



NORTH-WEST | Delhi



GAP Analysis of RMNCH+A Services in HIGH PRIORITY DISTRICTS

GAP ANALYSIS of District RMNCH+A Services

North-West District, Delhi

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Prepared by

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ABBREVIATIONS

AD	Auto Disable
AFHC	Adolescent Friendly Health Centre
AHS	Annual Health Survey
AMG	Annual Maintenance Grant
ANC	Antenatal Care
ANM	Auxiliary Nurse Mid-wife
ASHA	Accredited Social Health Activist
BCG	Bacillus Calmette Guerin (vaccine)
BEmONC	Basic Emergency Obstetric and Neonatal Care
BP	Blood Pressure
CBC	Complete Blood Count
CEmOC	Comprehensive Emergency Obstetric Care
СНС	Community Health Centre
СМО	Chief Medical Officer
СТ	Computerized Tomography (Scan)
CTG	Cardio Tocography
DAO	District Accounts Officer
D&C	Dilation and Curettage
DCMO	Deputy Chief Medical Officer
DFPO	District Family Planning Officer
DLHS	District Level Household Survey
DPM	District Programme Manager
ECP	Emergency Contraceptive Pill
EmOC	Emergency Obstetric Care
FP	Family Planning
FHW	Female Health Worker
FRU	First Referral Unit
GIS	Geographic Information System
HMIS	Health Management and Information System
HR	Human Resource
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
ILR	Ice Lined Refrigerator
IMEP	Infection Management and Environment Protocols
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IUCD	Intra Uterine Contraceptive Device
IFA	Iron and Folic Acid
INC	Intranatal Care
IV	Intra Venous
IYCF	Infant and Young Child Feeding
JE	Japanese Encephalitis

ICK	In Sankhus Sthirsts Kash
JSK	Jan Sankhya Sthirata Kosh
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LFT	Liver Function Test
LHV	Lady Health Visitor
LR	Labour room
LSAS	Life Saving Anaesthesia Skills
LSCS	Lower Segment Caesarean Section
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCP	Mother and Child Protection (Card)
MCTS	Mother and Child Tracking System
MDR	Maternal Death Review
MMR	Maternal Mortality Ratio / Mumps Measles Rubella Vaccine
MNH	Maternal and Newborn Health
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MTP	Medical Termination of Pregnancy
NBC	Newborn Care (Corner)
NBSU	Newborn Stabilization Unit
NRC	Nutritional Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
ОСР	Oral Contraceptive Pill
OPD	Out Patient Department
ORS	Oral Rehydration Salt
ОТ	Operation Theatre
РНС	Primary Health Centre
PHN	Public Health Nurse
PNC	Postnatal Care
РР	Postpartum
PPP	Public Private Partnership
РРТСТ	Prevention of Parent to Child Transmission
SKS	Swasthya Kalyan Samiti
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
RPR	Rapid Plasma Reagin
RBSK	Rashtriya Bal Swasthya Karyakram
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SDH	Sub Divisional Hospital
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SRS	•
	Sample Registration System
STI	Sexually Transmitted Infection Tuberculosis
TB	
USAID	United States Agency for International Development
VHND	Village Health Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee

EXECUTIVE SUMMARY

Improving mother and child survival require interventions at various critical stages of life. These include adolescence, pre pregnancy period, pregnancy, delivery, neo-natal phase and childhood. In order to address this, a lifecycle approach referred to as RMNCH+A (Reproductive, Maternal, Newborn, Child health and Adolescent) has been adopted under the National Rural Health Mission (NRHM). This strategy addresses both preventive and curative health interventions and services across various life stages, which when delivered to scale, can provide maximum gains in terms of saving lives and improving overall health status of the community.

Gap analysis was conducted in the High Priority Districts (HPD) of Delhi to gauge and understand the current service accessibility and availability situation. The objective of this gap analysis was assessment of the current available resources including, infrastructure, human resources, equipment, capacity and quality, needed to deliver key RMNCH+A interventions in the health facilities and communities; and assess the health system capacities at the district and state level. The results and evidence generated from this activity will facilitate focused action planning to strengthen health systems and programmes at the district and block levels and aid in addressing state specific needs.

Gap analysis was organized in the district of North-West Delhi from 29th October to 2nd December 2013. The assessment was conducted at the designated delivery points, the list of which was finalized in discussion with district health administration. The data was collected using Facility Level Assessment Tools (District level facilities and non-FRUs), Community Level and Household tools (interviews of mothers of children under five, pregnant women especially high risk pregnancies, and adolescent girls between 10-19 years), and Health System Assessment Checklist for policy makers and programme implementers at district level.

During the activity, primary data was collected from four district level facilities and six non-FRUs. In addition, 277 community level interviews were conducted with pregnant women, mothers of children under five and adolescent girls. The observations were compiled and analysed to identify critical gaps in the service delivery.

The assessment highlighted the scope for improvement in facilities on human resources, infrastructure, labour room, operation theatres, clinical laboratories and record maintenance which did not conform to MNH toolkit guidelines.

The facilities assessed across the district hospital revealed that the physical infrastructure of the facilities was good at 75% hospitals and fair at non-FRUs. Though accommodation for staff in other categories like paramedical and class IV was available at all the Non- FRU's, 83% of them did not have accommodation for staff nurses and 50% did not have accommodation for Medical Officers (MOs). 17% Staff quarters were not in habitable condition for MOs in 17% facilities, thereby compromising sustained health care delivery especially in emergency situations.

None of the hospitals visited had displays on incentives for ASHA, map of catchment area, essential drug list and the ANM roster. JSSK and citizens' charter were not displayed in 75% facilities and MOs' roster in 50% facilities. OPD timings and JSY entitlements were not displayed in 25% facilities.

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At the non-FRU Level, there were no displays on directions to approach roads and Medical officer's duty roster. Essential drug list, incentives for ASHA and JSSK entitlements were not displayed in 83% facilities. Map of catchment area was not displayed in 67% facilities and ANM roster in 59% facilities. OPD timings, list of services, immunization schedule and the citizens' charter were not displayed in 17% facilities.

Four out of six non-FRUs visited had power back (invertor). At two non-FRUs the invertor was non-functional. All district hospitals were backed by generator in case of power failure.

75% labour rooms in the district hospital did not have amenities like elbow tap and 50% did not have evidence of regular sterilization. None of the district hospitals had a toilet attached to the labour room. None of the non-FRUs had an elbow tap, 33% did not have sterilization of the rooms. Labour room in one of the non-FRU did not have water supply. Four out of six non-FRUs visited had a UV sterilizer installed.

Newborn Care Corner (NBCC) was available in 83% non-FRUs. Amenities such as oxygen hood were unavailable in all the facilities while mucus extractor, laryngoscope and warming lamp were unavailable at 67% and self-inflating mask (size zero and one) were unavailable in 50% facilities. 17% facilities did not have a radiant warmer and 83% did not have a digital weighing machine. Separate neonatal resuscitation kit was unavailable in all non-FRUs. In all the district hospitals and 83% non-FRUs, the episiotomy set was a part of the delivery set. No NBSU and NRC were available in the district.

Fully functional laboratory services were available at all the district hospitals while in two non-FRUs there was no laboratory facility. All cases were referred to the hospitals from the maternity homes. Inadequate availability of the required diagnostic testing facilities and experts, such as pathologists and laboratory technicians, pose difficulty on the quality of tests being conducted especially at the non-FRU level.

Operation theatres were functional at all district hospitals. One non-FRU had an operation theatre, but the same it was not functional due to non-availability of specialists. One of the facilities does not have a newborn care corner. Items like essential drugs and equipment showed a varied trend of availability in different facilities. None of the non- FRUs had evidence of beds for male and paediatric patients. All health centres had beds only for female patients.

Status of referral and linkages was being maintained through government ambulances at all facilities. However, there was no documentation of this utilisation in any facility.

Status of staff position at all levels was not encouraging due to high degree of disparity between the sanctioned and staff in position, especially in the general and paramedical cadres. Only three laboratory technicians and two pharmacists had been sanctioned and were in position at six non-FRUs. No RMNCH+ counsellors were available at the district hospital. Inadequate staff training was observed for all cadre on topics listed under MNH toolkit guidelines. The district also did not have a dedicated training coordinator to identify, organize and link existing training venues/facilities in the State/ District.

Recommendations

Based on the onsite observations and discussions with the health care providers, the team felt that all the aforementioned factors put together have adversely impacted the provision of adequate care to the patients in the community with respect to operation theatre, diagnostic tests, indoor facilities, safe delivery, newborn care emergency services etc.

In this context, the Government should consider contractual as well as regular recruitments for the delivery of quality and adequate services. MOs and front line workers require building their capacities as mandated under MNH guidelines. Designing modules on specific topics related to MNH guidelines should be promoted. Training of trainers is in process in the district but its implementation needs to be given more emphasis. The MOs can be trained by the state and they can further train the staff at their own health centres. Refresher trainings, on job and on-the-spot trainings would also be beneficial and provide added advantage for the staff.

Ambulance facilities or 108 service models should be expanded to reach more population in the interiors as CATS services for MCH beneficiaries were available only at Baba Saheb Ambedkar Hospital and ESI hospital. Bhagwan Mahavir hospital did not have CATS services. Though CATS ambulances were available at Sanjay Gandhi Hospital, they were not being used for MCH beneficiaries. Consequently emergency transportation services need to be rationally monitored for their optimal utilization.

Provision for uninterrupted power, functional power backup and 24-hour water supply should be made in all areas of health facilities, especially operation theatre and labour rooms. These service units should also be strengthened in terms of equipment, drugs, supplies and required human resource. Standard guidelines on infection control practices should also be followed at all levels of health care delivery.

As per the new strategy, the Janani Suraksha Yojana (JSY) payment are made through cheques which requires the beneficiaries to open a bank account to access Rs. 600. Further, it is not easy for all beneficiaries to open a bank account due to identity or issues of missing documents. Hence, it is inconvenient and less motivating for beneficiaries to claim the benefits of such schemes. This issue can be resolved by strengthening the banking system of the district or permit provision of cash payment to motivate people to opt for institutional deliveries. In addition, the facilities under the JSY can be expanded as the current provisions are not delivering desired results.

The above mentioned actionable points if implemented properly in line with the MNH guidelines would go a long way in improving quality service delivery to the beneficiaries.

The gap analysis of health services in North West Delhi reveals that quality improvement in healthcare service delivery needs consolidation with continuous assessment and supportive supervision in the district. The continuous assessment of infrastructure, supply chain management systems in facilities and demand side issues require close coordination between the government health departments and development partners. . It is hoped that addressing the issues raised in this document will enable the health services in filling the gaps and improving the health services for the community.

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission (NHM) as well as Millennium Development Goals 4 and 5. In order to bring greater impact through Reproductive and Child Health (RCH) Programme, it is important to recognize that reproductive, maternal and child health cannot be addressed in isolation as these are closely linked to the health status of the population at various stages of life cycle.

Just as different stages in the life cycle are interdependent so are the aspects of where and how healthcare is provided. Essential interventions to improve the health of women and children therefore need to take place at all levels in the health system, i.e. from the home to the community level and through all the health facilities. Thus, there are two dimensions to healthcare – stages of the life cycle and places where care is provided. These two together constitute the 'continuum-of-care', and it provides an effective framework for seamless delivery of services at state and district levels. RMNCH+A strategic roadmap has been designed to focus on the life cycle approach from pregnancy to childbirth to adolescent age groups, in most underserved states of the country.

The effectiveness of RMNCH+A interventions is determined by the coverage achieved among the affected fraction of population as well as the availability, accessibility, actual utilisation of services and quality of services delivered. In order to prioritize attention to address specific gaps in the delivery of particular intervention or a set of interventions it is necessary that gap analysis be carried out at various levels of planning, including the state and district level.

Gap analysis was conducted in the High Priority Districts (HPDs) of USAID focus states to provide information for prioritizing the intervention with the overarching objective of rapidly understand the gaps in the implementation of strategic RMNCH+A interventions across life stages, such that a baseline for monitoring the progress is established. This baseline data can also be used for setting targets and strategies by the district administration. More specifically gap analysis was aimed at measuring the gaps in resource availability (infrastructure, human resource, capacity and funds), health systems capacities at district and state level and strategies for behaviour change at block level to ensure utilisation, timeliness, continuity and quality implementation of essential interventions.

This document highlights the results of gap analysis and provides planners and programme managers with adequate evidence and information to initiate and strengthen district level health planning to address the deficiencies and strengthen the healthcare delivery system.

DISTRICT PROFILE **2**

The district of North-West Delhi is one of the eleven administrative districts of Delhi, the capital of India. It is divided into three blocks viz. Model Town, Narela and Saraswati Vihar. The district has a population of 3656539, out of which 19, 60922 are males and 16,95617 are females. The inhabitants per square kilometre are 8298 (Census of India, 2011). Majority of the population of the district resides in the urban areas i.e. 3442589. The literacy rate of the district is high and stands at 84.7.

(Source: Census 2011)

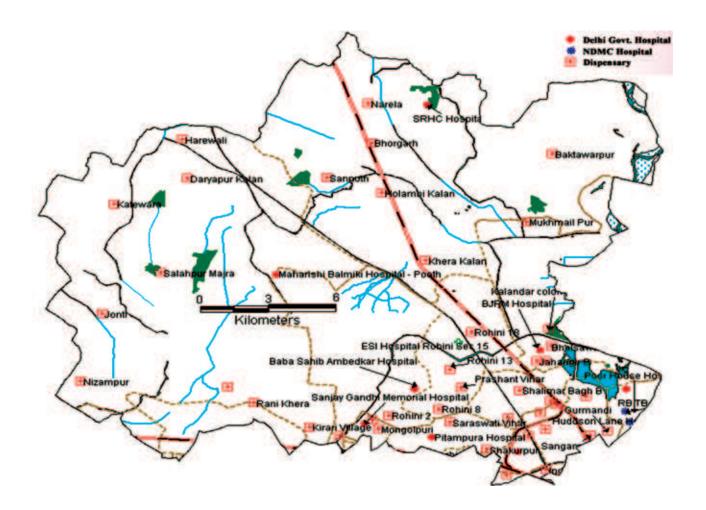


Figure 2.1 District Map: North-West Delhi.

Table 2.1 Health Infrastructure

S. No.	Indicators	Sanctioned	Functional
Infrast	ructure		
1.	Number of beds in district/taluk hospital (DHH)	1080	1080
2.	Number of Sub-Health Centres	0	0
3.	Number of 24x7 Primary Health Centres	0	0
4.	Number of Community-Health Centres	0	0
5.	MCH wings (Yes/No)	No	No
6.	Number of facilities providing adolescent health services	63	63
7.	SNCU	0	0
8.	Number of NBSUs	0	0
9.	Number of facilities with blood bank	9	9
10.	Number of facilities with blood storage unit	3	3
11.	District Drug Warehouse	1	1
12.	ANM Training Centres (ANMTC)	0	0
13.	Nursing college/institute (GNMTC)	0	0

Table 2.2 Human Resources

S. No.	Indicators	Sanctioned	In Position * (source primary data) ** (source NRHM office NW)
Humar	n Resource		
14.	Full time CMO/CMHO	NA	1
15.	DPMU staff (DPM, DAM, DDM/DDA ,DCM any other)	NA	NA
16.	ASHAs **	NA	85
17.	ASHA Supervisors	NA	NA
18.	ANM*	NA	95
19.	Staff nurses (Regular)*	NA	330
20.	LHVs*	NA	20
21.	MPWs (male) MPHW (M)	NA	NA
22.	Medical Officers*	NA	53
23.	Obstetricians & Gynaecologist *	NA	6
24.	Anaesthetist *	NA	10
25.	Paediatrician *	NA	4
26.	Surgeons (Surgery Specialist)*	NA	4

Source: Primary data and NRHM Office, North West District.

Table 2.3 Health Service Provision

S. No.	Health service provision	# of facilities in govt. building	# designated as delivery point	# having SBA & NSSK trained ANM/ SNs	# having functional NBCC
1.	Sub-Health Centres	0	0	0	0
2.	24x7 Primary Health Centres	0	0	0	0
3.	Other PHCs	53	NA	NA	NA
4.	Community-Health Centres	6 (Maternity Homes)	6 (Maternity Homes)	13	5
			Source (Prima	ary Data)	
5.	District Hospital	4	4	NA	4
			Source (Prima	ary Data)	
6.	Number of functional Anganwadi centres		1000		

Source: Census 2011, DLHS-3

KEY OBSERVATIONS OF FACILITY ASSESSMENT

3.1 District Level Health Facilities

Baba Saheb Ambedkar Hospital, ESI Hospital, Sanjay Gandhi Hospital and Bhagwan Mahavir Hospital were assessed. The salient observations are as follows:

Physical Infrastructure

- All hospitals were located in government buildings
- They had good transport connectivity and the nearest approach road was in a motorable condition.
- The hospitals had 24-hour water supply, electricity connections and power backup with functional generator.
- Habitable accommodation for Medical Officers (MOs), staff nurses and other staff categories was available in the government quarters.
- Separate toilets were available for men and women in clean and hygienic condition in 75% facilities.
- Hospital waste was outsourced at all facilities. Fire extinguishers were available in all facilities.
- The physical condition of the hospital building and cleanliness within the building and its premises was fair at 25% facilities.

Status of IEC Display

- None of the hospitals had displays on Incentives for ASHA, Map of Catchment area, Essential drug list and ANM roster.
- JSSK and citizen charter were not displayed at 75% facilities, MOs roster in 50% facilities. OPD timings and JSY entitlements were not displayed in 25% facilities.

Labour Room

- Separate labour room was found in good hygienic condition at 50% hospitals, fair in 25% and poor in 25% facilities.
- None of the labour rooms had a functional toilet attached, while only 50% were conducting regular sterilization. No record of sterilization was available in one facility as the department was under renovation and so deliveries were being conducted in old OT. It was verbally informed by the hospital staff that weekly cleaning on the same was being done.
- 25% did not have Mackintosh Kelly pads and buckets.
- 50% facilities did not have separate delivery sets. All items were available except urinary catheter and sanitary pads in 75% and kidney tray in 50% hospitals.

- Medicine tray was available in all hospitals. Tab. Misoprostol and Tab. Paracetamol were unavailable in 25% facilities and Inj. Betamethasone in 50% hospitals.
- Separate episiotomy set was not available in any of the hospital visited. 25% did not have thumb forceps and Allis forceps.
- Disposable delivery kit was unavailable in 25% and partographs were unavailable at all facilities
- One of the labour rooms had a Newborn Care Corner (NBCC) situated in a store room due to the lack of space thereby compromising infection control practices.
- Amenities such as newborn digital weighing scale were available in 75% facilities and mucus extractor in 50% facilities.
- Separate neonatal resuscitation kit was available only in 25% hospitals.
- NBSU was available in all hospitals.
- NRC was unavailable at all facilities.

Laboratory and Diagnostic Services

- Separate laboratory was available in all hospitals equipped with the required equipment, reagents and testing kits.
- Urine albumin and pregnancy testing kits were unavailable in 25% and Benedict's solution in 75% facilities.
- Semi auto analyser was available in all facilities but one facility was not using it.
- RPR for typhoid was not being conducted in two facilities and RPR syphilis was unavailable in 25% facilities
- None of the facilities had endoscope, foetal doppler, foetal CTG and CT scan.

Operation Theatre

- OT was available in all the hospitals.
- Emergency drug tray was available in all facilities. 25% facilities did not have Tab. Metronidazole, Inj. Magsulf, Inj. Ampicillin and Inj. Gentamycin. Inj. Betamethasone was unavailable in 75% facilities.
- NBCC was unavailable in 25% hospitals, while functional radiant warmer was unavailable in 75%, oxygen hood in 50%, mucus extractor with suction tube, self-inflating bag and mask (size zero and one) and newborn digital weighing scale were unavailable in 25% hospitals.
- Ventilator was not available in 75% hospitals, while MVA/ EVA syringe and cannula and sterilization set for men and women were not available in 50% hospitals.
- Laparoscopes, BP machine, thermometer, adult resuscitation kit, endotracheal tubes, surgical diathermy and adult stethoscope were not available in 25% facilities.

Blood Bank

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• Blood Bank/ Blood Storage Unit were functional in all district hospitals except one where the blood storage unit was not functional.

Cold chain Room and MCH Clinic

- None of the facilities had a separate cold chain room, but immunisation services were available in all facilities. BCG and tOPV vaccines were not available for at least two weeks during the last three months in 25% hospitals. Pentavalent vaccine was not available in 25% facilities during the last three months.
- ILR was non-functional in one facility, while deep freezer was unavailable in 50% hospitals. Thermometer was unavailable in 25% and voltage stabilizer was non-functional in 50% facilities.
- 50% facilities maintained good level of hygiene for vaccine storage.
- Separate MCH clinic was available in 50% hospitals, but immunization and ANC services were provided in all hospitals.
- 75% hospitals did not have digital weighing scale, 50% did not have ORS packets, and 25% did not have AD Syringes (0.1 and 0.5 ml), condoms, hub cutter and red and black bags.

Drug store

- A drug store was available with a dedicated staff member to look after the store in all hospitals.
- Tab. Mifepristone, Tab. Dicyclomine, Tab. zinc were not in supply at 25% hospitals. IFA syrup and tablets (small), Inj/ tab Betamethasone, Tab Ampicillin were not in supply in 50%, while IUCD kit Suraksha-5 and Vitamin A Syrup were not in supply at all facilities.
- Drugs like Inj. Adrenalin, paediatric IV fluid, Tab. Albendazole was in partial stock out (Not Available for at least 2 weeks during last 3 Months) and condoms were in absolute stock-out (Not Available during last 3 Months) in 25%hospitals.

Other Services in the facility

- Indoor services were available in all the hospitals with allocation of beds for male, female and paediatric patients. All hospitals complied with MNH toolkit. (Source MNH toolkit: Minimum beds 30 or more).
- AFHC was available only in one hospital wherein a weekly clinic on Adolescent Health was being conducted. PPTCT centre was not available in any of the district hospitals.
- Functional help desk and grievance redressal were available only in 50% facilities.
- For referral and linkages only PNC data was available from two out of four facilities which indicated only 532 transfers.

Staff Details

- As required under MNH toolkit, obstetricians and gynaecologists (OBGYN), anaesthetists, paediatricians and MOs were available on emergency call duties in all the hospitals.
- Disparity in sanctioned and in position staff (as per state norms) was observed, especially for OBGYN, wherein out of a total of 8 sanctioned only 6 OBGYNs were in position. Among others, 4 out of 6 paediatricians, 24 out of 28 other specialists, 40 out of 48 MOs, 318 staff nurses out of 336 staff nurses, and 23 pharmacists out of 24 and 19 radiographers out of 20 were available in the district hospitals.
- Only 6 OBGYNs were available out of 12 required as per the MNH toolkit guidelines.

- Status of training of staff was also not encouraging. None of the general surgeons had been trained on LSAS. None of the MOs and Lady Medical Officers have been trained either on BEmOC, CEmOC, NSV or PPTCT,
- Less than one per cent staff nurses have been trained on RTI/STI and HIV screening and 4% have been trained on NSSK. Only 2% ANMs have been trained on NSSK in all hospitals.
- Data on training of the staff was available only from Sanjay Gandhi Hospital out of four hospitals visited.

Knowledge of Staff Nurses on Quality Parameters

- 25% staff nurses had partial information about management of sick neonates and infants, Infection Management and Environment Protocol (IMEP), identification of signs of pneumonia, IUCD insertion and corrective action taken on Maternal Death Review (MDR) findings.
- 25% staff nurses had no information about providing essential newborn care, and 75% were not aware about making correct entries in MCTS, use of partograph, IUCD insertion and corrective action taken on MDR findings.

Record Maintenance

- Updated records and registers were available except for partographs in 75% hospitals. ANC and PNC registers were updated in 25% hospitals.
- Record and percentage of untied funds and AMG were not available any hospital, while record for RKS was available only in one out of the two district hospitals from which the data was received.
- Drug stock register was unavailable at Sanjay Gandhi Hospital as all the records were being kept online on HMIS.

Supervisory Visit

• Only one of the facilities had a supervisory visit. It was conducted by SPO Family Planning in the past six months. No specific feedback was given during the visit.

Exit interviews of Mothers: n= 20

- Only 5% of the mothers interviewed in all the facilities were aware of the JSY payments.
- 15% mothers had incurred expenditure on diagnostics, travel and drugs.
- Only 40% mothers interviewed were counselled on family planning methods, whereas 75% were counselled on IYCF and were asked to stay for 48 hours after delivery.
- 85% 90% of the newborn were given zero/ birth dose of OPV, BCG and Hepatitis within 24 hours or before discharge.
- Though 90% mothers were aware of breast feeding the child within 1 hour of delivery, only 80% of them had actually provided colostrum to their newborn.

3.2 Non-FRUs

Six non-FRUs (Maternity Homes) in Rohini, Shakurpur, Haiderpur, Mangolpuri, Rani Bagh and R P Bagh were studied. The salient observations are as follows:

Physical Infrastructure

- All non-FRUs were located in government buildings with good motorable access, 24-hour water supply and electricity connection was available in all facilities. Power back up by invertor was available in 67% facilities. In two centres invertor was non-functional.
- Habitable accommodation for MOs was available in 33%, for staff nurses in 17% and 100% for other category staff in the non-FRUs.
- None of the facilities had separate toilets for men and women.

Status of IEC Display

- There was no display on directions to facility by approach road, Medical officer's duty roster and essential drug list.
- 83% facilities lacked incentives for ASHA and JSSK entitlements.
- 50% had no displays on ANM duty roster, 67% lacked map of catchment area and 17% had no display on OPD timings, list of services, immunization schedule and citizen charter.

Labour Room

- Separate labour room was available in all the facilities.
- 17% did not have 24-hour piped water supply, functional toilet facility and soap for hand washing.
- 33% did not have functional electricity powered lamp. Elbow tap was unavailable in all non-FRUs.
- 33% did not conduct regular sterilization
- Separate delivery sets were available in all facilities. All items except urinary catheter in 83% facilities, antiseptic solution and sanitary pads in 33%, gauge, speculum and kidney tray in 17% and disposable delivery kits were unavailable in all facilities.
- 83% facilities did not have separate episiotomy set along with thumb forceps.
- Allis forceps was unavailable in 67% non-FRUs. 17% facilities did not have sponge holding forceps, gauge pieces, artery forceps, 10ml disposable syringes, toothed forceps, episiotomy scissors and needle holder.
- Medicine tray was not available in 33% facilities. None of the centres were following the storage requirements for Inj Oxytocin though the same was available at all centres.
- Tab. Metronidazole and Inj. Betamethasone were not available in 83% facilities, Tab. Misoprostol, Cap. Ampicillin, Inj. Gentamycin, and Inj. Vitamin K were unavailable in 67% facilities. Tab. Paracetamol was not available in 50% non-FRUs.
- 67% did not have BP machine and Partographs, 50% lacked thermometer.
- 17% did not have a separate NBCC and a functional radiant warmer.

- Separate neonatal resuscitation kit and oxygen hood were unavailable at all facilities
- 50% did not have self-inflating bag mask (size zero and one).33% did not mucus extractor and Injection Vitamin K.
- NBSU was not available across the district.

Laboratory and Diagnostic Services

- Separate laboratory was available in 67% facilities. Microscope was unavailable in 50% facilities. Haemoglobinometer, ABO antibody reagent, centrifuge and Rh antibody reagent could not be evidenced in 33% facilities
- None of the facilities had Benedict's solution. 83% facilities did not have sulphuric acid and pregnancy testing kits. 67% did not have blood sugar testing kits, semi auto analyser, urine albumin and HbsAg testing kits.
- Tests like serum bilirubin and TB sputum test was not being conducted in any facility. Tests for malaria, CBC and RPR for typhoid were not conducted in 83%, HIV in 50% and 33% facilities did not conduct urine albumin, urine sugar, blood sugar, haemoglobin and RPR for syphilis.
- Though a laboratory technician was posted from NRHM at one of the centres but he had been shifted to Sanjay Gandhi hospital for past few months, thereby affecting the laboratory services.

Operation Theatre

• OT was available only at Haiderpur maternity home. It was, however, not functional due to the nonavailability of specialists. Equipment available was not being used thus compromising optimum resource utilization.

Cold Chain Room and MCH Clinic

- Separate room for storage of vaccines was not available in any of the facilities. The same was either clubbed with immunization room or store room.
- Ice lined refrigerator was unavailable in 33% facilities. Those available were non-functional in 50% non-FRUs. Thirty three per cent did not have functional deep freezer and voltage stabilizers
- MMR was not available in 17% facilities for at least two weeks during the last three months.
- Separate MCH clinic was not available in any of the non-FRUs.
- Digital weighing machine was unavailable at 83% facilities, hub cutter and red and black bags in 50%, condoms, ORS and AD syringes in 33% and examination table, disposable syringes, IFA tablets and OCP's were unavailable in 17% facilities.

Drug store

- Syrup Salbutamol, Salbutamol nebulizing solution, Inj. Vitamin K, Tab. Zinc Sulphate, Tab. Mifepristone, Inj. Magnesium Sulphate, IUCD--Suraksha 5, IFA syrup, Chloroquin, Dexamethasone, Injection Gentamycin, Inj. Ceftriaxone and Tubal rings were not in supply in any facility
- Tab Metronidazole was not in supply in 83% facilities, Tab. Albendazole, ORS, IFA tablets and Vitamin A Syrup in 17%, IUCD kit Suraksha10 and emergency contraceptive pills in 33%, IFA tablets (small), Tab. Ampicillin and Tab. Dicyclomine were not in supply in 67% facilities.

- Tab. Misoprostol was not available during last three months in all centres. Emergency contraceptive pills in 33%, oral contraceptive pills, Vitamin A Syrup, Dexamethasone and Tab. Albendazole were not available during last three months in 17% facilities.
- Emergency contraceptive pills, Tab. Albendazole, Tab. Paracetamol, and ORS were not available for at least two weeks in 17% non-FRUs.

Other Services in the facility

- As all non-FRUs provide services related to mother and child health, none of them had indoor services for male patients. Except for one non-FRU, bed capacity in all other non-FRUs was in conformance with MNH tool kit guidelines. None of the facilities had provision kitchen, equipment maintenance and Grievance Redressal. 83% had laundry while 50% facilities had a complaint box.
- Government and private ambulances were used to transfer the MCH beneficiaries in which 18 ANC patients were transferred home to facility, 101 ANC, 9 INC, 10 PNC and 13 sick infants were transported inter facility.

Staff Details

- As most of the non-FRUs were relatively newly set up (4 to 5 years ago), proper planning for staff position in the non-FRUs has not been done. All information provided was verbal.
- There was a shortage of staff nurses vis-a-vis MNH toolkit guidelines. 12 staff nurses were in position against 24 sanctioned in all non-FRUs. Only 3 laboratory technicians were in position against six required.
- No trainings of Medical Officers on BEmONC and LSAS had been conducted. Lady Medical Officers had not received any training on BEmONC, MTP, Minilap, NSV, CEmONC, LSAS and FIMNCI.
- Staff Nurses had not received training on PPTCT, NSSK and FIMNCI, while ANMs had not received trainings on PPIUCD and FIMNCI.
- No trainings had been imparted to lab technicians on PPTCT, while no LHVs had been provided trainings on PPIUCD, PPTCT, NSSK and FIMNCI.

Knowledge of Staff Nurses on Quality Parameters

- The staff had partial information on adherence to IMEP, bio-medical waste management, IUCD insertion and maternal death review in 17% facilities.
- None of the nurses in the facilities were aware about the process of updating entries in MCP cards, 83% of the staff had no knowledge on management of sick neonates and infants, IUCD insertion and corrective action taken on MDR findings, 67% on partographs and 17% staff had no knowledge on entry in MCTS.

Record Maintenance

- All fields were not being correctly filled in OPD register at 17% facilities. Line list of severely anaemic pregnant women was not being maintained at 33%, while none had AMG grant, RKS fund or untied fund registers.
- PNC register and partographs were not available in 50% facilities, while 17% facilities did not have a referral register and another 17% had referral registers but all fields were not being correctly filled.
- Indoor bed head ticket was available, updated but all fields were not being correctly filled in 17% facilities. In another 17% facilities the same were not being updated, while in another 17% the indoor bed head ticket was unavailable.

Supervisory Visits

• Only one centre was visited out of the six non-FRUs by Additional DHA.

Exit Interview with Mothers: (n =9)

- 71% mothers were not aware of JSY scheme and payments.
- 14% mothers did not receive counselling on IYCF and 43% had not received any counselling on family planning.
- Three mothers were not provided with diet from the facility. They were provided with raw food (such as bread, milk) from JSY fund.
- 57% mothers were not asked to stay for 24 hours after delivery.

RESULTS OF COMMUNITY LEVEL INTERVIEWS

4.1 Pregnant women

A total of 92 pregnant women were interviewed from the district.

- 97% women perceived that the nearest VHND site or health centre was situated within 30 minutes of walking distance from the house. 89% pregnant women had received antenatal check-ups at VHND site or Sub Centre and 86% perceived that the regularity of antenatal check-up was adequate.
- Only 15% women had received the MCP card from ANM of the area and an equal percentage was of the opinion that the MCP card was being filled and updated regularly. MCP cards were not being used in the district. There are separate cards for each service like ANC cards, infant cards, Toddler cards, immunization cards etc.
- With regard to ANC services, 95% pregnant women had received IFA tablets and only 80% pregnant women had received Tetanus vaccination (TT).
- 48% pregnant woman had knowledge regarding Janani Suraksha Yojana and only 1% had knowledge regarding Janani Shishu Suraksha Karyakram.
- Only 1% pregnant women had received safe motherhood booklet.
- Only 5% pregnant women had the telephone number of call centre for referral/other transport while more women (20%) had telephone number of ANMs but no woman interviewed across the district had the contact number of AWWs.
- Only 14% pregnant women were aware about birth preparedness while guidance and referral along with birth preparedness to high risk pregnant women was provided to a very low percentage of women (9%).

4.2 Mothers of under five year children

A total of 95 mothers having children under five were interviewed from six maternity homes in the district.

- Of the 95 mothers interviewed, 77% women had institutional deliveries.
- Out of those having domiciliary deliveries, 17% delivered in their native homes (outside district). 6% delivered in their homes within the district and were visited by an ASHA/ ANM within two days of child birth.
- 75% mothers were aware of exclusively breastfeeding the baby for a period of six months and 95% of these mothers provided exclusive breast feeding to the baby for a period of six months.
- 80% mothers were aware about initiating complementary feeding from six months onwards and 84% of these mothers had initiated complementary feeding to their youngest child from the age of six months onwards.

- Only 54% mothers were aware about at least two danger signs of diarrhoea.
- 69% mothers were aware that ORS+ Zinc needs to be given to a child having diarrhoea. 26% were aware that ORS+ Zinc was available with ASHA.
- Only 26% mothers had knowledge about at least 2 danger signs of pneumonia.
- 91% mothers were aware about at least one family planning method. 67% mothers reported having received counselling on family planning after delivery. 55% amongst them were currently using at least one family planning method.

4.3 Adolescent girls

Interviews were conducted with 90 adolescents girls aged 10-19 years from various areas attached to the maternity homes accessing health care services.

The areas selected from each maternity home were at a distance of 0, 3 and 5 kms to ensure a uniform representation of the adolescent girls. Interviews were conducted with girls in their households. Care was taken to not include girls from schools or community conglomerations. Privacy of respondents was maintained by interviewing one girl at a time and conducting interviews not in the presence of their family members / care takers.

Issues related to awareness, access to AFHC and menstrual hygiene practices were focussed upon during interview with the girls.

- No girl was aware about AFHC and none had visited any such clinic in the past 6 months.'
- 59% adolescents were aware of the availability of sanitary napkins with ASHA/ AWW/ field ANM's, but only 7% had received/ procured sanitary napkins from the health workers.
- 44% girls had only received any kind of counselling from the healthcare workers.
- Only 20% adolescents had received health check-up in the past six months from the schools, while 66% had received IFA tablets in the past six months.

RESULTS OF HEALTH 5

5.1 In-depth interview with Chief Medical Officer

Fund Flow Utilization at District and Sub District levels

The CDMO was not aware of the financial projections, as she had recently joined as the CDMO.

It was informed that delay in release of the projected amount was mainly due to the time taken by the state to seek approval from Government of India. Release of funds was largely dependent on its availability. There had been instances when the funds had been transferred to the district without any demand raised by the district.

Review of utilization of funds was not always possible at a defined frequency as only one person was available in the accounts department for managing the funds.

Untied Funds for Facilities and Community Structure

Provision for untied funds is not available in the district. Funds under RKS and VHSNC have not been released. There was no specified time to release such funds.

Supply Chain Management

There were no policies or instructions available to the district for local purchase.

Human Resource Management:

Sanctioned number of posts is yet to be filled since September 2012, when the district was divided as North-West Delhi and New North-West. Staff attrition was mostly observed among the contractual staff. There was no retention policy for the staff. Major reasons for high staff turnover in the district were lack of incentives, delay in regularization of contractual posts, disparity in remuneration between contractual and permanent staff and incidents of nonrenewal of contracts and unfriendly work policy etc.

Emergency Transportation

There is no mechanism for monitoring of CATS ambulance at the district level. Hence, detail of allocations, made, referrals and quality of services provided are not traceable.

Implementation of Entitlement under JSY and JSSK to the most vulnerable population

There is no mechanism wherein a compiled data can be generated for JSY/ JSSK beneficiaries.

Capacity Building and Roll Out of Trainings

As the post of district training coordinator is lying vacant from the last two years, it has adverse effects on the implementation and promotion of training and capacity building activities in the district.

Suggestions by CDMO

MCD should be controlled by Delhi Health Services. Small maternity homes should be closed and a single but effective Maternity home with all applicable and required amenities for safe motherhood and newborn care should be promoted. It was also suggested by the CDMO to open a maternity home within 5 km radius of the residential colonies.

5.2 In-depth interview with Program Officer includes the following points

Fund Flow Utilization at District and Sub District level

The funds required for program implementation are provided by the State on submission of PIP. The district receives funds within 9 months after the submission of PIP. The funds are released at sub district level within a month. Delay in the fund release does not always affect the service delivery mechanism as existing funds within the kitty are utilized for the implementation of programs.

However, reasons for the delay in disbursement of funds are division of the district, frequent change of the decision makers (five District commissioners have been transferred during the last 3 years) and non-availability of required accounts personnel for the district. Stringent policies of projecting fund requirement impact fund release and program outcomes (funds can only be released after the utilization of the entire allocated amount)

The Program Officer agreed that there should be rollover of funds, as the district has great responsibilities for managing the accounts department. Though monitoring of fund utilization is a regular feature with quarterly meetings being held at the district but the schedule is disrupted at times due to other pressing emergencies.

There is no PPP model in existence in the district.

Untied Funds for facilities and Community Structures

Though there was provision for untied funds under Delhi health and sanitation scheme, but non utilization of funds led to withdrawal of the same. The program officer was not aware of the projected/ allocated amount of RKS. Fund management at the periphery is an issue due to the lack of time with the medical officers and non-availability of a dedicated accountant to manage the same.

Supply Chain Management

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As per the policy, all procurement of supplies are made at the central level. The supplies are disbursed as per allocation, thus creating a vacuum of supply availability at times. Thus all stock management is done at the state either by DHS, DFW or MCD. No specific procedure on stock management is in place.

There is no policy /authority on local procurement in case of stock outs. In such situations, purchases are made from JSSK funds or funds available with the maternity homes.

Human Resource Management

The district does not have written policies, guidelines or document stating the number of filled, vacant and sanctioned number of staff in the district, so the actual status of human resource at all levels is not available.

There is no mechanism of credentialing/ privileging of Medical Officers/ Specialists at the district.

Attrition rate amongst the nurses is as high as 35 per month on an average (verbally informed by Program Officer). Simultaneous recruitments to fill the vacant positions are not actively done, hence leading to sustained vacuum of vital posts.

High staff turnover in other category of service providers is consequential to the disparity of remuneration between contractual and permanent employees, lack of incentives and motivation.

Non availability of adequate manpower especially in the accounts department was a major concern as there is only one person handling accounts for the entire district.

Emergency Transportation

Direct control of CATS ambulances by the state officials has resulted in lack of monitoring and feedback of emergency transportation services by the district level authorities.

Implementation of Entitlements under JSY and JSSK to the most vulnerable population

There is no compilation of data on JSY and JSSK beneficiaries.

Delay in the opening of bank account and technical problems in fund transfer at the level of the bank and administrative department's results in demotivation of the beneficiaries to avail the incentives under the scheme, hence impacting institutional deliveries.

Capacity Building and Roll Out of Trainings

There is no training structure and training coordinator appointed to initiate and coordinate trainings at the district and state level.

Supportive Supervision for facilities and FLW's

Inadequacy of mobility funds for vehicles impact monitoring, supportive supervision and handholding at site. No uniform checklist for conducting supportive supervision has been developed and implemented in the district.

Suggestions by Program Officer

To avoid delay in fund release a mechanism should be developed to check the utilization certificates before submission and finalization.

Uniform guidelines on monitoring the utilization of funds should be provided by the state.

Facility specific staff positions should be sanctioned by the decision makers.

Performance based recruitments should be encouraged. Sustained, structured training programs should be formulated by the State. Category specific training modules should be developed.

s.	S. Category		Number of staff						ā	oportion	Proportion of staff members trained (%)	nbers train	ed (%)				
No.		Sanctioned	Sanctioned Required as per MNH Guidelines	ln position	SBA	BmOC	MTP	SBA BmOC MTP Minilap PPS		NSV CEMOC	RTI/ STI/ HIV screening	IUCD insertion	IUCD PPIUCD insertion	LSAS	РРТСТ	NSSK	LSAS PPTCT NSSK FIMNCI
1	Obs. & Gynecologist	8	12	9			66.7	66.7					66.7	66.7		0	0
2	Anesthetist	10	4	10													
ŝ	Pediatrician	9	4	4												50	75
4	General Surgeon	4	NA	4										0			
ы	Other Specialists	28	16 (LSAS) 4 Ultrasonologist)	24													
9	Medical Officers	48	16	40		0	2.5	2.5	ß	0	2.5	2.5	2.5	2.5	0	2.5	2.5
2	Lady Medical Officers	0	NA	ŝ		0	100	100	0	0	100	100	100	100	0	66.7	66.7
∞	AYUSH Medical Officers	0	NA	0		0					0	0			0	0	
6	Staff Nurses	336	40	318	0						0.62	0	0		0	4.4	0
10	ANM	0	24	43	0						0	0	0		0	2.3	
11	Lab Technicians	17	16	17							0				0		
12	Pharmacist	24	NA	23													
13	LHV/PHN	0	NA	0	0						0	0	0		0	0	0
14	Radiographers	20	NA	19													
15	RMNCH+A Counselors	0	NA	0											0		
16	Other	184	NA	104													

Note: All lady medical officers are trained however the breakup of rest of the staff trained have not been provided

The requirement of staff calculated as per MNH guidelines is based on an average of deliveries conducted per month in all District Hospitals (More than 500 deliveries and more per month – Table No. 13: HR requirement based on deliveries / month for a maternity wing – source: Maternal & Newborn Health Toolkit, Maternal Health Division, Ministry of Family and Health Welfare, Government of India.

GAP Analysis of District RMNCH+A Services - North West District - Delhi

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Tables on HR availability and Training Status

North West District, New Delhi (District Hospital)

Status,
Training
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HR
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Tables on

North West District, New Delhi (non-FRU)

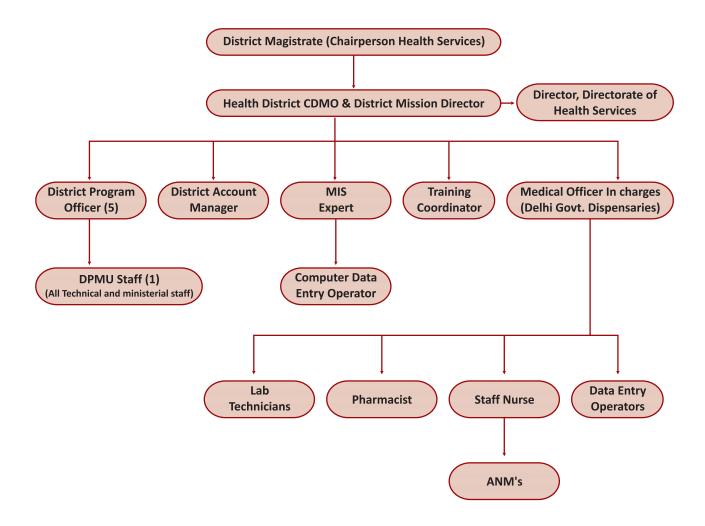
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Medical Officers 13 12 13 12 13 13 15 16 17 18 16 17	No.		Sanctioned	Required as per MNH Guidelines	In position		BmOC	MTP N	Ainilap PPS	NSV 0	CEMOC	RTI/ STI/ HIV screening	IUCD insertion	PPIUCD insertion	LSAS	РРТСТ	NSSK	FIMNCI
Iddy Medical Officers 4 NA 5 A 0 0 0 40 100 40 0 20	1.		13	12	13		0	7.6	7.6	7.6	0	23	53.8	7.6	0	7.6	23	23
AVUSHMedical Officers 0 NA 0 NA 0 NA 0 <td>2.</td> <td>Lady Medical Officers</td> <td>4</td> <td>NA</td> <td>ъ</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>40</td> <td>100</td> <td>40</td> <td>0</td> <td>20</td> <td>20</td> <td>0</td>	2.	Lady Medical Officers	4	NA	ъ		0	0	0	0	0	40	100	40	0	20	20	0
Staff Nurses 13 24 12 16.6 10 0	з.	AYUSH Medical Officers	0	NA	0		0					0	0			0	0	
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	ъ.	ANM	41	24	52	21.2						57.7	15.4	0		5.8	2.3	
Pharmacist 2 NA 2 NA 2 NA 2 NA 2 NA 2 NA 2 1	.9	Lab Technicians	ŝ	9	ς							33				0		
H//HU 8 30 15 0 H//HU 20 15% 0 10 Other 10 10 1 1 Other 10 10 1 1 DEO-6 0 10 1 1 Other 10 1 1 1 1 Other 10 1 1 1 1 1 Other 10 1	7.	Pharmacist	2	NA	2													
Other 20 Sweeper – 12 DEO – 6 Guard – 24	×.	LHV/PHN	∞	NA	20	15%						30	15	0		0		0
Guard – 24 Guard – 24	9.	Other	20	Sweeper – 12 DEO – 6	19													
				Guard – 24														

Note: The requirement of staff calculated as per MNH guidelines is based on an average of deliveries conducted per month in all non-FRUs (Less than 100 deliveries per month – Table No. 13: HR requirement based on deliveries / month for a maternity wing – source: Maternal & Newborn Health Toolkit, Maternal Health Division, Ministry of Family and Health Welfare, Government of India.

ANNEXURES

- I. Organogram of District Health Department North West Delhi
- II. GIS Mapping of Delivery Points
- III. Fact Sheet Consolidated
- IV. Fact Sheet Health Facility Wise
- V. Factsheet Community Level Interviews
- VI. Methodology
- VII. List of Health Facilities Visited
- VIII. Gap Analysis Tools
- IX. Team Members
- X. Photographs of Best Practices

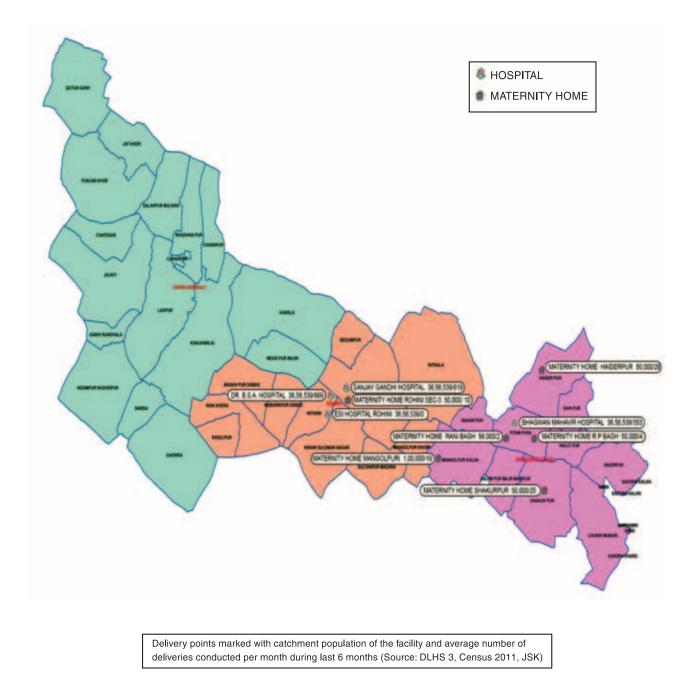
I. Organogram of District Health Department - North West Delhi



(Source: CDMO Office)

II. GIS Mapping of Delivery Points

Delivery Points in District North West Delhi



(Source: DLHS 3, Census 2011, JSK)

III. Fact Sheet - Consolidated

Table III-1. Physical infrastructure and availability of basic amenities at delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Infrastructure of health facility		
Functioning in Government building	100	100
Building in good physical condition	75	0
Connected by motorable approach road	100	100
24 X 7 water supply available	100	100
Functional electricity connection available	100	100
Separate clean toilets available for men and women	25	0
Functional power back up available	100	33
Functional generator available for power backup	100	0
Availability of habitable staff quarters*		
Medical Officers	100	33
Staff Nurses	100	17
Other staff categories	100	100
Other facilities available		
Ambulance for transportation of beneficiaries	75	100
Separate male and female wards for in patients	100	0
Separate room for AFHC	25	NA
Integrated Counselling and Testing Centre (ICTC)	75	NA
PPTCT Centre	0	NA
Functional laundry/washing services	100	83
Dietary services	100	0
Equipment maintenance/repair mechanism	75	0
Complaint / suggestion box	100	50
Functional help desk	50	NA
Grievance redressal mechanism	50	0
Separate computer for HMIS and MCTS	75	100
Internet connectivity for computers	75	100
Fire extinguisher	100	50
Specialists and Medical Officers available on call in case of emer	gency	
Gynaecologist	75	NA
Anaesthetist	75	NA
Paediatrician	75	NA
Medical Officer	75	NA
Display of IEC materials		
Medical Officers duty roster	50	0
Essential drug list	0	0
Citizen charter	25	83
JSY entitlements	75	100
JSSK entitlements	25	17

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
List of services available	100	83
IEC material for MCH related programs	100	100
Incentives for ASHA/link worker	0	17
OPD timings	75	83
Map of catchment area	0	33

*Habitable Quarters – Structurally safe, well ventilated, lighted, painted, free from seepage, provided with toilet, bathing space, kitchen and connected to water and electricity supply.

Table III-2. Labour/delivery facilities available at the delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Separate delivery/labour room available	100	100
Basic amenities in the labor rooms		
24 X 7 piped water supply	100	83
Regular sterilization of room	50	67
Functional electricity powered lamp	100	33
Functional toilet facility attached to room	0	83
Facility for hand washing (soap for hand washing)	75	83
Labour table	100	100
Labour table with Mckintosh Kelly pads	75	83
Delivery Set available	50	100
Episiotomy Set Tray available	0	17
Medicine Tray available	100	67
Equipment available in the labour rooms		
Artery forceps	100	83
Sponge holding forceps	100	83
Allis forceps	75	33
Toothed forceps	100	83
Episiotomy scissor	100	83
Oxygen cylinder with regulator	100	83
Colour coded bins	100	83
Adult stethoscope	100	67
Blood Pressure machine	100	33
D & C Set	75	0
IV Stand	100	83
Urinary catheter	75	17
Speculum	100	83
Thermometer	100	50
Lamp /Torch	100	83
Partograph charts	0	33
Disposable delivery kits	75	0

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Medicines available in the labour room		
Injection Oxytocin	100	100
Tablet Misoprostol	75	33
Ringer Lactate	100	100
Normal Saline	100	33
Injection Gentamycin	100	33
Injection Betamethasone	50	17
Tablet Metronidazole	75	17
Capsule Ampicillin	100	33
Vitamin K	100	33
Injection Xylocaine 2%	100	100
Antiseptic lotion	100	100
Tablet Paracetamol	75	50
Tablet Ibuprofen	100	0
Injection Hydralazine	25	0

Table III-3. Facilities available for new born and children

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Separate new born care corner available	100	83
Amenities available in the new corner		
Located in the labour room	100	83
Functional radiant warmer	100	83
Self-inflating bag and mask (size 0)	100	50
Self-inflating bag and mask (size 1)	100	50
Mucus extractor with suction tube	50	33
Oxygen hood (neonatal)	100	0
Warming lamp with 200W bulb	25	33
Laryngoscope (neonatal)	100	33
Newborn digital weighing scale	75	17
Neonatal resuscitation kit	25	0
Nasogastric tube	100	17
New born stabilization unit/Special New born Care Unit available	100	0
Amenities available in NSU / SNCU		
Located close to or in maternity ward	50	0
Digital weighing scale	100	0
Functional radiant warmer	100	0
Phototherapy unit	100	0
Infant feeding tubes	100	0
Pediatric Stethoscope	75	0
Nutritional Rehabilitation Centre (NRC) available	0	NA

Table III-4. Diagnostic and laboratory facilities at delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Separate room for laboratory available	100	67
Equipment available in the laboratory		
Centrifuge	100	50
Semi auto-analyzer	75	17
Microscope	100	33
Hemoglobinometer	25	67
Testing kits available in the laboratory		
Pregnancy Testing Kit	100	17
Blood Sugar Testing Kit	100	33
Urine Albumin Testing Kit	75	33
HbsAg testing kit	100	33
Tests done at the delivery point		
Haemoglobin	100	67
Urine albumin	100	67
Serum bilirubin	100	0
RPR (Rapid Plasma Reagin) test for syphilis	75	67
RPR (Rapid Plasma Reagin) test for typhoid	50	17
TB (sputum for AFB)	75	0
Liver Function Test	100	NA
Complete Blood Picture	100	17
Urine sugar	100	67
Blood sugar	100	67
Malaria test (Peripheral smear or RDT)	75	17
HIV test (RDT)	75	50
Functional diagnostic services available		
Ultrasound scan	50	NA
X ray	50	NA
Endoscopy	0	NA
ECG	50	NA
Foetal Doppler	0	NA
Foetal Cardio TopoGraphy (CTG)	0	NA
CT scan	0	NA

Table III-5. Surgical facilities at delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Operation theatre available	100	17
New born care corner available in operation theatre	75	0
Emergency drug trolley available	100	0
Equipment available in the Operation Theatre		
OT Tables	100	0

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Multi para monitors	100	0
Ceiling lights	100	0
Surgical diathermies	75	0
Ventilator	25	0
Pulse oximeter	100	0
Mobile lights	0	0
Laparoscopes	75	0
Anesthesia machine (Boyle's app.)	100	0
Electrical Suction apparatus	100	0
Halothane/Enflurane vaporizer	100	0
Laryngoscope with adult blades	100	0
LSCS set	100	0
Sterilization set (men & women)	75	0
MVA/EVA syringe & cannula	50	0
Oropharyngeal airway (adult)	100	0
Oxygen Cylinder (Black) with regulator	100	0
Nitrous oxide cylinder (Blue)	100	0
Adult resuscitation kit	75	0
Endotracheal tubes (adult)	75	0
Spinal needle SS 4	100	0
IV Cannula No. 18	100	0
IV Cannula No. 20	100	0
IV sets with 16-gauge needle (X2)	100	NA
Controlled suction catheter	75	NA
 Functional blood bank or blood storage unit available 	75	NA
 Functional refrigerators available at BB/BSU 	75	NA

Table III-6. Other services at the delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Separate Drug Store available	100	100
Dedicated staff to look after drug store available	100	100
Updated drug stock register available	25	83
Functional cold chain room for storage of vaccines available	100	100
Separate MCH clinic available	50	0
Immunization services provided at the facility	100	100
Updated immunization register available	50	83
ANC services provided at the facility	100	100
Updated ANC register available	75	100
Availability of updated records at the delivery points		
Out Patient Register	50	83
In Patient Register	75	100
PNC Register	75	50

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Labour room Register	100	100
Operation Theatre Register	50	0
Referral Register (in and out)	75	67
Line list of severely anaemic pregnant women	50	67
Record of expenditure of untied funds	0	0
Record of expenditure of Annual Maintenance Grant	0	0
Record of expenditure of RKS	25	0
JSY Payment Register	75	100
Family Planning Service Register	75	NA
Blood bank stock register	75	NA
Maternal Death Review Register	75	NA
Infant and Neonatal Death Review Register	25	NA

Table III-7. Availability of key RMNCH+A commodities at the delivery points

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Reproductive Health		
Tubal Rings	50	0
IUCD Kit – Suraksha 5	0	0
IUCD Kit – Suraksha 10	50	67
Oral Contraceptive Pills (Mala N)	50	83
Pregnancy Testing Kits (Nishchay)	100	17
Condoms	25	50
Emergency Contraceptive Pills	50	17
Maternal Health		
Tablet Mifepristone	25	0
Injection Oxytocin	100	100
Tablet Misoprostol	50	33
Injection Magnesium Sulphate	50	0
Newborn Health		
Injection Vitamin K	50	0
Mucous Extractor	75	33
Vaccine BCG	75	100
Vaccine tOPV	75	100
Vaccine Hepatitis B	100	100
AD syringes (0.1 ml)	75	67
AD syringes (0.5 ml)	75	67
Child Health		
ORS packets	50	67
Tablet Zinc Sulphate	25	0
Syrup Salbutamol	50	0
Salbutamol Nebulizing solution	50	0
Vaccine DPT/Pentavalent	DPT (100), Pentavalent (75)	100

Proportion of Delivery Points (%)	DH (N=4)%	Non FRU (N=6) %
Vaccine Measles	100	10
Vitamin A Syrup	0	67
Adolescent Health		
Tablet Albendazole	25	50
Tablet Dicyclomine	25	17
Sanitary Napkins	0	67
Cross – cutting areas		
IFA tablets – large	50	50
IFA tablets – small	0	17
IFA Syrup	0	0
Paracetamol (tablet/syrup)	50	67
Tablet CoTrimoxazole	50	0
Tablet/Syrup Chloroquin	50	0
Dexamethasone	50	0
Syrup/Tablet Ampicillin	0	0 (Syrup)
33 (Tablet)		
Tablet/Injection Metronidazole	50	Injection (17), Tablet (0)
Injection Ceftriaxone	50	0
Injection Gentamicin	50	0
Thermometer	100	50
Digital weighing machine	75	17
Blood Pressure Machine	100	33

IV. Fact Sheet - Health Facility Wise

Table IV-1A. Physical infrastructure and availability of basic amenities at delivery points

		District level Fac	ilities	
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Infrastructure of health facility				
Functioning in Government building	Y	Y	Y	Y
Building in good physical condition	Y	Y	Y	Y
Connected by motorable approach road	Y	Y	Y	Y
24 X 7 water supply available	Y	Y	Y	Y
Functional electricity connection available	Y	Y	Y	Y
Separate clean toilets available for men and women	Y	N	Ν	Ν
Mechanism for waste disposal	Y	Y	Y	Y
Functional power back up available	Y	Y	Y	Y
Functional generator available for power backup	Y	Y	Y	Y
Availability of habitable staff quarters for*				
Medical Officers	Y	Y	Y	Y
Staff Nurses	Y	Y	Y	Y
Other staff categories	Y	Y	Y	Y
Other facilities available				
Ambulance for transportation of beneficiaries	Y	Y	N**	Y
Total number of ambulances available	1	2	N**	2
Number of functional ambulances	1	2	N**	2
Separate male and female wards for in patients	Y	Y	Y	Y
Number of beds in male ward	66	132		66
Number of beds in female ward	74	246	Could not assess	164
Number of beds in paediatric ward	18	102		70
Separate room for AFHC	Ν	Ν	Ν	Y
Integrated Counselling and Testing Centre (ICTC)	Y	Y	Could not assess	Y
PPTCT Centre	Ν	Ν	Ν	Ν
Functional laundry/washing services	Y	Y	Y	Y
Dietary services	Y	Y	Y	Y
Equipment maintenance/repair mechanism	Y	Y	Ν	Y
Complaint / suggestion box	Y	Y	Y	Y
Functional help desk	Y	N		Y
Grievance redressal mechanism	Y	Ν	Could not	Y
Separate computer for HMIS and MCTS	Y	Y	assess	Y
Internet connectivity for computers	Y	Y		Y
Fire extinguisher	Y	Y	Y	Y
Specialists available on call in case of emergency				

		District level Facilities			
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital	
Gynaecologist	Y	Y		Y	
Anaesthetist	Y	Y	Could not	Y	
Paediatrician	Y	Y	assess	Y	
Medical Officer	Y	Y		Y	
Display of IEC material and protocols					
Medical Officers duty roster	Y	Ν	Ν	Y	
Essential drug list	Ν	Ν	Ν	Ν	
Citizen charter	Ν	Ν	Ν	Y	
JSY entitlements	Y	Y	Ν	Y	
JSSK entitlements	Ν	Ν	Ν	Y	
List of services available	Y	Y	Y	Y	
IEC material for MCH related programs	Y	Y	Y	Y	
Incentives for ASHA/link worker	Ν	Ν	Ν	Ν	
OPD timings	Y	Ν	Y	Y	
Map of catchment area	Ν	Ν	Ν	Ν	

*Habitable Quarters – Structurally safe, well ventilated, lighted, painted, free from seepage, provided with toilet, bathing space, kitchen and connected to water and electricity supply

** ESI Hospital has self-owned ambulances – not used for MCH services

Table IV-2A. Labour/delivery facilities available at the delivery points

	District level Facilities				
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital	
Separate delivery/labour room available	Y	Y	Y	Y	
Basic amenities in the labour rooms					
24 X 7 piped water supply	Y	Y	Y	Y	
Regular sterilization of room	Y	N	Ν	Y	
Functional electricity powered lamp	Y	Y	Y	Y	
Functional toilet facility attached to room	Ν	Ν	Ν	Ν	
Facility for hand washing	Ν	Y	Y	Y	
Labour table	Y	Y	Y	Y	
Labour table with Mackintosh Kelly pads	N	Y	Y	Y	
Delivery Set available	Y	N	Y	Ν	
Episiotomy Set Tray available	Ν	Ν	Ν	Ν	
Medicine Tray available	Y	Y	Y	Y	
Equipment available in the labour rooms					
Artery forceps	Y	Y	Y	Y	
Sponge holding forceps	Y	Y	Y	Y	
Allis forceps	Y	Y	Ν	Y	
Toothed forceps	Y	Y	Y	Y	
Episiotomy scissor	Y	Y	Y	Y	
Oxygen cylinder with regulator	Y	Y	Y	Y	
Colour coded bins	Y	Y	Y	Y	

	District level Facilities			
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Adult stethoscope	Y	Y	Y	Y
Blood Pressure machine	Y	Y	Y	Y
D & C Set	Y	Y	Y	Ν
IV Stand	Y	Y	Y	Y
Urinary catheter	Y	Y	Y	Y
Speculum	Y	Y	Y	Y
Thermometer	Y	Y	Y	Y
Lamp /Torch	Y	Y	Y	Y
Partograph charts	Ν	N	Ν	Ν
Disposable delivery kits	Y	Y	Y	Ν
Medicines available in the labour rooms				
Injection Oxytocin	Y	Y	Y	Y
Tablet Misoprostol	Y	Ν	Y	Y
Ringer Lactate	Y	Y	Y	Y
Normal Saline	Y	Y	Y	Y
Injection Gentamycin	Y	Y	Y	Y
Injection Betamethasone	Ν	N	Y	Y
Tablet Metronidazole	Y	Y	Y	Y
Capsule Ampicillin	Y	Y	Y	Y
Vitamin K	Y	Y	Y	Y
Injection Xylocaine 2%	Y	Y	Y	Y
Antiseptic lotion	Y	Y	Y	Y
Tablet Paracetamol	Y	Ν	Y	Y
Tablet Ibuprofen	Y	Y	Y	Y
Injection Hydrazaline	Ν	Y	Ν	Ν

Table IV-3A. Facilities available for new born and children

		District level Fac	ilities	
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Separate new born care corner available	Y	Y	Y	Y
Amenities available in the new born corner				
Located in the labour room	Y	Y	Y	Y
Functional radiant warmer	Y	Y	Y	Y
Self-inflating bag and mask (size 0)	Y	Y	Y	Y
Self-inflating bag and mask (size 1)	Y	Y	Y	Y
Mucus extractor with suction tube	Ν	Y	Y	Y
Oxygen hood (neonatal)	Y	Y	Y	Y
Warming lamp with 200W bulb	Ν	N	Y	Ν
Laryngoscope (neonatal)	Y	Y	Y	Y
Newborn digital weighing scale	Y	N	Y	Y
Neonatal resuscitation kit	Ν	N	Ν	Y
Nasogastric tube	Y	Y	Y	Y

		District level Fac	ilities	
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
New born stabilization unit/Special New born Care Unit available	Y	Y	Y	Y
Amenities available in the NSU/SNCU				
Located close to or in maternity ward	Y	N	Y	Ν
Digital weighing scale	Y	Y	Y	Y
Functional radiant warmer	Y	Y	Y	Y
Phototherapy unit	Y	Y	Y	Y
Infant feeding tubes	Y	Y	Y	Y
Pediatric Stethoscope	Y	Ν	Y	Y
Nutritional Rehabilitation Centre (NRC) available	N	N	Ν	N

Table IV-4A. Diagnostic and laboratory facilities at delivery points

		District level Fac	ilities	
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Separate room for laboratory available	Y	Y	Y	Y
Equipment available in the laboratory				
Centrifuge	Y	Y	Y	Y
Semi auto-analyzer	Y	Y	Y	Y
Microscope	Y	Y	Y	Y
Hemoglobinometer	Ν	Y	Ν	Ν
Testing kits available in the laboratory				
Pregnancy Testing Kit	Y	Y	Y	Y
Blood Sugar Testing Kit	Y	Y	Y	Y
Urine Albumin Testing Kit	Y	N	Y	Y
HbsAg testing kit	Y	Y	Y	Y
Tests done at the delivery point				
Haemoglobin	Y	Y	Y	Y
Urine albumin	Y	Y	Y	Y
Serum bilirubin	Y	Y	Y	Y
RPR (Rapid Plasma Reagin) test for syphilis	Y	Y		Y
RPR (Rapid Plasma Reagin) test for typhoid	Ν	Y	Could not assess	Y
TB (sputum for AFB)	Y	Y		Y
Liver Function Test	Y	Y	Y	Y
Complete Blood Picture	Y	Y	Y	Y
Urine sugar	Y	Y	Y	Y
Blood sugar	Y	Y	Y	Y
Malaria test (Peripheral smear or RDT)	Y	Y	Y	Y
HIV test (RDT)	Y	Y	Could not assess	Y
Functional diagnostic equipment available at the deliv	ery point			
Ultrasound scan	Y	Could not assess	Y	
X ray	Y	Could not assess	Y	

	District level Facilities				
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital	
Endoscopy	Ν		Ν		
ECG	Y		Y		
Foetal Doppler	Y	Could not assess	Y		
Foetal Cardio TocoGraphy (CTG)	N		Ν		
CT scan	N		Ν		

N#@-Newly sealed ECG machine was found but yet not used in the facility LITTI PARA.

Table IV-5A. Surgical facilities at delivery points

	District level Facilities			
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Operation theatre available	Y	Y	Y	Y
New born care corner available in operation theatre	Y	Y	Ν	Y
Emergency drug trolley available	Y	Y	Y	Y
Equipment available in the operation theatre				
OT Tables	Y	Y	Y	Y
Multi para monitors	Y	Y	Y	Y
Ceiling lights	Y	Y	Y	Y
Surgical diathermies	Y	Ν	Y	Y
Ventilator	Ν	Ν	Y	Ν
Pulse oximeter	Y	Y	Y	Y
Mobile lights	Ν	Ν	Ν	Ν
Laparoscopes	Y	Y	Y	Ν
Anesthesia machine (Boyle's app.)	Y	Y	Y	Y
Electrical Suction apparatus	Y	Y	Y	Y
Halothane/Enflurane vaporizer	Y	Y	Y	Y
Laryngoscope with adult blades	Y	Y	Y	Y
LSCS set	Y	Y	Y	Y
Sterilization set (men & women)	Y	N	Y	Ν
MVA/EVA syringe & cannula	Ν	N	Y	Y
Oropharyngeal airway (adult)	Y	Y	Y	Y
Oxygen Cylinder (Black) with regulator	Y	Y	Y	Y
Nitrous oxide cylinder (Blue)	Y	Y	Y	Y
Adult resuscitation kit	Y	Ν	Y	Y
Endotracheal tubes (adult)	Y	N	Y	Y
Spinal needle SS 4	Y	Y	Y	Y
IV Cannula No. 18	Y	Y	Y	Y
IV Cannula No. 20	Y	Y	Y	Y
IV sets with 16-gauge needle (N2)	Ν	N	Ν	Ν
Controlled suction catheter	Ν	N	Ν	Ν
• Functional blood bank or blood storage unit available	Y	Y	Ν	Y
Functional refrigerators available at BB/BSU	Y	Y	Ν	Y

Table IV-6A. Other services at the delivery points

		District level	Facilities	
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Separate Drug Store available	Y	Y	Y	Y
Dedicated staff to look after drug store available	Y	Y	Y	Y
Updated drug stock register available	Y	Data Not Provided	Data Not Provided	Y
Functional cold chain room for storage of vaccines available	Y	Y	Y	Y
Separate MCH clinic available	Y	Ν	Ν	Y
Immunization services provided at the facility	Y	Y	Y	Y
Updated immunization register available	Ν	Y	Data Not Provided	Y
ANC services provided at the facility	Y	Y	Y	Y
Updated ANC register available	Ν	Y	Y	Y
Availability of updated records at the delivery poi	nts			
Out Patient Register	Y	Data Not Provided	Data Not Provided	Y
In Patient Register	Y	Data Not Provided	Y	Y
PNC Register	Ν	Y	Y	Y
Labour room Register	Y	Y	Y	Y
Operation Theatre Register	Y	Data Not Provided	Data Not Provided	Y
Referral Register (in and out)	Y	Y	Ν	Y
Line list of severely anaemic pregnant women	Y	Data Not Provided	Data Not Provided	Y
Record of expenditure of untied funds	Ν	Data Not Provided	Data Not Provided	Ν
Record of expenditure of Annual Maintenance Grant	Ν	Data Not Provided	Data Not Provided	Ν
Record of expenditure of RKS	Ν	Data Not Provided	Data Not Provided	Y
JSY Payment Register	Y	Y	Data Not Provided	Y
Family Planning Service Register	Y	Y	Data Not Provided	Y
Blood bank stock register	Y	Y	Data Not Provided	Y
Maternal Death Review Register	Y	Y	Data Not Provided	Y
Infant and Neonatal Death Review Register	Ν	Data Not Provided	Data Not Provided	Y

Table IV-7A. Availability of essential drug list at the delivery points (during period of last 3 months from data collection)

		District level Facilities				
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital		
Reproductive Health						
Tubal Rings	Y	Data Not Provided	Data Not Provided	Y		
IUCD Kit – Suraksha 5	Ν	Data Not Provided	Data Not Provided	Ν		
IUCD Kit – Suraksha 10	Y	Data Not Provided	Data Not Provided	Y		
Oral Contraceptive Pills (Mala N)	Y	Data Not Provided	Data Not Provided	Y		
Pregnancy Testing Kits (Nishchay)	Y	N	Y	Y		
Condoms	Ν	Data Not Provided	Data Not Provided	Y		
Emergency Contraceptive Pills	Y	Data Not Provided	Data Not Provided	Y		

		District level Facilities				
	Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital		
Tablet Mifepristone	N	Data Not Provided	Data Not Provided	Y		
Maternal Health						
Injection Oxytocin	Y	Y	Y	Y		
Tablet Misoprostol	Y	N	Y	Y		
Injection Magnesium Sulphate	Y	Data Not Provided	Data Not Provided	Y		
New born Health						
Injection Vitamin K	Y	Y	Y	Y		
Mucous Extractor	Ν	Y	Y	Y		
Vaccine BCG	Y	Y	N	Y		
Vaccine tOPV	Y	Y	N	Y		
Vaccine Hepatitis B	Y	Y	Y	Y		
AD syringes (0.1 ml)	Y	Y	N	Y		
AD syringes (0.5 ml)	Y	Y	N	Y		
Child Health						
ORS packets	Ν	N	Y	Y		
Tablet Zinc Sulphate	Y	Data Not Provided	Data Not Provided	Y		
Syrup Salbutamol	Y	Data Not Provided	Data Not Provided	Y		
Salbutamol Nebulizing solution	Y	Data Not Provided	Data Not Provided	Y		
Vaccine DPT/Pentavalent	Y	Y	Y (Pentavalent not available)	Y		
Vaccine Measles	Y	Y	Y	Y		
Vitamin A Syrup	Ν	Data Not Provided	Data Not Provided	Ν		
Adolescent Health						
Tablet Albendazole	Y	Data Not Provided	Data Not Provided	Ν		
Tablet Dicyclomine	Y	Data Not Provided	Data Not Provided	Ν		
Sanitary Napkins	Ν	Data Not Provided	Data Not Provided	Ν		
Cross-cutting areas						
IFA tablets – large	Y	Data Not Provided	Data Not Provided	Y		
IFA tablets – small	Ν	Data Not Provided	Data Not Provided	Ν		
IFA Syrup	Ν	Data Not Provided	Data Not Provided	N		
Paracetamol (tablet/syrup)	Y	Data Not Provided	Data Not Provided	Y		
Tablet CoTrimoxazole	Y	Data Not Provided	Data Not Provided	Y		
Tablet/Syrup Chloroquin	Y	Data Not Provided	Data Not Provided	Y		
Dexamethasone	Y	Data Not Provided	Data Not Provided	Y		
Syrup/Tablet Ampicillin	Ν	Data Not Provided	Data Not Provided	N		
Tablet/Injection Metronidazole	Y	Data Not Provided	Data Not Provided	Y		
Injection Ceftriaxone	Y	Data Not Provided	Data Not Provided	Y		
Injection Gentamicin	Y	Data Not Provided	Data Not Provided	Y		
Thermometer	Y	Y	Y	Y		
Digital weighing machine	Y	Y	Y	Y		
Blood Pressure Machine	Y	Y	Y	Y		

Table IV-8A. Availability of human resource at the delivery points

			District level	Facilities	
		Bhagwan Mahavir Hospital	Baba Saheb Ambedkar Hospital	ESI Hospital	Sanjay Gandhi Hospital
Obstetrician &	Sanctioned Positions	2	Data Not Provided	Data Not Provided	6
Gynaecologist	Available	2	Data Not Provided	Data Not Provided	4
Anaesthetist	Sanctioned Positions	5	Data Not Provided	Data Not Provided	5
	Available	5	Data Not Provided	Data Not Provided	5
Paediatrician	Sanctioned Positions	2	Data Not Provided	Data Not Provided	4
	Available	2	Data Not Provided	Data Not Provided	2
General Surgeon	Sanctioned Positions	2	Data Not Provided	Data Not Provided	2
	Available	2	Data Not Provided	Data Not Provided	2
Other Specialists	Sanctioned Positions	14	Data Not Provided	Data Not Provided	14
	Available	11	Data Not Provided	Data Not Provided	13
Medical Officers	Sanctioned Positions	17	Data Not Provided	Data Not Provided	31
	Available	14	Data Not Provided	Data Not Provided	26
Lady Medical Officers	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	0
	Available	Data Not Available	Data Not Provided	Data Not Provided	3
AYUSH Medical Officers	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	0
	Available	Data Not Available	Data Not Provided	Data Not Provided	0
Staff Nurses	Sanctioned Positions	116	Data Not Provided	Data Not Provided	220
	Available	116	Data Not Provided	Data Not Provided	202
ANM	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	NA
	Available	Data Not Available	Data Not Provided	Data Not Provided	43
Laboratory Technicians	Sanctioned Positions	4	Data Not Provided	Data Not Provided	13
	Available	4	Data Not Provided	Data Not Provided	13
Pharmacist	Sanctioned Positions	12	Data Not Provided	Data Not Provided	12
	Available	11	Data Not Provided	Data Not Provided	12
LHV/PHN	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	0
	Available	Data Not Available	Data Not Provided	Data Not Provided	0
Radiographers	Sanctioned Positions	8	Data Not Provided	Data Not Provided	12
	Available	7	Data Not Provided	Data Not Provided	12
RMNCH+A Counsellors	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	0
	Available	Data Not Available	Data Not Provided	Data Not Provided	0
Other	Sanctioned Positions	Data Not Available	Data Not Provided	Data Not Provided	184
	Available	Data Not Available	Data Not Provided	Data Not Provided	104

Non-FRU

Table IV-1B. Physical infrastructure and availability of basic amenities at delivery points

			Non FRI	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bag
Infrastructure of health facility					<u> </u>	
Functioning in Government building	Y	Y	Y	Y	Y	Y
Building in good physical condition	Ν	N	Ν	Ν	Ν	Ν
Connected by motorable approach road	Y	Y	Y	Y	Y	Y
24 X 7 water supply available	Y	Y	Y	Y	Y	Y
Functional electricity connection available	Y	Y	Y	Y	Y	Y
Separate clean toilets available for men and women	Ν	N	Ν	Ν	Ν	Ν
Mechanism for waste disposal	Y	Y	Y	Y	Y	Y
Functional power back up available	Y	N	Ν	Y	Ν	Ν
Functional generator available for power backup	Ν	N	Ν	N	Ν	Ν
Availability of habitable staff quarters for *						
Medical Officers	Y	N	Ν	Ν	Ν	Y
Staff Nurses	Y	N	Ν	Ν	N	Ν
Other staff categories	Y	Y	Y	Y	Y	Y
Other facilities available						
Ambulance for transportation of beneficiaries	Y	Y	Y	Y	Y	Y
 Total number of ambulances available** 	1 (on call)	1	1 (on call)	1	1	1 (on call)
 Number of functional ambulances** 	1	1	1	0	1	1
Separate male and female wards for in patients	Y	N	Ν	Ν	Ν	Ν
Number of beds in male ward	0	0	0	0	0	0
Number of beds in female ward	10	10	5	5	5	12
 Number of beds in paediatric ward 	0	0	0	0	0	0
Separate room for AFHC	NA	NA	NA	NA	NA	NA
Integrated Counselling and Testing Centre (ICTC)	NA	NA	NA	NA	NA	NA
PPTCT Centre	NA	NA	NA	NA	NA	NA
Functional laundry/washing services	Y	N	Y	Y	Y	Y
Dietary services	Ν	N	Ν	Ν	N	Ν
Equipment maintenance/repair mechanism	Ν	N	Ν	Ν	Ν	Ν
Complaint / suggestion box	Ν	N	Y	Y	N	Y
Functional help desk	NA	NA	NA	NA	NA	NA
Grievance redressal mechanism	Ν	N	Ν	Ν	Ν	Ν
Separate computer for HMIS and MCTS	Y	Y	Y	Y	Y	Y
Internet connectivity for computers	Y	Y	Y	Y	Y	Y
Fire extinguisher	Y	Ν	N	Y	Y	Ν
Specialists available on call in case of emergency						
Gynaecologist	NA	NA	NA	NA	NA	NA
Anaesthetist	NA	NA	NA	NA	NA	NA
Paediatrician	NA	NA	NA	NA	NA	NA

			Non FRL	Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Medical Officer	NA	NA	NA	NA	NA	NA
Display of IEC material and protocols						
Medical Officers duty roster	Ν	Ν	Ν	Ν	Ν	Ν
Essential drug list	Ν	Ν	Ν	Ν	Ν	Ν
Citizen charter	Ν	Y	Y	Y	Y	Y
JSY entitlements	Y	Y	Y	Y	Y	Y
JSSK entitlements	Ν	Ν	Ν	Ν	Ν	Y
List of services available	Ν	Y	Y	Y	Y	Y
IEC material for MCH related programs	Y	Y	Y	Y	Y	Y
Incentives for ASHA/link worker	Ν	Ν	N	N	Y	Ν
OPD timings	Ν	Y	Y	Y	Y	Y
Map of catchment area	Ν	Ν	Y	Ν	Y	Ν

Table IV-2B. Labour/delivery facilities available at the delivery points

			Non FRL	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Separate delivery/labour room available	Y	Y	Y	Y	Y	Y
Basic amenities in the labour rooms						
24 X 7 piped water supply	Ν	Y	Y	Y	Y	Y
Regular sterilization of room	Ν	Y	Ν	Y	Y	Y
Functional electricity powered lamp	Y	Ν	Ν	Y	Ν	Ν
Functional toilet facility attached to room	Ν	Y	Y	Y	Y	Y
Facility for hand washing	Y	Y	Y	Ν	Y	Y
Labour table	Y	Y	Y	Y	Y	Y
Labour table with Mackintosh Kelly pads	Y	Y	Y	Y	Y	Ν
Delivery Set available	Y	Y	Y	Y	Y	Y
Episiotomy Set Tray available	Ν	Ν	Ν	Ν	Ν	Y
Medicine Tray available	Ν	Ν	Y	Y	Y	Y
Equipment available in the labour rooms						
Artery forceps	Y	Y	Y	Y	Y	Y
Sponge holding forceps	Y	Y	Y	Y	Y	Y
Allis forceps	Y	Ν	Y	Ν	Ν	Ν
Toothed forceps	Y	Y	Ν	Y	Y	Y
Episiotomy scissor	Y	Y	Y	Ν	Y	Y
Oxygen cylinder with regulator	Y	Y	Ν	Y	Y	Y
Colour coded bins	Ν	Y	Y	Y	Y	Y
Adult stethoscope	Y	Ν	Ν	Y	Y	Y
Blood Pressure machine	Ν	Ν	Ν	Y	Ν	Y
D & C Set	Ν	Ν	Ν	Ν	Ν	Ν
IV Stand	Y	Y	Ν	Y	Y	Y
Urinary catheter	Ν	Ν	Ν	Ν	Y	Ν
Speculum	Y	Y	Y	N	Y	Y

			Non FRL	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Thermometer	Ν	Ν	Y	Ν	Y	Y
Lamp /Torch	Y	Y	Y	Ν	Y	Y
Partograph charts	Ν	Y	Ν	Ν	Ν	Y
Disposable delivery kits	N	Ν	N	Ν	N	Ν
Medicines available in the labour rooms						
Injection Oxytocin	Y	Y	Y	Y	Y	Y
Tablet Misoprostol	Ν	Y	Ν	Ν	Ν	Y
Ringer Lactate	Y	Y	Y	Y	Y	Y
Normal Saline	Ν	Y	Y	Ν	Ν	Ν
Injection Gentamycin	Ν	Y	Ν	Y	Ν	Ν
Injection Betamethasone	Ν	Ν	Ν	Ν	Ν	Y
Tablet Metronidazole	Ν	Ν	Y	Ν	Ν	Ν
Capsule Ampicillin	Ν	Ν	Y	Y	Ν	Ν
Vitamin K	Ν	Y	Ν	Ν	Ν	Y
Injection Xylocaine 2%	Y	Y	Y	Y	Y	Y
Antiseptic lotion	Y	Y	Y	Y	Y	Y
Tablet Paracetamol	N	Y	Y	Ν	Y	N
Tablet Ibuprofen	Ν	Ν	Ν	Ν	Ν	Ν
Injection Hydralazine	N	Ν	Ν	Ν	Ν	Ν

Table IV-3B. Facilities available for new born and children

			Non FRL	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Separate new born care corner available	Ν	Y	Y	Y	Y	Y
Amenities available in the new born corner						
Located in the labour room	Ν	Y	Y	Y	Y	Y
Functional radiant warmer	Ν	Y	Y	Y	Y	Y
Self-inflating bag and mask (size 0)	Y	Ν	Y	Ν	Ν	Y
Self-inflating bag and mask (size 1)	Y	Ν	Y	Ν	N	Y
Mucus extractor with suction tube	Ν	Ν	Y	Ν	Ν	Y
Oxygen hood (neonatal)	Ν	Ν	N	Ν	N	N
Warming lamp with 200W bulb	Ν	Ν	Y	Ν	Ν	Y
Laryngoscope (neonatal)	Ν	Y	N	Ν	Ν	Y
Newborn digital weighing scale	Ν	Y	Ν	Ν	Ν	Ν
Neonatal resuscitation kit	Ν	Ν	N	Ν	N	N
Nasogastric tube	Ν	Ν	Y	Ν	Ν	Ν
New born stabilization unit/Special New born Care Unit available	Ν	Ν	N	N	Ν	Ν
Amenities available in the NSU/SNCU						
Located close to or in maternity ward	Ν	Ν	Ν	Ν	Ν	Ν
Digital weighing scale	Ν	Ν	Ν	Ν	Ν	Ν
Functional radiant warmer	Ν	Ν	N	Ν	N	N

	Non FRU Facilities						
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh	
Phototherapy unit	Ν	Ν	Ν	Ν	Ν	Ν	
Infant feeding tubes	Ν	Ν	Ν	Ν	Ν	Ν	
Paediatric Stethoscope	Ν	Ν	Ν	Ν	Ν	Ν	
Nutritional Rehabilitation Centre (NRC) available	NA	NA	NA	NA	NA	NA	

Table IV-4B. Diagnostic and laboratory facilities at delivery points

			Non FRL	J Facilities		
	MH -	MH -	MH - Rohini Sec-3	MH -	MH - Mangolpuri	MH -
Separate room for laboratory available	RP Bagh	Haidarpur Y	N	Y	Y	Rani Bagh Y
Equipment available in the laboratory						
Centrifuge	N	Y	N	Y	N	Y
Semi auto-analyzer	N	N	N	Y	N	N
Microscope	N	Y	N	N	N	Y
Hemoglobinometer	N	Y	N	Y	Y	Y
Testing kits available in the laboratory						
Pregnancy Testing Kit	N	Y	N	N	N	N
Blood Sugar Testing Kit	N	Y	N	Y	N	N
Urine Albumin Testing Kit	N	Y	N	Y	N	N
HbsAg testing kit	N	Y	N	Y	N	N
Tests done at the delivery point						
Haemoglobin	Ν	Y	N	Y	Y	Y
Urine albumin	N	Y	N	Y	Y	Y
Serum bilirubin	N	Ν	Ν	Ν	N	N
RPR (Rapid Plasma Reagent) test for syphilis	N	Y	N	Y	Y	Y
RPR (Rapid Plasma Reagent) test for typhoid	Ν	Ν	Ν	Y	Ν	Ν
TB (sputum for AFB)	Ν	Ν	N	Ν	Ν	N
Liver Function Test	NA	NA	NA	NA	NA	NA
Complete Blood Picture	Ν	Ν	Ν	Y	Ν	Ν
Urine sugar	Ν	Y	Ν	Y	Y	Y
Blood sugar	Ν	Y	Ν	Y	Y	Y
Malaria test (Peripheral smear or RDT)	Ν	Ν	Ν	Y	Ν	Ν
HIV test (RDT)	Ν	Y	Ν	Y	Ν	Y
Functional diagnostic equipment available at the d	lelivery point					
Ultrasound scan	NA	NA	NA	NA	NA	NA
X ray	NA	NA	NA	NA	NA	NA
Endoscopy	NA	NA	NA	NA	NA	NA
ECG	NA	NA	NA	NA	NA	NA
Foetal Doppler	NA	NA	NA	NA	NA	NA
Foetal Cardio Toco Graphy (CTG)	NA	NA	NA	NA	NA	NA
CT scan	NA	NA	NA	NA	NA	NA

Table IV-5B. Surgical facilities at delivery points

			Non FRU	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Operation theatre available	Ν	Y	N	N	N	N
New born care corner available in operation theatre	Ν	N	Ν	Ν	N	Ν
Emergency drug trolley available	Ν	Ν	Ν	Ν	Ν	Ν
Equipment available in the operation theatre						
OT Tables	Ν	N	Ν	Ν	Ν	Ν
Multi para monitors	Ν	N	N	Ν	Ν	Ν
Ceiling lights	Ν	Ν	Ν	Ν	Ν	Ν
Surgical diathermies	Ν	N	Ν	Ν	Ν	Ν
Ventilator	Ν	Ν	Ν	Ν	Ν	Ν
Pulse oxymeter	Ν	Ν	Ν	Ν	Ν	N
Mobile lights	Ν	N	Ν	Ν	Ν	Ν
Laparoscopes	Ν	Ν	Ν	Ν	Ν	Ν
Anaesthesia machine (Boyle's app.)	Ν	Ν	Ν	Ν	Ν	Ν
Electrical Suction apparatus	Ν	N	Ν	Ν	Ν	Ν
Halothane/Enflurane vaporizer	Ν	Ν	Ν	Ν	Ν	Ν
Laryngoscope with adult blades	Ν	Ν	Ν	Ν	Ν	N
LSCS set	Ν	Ν	Ν	Ν	Ν	Ν
Sterilization set (men & women)	Ν	Ν	Ν	Ν	Ν	Ν
MVA/EVA syringe & cannula	Ν	Ν	Ν	Ν	Ν	Ν
Oropharyngeal airway (adult)	Ν	N	Ν	Ν	Ν	N
Oxygen Cylinder (Black) with regulator	Ν	Ν	Ν	Ν	Ν	Ν
Nitrous oxide cylinder (Blue)	Ν	N	Ν	Ν	Ν	N
Adult resuscitation kit	Ν	Ν	Ν	Ν	Ν	Ν
Endotracheal tubes (adult)	Ν	N	Ν	Ν	Ν	N
Spinal needle SS 4	Ν	Ν	Ν	Ν	Ν	Ν
IV Cannula No. 18	Ν	Ν	Ν	Ν	Ν	N
IV Cannula No. 20	Ν	Ν	Ν	Ν	Ν	Ν
IV sets with 16-gauge needle (X2)	NA	NA	NA	NA	NA	NA
Controlled suction catheter	NA	NA	NA	NA	NA	NA
• Functional blood bank or blood storage unit available	NA	NA	NA	NA	NA	NA
 Functional refrigerators available at BB/BSU 	NA	NA	NA	NA	NA	NA

Table IV-6B. Other services at the delivery points

	Non FRU Facilities						
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh	
Separate Drug Store available	Y	Y	Y	Y	Y	Y	
Dedicated staff to look after drug store available	Y	Y	Y	Y	Y	Y	
Updated drug stock register available	Y	Y	Y	Y	Ν	Y	
Functional cold chain room for storage of vaccines available	Y	Y	Y	Y	Y	Y	

			Non FRI	J Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Separate MCH clinic available	Ν	Ν	Ν	Ν	Ν	Ν
Immunization services provided at the facility	Y	Y	Y	Y	Ν	Y
Updated immunization register available	Y	Ν	Y	Y	Y	Y
ANC services provided at the facility	Y	Y	Y	Y	Y	Y
Updated ANC register available	Y	Y	Y	Y	Y	Y
Availability of updated records at the delivery points						
Out Patient Register	Y	Ν	Y	Y	Y	Y
In Patient Register	Y	Y	Y	Y	Y	Y
PNC Register	Ν	Y	Ν	Y	Ν	Y
Labour room Register	Y	Y	Y	Y	Y	Y
Operation Theatre Register	Ν	Ν	Ν	Ν	Ν	Ν
Referral Register (in and out)	Y	Y	Y	Ν	Ν	Y
Line list of severely anaemic pregnant women	Y	Y	Ν	Ν	Y	Y
Record of expenditure of untied funds	Ν	N	N	Ν	N	N
Record of expenditure of Annual Maintenance Grant	Ν	Ν	Ν	Ν	Ν	Ν
Record of expenditure of RKS	Ν	Ν	Ν	Ν	Ν	Ν
JSY Payment Register	Y	Y	Y	Y	Y	Y
Family Planning Service Register	Y	Y	Y	Y	Y	Y
Blood bank stock register	NA	NA	NA	NA	NA	NA
Maternal Death Register	Ν	Ν	N	N	Ν	N
Infant and Neonatal Death Review Register	Ν	Ν	Ν	Ν	Ν	Ν

Table IV-7B. Availability of essential drug list at the delivery points (during period of last 3 months from data collection)

			Non FRU	Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Reproductive Health						
Tubal Rings	N	Ν	N	Ν	N	Ν
IUCD Kit – Suraksha 5	N	Ν	N	Ν	Ν	Ν
IUCD Kit – Suraksha 10	Y	Ν	N	Y	Y	Y
Oral Contraceptive Pills (Mala N)	Y	Ν	Y	Y	Y	Y
Pregnancy Testing Kits (Nishchay)	N	Y	N	Ν	Ν	N
Condoms	Y	Ν	N	Y	Y	Ν
Emergency Contraceptive Pills	N	Ν	N	Y	Ν	N
Tablet Mifepristone	N	Ν	N	Ν	Ν	Ν
Maternal Health						
Injection Oxytocin	Y	Y	Y	Y	Y	Y
Tablet Misoprostol	N	Y	N	N	Ν	Y
Injection Magnesium Sulphate	N	Ν	N	N	Ν	N
New born Health						
Injection Vitamin K	N	Y	N	N	N	Y
Mucous Extractor	N	Ν	Y	Ν	Ν	Y

			Non FRU	Facilities		
	MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Vaccine BCG	Ŷ	Y	Y	Y	Y	Ŷ
Vaccine tOPV	Y	Y	Y	Y	Y	Y
Vaccine Hepatitis B	Y	Y	Y	Y	Y	Y
AD syringes (0.1 ml)	Y	Ν	Y	Ν	Y	Y
AD syringes (0.5 ml)	Y	Ν	Y	N	Y	Y
Child Health						
ORS packets	Ν	Ν	Y	Y	Y	Y
Tablet Zinc Sulphate	Ν	Ν	Ν	N	N	Ν
Syrup Salbutamol	Ν	Ν	N	Ν	N	N
Salbutamol Nebulizing solution	N	Ν	Ν	N	N	N
Vaccine DPT/Pentavalent	Y	Y	Y	Y	Y	Y
Vaccine Measles	Y	Y	Y	Y	Y	Y
Vitamin A Syrup	Y	Ν	Y	N	Y	Y
Adolescent Health						
Tablet Albendazole	Y	Y	Y	N	N	N
Tablet Dicyclomine	Ν	Ν	Ν	Y	Ν	N
Sanitary Napkins	Y	Ν	Y	Y	Ν	Y
Cross-cutting areas						
IFA tablets – large	Ν	Y	Y	Y	Ν	N
IFA tablets – small	Y	Ν	Ν	N	N	N
IFA Syrup	Ν	Ν	Ν	Ν	Ν	N
Paracetamol (tablet/syrup)	Y	Ν	Y	Ν	Y	Y
Tablet Cotrimoxazole	Ν	Ν	Ν	Ν	Ν	N
Tablet/Syrup Chloroquin	Ν	N	Ν	Ν	Ν	Ν
Dexamethasone	Ν	Ν	Ν	Ν	Ν	N
Syrup/Tablet Ampicillin	N (Syrup) Y (Tablet)	Ν	Ν	N (Syrup) Y (Tablet)	Ν	Ν
Tablet/Injection Metronidazole	Ν	Ν	N (Tablet) Y (Injection)	Ν	N	Ν
Injection Ceftriaxone	N	Ν	Ν	Ν	Ν	Ν
Injection Gentamicin	Ν	Ν	Ν	Ν	Ν	Ν
Thermometer	Ν	Y	Ν	Ν	Ν	Ν
Digital weighing machine	Ν	Ν	Ν	Ν	Ν	Ν
Blood Pressure Machine	N	Ν	Ν	Ν	Ν	N

Table IV-8B. Availability of human resource at the delivery points

		Non FRU Facilities					
		MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Obstetrician &	Sanctioned Positions	NA	NA	NA	NA	NA	NA
Gynaecologist	Available	NA	NA	NA	NA	NA	NA
Anaesthetist	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA

				Non FRL	J Facilities		
		MH - RP Bagh	MH - Haidarpur	MH - Rohini Sec-3	MH - Shakurpur	MH - Mangolpuri	MH - Rani Bagh
Paediatrician	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA
General Surgeon	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA
Other Specialists	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA
Medical Officers	Sanctioned Positions	2	7	0	0	1	3
	Available	1	5	2	3	1	1
Lady Medical Officers	Sanctioned Positions	0	0	0	0	4	0
	Available	0	0	0	3	2	0
AYUSH Medical Officers	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
Staff Nurses	Sanctioned Positions	0	9	0	0	4	0
	Available	0	7	2	2	1	0
ANM ***	Sanctioned Positions	9	7	0	0	13	12
	Available	4	6	8	5	9	20
Laboratory Technicians	Sanctioned Positions	0	1	0	1	1	1
	Available	0	1	0	0	1	1
Pharmacist	Sanctioned Positions	0	1	0	0	1	0
	Available	0	1	0	0	1	0
LHV/PHN	Sanctioned Positions	0	1	0	0	3	4
	Available	1	2	5	3	3	6
Radiographers	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA
RMNCH+A Counsellors	Sanctioned Positions	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA
Other	Sanctioned Positions	0	14	0	8	0	0
	Available	0	13	5	9	0	0

V. Fact Sheet - Community Level Interviews

Table V-1. Results of Community Level Interviews

1. Awareness and practices among mothers of under five year children (n=95): DISTRICT-NORTH WEST

S.No.	Proportion of mothers	N=95	VALUE=%
1.1	With last child delivered at health facility	73	77
1.2	Delivered at home who were attended by ANM/ASHA within 48 hours of birth	6	6
1.3	Aware about initiation of breast feeding within one hour after birth	50	53
1.4	Who initiated breast feeding within one hour of birth	50	100
1.5	Aware about exclusive breast feeding for 6 months	71	75
1.6	Who exclusively breastfed their child for 6 months	71	100
1.7	Aware about initiation of complementary feeding from 6 months onwards	76	80
1.8	Who initiated complementary feeding of her youngest child from 6 months	76	100
1.9	Aware about giving ORS and Zinc to children having diarrhoea	66	69
1.10	Who know that ORS and Zinc are available with ASHA	25	26
1.11	Aware of at least two danger signs of pneumonia	25	26
1.12	Who received counselling on family planning after delivery	64	67
1.13	Who were currently using any contraceptive method	52	54

2. Awareness and practices among pregnant women esp. high risk pregnancies (n=92):

S.No.	Proportion of pregnant women	N=92	VALUE=%
2.1	Whose MCP card were regularly been filled and updated	14	15
2.2	Whose regularity of Ante Natal Check-ups(ANC) was adequate	80	86
2.3	Aware about birth preparedness	13	14
2.4	Who received IFA tablets during their pregnancy	87	95
2.5	Who have knowledge regarding Janani Suraksha Yojana (JSY)	44	48
2.6	Who have knowledge regarding Janani Shishu Swasthya Karyakram (JSSK)	1	1
2.7	Who had received safe motherhood booklet	1	1
2.8	Who had telephone number of call centre for referral/other transport	5	5
2.9	Who had telephone numbers of ASHA	18	20
2.10	Who had telephone numbers of ANM	0	0
2.11	Who received guidance and referral along with birth preparedness	8	9

3. Awareness and practices among adolescent girls in 10-19 year age group (n=90):

S.No.	Proportion of adolescent girls	N=90	VALUE=%
3.1	Who underwent any health check-up during last 6 months period	18	20
3.2	Who received Iron tablet (Neeligoli) during last 6 months	59	60
3.3	Aware regarding AFHC at the health facilities	0	0
3.4	Who visited AFHC during last 6 months	0	0
3.5	Aware regarding availability of sanitary napkins with ASHA	53	59
3.6	Who received or purchased sanitary napkins from ASHA during last 6 months	6	11
3.7	Who received counselling regarding menstrual hygiene in last 6 months	40	44

VI. Methodology

Approach and Methodology:

The gap analysis of RMNCH + A adopted a mixed approach methodology to identify and assess the gaps in implementation of RMNCH+A interventions across life stages as per MNH guidelines so as to arrive at a more accurate data on existing MNH services. It further attempts to analyse the gaps that contribute to making the maternal and child health indicators an addressable issue in the district. In doing so, through the discussions and exhaustive interviews with multiple stakeholders and onsite observations of all delivery points it arrives at a list of gaps at various levels and provide comprehensive recommendations that are useful for the policy makers, program managers and health care professionals who can work in a close and coordinated manner to improve the overall scenario in North West Delhi by taking cognisance of these recommendations.

Materials and Methods:

The gap analysis at North West Delhi was conducted in three blocks spread across the district. As planned, all designated delivery points in the district were covered at the facility level. Four District Hospitals and Six Non FRU's designated as delivery points were assessed. Six communities in the vicinity of listed Maternity homes were covered. While doing the assessment of the community the team tried to assess 45 women in the clusters catered by each Maternity home. 15 women from each category of pregnant women, adolescent girls (10-19 yrs) and mothers having <5 year children, making a total of 277 women in the district were interviewed. The list of the delivery points and maternity homes to be covered was discussed and approved by the MCHIP team and district authorities during the orientation meeting held before initiating the work in the district. Women were interviewed for community assessment using purposive sampling technique. Apparently it appeared to be relatively easy to reach women with children up to 5 years in a particular area however pregnant women especially with high risk pregnancy being less in number were targeted based as per the information provided by the ASHA, AWW and ANM for the particular area. In an effort to reach the girls in the households, the target of adolescent girls was met by reaching out to those girls who are in their homes or meeting them after school hours in their homes. All interviews were conducted based on community based selection.

For health system assessment, Chief District Medical Officer and Program Officer, North West District were interviewed for key informant interview with the focus remaining on RMNCH+A policy makers and program implementers.

Data collection process

50

Primary Data Collection: Keeping in view the different levels of gap analysis to be conducted, tools as finalized by MOHFW and MCHIP team were used for facility, community and Health systems level assessment.

Study Tools included Facility Level Assessment Tools for Non FRU facilities, and District Hospital, Community Level and Household Assessment Checklist for mothers having children up to 5 years, pregnant women especially high risk pregnancies and adolescent girls between 10-19 years, Health System Assessment Checklist for policy makers and program Implementers at district level.

Secondary Data Collection: Evidences to support the gap analysis were gathered by review of the HMIS data, Maternal and Child Death review minutes of the meeting, MCTS data and district profile and fact sheets.

Data Processing and Analysis: Field editor examined all questionnaires in the field and all completed schedules were sent to Astron Delhi office for review. These reviewed schedules were sent for data processing, data entry. All skip sequences; response codes and information recorded in filter questions along with remarks to the questions were documented. Consistency of facility codes was matched with the original master coding sheet. Data was processed with microcomputers using SPSS 17 and MINI Tab software version 13/15. Computer based checks were in built in the software to clean the data and remove inconsistencies. Tabulation plan was shared with MCHIP team before data entry and analysis. Data was analysed as per the indicators set up for the study.

VII. List of Health Facilities Visited

Table VII-1. Health Facilities

Block	Name of health facility	Catchment population	Average deliveries conducted per month in last 6 months
District level facilities			
	Bhagwan Mahavir Hospital		353
	Dr. Baba Saheb Ambedkar Hospital	3,656,539	869
	ESI Hospital Rohini		
	Sanjay Gandhi Hospital		619
Non FRUs'			
	Maternity Home RP Bagh		4
North Pitampura ward 54	Maternity home Haiderpur	50000 (approx)	26
G- Block	Maternity home Rohini Sec-3		10
G- Block	Maternity home Shakurpur	50000 (approx)	25
A-Block	Maternity home Mangolpuri	1,00,000 (approx)	19
	Maternity home Rani Bagh	56,000	2

2. Community level interviews conducted

• Pregnant women: 92

- Mothers of under five year children: 95
- Adolescent girls (10-19 years): 90

VIII. Gap Analysis Tools

A. District Hospital

District:	. Name of District Hospital:
Date of data collection: From//	to// Facility code:
Names of investigators:	

Section 1: Physical Infrastructure of the District Hospital

1.1	Type of building	□ Government □ Shared/Rented		
1.2	Building connected by approach path from	□ Yes, path is in good motorable condition		
	nearest road head	□ Yes, but path is not in motorable condition		
		□ Not connected by approach path		
1.3.1	Water supply available	□ Yes 24X7 hours		
		□ Yes, but not 24X7 hours		
		□ No supply		
1.3.2	If water supply is available than what is the			
	source of supply:	□ Hand pump □ Other ()		
		□ Not applicable		
1.4.1	Electricity connection available	□ Yes □ No		
1.4.2	Functional power back up available	□ Yes, by generator		
		□ Yes, by solar equipment		
		Available but not functional		
		Other (specify:)		
1.5	Availability of government quarters for staff (tic	ck as applicable)		
1.5.1	Medical Officers	Available, in habitable condition		
		Available, not in habitable condition		
		□ Not available		
1.5.2	Staff Nurses	Available, in habitable condition		
		Available, not in habitable condition		
		□ Not available		
1.5.3	Other staff categories	Available, in habitable condition		
		Available, not in habitable condition		
		□ Not available		
1.6	Separate toilets available for men and women	□ Yes, in clean and hygienic condition		
		□ Yes, not in clean and hygienic condition		
		□ Yes, but not in use		
		Separate toilets not available		
		No toilet is available		
1.7	Mechanism for waste disposal	Burn in a pit Buried in a pit		
		Outsourced Thrown in premises		
		☐ Thrown in common public place		
		Other (specify)		

1.8	Fire extinguisher available at facility	□ Yes	🗆 No	
1.9.1	Physical condition of DH building	Good	🗆 Fair	□ Poor
1.9.2	Cleanliness in DH building	Good	🗆 Fair	□ Poor
1.9.3	Cleanliness in DH premises	Good	🗆 Fair	□ Poor

Section 2: Display of IEC material and protocols

2.1	Directions to facility on approach roads	□ Displayed	□ Not displayed
2.2	Medical Officer's duty roster	Displayed	□ Not displayed
2.3	OPD Timings	□ Displayed	□ Not displayed
2.4	List of services available	□ Displayed	□ Not displayed
2.5	Incentives for ASHA/link worker	□ Displayed	□ Not displayed
2.6	Map of catchment area	□ Displayed	□ Not displayed
2.7	Essential drug list	□ Displayed	□ Not displayed
2.8	Immunization schedule	□ Displayed	□ Not displayed
2.9	ANM roster for outreach sessions	□ Displayed	□ Not displayed
2.10	JSY entitlements	□ Displayed	□ Not displayed
2.11	JSSK entitlements	□ Displayed	□ Not displayed
2.12	IEC material for MCH related programs	□ Displayed	□ Not displayed
2.13	Citizen Charter at the facility	Displayed	□ Not displayed

Section 3: Service delivery at District Hospital

3.1. Labour/delivery room

3.1.1	Separate labour room available	🗆 Yes	□No	
3.1.2	If yes, which of the following amenities are available			
	• 24X7 piped water supply to the room	□ Yes	□ No	
	Elbow tapSoap for hand washing	□ Yes □ Yes	□ No □ No	
	Regular sterilization of room (check records		□ No	
	Functioning electricity powered lamp Functional tailet facility attached to room	□ Yes □ Yes	□ No □ No	
3.1.3.1	 Functional toilet facility attached to room Labour table available in the labour room 			
3.1.3.2	If yes, which of the following are present in la			
5.1.5.2	□ Mackintosh kelly pads □ Buckets		Stepping stool	
3.1.4.1	Delivery set available at labour room	🗆 Yes	🗆 No	
3.1.4.2	Which of the following items of delivery set a	re available in	labour room (tick in box if applicable)	
	□ Gloves □ Scissor		Artery forceps	
	□ Cord clamp □ Sponge hold	ling forceps	Urinary catheter	
	□ Gauze pieces □ Bowl for an	iseptic lotion	□ Cotton swabs	
	Speculum Sanitary page	ds	🗌 Kidney tray	
3.1.5.1	Episiotomy set/tray available at labour room	🗆 Yes	□ No	

3.1.5.2	Which of the following items of Episiotomy set/tray are available in labour room				
	🗌 Inj. Xylocaine 2% 🛛 🗌 Artery	□ Artery forceps			Episiotomy scissor
	□ Allis forceps □ 10 ml	\Box 10 ml disposable syringe with needle			
	□ Sponge holding forceps □ Tooth			Needle holder	
	□ Gauze pieces □ NeedI	e (round b	ody and cutti	ng)	
	Chromic catgut Cottor Cottor	n swabs			Thumb forceps
	Gloves Gloves Antise	ptic lotion	1		
3.1.6.1	Medicine tray available at labour roor	n	□ Yes	🗆 No	
3.1.6.2	Which of the following medicines are	available	in labour roon	n <i>(tick in box</i>	if applicable)
	□ Inj. Oxytocin (to be kept in fridge)	🗆 Сар	Ampicillin 50	0 mg	Tab Paracetamol
	Tab Metronidazole 400 mg	🗌 Tab	Ibuprofen		Tab B complex
	🗆 Ringer Lactate	□ Normal Saline		Methyldopa	
	☐ Tab. Misoprostol 200 micrograms	🗌 Inj.	Gentamycin		🗆 Vitamin K
	🗆 Inj. Betamethasone	🗆 Inj.	Hydrazaline		Nefidepin
3.1.7	Other equipment available in the labour room (tick in box if applicable)				
	Colour coded bins	🗆 Blo	od Pressure N	1achine	Thermometer
	Adult Stethoscope	Lamp/Torch			IV Stand
	Oxygen Cylinder with regulator	gulator Partograph Charts		🗆 D & C set	
	Disposable Delivery Kit	□ Saucepan with lid			
3.1.8	Overall cleanliness/hygiene condition	s of	Good	🗆 Fair	🗆 Poor
	labour room (record by observation)				

3.2 Newborn care corner

3.2.1	Separate newborn care corner available	□ Yes	🗆 No
3.2.2	If yes, which of the following amenities are available		
	 Located in the labour room 	🗆 Yes	□ No
	 Functional radiant warmer 	🗆 Yes	□ No
	 Self-inflating bag and mask (size 0) 	🗆 Yes	□ No
	 Self-inflating bag and mask (size 1) 	🗆 Yes	□ No
	 Mucus extractor with suction tube 	🗆 Yes	□ No
	 Oxygen hood (neonatal) 	🗆 Yes	□ No
	 Warming lamp with 200W bulb 	🗆 Yes	🗆 No
	 Laryngoscope (neonatal) 	🗆 Yes	□ No
	Newborn digital weighing scale	🗆 Yes	□ No
3.2.3	Overall cleanliness / hygiene conditions of	□Good □	Fair Door
	newborn care corner (record by observation)		
3.2.4.1	Neonatal resuscitation kit available at the	🗆 Yes	□No
	newborn care corner		
3.2.4.2	If yes, which of the following are present in kit	(tick in the box i	f applicable)
	□ Two pre-warmed sheets for wrapping [□ Cotton swabs	Mucus extractor
	□ Sterilized thread for cord/cord clamp [∃ Bag & mask	□ Gloves
	□ Nasogastric tube [🗌 Inj. Vitamin K	Needle & syringe

3.3 Other facilities for <5 children

3.3.1	Whether newborn stabilization unit/Special Newborn Care Unit (SNCU) available	□ Yes	□No
3.3.2	If yes, which of the following amenities are available • Located close to or in maternity ward • Digital weighing scale • Functional radiant warmer • Phototherapy unit • Infant feeding tubes • Pediatric Stethoscope	□ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No □ No □ No
3.3.3	Whether Nutritional Rehabilitation Centre (NRC) available	□ Yes	□No

3.4 Laboratory facility

3.4.1	Whether separate room for laboratory at the facility	y available	□ Yes	🗆 No		
3.4.2	If yes, which of the following equipment, testing kits and reagents are available in the labora (enter code) ¹				laboratory	
	Equipment	Equipment Code Equipment				Code
	Hemoglobinometer		Centrifuge			
	Microscope		Semi auto-analyzer			
	Sulphuric acid		Benedict so	olution		
	ABO Antibody reagent		Rh antibod	y reagent		
	Pregnancy Testing Kit		Urine Albu	min Testing I	Kit	
	Blood Sugar Testing Kit		HbsAg test	ing kit		
3.4.3	Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months					
	Laboratory test			or No	Done in last	6 months
3.4.3.1	Hemoglobin		□ Yes	🗆 No		
3.4.3.2	Urine albumin		□ Yes	🗆 No		
3.4.3.3	Serum bilirubin		□ Yes	🗆 No		
2424	RPR (Rapid Plasma Reagin) test for syphilis		- 105			
3.4.3.4	RPR (Rapid Plasma Reagin) test for sy	philis	□ Yes			
3.4.3.4 3.4.3.5	RPR (Rapid Plasma Reagin) test for sy RPR (Rapid Plasma Reagin) test for ty					
			□ Yes	□No		
3.4.3.5	RPR (Rapid Plasma Reagin) test for ty		□ Yes □ Yes	□ No □ No		
3.4.3.5 3.4.3.6	RPR (Rapid Plasma Reagin) test for ty TB (sputum for AFB)		□ Yes □ Yes □ Yes	□ No □ No □ No		
3.4.3.5 3.4.3.6 3.4.3.7	RPR (Rapid Plasma Reagin) test for ty TB (sputum for AFB) Liver Function Test		☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No		
3.4.3.5 3.4.3.6 3.4.3.7 3.4.3.8	RPR (Rapid Plasma Reagin) test for ty TB (sputum for AFB) Liver Function Test Complete Blood Picture		□ Yes □ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No □ No		
3.4.3.5 3.4.3.6 3.4.3.7 3.4.3.8 3.4.3.9	RPR (Rapid Plasma Reagin) test for ty TB (sputum for AFB) Liver Function Test Complete Blood Picture Urine sugar	phoid	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No No No No No No		

 ¹ Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available (for reagents only use codes 1 and 4)

3.4.4	Which of the following diagnostic equipment is available at the district hospital (enter code) ² If yes mention the number of diagnostic tests done in last 6 months				
Diagnostic tests Code Done in last 6 mont					
3.4.4.1	Ultrasound scan				
3.4.4.2	X ray				
3.4.4.3	Endoscopy				
3.4.4.4	ECG				
3.4.4.5	Foetal Doppler				
3.4.4.6	Foetal Cardio Toco Graphy (CTG)				
3.4.4.7	CT scan				

3.5 Operation theatre

3.5.1	Whether operation theatre available	at DH	□ Yes	□No	
3.5.2	Whether emergency drug trolley av	vailable in	🗆 Yes	□No	
	operation theatre				
3.5.3	If yes, which of the following are pres	sent in eme	ergency drug tro	olley (tick in box as applica	ıble)
	Inj. Oxytocin (to be kept in fridge)	🗌 🗆 Inj. I	Magsulf 50%	Inj. Calcium gluco	nate-10%
	Inj. Dexamethasone	🗆 Inj. /	Ampicillin	Inj. Gentamicin	
	🗆 Inj. Metronidazole	🗌 Inj.	Lignocaine-2%	🗌 Inj. Adrenaline, In	j.
	Hydrocortisone Succinate	🗌 Inj. I	Diazepam	🗌 Inj. Pheneramine	maleate
	Inj. Carboprost, Inj.	🗌 Fort	win	🗌 Inj. Phenergan	
	Ringer lactate	🗆 Nori	mal saline	Betamethasone	
	Inj. Hydrazaline	🗆 Nefi	depin	🗌 Methyldopa	
	Mouth gag	🗆 IV C	anula	\Box Vials for sample of	ollection
	□ IV sets with 16-gauge needle (X2)	Con [±]	trolled suction c	atheter	
3.5.4	Newborn care corner present in the o	operation	□ Yes	□ No	
	theatre				
3.5.5	If yes, which of the following ame	nities are			
	available			_	
	• Functional radiant warmer		□ Yes	□ No	
	• Self-inflating bag and mask (size 0)		□ Yes	□ No	
	• Self-inflating bag and mask (size 1)		☐ Yes		
	• Mucus extractor with suction tube		□ Yes □ Yes	□ No □ No	
	Oxygen hood (neonatal)Warming lamp with 200W bulb		□ Yes		
	 Laryngoscope (neonatal) 		□ Yes		
	Newborn digital weighing scale		□ Yes		
3.5.6	Which of the following equipment ar	e available			
	Equipment	Code		Juipment	Code
	OT tables		Multi para moi	• •	
	Ceiling lights		Surgical diathe		
	Ventilator		Pulse oximeter		

 ² Code set for laboratory/diagnostic equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available

³ Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available

Equipment	Code	Equipment	Code
Mobile lights		Adult Stethoscope	
Laparoscopes		Electrical Suction apparatus	
Blood Pressure Machine		Oxygen Cyl. (Black) with regulator	
Thermometer		Cheatle Forcep	
Anesthesia machine (Boyle's app.)		Artery Forcep	
Adult resuscitation kit		Saucepan with lid	
MVA/EVA syringe & cannula		Oropharyngeal airway (adult)	
Endotracheal tubes (adult)		Nitrous oxide cylinder (Blue)	
Spinal needle SS 4		IV Cannula No. 20	
IV Cannula No. 18		Laryngoscope with adult blades	
Sterilization set (men & women)		LSCS set	
Halothane/Enflurane vaporiser		Foley's Catheter	

3.6 Blood Bank/Blood Storage Unit

3.6.1	Whether blood bank or blood storage unit available at DH	□ Yes	□No
3.6.2	If yes, whether it is functional	□ Yes	□No
3.6.3	Whether refrigerators available at the BB/BSU functional		
3.6.4	Whether regular temperature monitoring done at blood refrigerators	□ Yes	□No
3.6.5	Whether sufficient number of blood bags available ⁴	□ Yes	□No
3.6.6	Specify the number of blood bags issued during last 3 months		

3.7 Cold chain room for vaccines

3.7.1	Whether separate room for storage of vaccines available	□ Yes	□No		
3.7.2	If yes, whether it is functional	□ Yes	🗆 No		
3.7.4	Which of the following equipment is available at the cold chain room, its number and function				
	status				
Equipment Number available Number function				Number functional	
3.7.3.1	Ice lined refrigerator				
3.7.3.2	Deep freezer				
3.7.3.3	Vaccine carrier				
3.7.3.4	Thermometers for temperature monitoring				
3.7.3.5	Voltage stabilizers				
3.7.4	Availability of vaccines/diluents at the cold chain roc	om during la	st 3 months (en	ter code)⁵	

⁴ Discuss with staff and requirement of blood bags before responding (assess using number of blood bags issued in last 3 months

 ⁵ Code set for vaccines & diluents: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months
 3. Not available during last 3 months
 4. Not applicable
 5. Record not maintained

	Vaccine /diluent	Code	Vaccine /diluent	Code
	TT vaccine		Measles vaccine	
	BCG vaccine		Hepatitis B vaccine	
	tOPV vaccine		Pentavalent vaccine	
	DPT vaccine		JE vaccine	
	BCG diluent		Measles diluent	
	JE diluent		MMR Vaccine	
3.7.5	Overall cleanliness / hygiene conditi cold chain room	ons of the	□Good □ Fair □Poor	

3.8 MCH clinic

3.8.1	Whether separate MCH	l clinic availabl	e at DH	🗆 Yes	🗆 No		
3.8.2	Overall cleanliness / hygiene conditions of the			Good	🗆 Fair	🗆 Poor	
	MCH clinic						
3.8.3	Whether immunization	services are	provided	□ Yes	🗆 No		
	at the clinic						
3.8.4	Whether ANC services a	re provided at	the clinic	🗆 Yes	🗆 No		
3.8.5	Which of the following lo	gistics are avail	able				
	Digital weighing	□ Yes	🗆 No	ORS packets		🗆 Yes	🗆 No
	machine						
	Examination Table	🗆 Yes	🗆 No	Condoms		🗆 Yes	🗆 No
	Disposable syringes	□ Yes	🗆 No	Oral contrace	eptive pills	🗆 Yes	🗆 No
	AD syringes (0.1 ml)	🗆 Yes	🗆 No	Hub cutter		🗆 Yes	🗆 No
	AD syringes (0.5 ml)	□ Yes	🗆 No	Red and blac	k bags for	🗆 Yes	🗆 No
				disposal			
	IFA tablets	🗆 Yes	🗆 No			🗆 Yes	🗆 No

3.9 Drug store

3.9.1	Whether drug store available at distri	ict hospital	□ Yes □ No		
3.9.2	If yes, is there a dedicated staff mem	ber to look	🗆 Yes 🛛 No		
	after store				
3.9.3	Availability of drugs and supplies in the o	drug store ro	oom during last 3 months (enter code) ⁶		
	Drugs/supplies	Code	Drugs/supplies	Code	
	Tablet Ibuprofen		Syrup/Tablet Ampicillin		
	Tablet Albendazole		Tablet Dicyclomine		
	Tablet Erythromycin		Tablet Diclofenac		
	Tablet Metronidazole		Tablet Tinidazole		
	Injection Metronidazole		Injection Sodium Bicarbonate		
	Tablet Ampicillin		Ciprofloxacin eye ointment		
	Syrup Domeperidone		Dexamethasone		
	Tablet/Syrup Nevirapine		Diazepam		
	Injection Adrenaline		Injection Gentamicin		
	Injection Sodium Chloride		Tablet Mebendazole		

 ⁶ Code set for drugs and supplies: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months (partial stock out)
 3. Not available during last 3 months (absolute stock out)

Drugs/supplies	Code	Drugs/supplies	Code
Injection Fortwin		Injection Amikacin	
Injection Ketamine		Injection Calcium Gluconate	
Injection Paracetamol		Injection Ranitidine	
Injection Phenytoin		Injection Metoclopramide	
Injection Atropine Sulphate		Injection Iron Sucrose	
Injection Insulin		Pediatric IV fluid (Isolyte P)	
Tablet/Syrup Paracetamol		Zinc Sulphate Dispersible Tablet	
Tablet/Syrup Choloroquin		Injection Magnesium Sulphate	
Inj/Tablet Betamethasone		Injection Ceftriaxone	
Oral Contraceptive Pills		Tablet Misoprostol	
Emergency Contraceptive Pills		IFA Tablets (Large)	
Povidone Iodine Ointment		IFA Tablets (Small)	
Syrup Salbutamol		Salbutamol Nebulizing solution	
IUCD Kit – Suraksha 5		IUCD Kit – Suraksha 10	
Tablet Mifepristone		ORS Packets	
IFA Syrup		Vitamin K	
Vitamin A Syrup		Condom	
MCP Cards		Sanitary Napkins	
Tab CoTrimoxazole		Tubal Rings	

3.10 Other services at the district hospital:

3.10.1	Whether Wards for in patients available	□ Yes	□No
3.10.1.1	If yes, which of the following amenities are available		
	Separate male and female wards	□ Yes	□No
	Sweeper for ensuring cleanliness	🗆 Yes	🗆 No
	 Provision for hand washing 	🗆 Yes	□No
	 Overall cleanliness in good condition 	🗆 Yes	□No
3.10.1.2	Total number of beds available in (specify numb	ers)	
	Male ward		
	Female ward		
	Paediatric ward		
3.10.2	Separate room for AFHC available	🗆 Yes	□ No
3.10.3	Integrated Counselling & Testing Centre (ICTC) available	□ Yes	□No
3.10.4	PPTCT centre available ⁷	🗆 Yes	□No
3.10.5	Functional laundry/washing services available	🗆 Yes	□No
3.10.6	Dietary services available	□ Yes	□No
3.10.7	Equipment maintenance/ repair mechanism present (e.g. AMC)	□ Yes	□No
3.10.8	Complaint/suggestion box available	🗆 Yes	□No
3.10.9	Functional help desk available	□ Yes	□No
3.10.10	Grievance redressal mechanism functional	🗆 Yes	□ No

⁷ PPTCT: Prevention of Parent to Child Transmission (of HIV)

3.10.11	Separate computer available for feeding HMIS & MCTS	□ Yes	□No					
3.10.12	Internet connectivity available for computer	🗆 Yes	□No					
3.10.13	Emergency duties – which of the following are a	vailable on	call in case of emergency					
	Gynaecologist	🗆 Yes	□No					
	Anaesthetist	🗆 Yes	□ No					
	Paediatrician	🗆 Yes	□ No					
	Medical Officer	🗆 Yes	□No					
3.10.14.1	Ambulance for transportation of MCH beneficiaries available	□ Yes	□No					
3.10.14.2	If yes - (specify number)							
	Total number of ambulances available							
	Number of functional ambulances							

Section 4: Staff details:

Category Number		er Number of staff members trained in (mention number trained in respective cells)											in			
		Sanctioned	In position	SBA	BmOC	MTP	Minilap PPS	NSV	CEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	РРТСТ	NSSK	FIMNCI
1	Obs. & Gynaecologist															
2	Anesthetist															
3	Pediatrician															
4	General Surgeon															
5	Other Specialists															
6	Medical Officers															
7	Lady Medical Officers															
8	AYUSH Medical Officers															
9	Staff Nurses															
10	ANM															
11	Lab Technicians															
12	Pharmacist															
13	LHV/PHN															
14	Radiographers															
15	RMNCH+A Counselors															
16	Other															

Remarks

Section 5: Service Delivery in last 6 month (*i.e. reporting month ended before the survey month, check from HMIS and other available reports*)

S.No.	Parameter in numbers	Q1	Q2
1.	# of OPD (total number)		
2.	# of IPD (total number)		
3.	# of Pregnant women registered in first trimester		
4.	# of pregnant women received 3 ANC out of total registered women till date		
5.	# of pregnant women received 4 ANC out of total registered women till date		
6.	# Pregnant women given 100 IFA tablets		
7.	# Pregnant women referred		
8.	# Deliveries conducted		
9.	# Deliveries with obstetric complications		
10.	# of assisted deliveries (Ventouse/Forceps)		
11.	# of C sections conducted		
12.	# New borns resuscitated		
13.	# Children screened for birth defects under RBSK		
14.	# of admissions in NBSU/SNCU - Inborn		
15.	# of admissions in NBSU/SNCU - Outborn		
16.	# Sick children referred		
17.	# of children admitted with Severe Acute Malnutrition (SAM)		
18.	# Children given ORS + Zinc		
19.	# Children given Vitamin A syrup		
20.	# Children given IFA syrup/tablet		
21.	# Infants receiving measles vaccination		
22.	# Infants fully immunized ⁸		
23.	# of RTI/STD treated		
24.	# PP IUCD insertions		
25.	# Interval IUCD insertions		
26.	# of MTPs conducted		
27.	# of Minilap done		
28.	# of Tubectomy done		
29.	# of Vasectomy done		
30.	# of women who accepted Post Partum FP services		
31.	# of adolescents attending AFHC		
32.	# of MTP conducted in first trimester		
33.	# of MTP conducted in second trimester		
34.	# data updated in MCTS		
35.	# Maternal Deaths recorded		
36.	# Still births recorded		
37.	# Neonatal deaths recorded		
38.	# Infant deaths recorded		
39.	# of under 5 years deaths recorded		

⁸ Fully immunized children are those who have received one dose of BCG, 3 doses of DPT, OPV and Hepatitis B and one dose of Measles before completing one year of age

Section 6: Quality parameters of the facility

Assess by putting probing questions and assess knowledge of staff nurses

Score knowledge on scale of 1 to 3 (1: no knowledge; 2: partial knowledge; 3: complete knowledge)

S.No.	Parameter	Knowledge
1.	Measurement of Blood Pressure Normal range of blood pressure, how to measure using stethoscope and sphygmomanometer/ cuff, whose blood pressure should be recorded	
2.	Management of sick neonates & infants Process of case management: assess, classify, identify treatment, treat the child, counsel the mother and provide follow up treatment	
3.	Identification of high risk pregnancy Danger signs during pregnancy: any bleeding in pregnancy, generalized swelling of body, seizures, high fever, premature labour, history of foetal malpresentation, severe anemia, medical disorders (heart disease, jaundice, tuberculosis, hepatitis, diabetes, previous caesarean delivery	
4.	Adherence to Infection Management & Environment Protocols (IMEP) Hand washing, PPE gloves, 0.5% chlorine solution, instrument processing (decontamination, cleaning, HLD, sterilization), autoclaving, bio medical waste segregation, cleaning of equipment and surfaces	
5.	Manage biomedical waste Disinfection with 1% hypochlorite solution; disposal in pit or outsourced	
6.	Waste segregation in colour coded bins Four different buckets (Yellow: all human anatomical waste, Blue: all sharp infectious waste; Red: all non sharp infectious waste; Black: waste resembling household waste)	
7.	Correct use of Partograph Used to record: infant heart rate, cervical dilatation, uterine contractions per 10 minutes, mother heart rate and blood pressure, temperature of mother	
8.	Correct technique of breast feeding Correct positioning, correct attachment, correct frequency (at least 8 times per day)	
9.	Providing Essential newborn care Warmth, immediate breathing (resuscitation at birth), thermoregulation, early initiation of breast feeding, weighing the neonate, inspecting newborn for gross congenital anomalies & six cleans	
10.	Identification of signs of Pneumonia Fast breathing (60 breathes per minute or more), severe chest in-drawing, nasal flaring or grunting and axillary temperature 37.5 degree C or more	
11.	IUCD insertion "No Touch" technique; post partum insertion – within 10 minutes/48 hours/intra C section; Interval IUCD – after 6 weeks of delivery; follow up for complications e.g. missing thread, pain in abdomen, fever, foul smelling discharge, abnormal bleeding	
12.	Identification of signs of dehydration Severe dehydration (lethargic or unconscious, sunken eyes, skin pinch goes very slowly); moderate dehydration (restless, irritable, sunken eyes, skin pinch goes slowly); no dehydration (not enough signs to classify as severe or moderate dehydration)	
13.	Correct administration of vaccines Intramuscular: TT, DPT, Hepatitis B; Intradermal: BCG; Subcutaneous: Measles, JE; Oral: OPV	
14.	Corrective action taken on MDR finding	
15.	Updated entry in MCP card Enter information on Hb, weight, blood pressure and TT; update growth chart; enter vaccination date, update counterfoils	
16.	Entry in MCTS	

Section 7: Referral linkages in last 6 months (for 108 ambulance service)

S.	Linkage	Mode of	transport	# Womer	n transport	ed during	# Sick infants	# Children 1-6 years	
No.		Govt.	Private	ANC	INC	PNC	transported	transported	
1.	Home to facility								
2.	Inter facility								
3.	Facility to home (drop back)								

Section 8: Supervisory visits to DH by district & state level officials during last 6 months (check records)

S. No.	Name of supervisor	Designation	Place of posting	Date of visit	Specific feedback provided

Section 9: Record maintenance (look records at OPD, delivery room, MCH clinic & NRHM)

S. No.	Record	Status (code list) ⁹
1.	Out Patient Register	
2.	In Patient Register	
3.	ANC Register	
4.	PNC Register	
5.	Indoor bed head ticket	
6.	Labour room Register	
7.	Operation Theatre Register	
8.	Referral Register (in and out)	
9.	Line list of severely anemic pregnant women	
10.	Partographs	
11.	Record of expenditure of untied funds	
S. No.	Record	Status (code list) ¹⁰
12.	Record of expenditure of Annual Maintenance Grant	
13.	Percent expenditure of untied fund (record in percent)	
14.	Percent expenditure of AMG (record in percent)	
15.	Record of expenditure of RKS	
16.	JSY Payment Register	
17.	Percent expenditure of RKS (record in percent)	
18.	Family Planning Operation register	
19.	Drug Stock Register	
20.	Immunization register at fixed immunization clinic	
21.	Family Planning Service Register	

 ⁹ Code list for record maintenance: 1. Available, updated and all fields correctly filled 2. Available, updated but all fields not correctly filled, 3. Available but not updated 4. Available but not available at the facility during visit 5. Not provided
 ¹⁰ Code list for record maintenance: 1. Available, updated and all fields correctly filled 2. Available, updated but all fields not correctly filled, 3. Available but not updated 4. Available but not available at the facility during visit 5. Not provided to the facility filled 5. Not provided

S. No.	Record	Status (code list) ¹⁰
22.	Blood bank stock register	
23.	Maternal Death Review Register	
24.	Infant and Neonatal Death Review Register	

Section 10: Exit interviews of 5 mothers and care takers at time of discharge or in post natal ward

S. No.	Record	Client 1	Client 2	Client 3	Client 4	Client 5
1.	Mothers initiated breast feeding within	□ Yes				
	one hour of normal delivery	□ No				
2.	Colostrum provided to the newborn	□ Yes				
		□ No				
3.	Newborn given zero dose of OPV	□ Yes				
	before discharge	□ No				
4.	Newborn administered BCG vaccine	🗆 Yes				
	after delivery or before discharge	□ No				
5.	Newborn administered Hepatitis B birth	🗆 Yes				
	dose within 24 hours of birth	□ No	🗆 No	🗆 No	🗆 No	🗆 No
6.	Mothers provided with counselling on	□ Yes	🗆 Yes	🗆 Yes	🗆 Yes	🗆 Yes
	Infant and Young Child Feeding (IYCF)	🗆 No				
7.	Mothers provided with counselling on	🗆 Yes				
	family planning methods	🗆 No				
8.	Mothers asked to stay for 48 hours at	□ Yes				
	facility after delivery	🗆 No				
9.	JSY payment given before discharge	□ Yes	🗆 Yes	🗆 Yes	🗆 Yes	🗆 Yes
		🗆 No				
10.	If yes, JSY payment done by bearer or	🗆 Yes				
	account payee cheque or bank transfer	□ No	🗆 No	🗆 No	🗆 No	🗆 No
11.	During stay at facility diet was provided	□ Yes	🗆 Yes	🗆 Yes	🗆 Yes	🗆 Yes
	free of charge	🗆 No	🗆 No	🗆 No	□ No	🗆 No
12.	Any expenditure incurred by mother on	□ Yes				
	travel, drugs or diagnostics (specify)	🗆 No	🗆 No	🗆 No	🗆 No	□ No

Remarks

B. First Referral Unit (FRU) Facilities

District:	Block:	Distance from district HQ:
Name of FRU facility:	Catchment	Population:
Facility code:	Total no. of villages and ha	mlets:
Date of last supervisory visit://	Date of data collection: Fron	n// to//
Names of investigators:		

Section 1: Physical Infrastructure of the FRU facility

1.1	Type of building	□ Government □ Shared □ Rented
1.2	Building connected by approach path from	□ Yes, path is in good motorable condition
	nearest road head	\Box Yes, but path is not in motorable condition
		\Box Not connected by approach path
1.3.1	Water supply available	□ Yes 24X7 hours
		□ Yes, but not 24X7 hours
		□ No supply
1.3.2	If water supply is available than what is the	□ Tap water □ Well
	source of supply:	□ Hand pump □ Other ()
		□ Not applicable
1.4.1	Electricity connection available	🗆 Yes 🛛 No
1.4.2	Functional power back up available	□ Yes, by generator
		□ Yes, by solar equipment
		Available but not functional
		Other (specify:)
1.5	Availability of government quarters for staff (tic	ck as applicable)
1.5.1	Medical Officers	Available, in habitable condition
		Available, not in habitable condition
		□ Not available
1.5.2	Staff Nurses	Available, in habitable condition
		Available, not in habitable condition
		□ Not available
1.5.3	Other staff categories	Available, in habitable condition
		Available, not in habitable condition
		□ Not available
1.6	Separate toilets available for men and women	□ Yes, in clean and hygienic condition
		☐ Yes, not in clean and hygienic condition
		☐ Yes, but not in use —
		Separate toilets not available
		No toilet is available
1.7	Mechanism for waste disposal	□ Burn in a pit □ Buried in a pit
	(multiple response)	Outsourced Thrown in premises
		Thrown in common public place
		Other (specify)

1.8	Fire extinguisher available at facility	□ Yes	□ No	
1.9.1	Physical condition of FRU building	Good	🗆 Fair	□ Poor
1.9.2	Cleanliness in FRU building	Good	🗆 Fair	🗆 Poor
1.9.3	Cleanliness in FRU premises	Good	🗆 Fair	□ Poor

Section 2: Display of IEC material and protocols

2.1	Directions to facility on approach roads	□ Displayed	□ Not displayed
2.2	Medical Officer's duty roster	□ Displayed	□ Not displayed
2.3	OPD Timings	□ Displayed	□ Not displayed
2.4	List of services available	□ Displayed	□ Not displayed
2.5	Incentives for ASHA	□ Displayed	□ Not displayed
2.6	Map of catchment area	□ Displayed	□ Not displayed
2.7	Essential drug list	□ Displayed	□ Not displayed
2.8	Immunization schedule	□ Displayed	□ Not displayed
2.9	ANM roster	□ Displayed	□ Not displayed
2.10	JSY entitlements	□ Displayed	□ Not displayed
2.11	JSSK entitlements	□ Displayed	□ Not displayed
2.12	IEC material for MCH related programs	□ Displayed	□ Not displayed
2.13	Citizen Charter at the facility	□ Displayed	□ Not displayed

Section 3: Service delivery at FRU facility

3.1. Labour/delivery room

3.1.1	Separate labour room available	□ Yes	□No	
3.1.2	If yes, which of the following amenities are available			
	• 24X7 piped water supply to the room	□ Yes	□No	
	• Elbow tap	🗆 Yes	□No	
	 Soap for hand washing 	□ Yes	□No	
	• Regular sterilization of room (check records)	🗆 Yes	□ No	
	 Functioning electricity powered lamp 	🗆 Yes	□ No	
	 Functional toilet facility attached to room 	🗆 Yes	□ No	
3.1.3.1	Labour table available in the labour room	🗆 Yes	□No	
3.1.3.2	If yes, which of the following are present in labo	oour table (tick in box if applicable)		
	Mackintosh kelly pads Buckets		Stepping stool	
3.1.4.1	Delivery set available at labour room	🗆 Yes	□No	
3.1.4.2	Which of the following items of delivery set are	available in	labour room (tick in box if applicable)	
	□ Gloves □ Scissor		Artery forceps	
	□ Cord clamp □ Sponge holdir	ng forceps	Urinary catheter	
	□ Gauze pieces □ Bowl for antis	eptic lotion	Cotton swabs	
	□ Speculum □ Sanitary pads		🗆 Kidney tray	
3.1.5.1	Episiotomy set/tray available at labour room	🗆 Yes	□No	

3.1.5.2	Which of the following items of Episiotomy set/tray are available in labour room					
	□ Inj. Xylocaine 2% □ Artery	□ Artery forceps			Episiotomy scissor	
	□ Allis forceps □ 10 ml o	disposable	e syringe with	needle		
	□ Sponge holding forceps □ Toothe	d forceps			Needle holder	
	□ Gauze pieces □ Needle	e (round b	ody and cutti	ng)		
	Chromic catgut Cotton	swabs			Thumb forceps	
	Gloves Gloves Antise	ptic lotior	1			
3.1.6.1	Medicine tray available at labour roon	า	□ Yes	🗆 No		
3.1.6.2	Which of the following medicines are	available	in labour rooi	ຠ (tick in box	if applicable)	
	□ Inj. Oxytocin (to be kept in fridge)	🗆 Сар	Ampicillin 50	0 mg	Tab Paracetamol	
	Tab Metronidazole 400 mg	🗌 Tab	Ibuprofen		Tab B complex	
	Ringer Lactate	🗆 Nor	mal Saline		Methyldopa	
	□ Tab. Misoprostol 200 micrograms	🗆 Inj.	Gentamycin		🗆 Vitamin K	
	Inj. Betamethasone	🗆 Inj.	Hydrazaline		Nefidepin	
3.1.7	Other equipment available in the labo	ur room (tick in box if app	licable)		
	Colour coded bins	🗆 Blo	od Pressure N	/lachine	Thermometer	
	Adult Stethoscope	□ Lamp/Torch			IV Stand	
	Oxygen Cylinder with regulator	🗆 Parte	ograph Charts	5	🗆 D & C set	
	Disposable Delivery Kit					
3.1.8	Overall cleanliness/hygiene conditions	s of	Good	🗆 Fair	🗆 Poor	
	labour room (record by observation)					

3.2 Newborn care corner

3.2.1	Separate newborn care corner available	□ Yes	□No
3.2.2	If yes, which of the following amenities are available		
	• Located in the labour room	🗆 Yes	🗆 No
	 Functional radiant warmer 	□ Yes	□No
	 Self-inflating bag and mask (size 0) 	🗆 Yes	□No
	 Self-inflating bag and mask (size 1) 	🗆 Yes	□No
	 Mucus extractor with suction tube 	🗆 Yes	□ No
	 Oxygen hood (neonatal) 	🗆 Yes	□ No
	 Warming lamp with 200W bulb 	🗆 Yes	□ No
	 Laryngoscope (neonatal) 	🗆 Yes	□ No
	Newborn digital weighing scale	□ Yes	□ No
3.2.3	Overall cleanliness / hygiene conditions of newborn care corner (record by observation)	□ Good □] Fair 🗌 Poor
3.2.4.1	Neonatal resuscitation kit available at the newborn care corner	□ Yes	□No
3.2.4.2	If yes, which of the following are present in kit	(tick in the box i	if applicable)
	□ Two pre-warmed sheets for wrapping □	☐ Cotton swabs	□ Mucus extractor
	□ Sterilized thread for cord/cord clamp □	∃ Bag & mask	□ Gloves
	□ Nasogastric tube [🗌 Inj. Vitamin K	Needle & syringe

3.3 Other facilities for <5 children

3.3.1	Whether newborn stabilization unit/Special 🗆 Yes 🛛 No	
	Newborn Care Unit (SNCU) available	

3.3.2	If yes, which of the following amenities are available		
	Located close to or in maternity ward	□ Yes	No
	 Digital weighing scale 	🗆 Yes	□ No
	 Functional radiant warmer 	🗆 Yes	□No
	 Phototherapy unit 	□ Yes	□No
	 Infant feeding tubes 	🗆 Yes	□No
	Pediatric Stethoscope	🗆 Yes	□No
3.3.3	Whether Nutritional Rehabilitation Centre	□ Yes	🗆 No
	(NRC) available		

3.4 Laboratory facility

3.4.1	Whether separate room for laborator at the facility	e 🗆 Yes 🔅 🗋 No				
3.4.2	· · ·	I ng kits and reagents are available in the laboratory				
	Equipment	Code	Equipment		t	Code
	Hemoglobinometer		Centrifuge			
	Microscope		Semi auto-	analyzer		
	Sulphuric acid		Benedict s	olution		
	ABO Antibody reagent		Rh antibody reagent			
	Pregnancy Testing Kit		Urine Albumin Testing Kit		Kit	
	Blood Sugar Testing Kit		HbsAg test	ing kit		
3.4.3	Which of the following tests are con-	ducted in th	ne laborator	y (tick in the	applicable)	
	If yes mention the number of tests d	lone in last	6 months			
	Laboratory test			or No	Done in last	6 months
3.4.3.1	Hemoglobin		□ Yes	🗆 No		
3.4.3.2	Urine albumin		□ Yes	🗆 No		
3.4.3.3	Serum bilirubin		□ Yes	🗆 No		
3.4.3.4	RPR (Rapid Plasma Reagin) test for s	yphilis	🗆 Yes	🗆 No		
3.4.3.5	RPR (Rapid Plasma Reagin) test for t	yphoid	🗆 Yes	🗆 No		
3.4.3.6	TB (sputum for AFB)		🗆 Yes	🗆 No		
3.4.3.7	Liver Function Test		🗆 Yes	🗆 No		
3.4.3.8	Complete Blood Picture		🗆 Yes	🗆 No		
3.4.3.9	Urine sugar		□ Yes	🗆 No		
3.4.3.10	Blood sugar		🗆 Yes	🗆 No		
3.4.3.11	Malaria test (Peripheral smear or Rapi Test)	d Diagnostic	□ Yes	□ No		
3.4.3.12	HIV test (RDT)		🗆 Yes	🗆 No		
3.4.4	Which of the following diagnostic equipment is available at the district hospital (enter code) ¹² If yes mention the number of diagnostic tests done in last 6 months					

 ¹¹ Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available (for reagents only use codes 1 and 4)

¹² Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available

	Diagnostic tests	Code	Done in last 6 months
3.4.4.1	Ultrasound scan		
3.4.4.2	X ray		
3.4.4.3	Endoscopy		
3.4.4.4	ECG		
3.4.4.5	Foetal Doppler		
3.4.4.6	Foetal Cardio Toco Graphy (CTG)		
3.4.4.7	CT scan		

3.5 Operation theatre

3.5.1	Whether emergency drug tray av operation theatre	□ Yes	∃Yes □No		
3.5.2	Whether emergency drug trolley a operation theatre	□ Yes	□No		
3.5.3	3 If yes, which of the following are present in emer 3 If yes, which of the following are present in emer 3 Inj. Oxytocin (to be kept in fridge) Inj. N 4 Inj. Dexamethasone Inj. A 5 Inj. Metronidazole Inj. L 6 Hydrocortisone Succinate Inj. D 6 Inj. Carboprost, Inj. Fortv 7 Ringer lactate Norm 6 Inj. Hydrazaline Nefid 7 Mouth gag IV Ca		Magsulf 50%Inj. Calcium gluconAmpicillinInj. GentamicinLignocaine-2%Inj. Adrenaline, Inj.DiazepamInj. Pheneramine mtwinInj. Phenerganmal salineBetamethasoneidepinMethyldopa		nate-10% j. maleate
3.5.4	Newborn care corner present in the theatre	operation	□ Yes	□No	
3.5.5	If yes, which of the following ame available • Functional radiant warmer • Self-inflating bag and mask (size 0) • Self-inflating bag and mask (size 1) • Mucus extractor with suction tube • Oxygen hood (neonatal) • Warming lamp with 200W bulb • Laryngoscope (neonatal) • Newborn digital weighing scale	 ☐ Yes 	□ No □ No □ No □ No □ No □ No □ No		
3.5.6	Which of the following equipment a				Cada
	Equipment OT tables	Code	Eq Multi para mor	uipment nitors	Code
	Ceiling lights		Surgical diathe		
	Ventilator		Pulse oximeter		
	Mobile lights	Adult Stethosc	ope		
	Laparoscopes		Electrical Suction apparatus		
	Blood Pressure Machine		Oxygen Cyl. (Bl		
	Thermometer		Cheatle Forcep		
	Anesthesia machine (Boyle's app.)		Artery Forcep		

¹³ Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available

Equipment		Equipment	Code
Adult resuscitation kit		Saucepan with lid	
MVA/EVA syringe & cannula		Oropharyngeal airway (adult)	
Endotracheal tubes (adult)		Nitrous oxide cylinder (Blue)	
Spinal needle SS 4		IV Cannula No. 20	
IV Cannula No. 18		Laryngoscope with adult blades	
Sterilization set (men & women)		LSCS set	
Halothane/Enflurane vaporiser		Foley's Catheter	

3.6 Blood Bank/Blood Storage Unit

3.6.1	Whether blood bank or blood storage unit available at DH	□ Yes	□No
3.6.2	If yes, whether it is functional	🗆 Yes	□No
3.6.3	Whether refrigerators available at the BB/BSU functional		
3.6.4	Whether regular temperature monitoring done at blood refrigerators	□ Yes	□No
3.6.5	Whether sufficient number of blood bags available ¹⁴	□ Yes	□No
3.6.6	Specify the number of blood bags issued during last 3 months		

3.7 Cold chain room for vaccines

3.7.1	Whether separate room for storage available	□ Yes □ No			
3.7.2	If yes, whether it is functional		□ Yes □ No		
3.7.4	Which of the following equipment is a	vailable at t	he cold chain room, its n	umber and func	tion status
	Equipment		Number available	Number fu	nctional
3.7.3.1	Ice lined refrigerator				
3.7.3.2	Deep freezer				
3.7.3.3	Vaccine carrier				
3.7.3.4	Thermometers for temperature mor	nitoring			
3.7.3.5	Voltage stabilizers				
3.7.4	Availability of vaccines/diluents at th	ne cold chai	n room during last 3 mo	onths (enter co	de)15
	Vaccine /diluent	Code	Vaccine /dilu	Code	
	TT vaccine		Measles vaccine		
	BCG vaccine		Hepatitis B vaccine		
	tOPV vaccine		Pentavalent vaccine		
	DPT vaccine		JE vaccine		
	BCG diluent	Measles diluent			
JE diluent		MMR Vaccine			
3.7.5 Overall cleanliness / hygiene conditions of the cold chain room		□Good □ Fair	□ Poor		

¹⁴ Discuss with staff and requirement of blood bags before responding (assess using number of blood bags issued in last 3 months)
 ¹⁵ Code set for vaccines & diluents: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months
 3. Not

available during last 3 months 4. Not applicable 5. Record not maintained

3.8 MCH clinic

3.8.1	Whether separate MCH	□ Yes	🗆 No				
3.8.2	Overall cleanliness / hy	giene conditio	ons of the	Good	🗆 Fair	🗆 Poor	
	MCH clinic						
3.8.3	Whether immunization	services are	provided	□ Yes	🗆 No		
	at the clinic						
3.8.4	Whether ANC services a	re provided at	the clinic	□ Yes	🗆 No		
3.8.5	Which of the following lo	gistics are avail	able				
	Digital weighing machine	□ Yes	□ No	ORS packets	5	□ Yes	□ No
	Examination Table	□ Yes	🗆 No	Condoms		□ Yes	□No
	Disposable syringes	🗆 Yes	🗆 No	Oral contrac	eptive pills	□ Yes	🗆 No
	AD syringes (0.1 ml)	🗆 Yes	🗆 No	Hub cutter		🗆 Yes	🗆 No
	AD syringes (0.5 ml)	🗆 Yes	🗆 No	Red and bla	ck bags for	□ Yes	🗆 No
				disposal			
	IFA tablets	□ Yes	🗆 No			□ Yes	□No

3.9 Drug store

3.9.1	Whether drug store available at the facility		🗆 Yes 🛛 No	
3.9.2	If yes, is there a dedicated staff member to look		🗆 Yes 🛛 No	
	after store			
3.9.3	Which of the following drugs and suppli	es are availa	ble in the drug store room (enter code) ¹⁶	
	Drugs/supplies	Code	Drugs/supplies	Code
	Tablet Ibuprofen		Syrup/Tablet Ampicillin	
	Tablet Albendazole		Tablet Dicyclomine	
	Tablet Erythromycin		Tablet Diclofenac	
	Tablet Metronidazole		Tablet Tinidazole	
	Injection Metronidazole		Injection Sodium Bicarbonate	
	Tablet Ampicillin		Ciprofloxacin eye ointment	
	Syrup Domeperidone		Dexamethasone	
	Tablet/Syrup Nevirapine		Diazepam	
	Injection Adrenaline		Injection Gentamicin	
	Injection Sodium Chloride		Tablet Mebendazole	
	Injection Fortwin		Injection Amikacin	
	Injection Ketamine		Injection Calcium Gluconate	
	Injection Paracetamol		Injection Ranitidine	
	Injection Phenytoin		Injection Metoclopramide	
	Injection Atropine Sulphate		Injection Iron Sucrose	
	Injection Insulin		Pediatric IV fluid (Isolyte P)	
	Tablet/Syrup Paracetamol		Zinc Sulphate Dispersible Tablet	
	Tablet/Syrup Choloroquin		Injection Magnesium Sulphate	
	Inj/Tablet Betamethasone		Injection Ceftriaxone	

 ¹⁶ Code set for drugs and supplies: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months (partial stock out)
 3. Not available during last 3 months (absolute stock out)

Drugs/supplies	Code	Drugs/supplies	Code
Oral Contraceptive Pills		Tablet Misoprostol	
Emergency Contraceptive Pills		IFA Tablets (Large)	
Povidone Iodine Ointment		IFA Tablets (Small)	
Syrup Salbutamol		Salbutamol Nebulizing solution	
IUCD Kit – Suraksha 5		IUCD Kit – Suraksha 10	
Tablet Mifepristone		ORS Packets	
IFA Syrup		Vitamin K	
Vitamin A Syrup		Condom	
MCP Cards		Sanitary Napkins	
Tab CoTrimoxazole		Tubal Rings	

3.10 Other services at the district hospital:

3.10.1	Whether Wards for in patients available	□ Yes	□ No
3.10.1.1	If yes, which of the following amenities are available		
	Separate male and female wards	🗆 Yes	□ No
	 Sweeper for ensuring cleanliness 		□ No
	Provision for hand washing		No
	Overall cleanliness in good condition		□ No
3.10.1.2	Total number of beds available in (specify numb	ers)	
	Male ward		
	Female ward		
	Paediatric ward		
3.10.2	Separate room for AFHC available	🗆 Yes	□No
3.10.3	Integrated Counselling & Testing Centre (ICTC) available	□ Yes	No
3.10.4	PPTCT centre available ¹⁷	□ Yes	□No
3.10.5	Functional laundry/washing services available	□ Yes	□ No
3.10.6	Dietary services available	🗆 Yes	□No
3.10.7	Equipment maintenance/ repair mechanism present (e.g. AMC)	□ Yes	□No
3.10.8	Complaint/suggestion box available	🗆 Yes	□ No
3.10.9	Functional help desk available	🗆 Yes	□ No
3.10.10	Grievance redressal mechanism functional	□ Yes	□ No
3.10.11	Separate computer available for feeding HMIS & MCTS	□ Yes	No
3.10.12	Internet connectivity available for computer	□ Yes	□ No
3.10.13	Emergency duties – which of the following are a	vailable on call in	case of emergency
	Gynaecologist	□ Yes	□ No
	Anaesthetist	□ Yes	□ No
	Paediatrician	🗆 Yes	□ No
	Medical Officer	□ Yes	□ No

¹⁷ PPTCT: Prevention of Parent to Child Transmission (of HIV)

3.10.14.1	Ambulance for transportation of MCH beneficiaries Yes No available
3.10.14.2	If yes - (specify number)
	Total number of ambulances available
	Number of functional ambulances

Section 4: Staff details:

Category Number			Number of staff members trained in (mention number trained in respective cells)									in				
		Sanctioned	In position	SBA	BmOC	MTP	Minilap PPS	NSN	CEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	рртст	NSSK	FIMNCI
1	Obs. & Gynaecologist															
2	Anesthetist															
3	Pediatrician															
4	General Surgeon															
5	Other Specialists															
6	Medical Officers															
7	Lady Medical Officers															
8	AYUSH Medical Officers															
9	Staff Nurses															
10	ANM															
11	Lab Technicians															
12	Pharmacist															
13	LHV/PHN															
14	Radiographers															
15	RMNCH+A Counselors															
16	Other															

Remarks

Section 5: Service Delivery in last 6 month *(i.e. reporting month ended before the survey month, check from HMIS and other available reports)*

S.No.	Parameter in numbers	Q1	Q2
1.	# of OPD (total number)		
2.	# of IPD (total number)		
3.	# of Pregnant women registered in first trimester		
4.	# of pregnant women received 3 ANC out of total registered women till date		
5.	# of pregnant women received 4 ANC out of total registered women till date		
6.	# Pregnant women given 100 IFA tablets		
7.	# Pregnant women referred		
8.	# Deliveries conducted		
9.	# Deliveries with obstetric complications		
10.	# of assisted deliveries (Ventouse/Forceps)		
11.	# of C sections conducted		
12.	# New borns resuscitated		
13.	# Children screened for birth defects under RBSK		
14.	# of admissions in NBSU/SNCU - Inborn		
15.	# of admissions in NBSU/SNCU - Outborn		
16.	# Sick children referred		
17.	# of children admitted with Severe Acute Malnutrition (SAM)		
18.	# Children given ORS + Zinc		
19.	# Children given Vitamin A syrup		
20.	# Children given IFA syrup/tablet		
21.	# Infants receiving measles vaccination		
22.	# Infants fully immunized ¹⁸		
23.	# of RTI/STD treated		
24.	# PP IUCD insertions		
25.	# Interval IUCD insertions		
26.	# of MTPs conducted		
27.	# of Minilap done		
28.	# of Tubectomy done		
29.	# of Vasectomy done		
30.	# of women who accepted Post Partum FP services		
31.	# of adolescents attending AFHC		
32.	# of MTP conducted in first trimester		
33.	# of MTP conducted in second trimester		
34.	# data updated in MCTS		
35.	# Maternal Deaths recorded		
36.	# Still births recorded		
37.	# Neonatal deaths recorded		
38.	# Infant deaths recorded		
39.	# of under 5 years deaths recorded		

¹⁸ Fully immunized children are those who have received one dose of BCG, 3 doses of DPT, OPV and Hepatitis B and one dose of Measles before completing one year of age

Section 6: Quality parameters of the facility

Assess by putting probing questions and assess knowledge of staff nurses

Score knowledge on scale of 1 to 3 (1: no knowledge; 2: partial knowledge; 3: complete knowledge)

S.No.	Parameter	Knowledge
1.	Measurement of Blood Pressure Normal range of blood pressure, how to measure using stethoscope and sphygmomanometer/ cuff, whose blood pressure should be recorded	
2.	Management of sick neonates & infants Process of case management: assess, classify, identify treatment, treat the child, counsel the mother and provide follow up treatment	
3.	Identification of high risk pregnancy Danger signs during pregnancy: any bleeding in pregnancy, generalized swelling of body, seizures, high fever, premature labour, history of foetal malpresentation, severe anemia, medical disorders (heart disease, jaundice, tuberculosis, hepatitis, diabetes, previous caesarean delivery	
4.	Adherence to Infection Management & Environment Protocols (IMEP) Hand washing, PPE gloves, 0.5% chlorine solution, instrument processing (decontamination, cleaning, HLD, sterilization), autoclaving, bio medical waste segregation, cleaning of equipment and surfaces	
5.	Manage biomedical waste Disinfection with 1% hypochlorite solution; disposal in pit or outsourced	
6.	Waste segregation in colour coded bins Four different buckets (Yellow: all human anatomical waste, Blue: all sharp infectious waste; Red: all non sharp infectious waste; Black: waste resembling household waste)	
7.	Correct use of Partograph Used to record: infant heart rate, cervical dilatation, uterine contractions per 10 minutes, mother heart rate and blood pressure, temperature of mother	
8.	Correct technique of breast feeding Correct positioning, correct attachment, correct frequency (at least 8 times per day)	
9.	Providing Essential newborn care Warmth, immediate breathing (resuscitation at birth), thermoregulation, early initiation of breast feeding, weighing the neonate, inspecting newborn for gross congenital anomalies & six cleans	
10.	Identification of signs of Pneumonia Fast breathing (60 breathes per minute or more), severe chest in-drawing, nasal flaring or grunting and axillary temperature 37.5 degree C or more	
11.	IUCD insertion "No Touch" technique; post partum insertion – within 10 minutes/48 hours/intra C section; Interval IUCD – after 6 weeks of delivery; follow up for complications e.g. missing thread, pain in abdomen, fever, foul smelling discharge, abnormal bleeding	
12.	Identification of signs of dehydration Severe dehydration (lethargic or unconscious, sunken eyes, skin pinch goes very slowly); moderate dehydration (restless, irritable, sunken eyes, skin pinch goes slowly); no dehydration (not enough signs to classify as severe or moderate dehydration)	
13.	Correct administration of vaccines Intramuscular: TT, DPT, Hepatitis B; Intradermal: BCG; Subcutaneous: Measles, JE; Oral: OPV	
14.	Corrective action taken on MDR finding	
15.	Updated entry in MCP card Enter information on Hb, weight, blood pressure and TT; update growth chart; enter vaccination date, update counterfoils	
16.	Entry in MCTS	

Section 7: Referral linkages in last 6 months (for 108 ambulance service)

S.	Linkage	Mode of	transport	# Women transported during		# Sick infants	# Children 1-6 years	
No.		Govt.	Private	ANC	INC	PNC	transported	transported
1.	Home to facility							
2.	Inter facility							
3.	Facility to home (drop back)							

Section 8: Supervisory visits to DH by district & state level officials during last 6 months (check records)

S. No.	Name of supervisor	Designation	Place of posting	Date of visit	Specific feedback provided

Section 9: Record maintenance (look records at OPD, delivery room, MCH clinic & NRHM)

S. No.	Record	Status (code list) ¹⁹
1.	Out Patient Register	
2.	In Patient Register	
3.	ANC Register	
4.	PNC Register	
5.	Indoor bed head ticket	
6.	Labour room Register	
7.	Operation Theatre Register	
8.	Referral Register (in and out)	
9.	Line list of severely anemic pregnant women	
10.	Partographs	
11.	Record of expenditure of untied funds	
S. No.	Record	Status (code list) ²⁰
12.	Record of expenditure of Annual Maintenance Grant	
13.	Percent expenditure of untied fund (record in percent)	
14.	Percent expenditure of AMG (record in percent)	
15.	Record of expenditure of RKS	
16.	JSY Payment Register	
17.	Percent expenditure of RKS (record in percent)	
18.	Family Planning Operation register	
19.	Drug Stock Register	
20.	Immunization register at fixed immunization clinic	
21.	Family Planning Service Register	
22.	Blood bank stock register	
23.	Maternal Death Review Register	
24.	Infant and Neonatal Death Review Register	

 ¹⁹ Code list for record maintenance: 1. Available, updated and all fields correctly filled
 2. Available, updated but all fields not correctly filled,
 3. Available but not updated
 4. Available but not 6.at the facility during visit
 5. Not provided

 ²⁰ Code list for record maintenance: 1. Available, updated and all fields correctly filled
 2. Available, updated but all fields not correctly filled,
 3. Available but not updated
 4. Available but not at the facility during visit
 5. Not provided

S. No.	Record	Client 1	Client 2	Client 3	Client 4	Client 5
1.	Mothers initiated breast feeding within	□ Yes				
	one hour of normal delivery	□ No	🗆 No	🗆 No	🗆 No	□ No
2.	Colostrum provided to the newborn	□ Yes				
		🗆 No				
3.	Newborn given zero dose of OPV	□ Yes				
	before discharge	🗆 No	🗆 No	🗆 No	🗆 No	□ No
4.	Newborn administered BCG vaccine	□ Yes				
	after delivery or before discharge	🗆 No	🗆 No	🗆 No	🗆 No	□ No
5.	Newborn administered Hepatitis B birth	□ Yes				
	dose within 24 hours of birth	🗆 No				
6.	Mothers provided with counselling on	□ Yes				
	Infant and Young Child Feeding (IYCF)	□ No	🗆 No	🗆 No	🗆 No	🗆 No
7.	Mothers provided with counselling on	□ Yes				
	family planning methods	🗆 No	🗆 No	🗆 No	🗆 No	□ No
8.	Mothers asked to stay for 48 hours at	□ Yes				
	facility after delivery	🗆 No	🗆 No	🗆 No	🗆 No	□ No
9.	JSY payment given before discharge	□ Yes				
		🗆 No	🗆 No	🗆 No	🗆 No	□ No
10.	If yes, JSY payment done by bearer or	🗆 Yes	🗆 Yes	🗆 Yes	🗆 Yes	□ Yes
	account payee cheque or bank transfer	🗆 No	🗆 No	🗆 No	🗆 No	□ No
11.	During stay at facility diet was provided	□ Yes				
	free of charge	□ No	🗆 No	🗆 No	🗆 No	🗆 No
12.	Any expenditure incurred by mother on	□ Yes				
	travel, drugs or diagnostics (specify)	□ No	🗆 No	🗆 No	🗆 No	🗆 No

Section 10: Exit interviews of 5 mothers and care takers at time of discharge or in post natal ward

Remarks

C. Non First Referral Unit (FRU) Facilities

District:	. Block:	Distance from district HQ:
Name of facility:	Catchment Popul	ation:
Facility code:	Total no. of villages and ham	nlets:
Date of last supervisory visit://	Date of data collection: From	/ to//
Names of investigators:		

Section 1: Physical Infrastructure of the non-FRU facility

1.1	Type of building	□ Government □ Shared □ Rented
1.2	Building connected by approach path from nearest road head	 Yes, path is in good motorable condition Yes, but path is not in motorable condition Not connected by approach path
1.3.1	Water supply available	☐ Yes 24X7 hours ☐ Yes, but not 24X7 hours ☐ No supply
1.3.2	If water supply is available than what is the source of supply:	□ Tap water □ Well □ Hand pump □ Other () □ Not applicable
1.4.1	Electricity connection available	□ Yes □ No
1.4.2	Functional power back up available	 Yes, by generator Yes, by solar equipment Available but not functional Other (specify:)
1.5	Availability of government quarters for staff (tid	ck as applicable)
1.5.1	Medical Officers	 Available, in habitable condition Available, not in habitable condition Not available
1.5.2	Staff Nurses	 Available, in habitable condition Available, not in habitable condition Not available
1.5.3	Other staff categories	 Available, in habitable condition Available, not in habitable condition Not available
1.6	Separate toilets available for men and women	 Yes, in clean and hygienic condition Yes, not in clean and hygienic condition Yes, but not in use Separate toilets not available No toilet is available
1.7	Mechanism for waste disposal (multiple response)	 □ Burn in a pit □ Buried in a pit □ Outsourced □ Thrown in premises □ Thrown in common public place □ Other (specify)
1.8	Fire extinguisher available at facility	□ Yes □ No
1.9.1	Physical condition of FRU building	□ Good □ Fair □ Poor
1.9.2	Cleanliness in FRU building	□ Good □ Fair □ Poor
1.9.3	Cleanliness in FRU premises	□ Good □ Fair □ Poor

Section 2: Display of IEC material and protocols

2.1	Directions to facility on approach roads	□ Displayed	□ Not displayed
2.2	Medical Officer's duty roster	□ Displayed	□ Not displayed
2.3	OPD Timings	□ Displayed	\Box Not displayed
2.4	List of services available	□ Displayed	□ Not displayed
2.5	Incentives for ASHA	□ Displayed	□ Not displayed
2.6	Map of catchment area	□ Displayed	\Box Not displayed
2.7	Essential drug list	□ Displayed	□ Not displayed
2.8	Immunization schedule	□ Displayed	□ Not displayed
2.9	ANM roster	□ Displayed	\Box Not displayed
2.10	JSY entitlements	□ Displayed	□ Not displayed
2.11	JSSK entitlements	□ Displayed	□ Not displayed
2.12	IEC material for MCH related programs	□ Displayed	□ Not displayed
2.13	Citizen Charter at the facility	□ Displayed	□ Not displayed

Section 3: Service delivery at non-FRU facility

3.1. Labour/delivery room

3.1.1	Separate labour room avail	able	□ Yes	🗆 No	
3.1.2	If yes, which of the followir	ng amenities are			
	available				
	• 24X7 piped water supply	🗆 Yes	🗆 No		
	 Elbow tap 		🗆 Yes	🗆 No	
	 Soap for hand washing 		🗆 Yes	🗆 No	
	 Regular sterilization of ro 		🗆 Yes	🗆 No	
	 Functioning electricity po 	•	🗆 Yes	🗆 No	
	 Functional toilet facility a 	ttached to room	🗆 Yes	🗆 No	
3.1.3.1	Labour table available in th	e labour room	🗆 Yes	🗆 No	
3.1.3.2	If yes, which of the followir	ng are present in labo	our table <i>(tick</i>	in box if appli	cable)
	□ Mackintosh kelly pads	□ Buckets		tepping sto	ol
3.1.4.1	Delivery set available at lab	our room	□ Yes	🗆 No	
3.1.4.2	Which of the following item	ns of delivery set are	available in l	abour room	(tick in box if applicable)
	□ Gloves	□ Scissor		□ Artery	forceps
	Cord clamp	Sponge holdir	ng forceps	🗆 Urinary	r catheter
	□ Gauze pieces	Bowl for antis	eptic lotion	□ Cotton	swabs
	Speculum	Sanitary pads		🗆 Kidney	tray
3.1.5.1	Episiotomy set/tray availab	le at labour room	🗆 Yes	🗆 No	
3.1.5.2	Which of the following iten	ns of Episiotomy set/	'tray are ava	ilable in lab	our room
	🗆 Inj. Xylocaine 2%	□ Artery forceps	,		Episiotomy scissor
	□ Allis forceps	□ 10 ml disposable	e syringe wit	h needle	
	□ Sponge holding forceps				Needle holder
	Gauze pieces	□ Needle (round b		ting)	
	Chromic catgut	□ Cotton swabs			Thumb forceps
	□ Gloves	□ Antiseptic lotion	1		-
3.1.6.1	Medicine tray available at l	abour room	□ Yes	🗆 No	

3.1.6.2	Which of the following medicines are available in labour room (tick in box if applicable)				
	□ Inj. Oxytocin (to be kept in fridge)	🗆 Сар	Ampicillin 50)0 mg	Tab Paracetamol
	Tab Metronidazole 400 mg	🗆 Tab	Ibuprofen		Tab B complex
	Ringer Lactate	🗆 Nor	mal Saline		Methyldopa
	□ Tab. Misoprostol 200 micrograms	🗆 Inj.	Gentamycin		🗆 Vitamin K
	Inj. Betamethasone	🗆 Inj.	Hydrazaline		Nefidepin
3.1.7	Other equipment available in the labou	ur room (tick in box if app	olicable)	
	Colour coded bins	🗆 Blo	od Pressure I	Machine	Thermometer
	Adult Stethoscope	🗆 Lam	p/Torch		IV Stand
	Oxygen Cylinder with regulator	🗆 Parte	ograph Chart	S	🗆 D & C set
	Disposable Delivery Kit	🗆 Sau	cepan with lie	b	
3.1.8	Overall cleanliness/hygiene conditions	of	Good	🗆 Fair	🗆 Poor
	labour room (record by observation)				

3.2 Newborn care corner

3.2.1	Separate newborn care corner available	□ Yes	🗆 No
3.2.2	If yes, which of the following amenities are available		
	 Located in the labour room 	🗆 Yes	□No
	 Functional radiant warmer 	🗆 Yes	□No
	 Self-inflating bag and mask (size 0) 	🗆 Yes	□No
	 Self-inflating bag and mask (size 1) 	🗆 Yes	□ No
	 Mucus extractor with suction tube 	🗆 Yes	□ No
	 Oxygen hood (neonatal) 	🗆 Yes	□ No
	 Warming lamp with 200W bulb 	🗆 Yes	□ No
	 Laryngoscope (neonatal) 	🗆 Yes	□ No
	 Newborn digital weighing scale 	🗆 Yes	□ No
3.2.3	Overall cleanliness / hygiene conditions of	□Good □	Fair 🗌 Poor
	newborn care corner (record by observation)		
3.2.4.1	Neonatal resuscitation kit available at the	🗆 Yes	□No
	newborn care corner		
3.2.4.2	If yes, which of the following are present in kit	(tick in the box i	f applicable)
	Two pre-warmed sheets for wrapping	Cotton swabs	Mucus extractor
	□ Sterilized thread for cord/cord clamp □	🛛 Bag & mask	□ Gloves
	□ Nasogastric tube □	🛛 Inj. Vitamin K	Needle & syringe

3.3 Other facilities for <5 children

3.3.1	Whether newborn stabilization unit/Special	□ Yes	□No
	Newborn Care Unit (SNCU) available		
3.3.2	If yes, which of the following amenities are available • Located close to or in maternity ward • Digital weighing scale • Functional radiant warmer • Phototherapy unit • Infant feeding tubes • Pediatric Stethoscope	 ☐ Yes 	□ No □ No □ No □ No □ No □ No

3.4 Laboratory facility

3.4.1	Whether separate room for laboratory at the facility	available	□ Yes	□ No		
3.4.2	If yes, which of the following equipme (enter code) ²¹	ent, testing	g kits and rea	agents are av	ailable in th	e laboratory
	Equipment	Code		Equipment	t	Code
	Hemoglobinometer		Centrifuge			
	Microscope		Semi auto-	analyzer		
	Sulphuric acid		Benedict se	olution		
	ABO Antibody reagent		Rh antibod	y reagent		
	Pregnancy Testing Kit		Urine Albu	min Testing I	Kit	
	Blood Sugar Testing Kit		HbsAg test	ing kit		
3.4.3	Which of the following tests are cond If yes mention the number of tests do			y (tick in the ap	plicable)	
	Laboratory test		Yes	or No	Done in la	st 6 months
3.4.3.1	Hemoglobin		🗆 Yes	🗆 No		
3.4.3.2	Urine albumin		□ Yes	🗆 No		
3.4.3.3	Serum bilirubin		□ Yes	🗆 No		
3.4.3.4	RPR (Rapid Plasma Reagin) test for syr	philis	🗆 Yes	🗆 No		
3.4.3.5	RPR (Rapid Plasma Reagin) test for typ	bhoid	□ Yes	🗆 No		
3.4.3.6	TB (sputum for AFB)		□ Yes	🗆 No		
3.4.3.7	Complete Blood Picture		□ Yes	🗆 No		
3.4.3.8	Urine sugar		□ Yes	🗆 No		
3.4.3.9	Blood sugar		□ Yes	🗆 No		
3.4.3.10	Malaria test (Peripheral smear or Rapid Test)	Diagnostic	□ Yes	□No		

3.5 Operation theatre

3.5.1	Whether operation theatre available facility	at the	□ Yes	□No
3.5.2	Whether emergency drug tray avail operation theatre	lable in	□ Yes	□No
3.5.3	If yes, which of the following are present Inj. Oxytocin (to be kept in fridge) Inj. Dexamethasone Inj. Metronidazole Hydrocortisone Succinate Inj. Carboprost, Inj. Ringer lactate Inj. Hydrazaline Mouth gag IV sets with 16-gauge needle (X2)	Inj. N Inj. A Inj. A Inj. I Inj. C Inj. C Norr Norr Nefic IV Ca	Magsulf 50% Ampicillin Lignocaine-2% Diazepam win mal saline depin	 Inj. Calcium gluconate-10% Inj. Gentamicin Inj. Adrenaline, Inj. Inj. Pheneramine maleate Inj. Phenergan Betamethasone Methyldopa Vials for sample collection

 ²¹ Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available (for reagents only use codes 1 and 4)

3.5.4	Newborn care corner present in the theatre	operation	□ Yes	□No	
3.5.5	If yes, which of the following ame available • Functional radiant warmer • Self-inflating bag and mask (size 0) • Self-inflating bag and mask (size 1) • Mucus extractor with suction tube • Oxygen hood (neonatal) • Warming lamp with 200W bulb • Laryngoscope (neonatal) • Newborn digital weighing scale	 ☐ Yes 	□ No □ No □ No □ No □ No □ No □ No □ No		
3.5.6	Which of the following equipment a			· · ·	Carla
	Equipment	Code		Equipment	Code
	OT tables		Multi para m		
	Ceiling lights		Surgical diat		
	Ventilator		Pulse oxime		
	Mobile lights		Adult Stetho	oscope	
	Laparoscopes		Electrical Su	ction apparatus	
	Blood Pressure Machine		Oxygen Cyl.	(Black) with regulator	
	Thermometer		Cheatle Ford	cep	
	Anesthesia machine (Boyle's app.)		Artery Force	p	
	Adult resuscitation kit		Saucepan w	ith lid	
	MVA/EVA syringe & cannula		Oropharyng	eal airway (adult)	
	Endotracheal tubes (adult)		Nitrous oxid	e cylinder (Blue)	
	Spinal needle SS 4		IV Cannula N	lo. 20	
	IV Cannula No. 18		Laryngoscop	e with adult blades	
	Sterilization set (men & women)		LSCS set		
	Halothane/Enflurane vaporiser		Foley's Cath	eter	

3.6 Cold chain room for vaccines

3.6.1	Whether separate room for storage of vaccines available	□ Yes	□ No	
3.6.2	If yes, whether it is functional	🗆 Yes	🗆 No	
3.6.3	Which of the following equipment is available a status	at the cold c	hain room, it	ts number and function
	Equipment	Number	available	Number functional
3.6.3.1	Ice lined refrigerator			
3.6.3.2	Deep freezer			
3.6.3.3	Vaccine carrier			
3.6.3.4	Thermometers for temperature monitoring			
3.6.3.5	Voltage stabilizers			
3.6.4	Which of the following vaccines/diluents available at	the cold cha	in room (enter	r code) ²³

²² Code set for laboratory equipment: 1. Available, Functional and in use 2. Available, Functional but not in use 3. Available but not Functional 4. Not available

 ²³ Code set for vaccines & diluents: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months (partial stock out)
 3. Not available during last 3 months (absolute stock out)
 4. Not applicable
 5. Record not maintained

	Vaccine /diluent	Code	Vaccine /diluent	Code
	TT vaccine		Measles vaccine	
	BCG vaccine		Hepatitis B vaccine	
	tOPV vaccine		Pentavalent vaccine	
	DPT vaccine		JE vaccine	
	BCG diluent		Measles diluent	
	JE diluent		MMR Vaccine	
3.6.5	Overall cleanliness / hygiene conditi cold chain room	ons of the	□Good □ Fair □Poor	

3.7 MCH Clinic

3.7.1	Whether separate MCH clinic a facility	available at the	□ Yes □ No	
3.7.2	Overall cleanliness / hygiene co MCH clinic	onditions of the	□ Good □ Fair □ Pool	r
3.7.3	Whether immunization service at the clinic	es are provided	□ Yes □ No	
3.7.4	Whether ANC services are provi	ded at the clinic	□ Yes □ No	
3.7.5	Which of the following logistics	s are available		
	Digital weighing machine	🗆 Yes 🛛 No	ORS packets	□Yes □No
	Examination Table	🗆 Yes 🛛 No	Condoms	□Yes □No
	Disposable syringes	🗆 Yes 🛛 No	Oral contraceptive pills	□Yes □No
	AD syringes (0.1 ml)	🗆 Yes 🛛 No	Hub cutter	□Yes □No
	AD syringes (0.5 ml)	🗆 Yes 🛛 No	Red and black bags for disposal	□Yes □No
	IFA tablets	🗆 Yes 🛛 No		□Yes □No

3.8 Drug store

3.8.1	Whether drug store available at the	facility	□ Yes □ No	
3.8.2	If yes, is there a dedicated staff mem after store	□ Yes □ No		
3.8.3	Which of the following drugs and su	pplies are a	vailable in the drug sto	re room (enter code) ²⁴
	Drugs/supplies	Code	Drugs/supp	olies Code
	Tablet Ibuprofen		Syrup/Tablet Ampicilli	n
	Tablet Albendazole		Tablet Dicyclomine	
	Tablet Erythromycin		Tablet Diclofenac	
	Tablet Metronidazole		Tablet Tinidazole	
	Injection Metronidazole		Injection Sodium Bica	rbonate
	Tablet Ampicillin		Ciprofloxacin eye oint	ment
	Syrup Domeperidone		Dexamethasone	
	Tablet/Syrup Nevirapine		Diazepam	
	Injection Adrenaline		Injection Gentamicin	
	Injection Sodium Chloride		Tablet Mebendazole	
	Injection Fortwin		Injection Amikacin	

²⁴ Code set for drugs and supplies: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months 3. Not available during last 3 months

Drugs/supplies	Code	Drugs/supplies	Code
Injection Ketamine		Injection Calcium Gluconate	
Injection Paracetamol		Injection Ranitidine	
Injection Phenytoin		Injection Metoclopramide	
Injection Atropine Sulphate		Injection Iron Sucrose	
Injection Insulin		Pediatric IV fluid (Isolyte P)	
Tablet/Syrup Paracetamol		Zinc Sulphate Dispersible Tablet	
Tablet/Syrup Choloroquin		Injection Magnesium Sulphate	
Inj/Tablet Betamethasone		Injection Ceftriaxone	
Oral Contraceptive Pills		Tablet Misoprostol	
Emergency Contraceptive Pills		IFA Tablets (Large)	
Povidone Iodine Ointment		IFA Tablets (Small)	
Syrup Salbutamol		Salbutamol Nebulizing solution	
IUCD Kit – Suraksha 5		IUCD Kit – Suraksha 10	
Tablet Mifepristone		ORS Packets	
IFA Syrup		Vitamin K	
Vitamin A Syrup		Condom	
MCP Cards		Sanitary Napkins	
Tab CoTrimoxazole		Tubal Rings	

3.9 Other services at the district hospital:

	Number of functional ambulances		
5.5.5.2	• Total number of ambulances available		
3.9.9.2	If yes - (specify number)		
3.9.9.1	Ambulance for transportation of MCH beneficiaries available	□ Yes □	□No
3.9.8	Internet connectivity available for computer	□ Yes □	□No
3.9.7	Separate computer available for feeding HMIS & MCTS	□ Yes □	□No
3.9.6	Grievance redressal mechanism functional	□ Yes □	□No
3.9.5	Complaint/suggestion box available	□ Yes □	□No
3.9.4	Equipment maintenance/repair mechanism present (eg. AMC)	□ Yes [□No
3.9.3	Dietary services available	□ Yes □	No
3.9.2	Functional laundry/washing services available	□ Yes □	□No
	Paediatric ward		
	Female ward		
	Male ward		
3.9.1.2	Total number of beds available in (specify numb	ers)	
	Overall cleanliness in good condition	□ Yes □] No
	 Provision for hand washing 		□No
	 Sweeper for ensuring cleanliness 		
	availableSeparate male and female wards	□ Yes [No
3.9.1.1	If yes, which of the following amenities are		
3.9.1	Whether Wards for in patients available	□ Yes □	□No

Section 4: Referral linkages in last 6 months (for 108 ambulance service)

S.	Linkage	Mode of	transport	t # Women transported during			# Sick infants	# Children 1-6			
No.		Govt.	Private	ANC INC PNC ^t		PNC transported		INC PNC transported		years transported	
1.	Home to facility										
2.	Inter facility										
3.	Facility to home (drop back)										

Section 5: Staff details:

Category Number			N	umbe	er of s	staff r	nemb		rained in pective			numb	er tra	ained	in	
		Sanctioned	In position	SBA	BmOC	MTP	Minilap PPS	NSV	BEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	рртст	NSSK	FIMNCI
1	Medical Officers															
2	Lady Medical Officers															
3	AYUSH Medical Officers															
4	Staff Nurses															
5	ANM															
6	Lab Technicians															
7	Pharmacist															
8	LHV/PHN															
9	Other															

Section 6: Service Delivery in last 6 month (*i.e. reporting month ended before the survey month*)

S.No.	Parameter in numbers	Q1	Q2
1.	# of OPD (total number)		
2.	# of IPD (total number)		
3.	# of Pregnant women registered in first trimester		
4.	# of pregnant women received 3 ANC out of total registered women till date		
5.	# of pregnant women received 4 ANC out of total registered women till date		
6.	# Pregnant women given 100 IFA tablets		
7.	# Pregnant women referred		
8.	# Deliveries conducted		
9.	# Deliveries with obstetric complications		
10.	# New borns resuscitated		
11.	# Children screened for birth defects under RBSK		
12.	# of admissions in NBSU/SNCU (if available)		
13.	# Sick children referred		
14.	# Children given ORS + Zinc		
15.	# Children given Vitamin A syrup		
16.	# Children given IFA syrup/tablet		
17.	# Infants receiving measles vaccination		

S.No.	Parameter in numbers	Q1	Q2
18.	# Infants fully immunized ²⁵		
19.	# of RTI/STD treated		
20.	# PP IUCD insertions		
21.	# Interval IUCD insertions		
22.	# of MTPs conducted		
23.	# of Minilap done		
24.	# of Tubectomy done		
25.	# of Vasectomy done		
26.	# data updated in MCTS		
27.	# Maternal Deaths recorded		
28.	# Still births recorded		
29.	# Neonatal deaths recorded		
30.	# Infant deaths recorded		
31.	# of under 5 years deaths recorded		

Section 7: Quality parameters of the facility

Assess by putting probing questions and assess knowledge of staff nurses

Score knowledge on scale of 1 to 3 (1: no knowledge; 2: partial knowledge; 3: complete knowledge)

S.No.	Parameter	Knowledge
1.	Measurement of Blood Pressure Normal range of blood pressure, how to measure using stethoscope and sphygmomanometer/ cuff, whose blood pressure should be recorded	
2.	Management of sick neonates & infants Process of case management: assess, classify, identify treatment, treat the child, counsel the mother and provide follow up treatment	
3.	Identification of high risk pregnancy Danger signs during pregnancy: any bleeding in pregnancy, generalized swelling of body, seizures, high fever, premature labour, history of foetal malpresentation, severe anemia, medical disorders (heart disease, jaundice, tuberculosis, hepatitis, diabetes, previous caesarean delivery	
4.	Adherence to Infection Management & Environment Protocols (IMEP) Hand washing, PPE gloves, 0.5% chlorine solution, instrument processing (decontamination, cleaning, HLD, sterilization), autoclaving, bio medical waste segregation, cleaning of equipment and surfaces	
5.	Manage biomedical waste Disinfection with 1% hypochlorite solution; disposal in pit or outsourced	
6.	Waste segregation in colour coded bins Four different buckets (Yellow: all human anatomical waste, Blue: all sharp infectious waste; Red: all non sharp infectious waste; Black: waste resembling household waste)	
7.	Correct use of Partograph Used to record: infant heart rate, cervical dilatation, uterine contractions per 10 minutes, mother heart rate and blood pressure, temperature of mother	
8.	Correct technique of breast feeding Correct positioning, correct attachment, correct frequency (at least 8 times per day)	
9.	Providing Essential newborn care Warmth, immediate breathing (resuscitation at birth), thermoregulation, early initiation of breast feeding, weighing the neonate, inspecting newborn for gross congenital anomalies & six cleans	

²⁵ Fully immunized children are those who have received one dose of BCG, 3 doses of DPT, OPV and Hepatitis B and one dose of Measles before completing one year of age

S.No.	Parameter	Knowledge
10.	Identification of signs of Pneumonia Fast breathing (60 breathes per minute or more), severe chest in-drawing, nasal flaring or grunting and axillary temperature 37.5 degree C or more	
11.	IUCD insertion "No Touch" technique; post partum insertion – within 10 minutes/48 hours/intra C section; Interval IUCD – after 6 weeks of delivery; follow up for complications e.g. missing thread, pain in abdomen, fever, foul smelling discharge, abnormal bleeding	
12.	Identification of signs of dehydration Severe dehydration (lethargic or unconscious, sunken eyes, skin pinch goes very slowly); moderate dehydration (restless, irritable, sunken eyes, skin pinch goes slowly); no dehydration (not enough signs to classify as severe or moderate dehydration)	
13.	Correct administration of vaccines Intramuscular: TT, DPT, Hepatitis B; Intradermal: BCG; Subcutaneous: Measles, JE; Oral: OPV	
14.	Corrective action taken on MDR finding	
15.	Updated entry in MCP card Enter information on Hb, weight, blood pressure and TT; update growth chart; enter vaccination date, update counterfoils	
16.	Entry in MCTS	

Section 8: Supervisory visits to non FRU facility by district & state level officials during last 6 months (check records)

S. No.	Name of supervisor	Designation	Place of posting	Date of visit	Specific feedback provided

Section 9: Record maintenance (look for records at OPD, delivery room, MCH clinic and NRHM records)

S. No.	Record	Status (code list) ²⁶
1.	Out Patient Register	
2.	In Patient Register	
3.	ANC Register	
4.	PNC Register	
5.	Indoor bed head ticket	
6.	Labour room Register	
7.	Operation Theatre Register	
8.	Referral Register (in and out)	
9.	Line list of severely anemic pregnant women	
10.	Partographs	
11.	Record of expenditure of untied funds	
12.	Record of expenditure of Annual Maintenance Grant	
13.	Percent expenditure of untied fund (record in percent)	
14.	Percent expenditure of AMG (record in percent)	
15.	Record of expenditure of RKS	

 ²⁶ Code list for record maintenance: 1. Available, updated and all fields correctly filled
 2. Available, updated but all fields not correctly filled
 3. Available but not updated
 4. Available but not at the facility during visit
 5. Not provided

S. No.	Record	Status (code list) ²⁶
16.	JSY Payment register	
17.	Percent expenditure of RKS (record in percent)	
18.	Family Planning Service register	
19.	Drug Stock Register	
20.	Immunization register at fixed immunization clinic	

Section 10: Exit interviews of 5 mothers and care takers at time of discharge or in post natal ward

S.No.	Record	Client 1	Client 2	Client 3	Client 4	Client 5
1.	Mothers initiated breast feeding within one hour of normal delivery	□ Yes □ No				
2.	Colostrum provided to the newborn	□ Yes □ No				
3.	Newborn given zero dose of OPV before discharge	□ Yes □ No				
4.	Newborn administered BCG vaccine after delivery or before discharge	□ Yes □ No				
5.	Newborn administered Hepatitis B birth dose within 24 hours of birth	□ Yes □ No				
6.	Mothers provided with counselling on Infant and Young Child Feeding (IYCF)	□ Yes □ No				
7.	Mothers provided with counselling on family planning methods	□ Yes □ No				
8.	Mothers asked to stay for 48 hours at facility after delivery	□ Yes □ No				
9.	JSY payment given before discharge	□ Yes □ No				
10.	If yes, JSY payment done by bearer or account payee cheque or bank transfer	□ Yes □ No				
11.	During stay at facility diet was provided free of charge	□ Yes □ No				
12.	Any expenditure incurred by mother on travel, drugs or diagnostics (specify)	□ Yes □ No				

Remarks

D. RMNCH+A Gap Analysis Tool - Sub Centre

District:	Block:					
СНС/РНС:						
Distance from (Km): 1. Reporting CHC/PH	C: 2. Highest f	unctional referral facility:				
Date of last supervisory visit://	Date of data collection:	from/ to/				
Names of investigators:						

Details of villages coming under this Sub Centre

S. No.	No. village d	of village population	Source of population (code list) ²⁷	Anganwadi worker		ASHA		Number of birth attendants	Whether VHSNC formed/re-	Number of private providers
		hamlets)	(couc list)	Sanc- tioned	In position	Sanc- tioned	In position	(Dai/TBA) available	constituted in village? (code list) ²⁸	conducting deliveries

Total villages: _____ Total hamlets: _____ Total population of Sub Centre area: _____

Sub Centre Staff Details

S. No.	Name of staff posted at Sub Centre	Designation	Type (code list) ²⁹	Whether on day		Trainings received (code list) ³⁰	Specify reason for being not available on day of visit
				□ Yes	□No		
				□ Yes	□No		
				□ Yes	□No		
				□ Yes	□ No		
				□ Yes	□No		

²⁷ Source of population - 1. Census 2. Estimate 3. Head count 4. Other - specify

²⁸ Whether VHNSC formed in the village - 1. Formed and functional 2. Formed but not functional 3. Not formed 4. No knowledge ²⁹ Type of staff member: 1. Regular/Permanent 2. Attachment 3. Contractual

³⁰ Training requirements for Sub Centre staff: 1. SBA 2. NSSK 3. IUCD insertion 4. Contraceptive update 5. HBNC 6. RTI/STI 7. IMEP 8. IMNCI 9. Immunization

1.1	Sub Centre located within the village ³¹	🗆 Yes 🛛 No
1.2	Type of building	□ Government □ Shared □ Rented
1.3	Sub Centre approachable by proper road	🗆 Yes 🛛 No
1.4	Sub Centre surrounded by a boundary wall	🗆 Yes 🛛 No
1.5.1	Water supply available	□ Yes 24X7 hours
		□ Yes, but not 24X7 hours
		□ No supply
1.5.2	If water supply is available than what is the	Tap water 🛛 Well
	source:	Hand pump Other ()
		□ Not applicable
1.6.1	Electricity connection available	□ Yes □ No
1.6.2	Functional power back up available	□ Yes, by generator
	(Tick only one option)	□ Yes, by inverter
		□ Yes, by solar equipment
		Available but not functional
		Other (specify:)
1.7	Whether ANM resides at Sub Centre village	□ Yes, in government residential quarter available
		□ Yes, in rented house
		□No
		<i>If yes, specify average number of days / week:</i>
1.8	Mechanism for waste disposal	□ Burn in a pit □ Buried in a pit
	(multiple response)	□ Outsourced □ Thrown in premises
		Thrown in common public place
		Other (specify)
1.9.1	Sub Centre timings displayed	□ Yes □ No □ Not applicable
1.9.2	Suggestion box/complaint box available	□ Yes □ No □ Not applicable
1.9.3	Visit schedule of ANM displayed	□ Yes □ No □ Not applicable
1.9.4	Immunization schedule displayed	□ Yes □ No □ Not applicable
1.9.5	Area distribution of ANM displayed	□ Yes □ No □ Not applicable
1.9.6	JSY entitlements displayed	□ Yes □ No □ Not applicable
1.9.7	VHND plan displayed	□ Yes □ No □ Not applicable
1.9.8	IEC material for national health programs	□ Yes □ No □ Not applicable
1.9.9	JSSK entitlements displayed	□ Yes □ No □ Not applicable
1.9.10	Job aids on essential newborn care present	□ Yes □ No □ Not applicable
1.10.1	Physical condition of Sub Centre building	□ Yes □ No □ Poor
1.10.2	Cleanliness in Sub Centre building	□ Yes □ No □ Poor
1.10.3	Cleanliness in Sub Centre premises	□ Yes □ No □ Poor

Section 1: Physical Infrastructure of the non-FRU facility

³¹ Tick 'Yes' if center is located near main habitation of the village OR 30 minutes of walk from village

Section 2: Services available at the Sub Centre

2.1. Labour/delivery room

2.1.1	Labour/delivery facility available		□ Yes	🗆 No	
2.1.2	If yes, which of the following amenities a available	re			
	Separate room for conducting deliverie	S	□ Yes	□ No	
	• 24X7 piped water supply to the room		□ Yes □ Yes	□ No □ No	
	 Bucket to store water 		□ Yes		
	 Soap for hand washing 		□ Yes		
	• Functioning electricity powered lamp		□ Yes		
	• Functional toilet facility attached to roc	om			
2.1.3.1	Labour table available in the Sub Centre		□ Yes	🗆 No	
2.1.3.2	If yes, which of the following are present	in labo	our table <i>(tick</i>	in box if a	oplicable)
	Mackintosh kelly pads Bucke	ets	□ St	epping sto	ol
2.1.4.1	Delivery set available at labour room		□ Yes	🗆 No	
2.1.4.2	If yes, which of the following are present	in deli	very set <i>(tick</i>	in box if a	oplicable)
	□ Gloves □ Cord cuttin	ng sciss	sor	🗆 Art	ery forceps
	□ Cord ties & clamp □ Sponge h	olding	forceps	🗌 Urii	nary catheter
	□ Gauze pieces □ Bowl for a	antisep	tic lotion	🗆 Cot	ton swabs
	□ Speculum □ Sanitary p	ads		🗆 Kidı	ney tray
2.1.5	Medicines available at the Sub Centre (ti	ck in b	ox if applicab	le)	
	□ Inj. Oxytocin (to be kept in fridge) [□ Cap	Ampicillin 50	0 mg	Tab Paracetamol
	□ Tab Metronidazole 400 mg [🗌 Tab	Ibuprofen		Tab B complex
	Ringer Lactate] Nori	mal Saline		Methyldopa
	□ Tab. Misoprostol 200 micrograms [🗌 Inj. (Gentamycin		🗆 Vitamin K
	Inj. Betamethasone	🗌 Inj. I	Hydrazaline		Nefidepin
2.1.6	Overall cleanliness / hygiene conditio	ns of	Good	🗆 Fair	🗆 Poor
	labour room (record by observation)				

2.2 Newborn care corner

2.2.1	Newborn care corner available at the Sub Centre	□ Yes	🗆 No	
2.2.2	If yes, which of the following amenities are available • Functional radiant warmer • Self-inflating bag and mask (size 0) • Self-inflating bag and mask (size 1) • Mucus extractor with suction tube • Paediatric stethoscope • Warming lamp with 200W bulb • Newborn digital weighing scale	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No □ No □ No	
2.2.3	Overall cleanliness / hygiene conditions of newborn care corner (record by observation)	Good	🗆 Fair	□ Poor

Section 3: Availability of equipment, essential drugs and supplies

3.1 General Supplies and Equipment³²

S.No.	Equipment	Code	S.No.	Equipment	Code
1	Blood Pressure Machine		2	Colour coded bins	
3	Adult Stethoscope		4	Sterilization Equipment	
5	Adult weighing scale		6	Bleaching Powder	
7	Thermometer		8	Sponge holder Forceps	
9	Examination Table		10	Artery Forcep	
11	Lamp/Torch		12	IV Stand	
13	Hub Cutter		14	Saucepan with lid	
15	Hemoglobinometer		16	RBSK Pictorial Kit	
17	Partograph charts		18	Disposable delivery kit	
19	Disposable syringes		20	Disposable Gloves	
21	MCP Cards		22	Absorbent Cotton Wool	
23	IV Cannula No. 18		24	Absorbent Gauge	
25	IV Cannula No. 20		26	Sanitary Napkins	
27	IUCD Kit – Suraksha 5		28	Emergency Contraceptive Pills	
29	IUCD Kit – Suraksha 10		30	Pregnancy Testing Kit	
31	Urine Albumin Testing Kit		32	Blood Sugar Testing Kit	
33	Normal Saline Set		34	Ringer Lactate Set	
35	Oral Contraceptive Pills		36	Condom	

3.2 Medicines and Drugs³³

S.No.	Equipment	Code	S.No.	Equipment	Code
1	IFA Tablets (Large)		2	IFA Tablets (Small)	
3	IFA Syrup		4	Vitamin A Syrup	
5	ORS Packets		6	Zinc Tablets	
7	Tablet Paracetamol		8	Syrup Paracetamol	
9	Folic Acid Tablets		10	Mebendazole/Albendazole	
11	Tablet Metronidazole		12	Tablet Erythromycin	
13	Tablet Ibuprofen		14	Chloramphenicol eye ointment	
15	Tab/Syrup Amoxycillin		16	Tablets Misoprostol	
17	Povidone Iodine Ointment		18	Tablet Diclofenac	
19	Betamethasone/Dexamet		20	Vitamin K	
21	Injection Magnesium Sulphate		22	Injection Oxytocin	

 ³² Code set for general equipment, supplies and drugs/medicines: 1. Available, Functional and in use
 2. Available, Functional but not in use
 3. Available but not Functional
 4. Not available

 ³³ Code set for drugs and supplies: 1. Available during last 3 months 2. Not available for at least 2 weeks during last 3 months (partial stock out)
 3. Not available during last 3 months (absolute stock out)

Section 4: Record maintenance at the Sub Centre

S. No.	Record	Status (code list) ³⁴
1.	Expenditure of Sub Centre untied funds	
2.	Percent expenditure of untied fund ³⁵	
3.	Expenditure of Annual Maintenance Grant	
4.	Percent expenditure of AMG	
5.	JSY Payment Register	
6.	Eligible Couple Register	
7.	MCH/MCTS Register (in GOI template)	
8.	Delivery Register (in GOI template)	
9.	List of families with 0-6 year children under RBSK	
10.	Line list of severely anemic pregnant women	
11.	MCTS due list and workplan received physically or in mobile phone	
12.	VHSNC – meeting minutes and action taken record	
13.	Stock Register	
14.	Referral Register (in and out)	

Section 5: Service Delivery in last two quarters (Reporting quarters ended before the survey quarter)

S.No.	Parameter in numbers	Q1	Q2
1.	# of estimated pregnancies		
2.	# of Pregnant women registered in first trimester		
3.	# of pregnant women received 3 ANC out of total registered women till date		
4.	# of pregnant women received 4 ANC out of total registered women till date		
5.	# Pregnant women given 100 IFA tablets		
6.	# Pregnant women referred		
7.	# Deliveries conducted at Sub Centre		
8.	# Deliveries conducted at home		
9.	# New borns resuscitated		
10.	# Children screened for birth defects under RBSK		
11.	# Neonates delivered at home initiating breast feeding within 1 hour		
12.	# Neonates delivered at health facility initiating breast feeding within 1 hour		
13.	# Children given ORS + Zinc		
14.	# Sick children referred		
15.	# Children given IFA syrup/tablet		
16.	# Children given Vitamin A syrup		
17.	# Infants fully immunized ³⁶		
18.	# Infants receiving measles vaccination		

 ³⁴ Code list for record maintenance: 1. Available, updated and correctly filled
 2. Available, updated but not correctly filled,
 3. Available but not updated
 4. Available with ANM but not at Sub Centre during visit
 5. Not provided to ANM

³⁵ Under NRHM there is provision of Rs. 10,000/- as untied fund to each Sub Centre every year to facilitate funding for urgent but discrete activities that need small sum of money but are important for strengthening Sub Centre. In addition to this there is also provision of Rs. 10,000/- per as annual maintenance grant year for subcenters running in government buildings

³⁶ Fully immunized children are those who have received one dose of BCG, 3 doses of DPT, OPV and Hepatitis B and one dose of Measles before completing one year of age

S.No.	Parameter in numbers	Q1	Q2
19.	# PP IUCD insertions		
20.	# Sanitary Napkins distributed to adoloscents		
21.	# VHND attended		
22.	# Interval IUCD insertions		
23.	# VHNSC meetings attended by ANM		
24.	# VHNSC meetings conducted		
25.	# Service delivery data submitted for MCTS		
26.	# Maternal Deaths recorded		
27.	# Still births recorded		
28.	# Neonatal deaths recorded		
29.	# Infant deaths recorded		
30.	# of under 5 years deaths recorded		

Section 6: Quality parameters of the facility

Assess by putting probing questions and assess knowledge through asking questions

Score knowledge on scale of 1 to 3 (1: no knowledge; 2: partial knowledge; 3: complete knowledge)

S.No.	Parameter	Knowledge
1.	Measurement of Blood Pressure Normal range of blood pressure, how to measure using stethoscope and sphygmomanometer/ cuff, whose blood pressure should be recorded	
2.	Measurement of Hemoglobin	
3.	Measurement of urine albumin/protein	
4.	Identification of high risk pregnancy Danger signs during pregnancy: any bleeding in pregnancy, generalized swelling of body, seizures, high fever, premature labour, history of foetal malpresentation, severe anemia, medical disorders (heart disease, jaundice, tuberculosis, hepatitis, diabetes, previous caesarean delivery	
5.	Mechanisms for referral to PHC and FRU	
6.	Correct use of Partograph Used to record: infant heart rate, cervical dilatation, uterine contractions per 10 minutes, mother heart rate and blood pressure, temperature of mother	
7.	Providing Essential newborn care Warmth, immediate breathing (resuscitation at birth), thermoregulation, early initiation of breast feeding, weighing the neonate, inspecting newborn for gross congenital anomalies & six cleans	
8.	IUCD insertion "No Touch" technique; post partum insertion – within 10 minutes/48 hours/intra C section; Interval IUCD – after 6 weeks of delivery; follow up for complications e.g. missing thread, pain in abdomen, fever, foul smelling discharge, abnormal bleeding	
9.	Iron Plus Initiative	
10.	National Immunization Schedule	
11.	Correct technique for vaccine administration Intramuscular: TT, DPT, Hepatitis B; Intradermal: BCG; Subcutaneous: Measles, JE; Oral: OPV	
12.	Use of ORS and Zinc in diarrhoea	
13.	Adherence to Infection Management & Environment Protocols (IMEP) Hand washing, PPE gloves, 0.5% chlorine solution, instrument processing (decontamination, cleaning, HLD, sterilization), autoclaving, bio medical waste segregation, cleaning of equipment and surfaces	

S.No.	Parameter	Knowledge
14.	Waste segregation in colour coded bins Four different buckets (Yellow: all human anatomical waste, Blue: all sharp infectious waste; Red: all non-sharp infectious waste; Black: waste resembling household waste)	
15.	Correct technique of breast feeding Correct positioning, correct attachment, correct frequency (at least 8 times per day)	
16.	Identification of signs of Pneumonia Fast breathing (60 breathes per minute or more), severe chest in-drawing, nasal flaring or grunting and axillary temperature 37.5 degree C or more	
17.	Identification of signs of dehydration Severe dehydration (lethargic or unconscious, sunken eyes, skin pinch goes very slowly); moderate dehydration (restless, irritable, sunken eyes, skin pinch goes slowly); no dehydration (not enough signs to classify as severe or moderate dehydration)	
18.	Rashtriya Bal Swasthya Karyakram	

Community level and Household Assessment Checklist Interview of Pregnant Women (especially high risk)

District:	. Block:	CHC/PHC:
Sub Center:	.Village:	Date:////
Names of investigators:		

S. **Knowledge and Awareness** 1 2 3 4 5 Total No. (Y/N) (Y/N) (Y/N) (Y/N) (Y/N)(Y) 1 In woman's opinion whether nearest VHND site or Sub Centre is situated within 30 minutes of walking from the house? Whether woman has received the MCP card 2 from ANM of the area? (if NO, skip to Q.4) 3 Whether the MCHP card is being filled and updated regularly? ³⁷ Whether woman has received antenatal 4 check-ups at VHND site or Sub Centre? (if NO, skip to Q.6) 5 Whether the regularity of antenatal checkups adequate? 6 Is the pregnant woman aware about birth preparedness? Has the pregnant women received IFA tablets? 7 8 Has the pregnant women received tetanus vaccination (TT)? 9 Does pregnant woman have knowledge regarding Janani Suraksha Yojna? 10 Does pregnant woman have knowledge regarding Janani Shishu Suraksha Karyakram? 11 Whether the pregnant woman has received safe motherhood booklet? 12 Does pregnant woman have telephone number of call centre for referral/other transport? Does the pregnant woman have telephone 13 numbers of ASHA? 14 Does the pregnant woman have telephone numbers of ANM? 15 Is guidance and referral provided along with birth preparedness to high risk pregnant woman?

Interview of mothers having 0-5 year children

District:	. Block:	CHC/PHC:
Sub Center:	.Village:	. Date:////
	5	

Names of investigators:

S. No.	Knowledge and Awareness ³⁸	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)	Total (Y)
1	Was the youngest child born at any facility? (If YES, skip to Q.3)						
2	If child was born at home, has ANM/ASHA visited the baby within 2 days of birth						
3	Is mother aware that breast feeding must be initiated within one hour after birth? (If NO, skip to Q.5)						
4	Did the mother initiated BF within one hour of birth?						
5	Is mother aware that exclusive breastfeeding should be done till 6 months of age? (If NO, skip to Q.7)						
6	Has mother exclusively breastfed her child till 6 months of age?						
7	Is mother aware about initiating complemen- tary feeding (CF) from 6 months onwards? (If NO, skip to Q.9)						
8	Has mother initiated complementary feeding from 6 months onwards of her youngest child?						
9	Is mother aware about at least two danger signs of diarrhoea?						
10	Does mother know that ORS+ Zinc needs to be given to child having diarrhoea?						
11	In mother's opinion whether ORS+ Zinc is available with ASHAs?						
12	Does mother know about at least two danger signs of pneumonia?						
13	Does mother know about any family planning method?						
14	Has mother received counselling on family planning after delivery?						
15	Is mother using any type of contraceptive method currently?						

Interview of Adolescent Girls (between 10-19 years)³⁹

Names of investigators:

S.	Knowledge and Awareness	1	2	3	4	5	Total
No.		(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y)
1	Has the girl received any health check-up at her school during last 6 months?						
2	Has she received any blue IFA tablet in last six months?						
3	Has she heard or is aware about the AFHC at health facility? (if NO, skip to Q.5)						
4	Has she visited any such AFHC in last 6 months?						
5	Is she aware of about availability of sanitary napkins with ASHA? (if NO, skip to Q.7)						
6	If yes, has she procured any sanitary napkins from ASHA in last 6 months?						
7	Has she been counselled on menstrual hygiene by ASHA in last 6 months?						

Evaluation Tool for Health System Level Assessments

(For Interviews with District Level Health Officials)

1. Fund flow Utilization at District and Sub district levels

S. No.	Indicator	Responses
a.	Are resources allocated as per the projections made by the CDMO office to the state authorities?	
b.	Are the concerned program persons are involved in the preparations / planning of budgetary requirements?	
с.	How soon after the submission of PIP, are the funds made available at the district and sub-district level facilities? (Probe separately for district and sub-district levels)	
d.	Do you feel that delay in release of funds impact the service delivery mechanism, if yes in what way?	
e.	What do you feel should be the buffer time for the allocation /release of funds to the district/ sub-district level? In your opinion should there be a roll-over of funds?	
f.	How soon are the funds disbursed to the respective programs after allocation from the state to the districts?	
g.	Whether the concerned program heads/facility heads are provided with clarity on the budget items after release from the district	
h.	What is the frequency of monitoring the utilization of funds by the district? Probe for the frequency of monitoring the progress of the program, frequency of meetings held to monitor the program)	
i.	What are the mechanisms followed in monitoring the utilization of funds by the district/ state?	
	(Probe for Utilization certificate /bills /invoices/work orders) Verify the status of on ground activities (infrastructure , equipment, human resource activities like capacity building) performed for which funds are allocated)	
j.	Can you let us know whether any PPP models are operational in your district (specify healthcare projects only). If yes, what is the success/ failure rate? Do you feel PPP models should be replicated in other districts also?	

2. Fund flow Utilization at District and Sub district levels

S. No.	Indicator	Responses
а.	Whether there is a provision for untied funds for the facilities in the district	
b.	Are the funds projected/ fixed amount released for VHSNC and RKS.	
с.	What is the frequency of release of such funds?	
d.	Are the funds utilized for the specific activities (VHSNC/RKS) for which they have been allocated?	

S. No.	Indicator	Responses
e.	What are the monitoring mechanisms adopted for assuring the optimal utilization of funds?	
	(Probe for procedure adopted, review of reports, actual visit of M&E in field during the implementation of activities, photographs)	
f.	In your opinion, what are the major hurdles in the fund flow/ utilization including the untied funds at district/sub-district level?	
7	(Probe for issues related to utilization certificate)	

3. Infrastructure Management

S. No.	Indicator	Responses
a.	Whether a Need Assessment of the infrastructural requirement (Manpower, Money, materials) at district /subdistrict level is conducted. Specify the frequency and who conducts it	
b.	Whether the resource allocation is done as per the program components. How soon are the funds disbursed to the district/subdistrict level.	
с.	Who checks whether the funds released have been utilized for the projected infrastructural management. Probe for Concurrent Monitoring, Who monitors?	
d.	Whether the additional infrastructural requirements/ reallocation of infrastructure /infrastructural modifications are agreed upon readily by the approving authorities.	
e.	What do you feel is the impact on the service delivery following a negative response from the approving authorities. What is done in case of negative response, what is done?	
	(Probe for case study / examples)	
f.	How soon are the repairs/ maintenance of infrastructure attended by the concerned departments/ agency if outsourced.	
g.	In your opinion, what is the quality of repair done.	
	What is the frequency of ongoing maintenance?	

4. Supply Chain Management

S. No.	Indicator	Responses
a.	What is the procedure of supply chain management in the district.	
	(Probe for the steps of supply chain from the sub district /district/ state)?	
b.	What is the process of indent preparation.	
	Probe for : 1. Who prepares the indent, frequency of indent preparation, time taken for preparing the indent, involvement of sub districts facilities(DMO/PHC incharges) in indent preparation, How is the indent prepared. Is ANM involved in consultative process during indent preparation?	
С.	What is the procedure for supply procurement.?	
	Probe for: whether central procurement, Whether quantity/quality of items are taken into account while doing the procurement.	

S. No.	Indicator	Responses
d.	Is there any policy for local procurement in cases of stock outs? Who is the approving authority? Upto what extent can the procurement be done? Are the items readily made available on request? How soon after indent submission are supplies released ?	
e.	What is the process of stock management ? (Probe for who manages the stocks, process followed for stock management, action taken in case of stock outs, timings of replenishing stocks)	
f.	Are all items projected in the PIP made available to the subdistrict / districts? (Probe for essential medicines, high risk drugs etc.)	

5. Human Resource Management

S. No.	Indicator	Responses
a)	What are the category of HR positions sanctioned, filled, vacant. Probe for reasons for vacant positions. Probe whether a HR cell is in place in the district?	
b)	What is the policy to fill in the vacant positions? Probe separately for Contractual and Permanent positions?	
c)	What is the status of credentializing/privileging in case of Medical Officers/Specialists?	
d)	What is the status of verifying the credentials, providing job description and clarity of roles for frontline workers (ANM, ASHA)	
e)	What is the status of staff turnover and how soon is the staff posted in position in cases of resignation.	
f)	What is the retention policy? Probe for monetary benefits, selection process, timely release of salary?	
g)	Whether any motivation /incentives are provided to the HCW's for improving the retention?	
h)	In your opinion, what do you feel are the major reasons for high staff turn over and how can it be taken care of ? (Probe for suggestions)	
i)	What is the status of trainings of staff at the district & sub district level	
	(Probe for the number of personnel trained/ not trained, frequency of trainings, category of personnel trained, type of skills inculcated, methodology adopted for conducting the trainings, Reasons for staff not being trained?	
k)	What are the major hurdles in HRM and suggestions for improving the status of HRM.	

6. Emergency Transportation

S. No.	Indicator	Responses
a)	Can you please let us know the number of CEmONC & BEmONC facilities functioning in the district.	
b)	What is the status of emergency transportation.?	
	(Probe for the status of readiness of emergency ambulances, status of operationalizing the JSY scheme, state emergency transportation services (108) , adequacy of the ambulances to meet the emergency requirements in the district?	
c)	Whether the emergency transportation staff are trained on the provision of emergency care during transportation of patients? .	
d)	What is the status of referrral & linkages of pregnant mothers/children to higher centres (CEmONC, BEmONC facilities of tertiary care centres). Who facilitates the referral/ linkages (MO/ANM)?	
e)	What mechanisms and processes are adopted for monitoring the emergency transportation services. (Probe for the responsiveness to timing by ambulance to reach the house of patient) Ask separately for outsourced/ district govt. services?	

7. Implementation of Entitlements under JSY and JSSK to the most vulnerable population

S. No.	Indicator	Responses
a)	No. of personnel reached /benefitted from JSY/JSSK schemes till date	
b)	(Probe for JSY/JSSK schemes separately. Request for year wise data from last three years if available)	
c)	What is the methodology adopted for monitoring the functioning of JSY/JSSK schemes	
d)	Probe for adequacy of funds allocated to the districts from the state authorities, Time taken for the funds to reach the beneficiaries after delivery/family planning procedures, Time taken for disbursement of funds to ANM and reimbursement of funds to ASHA, Administrative issues related to approval of funds, Reported incidents of delay in fund flow and action taken in such incidents (Probe/Document case study)	

8. Capacity Building and Roll Out of Trainings

S. No.	Indicator	Responses
a)	Status of trainings of front line workers - ANM, ASHA.	
	(Probe for type of trainings scheduled for ANM, ASHA (Program components), Timings of training for ANM, ASHA, Where are trainings held, Who are the trainers, Percentage of front line workers trained (category wise), Reasons for personnel not trained.	
b)	In your opinion, what are the major issues related to roll out of trainings at sub district/ district level? (Probe for issues related to funds, transportation of trainees)	
c)	How can the issues be addressed?	

9. Supportive Supervision for facilities & FLW's

S. No.	Indicator	Responses
a)	What are the mechanisms adopted for monitoring the facilities & Front Line workers	
	(Probe for Who conducts monitoring, Frequency of monitoring, Whether	
	Checklist is prepared, What are the reporting procedures, Whether	
	action is taken on gaps in service delivery)	
b)	Whether supportive supervision is done for facilities and FLWs (Probe for:	
	Who conducts the supportive supervision, frequency, checklist, reporting	
	procedures, action taken on the gaps)	
c)	In your opinion, what are the issues related to supportive supervision at	
	facility level /FLW's (Probe separately for facilities/FLW's)	
d)	How can the issues be addressed (Probe separately for facilities/ FLW's)	

10. HMIS and MCTS data quality and use

S. No.	Indicator	Responses
a)	Whether the facilities have established HMIS system	
	(Probe separately for district/sub district level facilities. If existing, whether it is in the formative stage /mature stage)	
b)	What is the process of collection of data in the field before it is fed into the main HMIS?	
c)	Are MCTS sheets available with FLW's	
d)	Whether dedicated centres are available at district level for data entry Whether data entry personnel are trained on data entry and analysis ?	
e)	Whether the FLW's have been trained on usage of MPR/MCTS data sheets ?	
f)	What are the verification/ validation checks applied to the data collected from the district/sub district level facilities ?	
	(Probe for Who is involved in verification/ validation, type of verification/ validation checks used, Reported incidents of non compliance to data verification/ validation. In positive cases reporting non compliance, what are the actions taken.	
f)	What is the mechanism adopted by the Medical officers for monitoring the quality of data right from data collection, entry, report making, submission and forwarding MPRs to the district level by FLW's ?	
g)	How frequently are co-ordination meetings held at the state/ district level to review the data ? What is done to the data collected ?	
h)	Can you please let us know whether any restrategizing of programme has been done by usage of HMIS /MCTS data ?	

IX. Team Members

Data Collection Team		
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	Facilitation of Data Collection	
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	Training Team	
Dr. Goverdhan K	National Technical Officer – M&E, RMNCH+A	
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Dr. Neeru Bhatia	Executive Director, Astron Hospital & Healthcare Consultants Pvt. Ltd.	

X. Photographs of Best Practices



Well equipped SNCU at Bhagwan Mahavir Hospital



Availability of Digital weighing Machine



Dedicated autoclave machine in one of the District Hospitals



Well Managed Cesarean Operation Theatre



Delivery set having all required instruments in NON FRU



District Hospital Equipped with Censor Hand washing in OT

Supported by





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