, on the east by Chittaurgarh District, on the southeast by Banswara District, on the south by Dungarpur District, and on the southwest by the state of Gujarat (refer fig 1). It is part of the Mewar region of Rajasthan. In 2006 the Ministry of Panchayati Raj named Udaipur one of the country's 250 most backward districts (out of a total of 640).

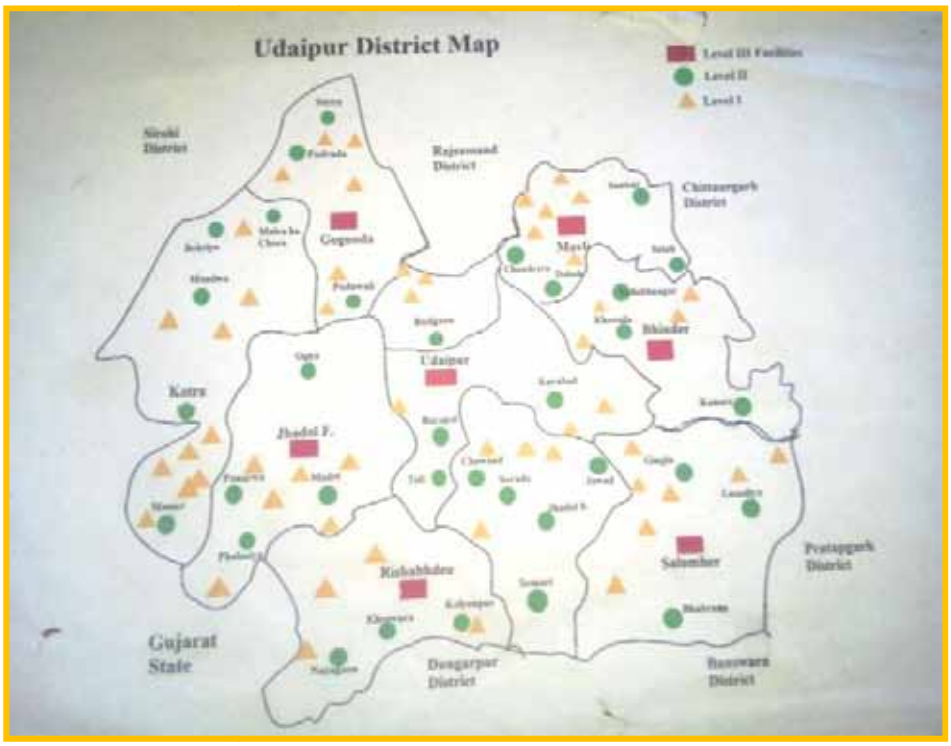


Fig 1 facility Map of Udaipur District

Figure 1 shows the facility based map of Udaipur District. District is broadly divided into 12 Blocks namely, Bargaon, Bhinder, Girwa, Gogunda, Jhadol, Kherwara, Kotra, Lasadi, Mavli, Rishabdev, Salumbar and Sarada. In addition to this District is also focusing on Urban Blocks in Udaipur to maximize the services to masses.

3.1 Demographic & Health Details

Table 1 Demographic Profile		
Indicators	**Rasjasthan**	**Udaipur**
Actual Population (Census 2011)	68,548,437	3,068,420
Male	35,550,997	1,566,801
Female	32,997,440	1,501,619
Population Growth (in %) (Census 2011)	21.31	23.69
Density/km² (Census 2011)	200	262
Sex Ratio (Census 2011)	928	958
Child Sex Ratio (Census 2011)	888	924
Average Literacy (Census 2011)	66.11	61.82
Male	79.19	74.74
Female	47.76	48.45
Total Child Population (0-6 Age) (Census 2011)	10,649,504	508,550
Male Population (0-6 Age in %)	53	52
Female Population (0-6 Age in %)	47	48
Total Fertility Rate AHS (2011-12)	3.1	3.8
Maternal Mortality Rate AHS (2012-13)	331	364
Crude Birth Rate (2012-13)	25	30
Crude Death Rate (2012-13)	7	8
Infant Mortality Rate (2012-13)	60	62
Neo- natal Mortality Rate (2012-13)	40	40
Under Five Mortality Rate (2012-13)	79	88
Institutional Delivery (2012-13)	70.2	57.6
Full Immunization (2012-13)	87.3	85.7

Source: Census 2011

Table 1 presents the demographic profile of Udaipur District. Udaipur has a geographical area of about 11,724 Sq Kms. In 2011, Udaipur had a population of 3,068,420 of which male and female were 1,566,801 and 1,501,619 respectively. Density of Udaipur district for 2011 is 262 people per sq. km. Average literacy rate of Udaipur in 2011 were 61.82 compared to 59.77 of 2001. Of the total literacy rate, male and female literacy rate were 74.74 and 48.45 respectively.

With regards to Sex Ratio in Udaipur, it stood at 958 per 1000 male compared to 2001 census figure of 970. In 2011 census, child sex ratio is 924 girls per 1000 boys compared to figure of 947 girls per 1000 boys of 2001 census data.

According to the AHS 2011 the percent of institutional deliveries is recorded to be 70.2. The ASHAs and the community health workers need to sensitize the community more for having deliveries at the institutions. Whereas, the percent of Immunization recorded in the District is 87.3 which is quite up to the mark however it can also increase if proper mobilization and sensitization is done to the community by the health workers.

District has a CSR of 924 females for every 1000 males which shows the high magnitude of social imbalance prevailing in the district. Numbers showing the MMR of District is also seen to be quite high.

3.2 Number of Public Health Facilities

District has a total of 805 health facilities. Out of which it has 1 District Hospital, 1 Sub District Hospital, 27 Community Health Centres, 98 Primary Health Centres and 678 Sub Centres. Total number of government and rented buildings were 774 and 20. District is broadly divided into 12 Blocks namely, Bargaon, Bhinder, Girwa, Gogunda, Jhadol, Kherwara, Kotra, Lasadi, Mavli, Rishabdev, Salumbar and Sarada. In addition to this District is also focusing on Urban Blocks in Udaipur to maximize the services to masses.

3.3 Health Facilities Visited

After the valuable discussion with District Programme Manager and Reproductive and Child Health Officer and other district officers there were few facilities selected for monitoring purpose. During the field visit of PIP monitoring and Evaluation of Udaipur District, Health facilities visited are mentioned below:

S.N.	Facility Type	Name of the Facilities
1	Satellite Hospital	FRU Satellite Hospital HiranMagri Sec-5 Udaipur
2	Community Health Centre	Community Health Centre, Mavli
3	Primary Health Centre	Primary Health Centre, Dabok
4	Sub Centre	Sub Centre, Magra
5	Sub Centre	Sub Centre PrakashPura

Timings of health facilities visited are from 9 am to 12 noon & 5 pm to 7 pm.

4. Key Health and Service Delivery Indicators

The Performance of key Health indicators was not seen to be very convincing. Lack of managerial staff, delay in reporting were the major reasons behind the poor performance of the district. Although, District is taking an account of services availed by beneficiaries, no major problem was seen in terms of getting maternal health services during delivery, post delivery and drugs consumption. With the prolonged efforts of officer in charge, percentage of ANC, PNC, ID and MMR has improved considerably.

Table 2 Service Delivery Indicators

Indicators	2011	2012	2013	2014
IMR	62	61	63	-
MMR	364	285	265	-
NMR	40	40	41	-
ANC	97493	100979	110027	110388
PNC	40049	40670	49252	63798
Immunization	73116	63576	68906	75915
Unmet need for Family Planning	31%	32%	27%	27%
Institutional Delivery(March 2014)	-	-	-	58059

Source: CM&HO office, Udaipur 2013-14

- Table 2 shows the performance of key health indicators for past three years. Infant mortality rate crossing the mark of 60 deaths per 1,000 live births is something to be highlighted upon. With the continuous effort of maximizing rate of immunization, IMR in District is still really high.
- Further, Neonatal Mortality Rate is also high and had crossed the mark of 40 deaths in 2013. Reason could be the unreported cases of home deliveries. It was somewhere around 25,000 during 2013-2014.
- Maternal Mortality Rate has come down to 265 deaths per 1,00,000 live births in 2013 from 364 in 2011. Coming to ANC registration District has reached over one lakh registrations in 2014. It indicates towards the hard work put it by community workers ie ASHAs and ANMs.

- Taking an account of family planning unmet need for Family Planning has come down in past two years. It was recorded 27 % in 2014. Apart from the distribution of ECPs, other contraceptive methods were available in the District.
- JSY and JSSK are working steadily in improving the rate of Institutional Deliveries. In 2014, there were 58059 Institutional Deliveries.

5. Health Infrastructure

Table 3 Health infrastructure in District Udaipur, Rajasthan

Sl. No.	Facilities	District
1	District hospital	1
2	Number of Sub-district hospital	1
3	Number of Community Health Centres	27
4	Number of Primary Health Centres)	98
5	Number of Sub Centres	678
6	Ayush Wings	38
7	Adolescent Friendly Health Centres(2013)	74

Source: CM&HO office, Udaipur 2013-14

- Table 3 presents the Health Infrastructure of the District. Udaipur District has a total of 805 health facilities out of which there is one District hospital, one sub District hospital, twenty seven Community Health Centers, ninety eight Primary Health Centers and six seventy eight Sub Centres.
- Total number of Government and rented buildings were 774 and 20 respectively catering the needs of people.
- In the district, the primal charge of each block and related facilities were under the supervision of 6 Block Programme Managers.
- District is trying its best to provide health services to the people. District hospital has separated divisions for male and female patient. One of the unique features of the district is maintenance of broad divisions for male and female. This has lead to division of work load between the two divisions. Staff Quarters were available to Medical Officers and Staff Nurses. Functional Power backups both at CHCs and PHCs were seen in the facilities. Still a lot more can be done.

- Even Sub Centres were equipped with proper equipments, IEC and physical infrastructure i.e. proper electricity and water supply. According to the ANMs of Magri andPrakashpura, untied funds were being used timely. Deliveries were being conducted in most of the Sub Centres.
- There was only one Special New Born Care Unit and that too was in medical college. New Born Care Unit was there at facilities. To add further, there was even separate corner for breastfeeding in both the CHC and Satellite hospital. Complaint and suggestion box was there in Satellite hospital. This shows that the problems of the patients are not left unanswered and there is a strong mechanism working for it.

6. Human Resource

Table 4 Human Resource in Udaipur District

S.No	HR	Sanctioned	In position	Vacant
1.	District Programme Manager	1	1	0
2.	District Account Manager	1	1	0
3.	DM&EO	1	1	0
4.	Ayush Doctors	49	38	11
5.	IEC in charge	1	1	0
6.	PCPNDT Officer	1	1	0
7.	ASHA coordinator	1	1	0(on deputation)
8.	AYUSH Compunder	35	23	12
9.	GNM	195	177	18
10.	Pharmacists	10	6	4
11.	ANM	140	140	0
12.	Accountant	45	45	0
13.	BPM	12	6	6
14.	Data operator	34	34	0
15.	ASHA Facilitator	10	2	8
16.	ASHA Supervisor	48	48	0
17.	Lab Technicians	4	4	0

Source CM&HO Office, Udaipur 2013-14

- Table 4 indicates that there has been a lack of Human resource in District. It is one of the major flaw of District which in turn responsible for the weaker health indicators. Specially, crunch of senior officials and BPMs at the facilities is causing a major hindrance.

- There are six Block Programme Managers in District taking charge of twelve blocks. Limited resources for education & especially for higher education were the reasons behind such gloomy results.
- The number of ANMs and the ASHAs are quite satisfactory and genuinely working for the district. Clashes between the permanent and contractual staff also pose a problem for the entire Health system and service delivery by the district.
- However, there are only two ASHA facilitators presently working in the district.

6.1 Human Resource: Satellite Hospital & CHC Mavli

Table 5 Human Resource : Satellite Hospital & CHC Mavli

S.No.	HR	Satellite Hospital			CHC Mavli		
		Sanctioned	In Position	Vacant	Sanctioned	In Position	Vacant
1.	Sr. Medical Officer	2	2	0	1	0	1
2.	Jr. Specialist	12	10	2	5	4	1
3.	Sr. Specialist	2	1	0	-	-	-
4.	Medical Officer	8	5	3			
5.	Nurse Grade-I	8	8	0	1	1	0
6.	Nurse Grade-II	28	28	0	4	2	2
7.	Staff Nurses-II				1	1	0
8.	Radiographer	2	2	0	1	0	1
9.	Supporting Radiographer	8	0	8	1	0	1

Human Resource: PHC Dabok

S.No.	HR	In Position
1.	Medical Officer	2
2.	Staff Nurses	3(2 from NRHM)
3.	ANM	1
4.	LTs	2
5.	Pharmacist	0
6.	LHV	1
7.	ASHA supervisor	1

Source: Facilities visited, Udaipur 2013-14

- From table 5, it can be seen that there is no major crunch seen in terms of both junior and senior specialists. However, there is a complete shortage of supporting staff.

- During an interview with the officials of CHC Mavli, it was found that there has been an acute shortfall of staff namely: Male Nurse Grade-II, SN grade-II, Sweepers, Anesthetist and Accountant.
- They had even asked the District officials and BPM to curb this issue as soon as possible. Thus, Shortage of junior staff together at the CHCs and PHCs causing impediments in providing smoothened service to the common masses.

6.2 Training Status

Conducting training on a regular basis not only improves the delivery status of the staff members there at facilities but it also generates the awareness about the importance regarding Health care system. Udaipur District is providing timely training to its staff members whether they are MOs , ASHAs or ANMs. However, centralization of training centres was posing problem to the staff of Udaipur District. The table below show the status of training given to HR for the period of 2013-14.

Table 6 Training received by the staff under NRHM for the year 2013-14

	Training received	No. of trained
BeMoc	Yes	12
EMoC	Yes	3
SBA	Yes	13
MTP	-	-
IMNCI	Yes	-
NSV	-	-
NSSK	Yes	-
IUD	_	-
RTI/STI	_	-
RI	Yes	49

Source: CM&HO office, Udaipur 2013-14

- Apart from the medical training, the training given to data entry operators was found to be very fragile.
- They were unable to answer anything sturdy about their work. Nevertheless, they are doing hard work in putting up things quite in place. Thus, if a little attention is paid on this sector things will turn out to be a lot better.

7. Maternal Health

Promotion of maternal and child health has been an important objective of the NRHM to reduce Maternal and Infant and Child mortality by focusing on strategies of promoting wider utilization of essential obstetric and new born care for all, skilled attendance at every birth, emergency obstetric care for those having complications and referral services. The Maternal health care package of antenatal care, delivery care, (refer fig 2) and postnatal care is a crucial component of NRHM to reduce maternal morbidity and mortality.

Fig 2 PNC Ward, Satellite Hospital

Maternal Health is one of the basic components of NRHM. Udaipur is one of the high focused districts of Rajasthan due to various factors which include performance of maternal health care services in the district. In order to keep the proper records of maternal deaths significant steps are been taken by the Senior Nodal officers in District. Maternal death reviews are being done at Female Hospital, FRUs, PHCs and CHCs. In this component we would examine the performance of basic maternal health indicators such as ANC, PNC, and Institutional and Home deliveries of the district.

Table 7 shows the ANC services availed by the beneficiaries. For registration of pregnant women yearly target was 104649, out of which 110388 are achieved which constitute of 105.48% of the total target.

Table 7 Antenatal Care, Block wise Distribution

Name of Block	Yearly Target	Number of Women Registered for ANC							
		Total		Within Ist trimester		Registered under JSY		Received 3 check ups	
		Ach.	%	Ach.	%	Ach.	%	Ach.	%
Bargaon	5242	3478	66.35	2003	38.21	3468	66.16	3216	61.35
Bhinder	9765	6021	61.66	4141	42.41	6011	61.56	5216	53.42
Girwa	9737	6380	65.52	3748	38.49	6375	65.47	5666	58.19
Gogunda	7362	6353	86.29	3075	41.77	6353	86.29	5105	69.34
Jhadol	8478	6572	77.52	3049	35.96	6569	77.48	3840	45.29
Kherwara	7007	5699	81.33	3289	46.94	5695	81.28	4409	62.92
Kotra	7068	7041	99.62	1274	18.02	7041	99.62	5892	83.36
Lasadia	3113	2365	75.97	1064	34.18	2365	75.97	1931	62.03
Mavli	9056	6050	66.81	4882	53.91	6050	66.81	5897	65.12
Rishabdev	4502	3550	78.85	1334	29.63	3330	73.97	2627	58.35
Salumbar	8596	6910	80.39	4690	54.56	6891	80.17	6768	78.73
Sarada	9131	6854	75.06	2978	32.61	6854	75.06	4918	53.86
Urban Units T	15590	43115	276.56	18075	115.94	39774	255.13	23308	149.51
Total	104649	110388	105.48	53602	51.22	106776	102.03	78793	75.29

Source: CM&HO office, Udaipur 2013-2014(up to March 2014)

- The table shows the overall picture of ANC registrations in 2013-14.
- 75.29 percent of women had received 3 ANC check up which is also quite satisfactory and reflecting the hard work put in especially by ASHAs and ANMs.
- For registration of pregnant women under JSY, yearly target was 104649, out of which 104776 are achieved which constitute of 102% of the total target.
- However, every block is not performing equally well. For eg. In Jhadol, only 45 % of women had received 3 ANC checkups.

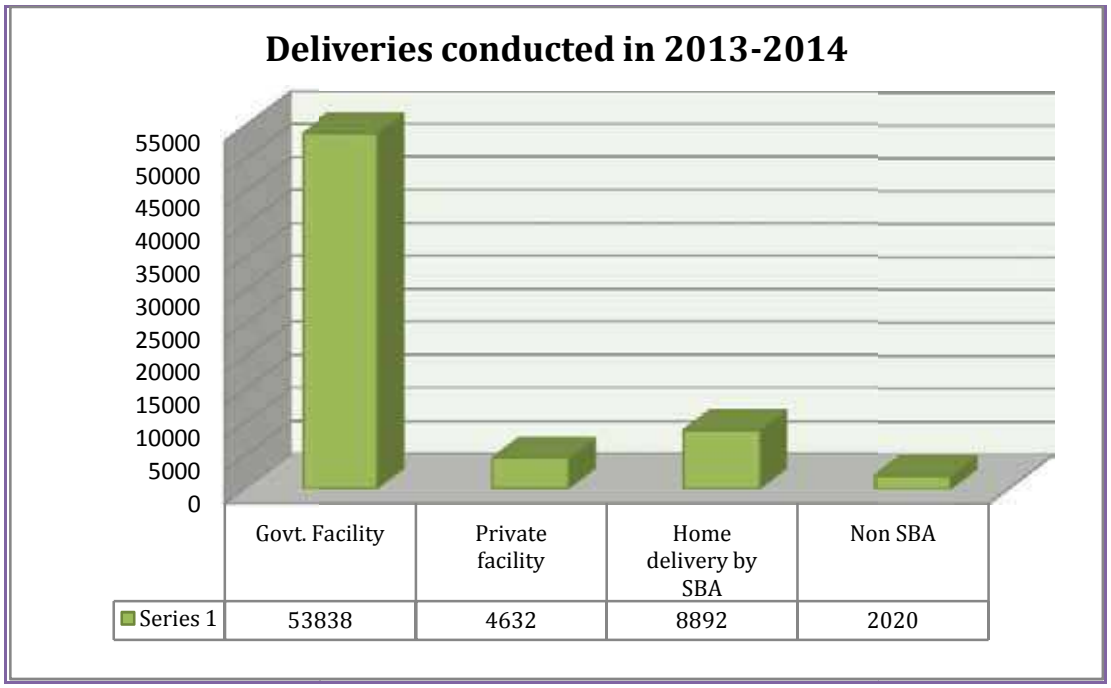
Table 8 Total Deliveries

Name of Block	Yearly Target	Deliveries at Public Institutions					Ach.	Home Delivery	Total Delivery
		SC	PHC	CHC	SDH	Total			
Bargaon	4765	23	50	422	493	988	20.7	144	1132
Bhinder	7919	22	259	3683		3964	50.0	355	4319
Girwa	8852	6	242	2064		2312	26.1	783	3095
Gogunda	6692	114	1676	1672		3462	51.7	1026	4488
Jhadol	7707	268	1693	2060		4021	52.1	1302	5323
Kherwara	6370	160	849	932		1941	30.4	2397	4338
Kotra	8135	265	817	1276		2358	28.9	2779	5137
Lasadia	2830	48	427	354		829	29.9	649	1478
Mavli	7348	83	1040	2023		3146	42.8	284	3430
Rishabdev	5385	473	440	1195		2108	39.1	238	2346
Salumbar	7815	559	1420	3542		5521	70.6	584	6105
Sarada	7143	475	654	2059		3188	44.6	897	4085
Urban Units T	14171				24517	24517	173.0	6	24523
Total	95132	2496	9567	21282	25010	58355	61.3	11444	69799

Source: CM&HO, Udaipur 2013-14 (up to March 2014)

- Above table shows the deliveries conducted at various facilities. Apart from the ANC registrations, Number of women who had their deliveries in public institutions was 58,355 which constitute just 61% of the total target.
- The major reason is that there is no proper sensitization and mobilization of the community by the community health workers is done in an appropriate manner. There is a large count of home deliveries in Udaipur, reaching the mark of 12,000 aprox.

Graph1: Represents the number of deliveries conducted in both public and private institutions in Udaipur District



Source: HMIS 2013-14, CM&HO office

- The above graph shows the deliveries conducted in both Government and Private Institutions and by whom the domiciliary deliveries are conducted. The total number of deliveries conducted in the year 2013-14 is recorded to be 53838 in the Government institutions and the number of deliveries conducted in the private institution is recorded to be 4632.
- Total home deliveries conducted were 10912 out of which 2,020 deliveries were not conducted by the trained SBAs.

7.1 Janani Shuraksha Yojna

With the aim to bring down the high MMR and IMR Janani Suraksha Yojna Programme was initiated in 2005. Janani Surkasha Yojana is functional in the district, and there are no issues regarding procedure of the sanctioning of the JSY payment in the district. JSY entitlements were paid through cheques both to the promoter and to the beneficiaries. Proper records as far as payments registers are concerned were maintained by the district personnel.

Table 9 -JSY Incentives Apr'13 to Feb'14	
Mothers paid JSY Incentive against Home Deliveries	4%
Mothers paid JSY Incentive against Institutional (Pub) Deliveries	98%
Mothers paid JSY Incentive against Institutional (Pvt) Deliveries	34%
ASHA paid JSY Incentive against Institutional (Pub) Deliveries	23%
ASHA paid JSY Incentive against Institutional (Pvt) Deliveries	0%

Source: HMIS, Udaipur April 2013-Feb 2014

- Table 9 shows the JSY incentives given to mothers as well ASHAs for motivating and accompanying them to the distinct facility.
- In all the facilities visited by us it was seen that JSY payments were made on time and the records were neatly maintained by the ANMs and other concerned staffs.
- All beneficiaries are getting their amount at the time of discharge (after 48 hours in case of normal delivery). Table shows that 98% of mothers were provided with JSY payments that shows the steadiness of JSY programme in District.

7.2 Janani ShishuSuraksha Karyakaram

JSSK is functioning in the district, beneficiaries are availing the services of free diet, diagnostics and referral transport in the district. Further drop back facility is given from sub-centers also. Beneficiaries are aware about the benefits of JSSK in the district. Proper dispensaries are there in the facilities and drug list is maintained. Mukhyamantri Nishulka Janch Yogna and Dava Yogna are the two schemes which are working quite well in supplying drugs free of costs to the patients. As far as free drug supply is concerned Essential Drug List is ready at disposal for the beneficiaries. Only the supply of Vitamin A was not available at sub centres and PHCs.

Fig 3 Janani Centre, PHC Dabok

For referral transport record book is maintained in each facility of the district.

Drug supply is loaded from time to time. For referral transport 108 is provided by NRHM and 104 are provided by the state. Further drop back facility is provided to the patients.

Table 10 JSSK Progress Report

S.NO	Block	Free Drugs	Blood services	Free Transport	Free Diet	Free diagnosis
1.	Udaipur City	20481	1923	20481	20481	20481
2.	Girwa	2307	0	2307	2307	2307
3.	Jhadol	3753	0	3753	3753	3753
4.	Badagaon	472	0	472	472	0
5.	Kherwada	1783	0	1783	1783	0
6.	Kotda	2095	0	2095	2095	0
7.	Mavli	3151	0	3151	3151	3151
8.	Gogunda	3348	0	3348	3348	3348
9.	Sarada	2713	0	2713	2713	2713
10.	Rishabdev	1635	0	1635	1635	1635
11.	Bhinder	4674	0	2089	3918	3137
12.	Lasadia	781	0	781	781	781
13.	Salumber	4965	0	4965	4965	4965
14.	Total	52158	1923	49573	46271	46271

Source: CM&HO office, Udaipur 2013-14

- Above table shows the progress of JSSK programme in District. Beneficiaries are aware about the benefits of JSSK in the district.
- The essential drug list is maintained at the facilities and if a certain drug which is required is not available in the facility then it is ordered online hospital authorities and is given free of cost to the beneficiary. Only the shortage of Vitamin-A syrup was seen through out the facilities.
- For referral transport record book is maintained in each facility of the district.
- In every facility there is a grievance drop box where the written complaints can be dropped by the beneficiaries and if they have any serious problems regarding the availability of JSSK entitlements then they can directly speak to the Medical Officer in Charge.

- Regarding the provision of availing the beneficiaries with good food supply was quite unsettled for the past few months.

7.3 maternal Death Review

A maternal death is the death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Every maternal death that occurs within a refugee camp (of a refugee or a national) or at a referral health facility should be systematically reviewed.

A maternal death review provides a rare opportunity for a group of health staff and community members to learn from a tragic – and often preventable - event. Maternal death reviews should be conducted as learning exercises that do not include finger-pointing or punishment. The purpose of a maternal death review is to improve the quality of safe motherhood programming to prevent future maternal and neonatal morbidity and mortality.

Proper records by the name of MDR Line listing form for all cases of maternal deaths are being maintained by the district officials. According to the available data , there were 72 deaths in the past year(2013).

8. 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 Udaipur District health program especially Nukkad natak by IEC management was functioning smoothly expect for the lack of manpower resources. Immunization days are conducted every Thursday and Monday in the district.

Fig 4 NBCU, CHC Mavli

Further there were no SNCU present in the district (one in medical college). Still the number of NBCUs (fig 4) and NBCCs are well operating in attending the infants.

With the initiation of RBSK, functioning of school health programmes had got affected poorly for past one year. Before that ANMs and AWWs were properly attuned to measure the BMI for the school going children. As far as functioning of ARSH clinics are concern, though doctors got their respective training, they are running poorly. This can be linked to people's especially adolescents' shyness to open up. PHCs/CHCs have a separate room for the purpose of ARSH counseling, but no serious outcome with respect to people's approach has been encountered.

8.1 Immunization

Table 11 Immunization Report, 2013-14

Block	Target upto Month March 2014	BCG		DPT		OPV	
		No.	Ach.(%)	No.	Ach. (%)	No.	Ach. (%)
Bargaon	4475	3666	81.9	3767	84.1	3783	84.5
Bhinder	8336	5222	62.6	5903	70.8	5903	70.8
Girwa	8312	3486	41.9	6417	77.2	6393	76.9
Gogunda	6284	6068	96.5	5669	90.2	5633	89.6
Jhadol	7237	5470	75.5	4871	67.3	4878	67.4
Kherwara	5982	5490	91.7	5133	85.8	5129	85.7
Kotra	6034	6838	113.3	6272	103.9	6272	103.9
Lasadia	2657	2193	82.5	2202	82.8	2202	82.8
Mavli	7730	6229	80.5	5988	77.4	5989	77.4
Rishabdev	3843	4272	111.1	3364	87.5	3323	86.4
Salumbar	7338	8241	112.3	7659	104.3	7656	104.3
Sarada	7794	8002	102.6	7245	92.9	7245	92.9
Urban Units T	13308	23019	172.9	13548	101.8	13555	101.8
Total	89345	88196	98.7	78038	87.3	77961	87.2

Source: CM&HO office Udaipur 2013-2014(Up to March)

- From the above table it can be seen that the OPV count is low as compared to the BCG and DPT count.
- For Immunization, yearly target was 89345, out of which 77961were immunized in OPV and 78,038 & 88196 in DPT and BCG.

- However, Immunization days are uniformly followed on Thursdays and Mondays at respective centres. Proper immunization card are maintained in DH, PHCs, CHCs and Sub-Centers. ANMs are actively involved in the process of immunization.
- Shortage of any vaccination and drug supply is not been reported in the district. ASHAs are also given duty to create awareness about vaccination program in the district.
- Further Cold chain storage was available in most of the facilities.
- Stock registers were properly maintained at the facility namely DH and CHCs.
- Special New Born Care Unit is one of the major issues as it is not available in the district.

Table 12 Full Immunization Report, 2013-14

S.no	Block Name	Yearly Target	Fully Immunized	Achievement
1	Bargaon	4475	3779	84.4
2	Bhinder	8336	5779	69.3
3	Girwa	8312	6073	73.0
4	Gogunda	6284	5229	83.2
5	Jhadol	7237	5357	74.0
6	Kherwara	5982	4844	80.9
7	Kotra	6034	6084	100.8
8	Lasadia	2657	2223	83.6
9	Mavli	7730	5941	76.8
10	Rishabdev	3843	3117	81.1
11	Salumbar	7338	7329	99.8
12	Sarada	7794	6628	85.0
13	Urban Units T	13308	13532	101.6
14	Total	89345	75915	84.9

Source: CM&HO office Udaipur 2013-14 (Up to March 14)

- Above table presents the rate of full immunization in district. With the prolonged efforts of RCHO, ANMs and ASHAs district had achieved 84% of the total target.
- Bhinder being the lowest performing block had just crossed 69% of the total target. The performance of urban units in Udaipur district is quite commendable achieving target of over 100%.

8.2 Rashtriyal Bal Swathya Karyakaram

Rashtriya Bal Swasthya Karyakram is an imitative 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. However, RBSK has recently being introduced in district , no major output was seen. Moreover, running of school health programmes also got hampered by RBSK in district. ASHAs , ANMs were given proper ready to use format whereby they record the proper BMIs (Body Mass Index) of children.

9. Family Planning

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. Further to promote family planning schemes, counselor is appointed in the female district hospital. Role of ASHA worker is stressed in motivating the clients for availing family planning services. Over the years the performance of female sterilization is somewhat satisfactory in the district. When it comes to male sterilization situation is worse in the district. Lot can be done to improve the situation regarding male sterilization. Sterilization camps are organized very Tuesdays and Fridays.

Table 13 Family Planning Progress Report, 2013-14

S.no	Block	Sterilization			Copper-T		
		Yearly Target	No.	Ach(%)	Yearly Target	No.	Ach(%)
1	Bargaon	940	906	96.3	815	760	93.2
2	Bhinder	1751	1076	61.4	1518	1789	117.8
3	Girwa	1746	1651	94.5	1514	1761	116.3
4	Gogunda	1320	953	72.2	1144	1471	128.58
5	Jhadol	1521	1264	83.1	1318	559	42.4
6	Kherwara	1257	837	66.5	1089	1168	107.2
7	Kotra	1268	255	20.1	1099	497	45.2
8	Lasadia	558	390	69.8	484	610	126.0
9	Mavli	1624	1029	63.3	1408	1520	107.9
10	Rishabdev	808	501	62.0	700	807	115.2
11	Salumbar	1542	1098	71.2	1336	1887	141.2
12	Sarada	1638	1010	61.6	1419	2210	155.7
13	Urban Units T	2417	4350	179.9	2338	2394	102.4
14	Total	18390	15320	83.31	16182	17433	107.73

Source: CM&HO office Udaipur 2013-14 (Up to March 14)

- Table 13 presents the data regarding the services availed by the people of Udaipur District under Family Planning.
- As far as female sterilization is concerned numbers are higher as compared to males. Total cases of Sterilization were over 15 thousand achieving 83% of the total target.

- A total of 17433 cases of cooper-T got registered in the district for the FY 2013 2014 achieving 100 percent of the set target.

Family Planning Progress Report, 2013-14

S.no	Block	Oral Pills			Condoms		
		Yearly Target	No.	Ach(%)	Yearly Target	No.	Ach(%)
1	Bargaon	1128	1885	167.1	1301	1921	147.6
2	Bhinder	2102	5409	257.3	2423	6922	285.6
3	Girwa	2096	1827	87.1	2416	3729	154.3
4	Gogunda	1584	2904	183.3	1827	4831	264.4
5	Jhadol	1825	728	39.8	2103	814	38.7
6	Kherwara	1508	1725	114.3	1739	1969	113.2
7	Kotra	1521	1550	101.9	1754	2132	121.5
8	Lasadia	670	928	138.5	772	949	122.9
9	Mavli	1949	2636	135.2	2247	2869	127.6
10	Rishabdev	969	2002	206.6	1117	2355	210.8
11	Salumbar	1850	2034	109.9	2133	2143	100.4
12	Sarada	1965	4879	248.3	2265	7083	312.7
13	Urban Units T	3488	5972	171.2	3795	8062	212.4
14	Total	22655	34479	152.19	25892	45779	176.81

Source: CM&HO office, Udaipur 2013-14 (Up to March 14)

- Table explains the distribution of Contraceptive and Condoms in the District.
- As far as distribution of condoms is concerned, 45779 condoms has been distributed against the target of 25892.
- Health personnel namely ASHAs were not aware of the fact that the contraceptive pills such as OCP and condoms should be charged with one or two rupees respectively.

10. Adolescent Reproductive and Sexual Health

ARSH is seen as an attempt to reduce the some of the public health challenges for adolescents include pregnancy, excess risk of maternal and infant mortality, sexually transmitted infections and reproductive tract infections in adolescence, and the rapidly rising incidence of HIV in this age group.

Still, ARSH is not seen to be very effective in district. As far as functioning of ARSH clinics are concern, though doctors got their respective training, centres are running poorly. This can be linked to people's especially adolescents' shyness to open up. PHCs/CHCs have a separate room for the

purpose of ARSH counseling, but no serious outcome with respect to people's approach has been encountered. The adolescents can consult the doctor in OPD.

11. Quality in Health Services

11.1 Infection Control

The facilities were maintained quite neatly, but more can be done to improve the surroundings of the facility, Cleanliness of the toilets was a major issue, proper maintenance was required in that area.

11.2 Bio Medical Waste Management

Most of the facilities had their own pit dug up in their respective compounds. However, the waste pits in the compound were not that effective in nature.

11.3 Information, Education and Communication

IEC was effective in the facilities; posters of JSY, JSSK, vaccination and prevention of communicable diseases were at display. Further list of drugs, list of services were also available in the facilities.

Comprehensive IEC is in place for FP and RI programmes. However, need of revamping IEC activities was stressed upon by the health personnel of the visited districts. Secondly, IEC coordinator with their respective staff regularly conducts 'nukkad natak' (refer fig 5) and makes people aware about the burning issues faced by the district. 'Beti Bachao' puppet show was organized by the IEC officials do show their concern to sensitized people of district.

Fig 5 IEC Stage Show, Udaipur District

12. Referral Transport

- Facility of referral transport was available in the district and was functioning well.
- Under JSSK drop back facility was also made available to the patients. People were well aware about the transport facilities they were given and they were availing that.
- Secondly, vehicles for Monitoring purpose were issued to the DPM.

13. Community Processes

A trained female community health activist ASHA working as an interface between the community and the public health system found to be very diligent and expeditious in district at large. Total 2272 ASHAs were selected and trained in the district. Number of vacant position was 498. A total Sanctioned post was 2770 and 10 drop out cases had been registered from the date of inception. MCTS registers are being timely filled by the ANMs. That shows the proper training given and timely supervision of BPMs and DPM in district.

Table 14 ASHA training in Udaipur District

Training	Training received by ASHAs
5th Module	2168
6th&7th Module (Round 1)	2186
6th&7th Module (Round II)	660
Induction	30

Source: CM&HO office, Udaipur 2013-14 (Up to March 14)

- Table 14 presents that there are total 2272 ASHAs were selected and trained in the district. But only 2168 were got training in 5th module and 2186 got training of 6th and 7th Module in Round I.
- There should be training of ASHAs in 6th and 7th schedule (Round II), so that they can improve their performance.

Table 15 shows the performance of ASHA Sahyogini Above table shows the performance of ASHA workers in District with respect to maternal & child health, family planning and VHC meeting etc. It can be seen in over 7700 deliveries beneficiary were got accompanied by ASHA workers and they are duly paid for that.

Table 15 Performance of ASHA Sahyogini

	Maternal Health		Child Health	Family Planning	
	Deliveries accompanied to the institutions	42 days PNC provided to JSY cases	PNC till 42 days to mother & Child	Male sterilization	Female sterilization
No. of Beneficiaries	7750	1495	11056	379	1575
Amt. received by ASHA	775000	149500	2764000	379000	236250
No. of Beneficiaries				**OP**	**IUD**
				27202	2147
VHC Meeting					
No. of VHC Meeting	16707				
No. of Meeting Where ASHA was present	16399				
Counseling Sessions					
No. of session Conducted	15676				
No of ASHAs who conducted the session	15629				
No. of girls attended sessions	65710				

Source CM&HO office, Udaipur 2013-14 (Up to March 2014)

- 42 days PNC provided to JSY cases were 1495 provided by Sahyogini that shows their hard work in promoting safer delivery and maternal care in district.
- With respect to sterilizations, female numbers outnumber the male ones. ASHAs promoting sterilization in case of female and male sterilization were 379 & 1575 respectively.

- Distributing oral pills is a task for ASHA workers and delivering the importance of pills to the beneficiaries is additional one. In district 27202 beneficiaries got the oral pills through ASHAs.
- From the total of 16707 VHC meetings, 16399 meeting were duly attended by ASHAs which quite satisfactory.
- Over 15000 ASHAs gave the appropriate counseling in which number of girls who attended the session's were65710.

14. AYUSH

Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) are rationally recognized systems of medicine and have been integrated into the national health delivery system.The NRHM seeks to revitalize local health traditions and mainstream AYUSH (including manpower and drugs), to strengthen the Public Health System at all levels. AYUSH is working quite well in district. With no complaints regarding the drugs, doctors are providing smooth services to the patients.

In Udaipur, 38 AYUSH doctors are presently working with 40 AYUSH wing Bhavan at PHCs. In 14 PHCs, MOIC in charge is none other than an AYUSH doctor help in promoting institutional deliveries.

Table 16 AYUSH Doctor Monitoring Statement

No. of Patients treated in OPD	1,45,620
No. of Patients treated in IPD	344
No. of Deliveries	425
No. of Clients motivated for Sterilizations	91
No. of Clients motivated for IUD Insertion	62

Source: CM&HO office, Udaipur Jan - April 2014

- Above table presents the involvement of AYUSH doctors under the main stream of health setup of NRHM.
- Apart from the OPD and IPDs , the number of deliveries conducted by them is something to look upon. 425 deliveries were being attended by them.
- No. of Clients motivated for Sterilizations and Clients motivated for IUD Insertion were 91 & 62 respectively.

15. Disease Control Programme

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, and Blindness Control as Iodine Deficiency Disorder Control have now come under the umbrella of National Rural Health Mission and under the keen supervision of distinct state and District officials.

Table 17 Malaria Control Programme

Particulars	2008	2009	2010	2011	2012	2013
Total B.S. Exam	315791	343335	365043	379668	368693	381507
Total Cases	3375	1188	2074	3327	2355	2104
Total P.V.	3023	1090	1779	2840	2203	1938
Total P.F.	352	98	295	487	152	166

Source: CM&HO office, Udaipur

- Above table shows the comparative analysis of Total cases of malaria in district.
- From 2008 number of cases has fallen down i.e. it was 3375 in 2008 and 2104 in 2013.
- Total P.V. during 2013 were 1938 whereas number of P.F. was only 166 in district.

Table 18 Dengue positive cases, Urban Rural Classification

Year	Cases	Urban	Rural
2008	63	26	37
2009	113	53	60
2010	118	45	73
2011	45	9	36
2012	42	14	28
2013	26	9	17

Source: CM&HO office, Udaipur

- From the above table one can get the urban rural picture of dengue cases in District.
- In 2008 total dengue cases were 63 out of which 26 cases were located in Urban and 37 in rural areas.
- In 2013 cases has been reduced to just 26 of which 17 in rural areas.

16. Good Innovations and Practices

- Facilities in the district were trying their level best to cater to the needs of the people. But still lot can be done to improve the services of the facilities.
- There is lack of human resources in the district. Position of staff workers in CHCs and senior staff at PHC level are vacant which prove to be a hindrance in the growth of the district.
- Ayush wing was functional in the district and people were aware of its benefits.
- IEC department is something positive that can be seen in Udaipur.

17. Health Management Information System

HMIS is functioning well in the district. Data entry operators/Information Assistant are recording the data from time to time. It was one of the plus points of the district as it helps maintained a record of the achieved status of various programs. Overall HMIS is working well in the district.

However, HMIS login were only given to BPMs and not to the data entry operators at various facilities. Here at facilities the data was being recorded in PCTS and sent to the assigned block. Through 'ASAN' entries are segregated and put into HMIS. One of the major glitch found was that there were no HMIS operators given Facility wise. Only at block levels the prescribed person was available. Only one person is handling all the accounts related matter in the facility. It becomes very difficult for him to keep all the records correctly.

Challenges like internet connectivity issues at the periphery are the thing that needs to be tackled which do affect timely HMIS entry, the BPMUs doing entries at other facilities.

There was one grievance of the data entry operators in the district that every department is getting a different salary package even though they are performing similar kind of duty.

18. Financing

Table 19 Income & Expenditure For the Year Ending 31-03-2013

Expenditure	Current Yr. at 31-03-2013	Previous year at 31-03-2012	Income	Current year at 31-03-2013
RCH-I	0	0	RCH-I	0
RCH Flexipool	186344495	138714171	RCH Flexipool	186344495
NRHM Additional ties	100705604	140174163	NRHM Additional ties	100705604
RI strengthening Project	7706105	6769314	RI strengthening Project	7706105
Pulse Polio	12186884	5175092	Pulse Polio	12186884

Source CM&HO office, Udaipur 2013

The above table shows the financial condition of the District Udaipur i.e. the funds allocated in and the funds spent on each head.

19. Observation from Field

a) Satellite Hospital

Satellite hospital at Hiranmagri, Udaipur is a 100 bedded hospital and also a FRU. It was situated in government building which was running in good condition. Quarters were provided for MOs & staff nurses. Power back up was there in the facility and there was running 24x7 water supply available.

Fig 6 PNC ward Satellite Hospital

- Functional and clean labour room with attached toilet was there in the facility.
- Functional New born care corner with radiant warmer with neo-natal ambu bag was available in the facilities.
- Proper aligned JSY, JSSK records were maintained in the facility (refer fig 8)
- Separate breastfeeding corner was there at the facility (refer fig 7)

Fig 7 Breast Feeding Corner

Fig 8 JSY Records

- All the major equipment's from ECG to Xray machine all were working smoothly.
- Suggestion box was there outside the labour room to address the grievance of patients.
- However no free diet has been given to patients for past few days. New self help group is now being contacted by the PMO in charge. Before that the service was given by the NGO named Jain house.
- There was only one bedded ICU in the facility.
- Separate male and female wards were available in the facility.
- Maximum online payments are being done in this facility through CPSMS payment mode.
- There was no BB/BSU facility in the district.
- As far as OPD and IPD count are concerned, 30,069 and 291 registered respectively (March 2014).

- Proper recording was witnessed at ICTC centre in the facility. In March 2014 total testing done was over 450.
- O.T was well equipped with the equipments such as ventilators, pulse-oximeter, surgical diathermies, laproscopes and autocloves.
- Laboratory of the facility had functional microscope, hemoglobin meter, centrifuge, semi auto analyzer and testing kits. Ultrasound machines were available.
- Pregnancy testing kits, oral contraceptives, emergency contraceptives and IUCDs were available in the district.

b) CHC Mavli

CHC Mavli is a 30 Bedded hospital , functioning in a government building. Facility has four staff quarters for MOs and SNs. With Proper water and electricity supply, facility is running smoothly. Ambulance facility was there at facility. Three Ambulances was duly catering the needs of patients.

Fig 9 View of CHC Mavli

- However, being equipped with physical infrastructure, shortage of staff nurses and co-workers make facility vulnerable.
- On an average 250 OPDs and 30 IPDs are being treated every day.
- Proper records of OPDs, IPDs, Labour room , JSY etc were maintained.
- Effective IEC was seen at the facility enriching the quality awareness to people.

- Laboratory of the facility had functional microscope, hemoglobin meter, centrifuge, semi auto analyzer and testing kits.
- ANC & PNC register were maintained properly. Further MDR register was maintained with reasons of death of the mother and who collected the JSY cheque.
- Register of referral transport was also maintained and beneficiaries were using regularly.
- Drugs like IFA tablets, ORS packets, and zinc tablets were available in the facility. Drugs for hypertension, PCM, metromdazole and anti-allergies were also available in the facility (refer fig 11).
- Delivery sets were sterilized in the facility. Neonatal, Pediatric and Adult resuscitation kit were functional in the facility.
- Weighing Machine, Needle cutter, Radiant warmer, suction apparatus and Feotal Doppler were functional in the facility
- Separate male and female wards were available in the facility.
- However, for past one year there was no Anesthetist in the facility hence no C- Section Deliveries.
- On an average 70 deliveries are being conducted in the district.

Fig 10 General Ward

Fig 11 Free Drug Service

c) PHC Dabok

PHC Dabok was situated in government building and was easily accessible to the people. Staff quarters were available for Medical officer. Power back was available in the facility and there was

running 24x7 water supplies available. However, there was no pharmacist in the facility. Although facility is running 24*7, still there was one SN allotted.

Fig 12 View of PHC Dabok

- Functional and clean labour room with attached toilet was there in the facility.
- Separate male and female wards were available in the facility.
- Supply of ECP was not available in the facility.
- Functional New born care corner with radiant warmer with neo-natal ambu bag was available in the facilities.
- Training of SBA, NSV, IUD and immunization and cold chain were conducted in the facility.
- Delivery sets were sterilized in the facility. Neonatal, Pediatric and Adult resuscitation kit were functional in the facility.
- Weighing Machine, Needle cutter, Radiant warmer, suction apparatus and Feotal Doppler were functional in the facility
- Further functional autoclave was available but it was manual not electrical.
- Laboratory of the facility had functional microscope, hemoglobin meter, centrifuge, semi auto analyzer and testing kits. Alternate Vaccine Delivery system was functional in the facility.
- Register of referral transport was also maintained and beneficiaries were using regularly.
- Citizen charter and essential drug lists was present in the facility.

- Both Laundry and dietary services were on contract basis.
- Effective IEC was there at facility.
- MDR registers were properly maintained by the SNs present there.
- Drugs like IFA tablets, Vitamin A syrup, ORS packets, and zinc tablets were available in the facility. Drugs for hypertension, PCM, metromdazole and anti-allergies were also available in the facility.

Fig 13 Drug Store House

Fig14 OPD Treatment

- Cheques were given to the JSY beneficiaries on time.
- ANC & PNC register were maintained properly. The registers of immunization, drug supply and updated microplan were maintained.

D) Sub Centre Magra

Fig 15 View of SC Magra

- MCH, Delivery register, VHSNC Meeting register has been maintained in the facility.
- There was running water supply.
- Pregnancy testing kit and OCP are delivered to sub center but sugar testing kit was not available. However, there was no supply of Vitamin A, Sanitary napkins and ECP.

Fig 16 Drugs & Stock Registers

Fig 17 Labour Room

- Record of IFA distribution, home deliveries, breast feeding and birth defect record has been maintained and updated in the district.

e) Sub Centre, Prakashpura

Fig 18 JSY Registers

Fig 19 'Mamta' Cards

- MCTS, delivery register and VHSNC meeting register was available in the facility and was neatly maintained by the ANM.
- Further VHND session is being organized according to the schedule and minutes are recorded of the meeting.
- ANM's are trained properly and are delivering services to the beneficiaries on time .
- There was proper water supply and clean toilets, labor room.

19. Key Conclusions and Recommendations

- RBSK which had been introduced recently, District could make it more promising with the help of adequate staff and programmes.
- School Health programme which had become obsolete in past one year should be in focus by distinct officers.
- HMIS login password should be allotted to various facility data entry operators for uniform reporting to distinct BPMs .
- Free drugs service running in the name of 'Mukhyamantri Nishulka dava Yogna' in facilities were something very positive in district.
- HMIS department can develop a plan for orientation of frontline workers and managers to improve data quality. State Demographic Cell and HMIS department should plan and conduct orientation/training of block and district level officials to improve data analysis and provision of appropriate feedback.
- Sub-centers are working in a proper manner in the District, so more emphasis should be laid on them so that they can perform exceptionally great in their areas.
- ASHA workers and ANMs are performing equally well in the district, more incentive based schemes can be introduced in the district so that they are encouraged to perform better.

- Challenges like internet connectivity issues at the periphery areas are issues which need to be tackled.
- Electricity problem is something duly faced by the facility holders and by the distinct nodal officers but the duly placed electricity backups in PHC/CHC was very positive.
- As far as the different programs and their progress are concerned everything is under the direct supervision of RCHO and frequent meetings with the nodal officers are something very positive in District.
- Lack of supporting staff at CHC/PHC level was something that should be taken on a serious note.

Annexure e

Appendix: 1 **Interview Schedule Nodal Person**

Sl No.	ITEMS	QUESTIONS						
1	District Profile	No. of Blocks						
		No. of Villages						
		Population						
		Literacy						
		Sex Ratio						
		IMR						
		MMR						
		Female sex ratio						
		Male sex ratio						
2	Trends of various indicators over the period of 5 years	INDICATORS	2009	2010	2011	2012	2012	2013
		IMR						
		MMR						
		OPD						
		IPD						
		ANC						
		PNC						
		SBA						
		Immunization						
		Unmet need						

		for FP						
		NMR						

3	Health facility	Total no. of health facilities in the District					Total no of Govt. building ☐	Total no of rented bu ☐
		DH ☐	SDH ☐	CHC ☐	PHC ☐	SC ☐		
4	What are the steps being taken by the District officials to fill the gap in health service delivery, If any?							

5	a)Human Resource: *** collect the human resource list from the District(Currently available/posted)**								
	b) Strategies followed for the retention of the contractual managerial staff under NRHM								
	c)The current status of the training received by the staff under NRHM for the year 2013-14								
	BeMOC	**EMOC**	**SBA**	**MTP**	**IMNCI**	**NSV**	**NSSK**	**IUD**	**RTI/STI**	**OTHERS**
	Remarks on training								

6	**Status of Implementation of JSSK**			**Remarks**
	a) Entitlements: Cashless services and User charges	**Whether G.O issued**	**Month(Start/Proposed)**	
	i) Provision of free drugs/consumables	Yes ☐ No ☐		
	ii) Provision of free	Yes ☐ No ☐		

	diagnostics			
	iii) Provision of free diet	Yes ☐ No ☐		
	iv) Provision of free blood (inclusive of testing fee)	Yes ☐ No ☐		
	v) Provision of free treatment to sick newborns up to 30 days	Yes ☐ No ☐		
	vi) Free referral transport for PW (to and fro, 2nd referral)	Yes ☐ No ☐		
	vii) Free referral transport for sick newborns (to and fro, 2nd referral)	Yes ☐ No ☐		
	viii) Exemption from all user charges for all PW and sick newborns	Yes ☐ No ☐		
	ix) Empowerment of MO in-charge to make emergency purchases	Yes ☐ No ☐		
7	Entitlements: Referral Transport	District owned	EMRI/EMTS	PPP
	i) Total number of ambulances/referral vehicles in the State/UT			

	ii) Vehicles fitted with GPS			
	iii) Call centre(s) for the ambulance network	District (No.)	State(Y/N):	
	iv) Toll free number	No.		
8	Grievance redressal	Status detail	Remarks	
	No. of complaints/grievance cases related to free entitlements			
	No. of cases addressed/ no. of cases pending			
9	Are special newborn care units (SNCU) established for care of the sick and newborn in all Medical Colleges and District Hospitals	Yes ☐ No ☐	Remarks	
10	Has the District prepared a detailed district plan for intensification of routine immunization with special focus on districts with low coverage?	Yes ☐ No ☐	Remarks	
11	Is the coverage of DPT 1st booster and measles2nd dose emphasized and monitored?	Yes ☐ No ☐		
12	Are special micro plans developed for inaccessible remote areas and urban slums?	Yes ☐ No ☐		
13	Is there any development of BCC/IEC tools highlighting the benefits of Family Planning	Yes ☐ No ☐		

	specially on spacing methods		
14	Status of School Health Programme		
	a) School health committee with diverse stakeholders	Yes ☐ No ☐	
	b) Involvement of nodal teachers from schools in the programme	Yes ☐ No ☐	
	c) Are all children in government (Aided) schools covered	Yes ☐ No ☐	
	d) Dedicated teams for health check-ups for children below 6 years at AWC	Yes ☐ No ☐	
	e) Status of School Health Programme	Yes ☐ No ☐	
15	Details of availability of drugs ?		
16	Status of JSY payment		

Total no. in 2011	Total no. in 2012	Total no. in 2013	Remarks

17	Data Surveillance		Remarks
	b) Data collections on key performance indicators	Yes ☐ No ☐	
	c) 100% registration of births and	Yes ☐ No ☐	

	deaths under CRS		
	d) Epidemiological surveillance	Yes ☐ No ☐	
	e) Maternal Death Review	Yes ☐ No ☐	
	f) Infant Death Review	Yes ☐ No ☐	
	g) Tracking using MCTS	Yes ☐ No ☐	
	i) Is HMIS/MCTS implemented at all facilities	Yes ☐ No ☐	
18	HMIS/MCTS		
	Is HMIS /MCTS implemented at all the facilities	Yes ☐ No ☐	
	Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
	Do programme managers at all levels use HMIS data for monthly reviews?	Yes ☐ No ☐	
	Is MCTS made fully operational for regular and effective monitoring of service delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates	Yes ☐ No ☐	
	Is the service delivery data uploaded regularly	Yes ☐ No ☐	
	Is the MCTS call centre set up at the District level to check the veracity of data and service delivery?	Yes ☐ No ☐	
	Is HMIS data analyzed and discussed with concerned staff at state and district levels for necessary corrective action to be taken in future?	Yes ☐ No ☐	
19	Are SNCUs available in the District?	Yes ☐ No ☐	

	EQUIPMENTS
	STAFF
	ADMISSIONS
	TREATMENT OUTCOMES
	UTILIZATION
20	Family planning (availability of contraceptives, IEC & availability of services at different level)
21	Clinical Establishment Act : (PIP approval status and implementation)

22	Current status of ASHAs (Total number of ASHAs) ASHAs presently working Positions vacant Skill development/refresher training of ASHAs Payment issues Other issues	
23	Immunization status in the district (micro plan, outreach plan, alternate vaccine, delivery stock)	
24	Total number of Rehabilitation Centre in the District ☐	
25	Intersectoral convergence including NGOS & PPPs	
	a) Effective coordination with key departments on	
	i) Water and Sanitation	Yes ☐ No ☐
	ii) Education (SSA)	Yes ☐ No ☐

	iii) Women and Child Development (SABLA, ICDS)	Yes ☐ No ☐
	iv) Gender and women empowerment	Yes ☐ No ☐
	b) Consultations with civil society	Yes ☐ No ☐
	c) Involvement of NGOs to fill service delivery gaps	Yes ☐ No ☐
	d) NGO involvement in community monitoring	Yes ☐ No ☐
	e) PPP for underserved and vulnerable areas	Yes ☐ No ☐
	f) PPP in family planning and diagnostic services	Yes ☐ No ☐
26	Community Involvement	
	a) Patient feedback mechanisms	Yes ☐ No ☐
	b) Grievance redressal mechanisms	Yes ☐ No ☐
	c) Empowered PRIs	Yes ☐ No ☐
	d) Effective VHSNC	Yes ☐ No ☐
	e) Social audit	Yes ☐ No ☐
	f) Effective VHND	Yes ☐ No ☐
	g) Strengthening of ASHAs	Yes ☐ No ☐
	h) Comprehensive communication strategy including BCC	Yes ☐ No ☐
	i) Dissemination in village/slums and peri-urban areas	Yes ☐ No ☐

Appendix 2:

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	**Y**	**N**	

	attached to labour room			
1.13	Functional New born care corner(functional radiant warmer with neo-natal ambu bag)	**Y**	**N**	
1.14	Functional Newborn Stabilization Unit	**Y**	**N**	
1.16	Functional SNCU	**Y**	**N**	
1.17	Clean wards	**Y**	**N**	
1.18	Separate Male and Female wards (at least by partitions)	**Y**	**N**	
1.19	Availability of Nutritional Rehabilitation Centre	**Y**	**N**	
1.20	Functional BB/BSU, specify	**Y**	**N**	
1.21	Separate room for ARSH clinic	**Y**	**N**	
1.22	Availability of complaint/suggestion box	**Y**	**N**	
	Availability of mechanisms for Biomedical waste management (BMW)at facility	**Y**	**N**	
1.23	BMW outsourced	**Y**	**N**	
1.24	Availability of ICTC/ PPTCT Centre	**Y**	**N**	
1.25	Availability of functional Help Desk	**Y**	**N**	

Section II: Human resource:

S. no	Category	Numbers	Remarks if any
2.1	OBG		
2.2	Anaesthetist		
2.3	Paediatrician		
2.4	General Surgeon		

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

Section III: Training Status of HR:

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

Section IV: Equipment:

S. No	Equipment	Yes	No	Remarks

4.1	Functional BP Instrument and Stethoscope	**Y**	**N**	
4.2	Sterilised delivery sets	**Y**	**N**	
4.3	Functional Neonatal, Paediatric and Adult Resuscitation kit	**Y**	**N**	
4.4	Functional Weighing Machine (Adult and 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	FunctionalFoetal 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 *available*	**Y**	**N**	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	***Y***	***N***	

Section VI: Other Services :

S.no	Lab Services	Yes	No	Remarks
6.1	Haemoglobin	**Y**	**N**	
6.2	CBC	**Y**	**N**	
6.3	Urine albumin and sugar	**Y**	**N**	
6.4	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*(Please give details)*	**Y**	**N**	
7.9a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility:

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Correctly uses partograph	**Y**	**N**	
8.5	Correctly insert IUCD	**Y**	**N**	
8.6	Correctly administer vaccines	**Y**	**N**	
8.7	Segregation of waste in	**Y**	**N**	

	colourcoded bins			
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 linkagesin 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**	

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			
13.5			

Note: *Ensure that necessary corrective measures are highlighted and if possible, action taken on the spot. The Monthly report of monitoring visits and action points must be submitted to the appropriate authority for uploading on State MoHFW website*

To be filled by monitor(s) at the end of activity

Key Findings	Actions Taken/Proposed	Person(s) Responsible	Timeline

Appendix 3:

PHC/CHC (NON FRU) level Monitoring Checklist

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

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

Date of last supervisory visit:_____

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

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

_____

Section I: Physical Infrastructure:

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

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

Section II: Human resource:

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

Section III: Training Status of HR

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

Section IV: Equipment

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

4.11	Functional Deep Freezer			
4.12	Emergency Tray with emergency injections	**Y**	**N**	
4.13	MVA/ EVA Equipment	**Y**	**N**	
	Laboratory Equipment	**Yes**	**No**	**Remarks**
4.14	Functional Microscope	**Y**	**N**	
4.15	Functional Hemoglobinometer	**Y**	**N**	
4.16	Functional Centrifuge,	**Y**	**N**	
4.17	Functional Semi autoanalyzer	**Y**	**N**	
4.18	Reagents and Testing Kits	**Y**	**N**	

Section V: Essential Drugs and Supplies

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

5.16	Adequate Vaccine Stock *available*	**Y**	**N**	
S.No	**Supplies**	**Yes**	**No**	**Remarks**
5.17	Pregnancy testing kits	***Y***	***N***	
5.18	Urine albumin and sugar testing kit	***Y***	***N***	
5.19	OCPs	***Y***	***N***	
5.20	EC pills	***Y***	***N***	
5.21	IUCDs	***Y***	***N***	
5.22	Sanitary napkins	***Y***	***N***	
S.No	**Essential Consumables**	**Yes**	**No**	**Remarks**
5.23	Gloves, Mckintosh, Pads, bandages, and gauze etc.	**Y**	**N**	

Section VI: Other Services :

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

Section VII: Service Delivery in last two quarters:

S.No	Service Utilization Parameter	Q1	Q2	Remarks
7.1	OPD			
7.2	IPD			
7.3	Expected number of pregnancies			

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

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*(Please give details)*	**Y**	**N**	
7.9a	Diet being provided free of charge	**Y**	**N**	

Section VIII: Quality parameter of the facility

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

S.No	Essential Skill Set	Yes	No	Remarks
8.1	Manage high risk pregnancy	**Y**	**N**	
8.2	Provide essential newborn care(thermoregulation, breastfeeding and asepsis)	**Y**	**N**	
8.3	Manage sick neonates and infants	**Y**	**N**	
8.4	Correctly Uses Partograph	**Y**	**N**	

8.5	Correctly insert IUCD	**Y**	**N**
8.6	Correctly administer vaccines	**Y**	**N**
8.7	Alternate Vaccine Delivery (AVD) system functional	**Y**	**N**
8.7	Segregation of waste in colour coded bins	**Y**	**N**
8.8	Adherence to IMEP protocols	**Y**	**N**

Section IX: Record Maintenance:

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

	expenditure)				
9.17	AMG expenditure (Check % expenditure)				
9.18	RKS expenditure (Check % expenditure)				

Section X: Referral linkages in last two quarters:

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

Section XI: IEC Display:

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

11.10	Other related IEC material	**Y**	**N**	

Section XII: Additional/Support Services:

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

Section XIII: Previous supervisory visits:

S. no	Name and Designation of the supervisor	Place of posting of Supervisor	Date of visit
13.1			
13.2			
13.3			
13.4			
13.5			

Note: *Ensure that necessary corrective measures are highlighted and if possible, action taken on the spot. The Monthly report of monitoring visits and action points must be submitted to the appropriate authority for uploading on State MoHFW website*