GAP ANALYSIS ofDistrict RMNCH+A Services

Haridwar, Uttrakhand

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Prepared by

District Program

Management Unit

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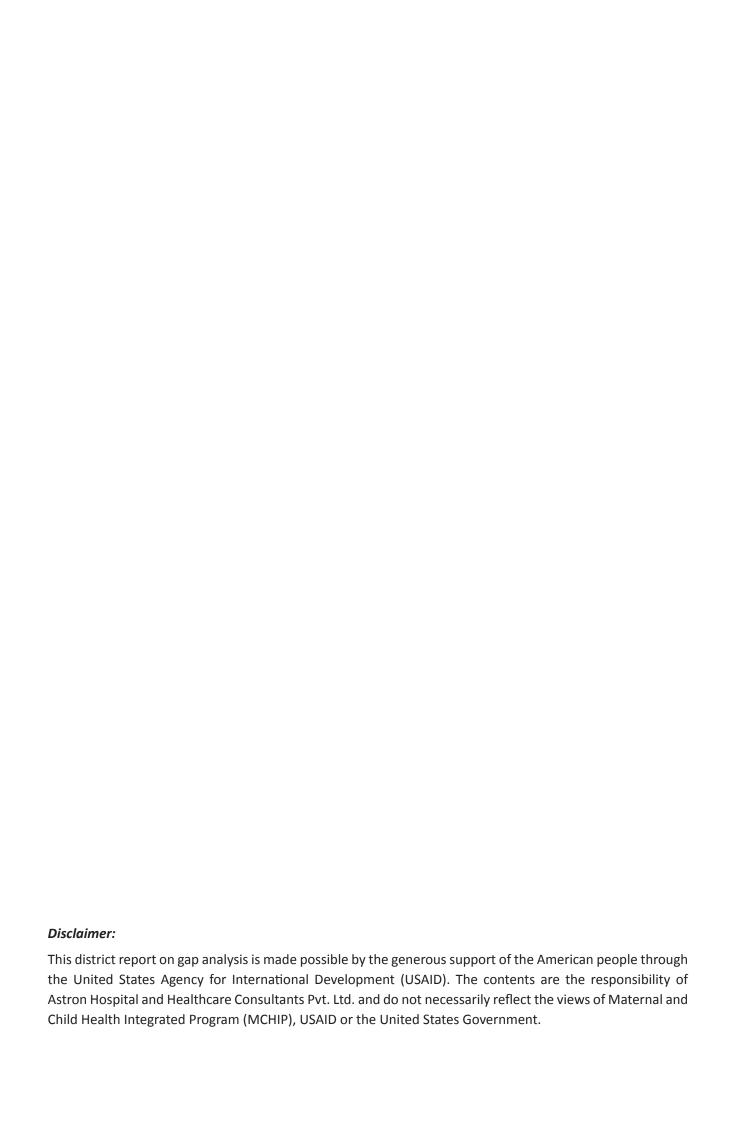
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CONTENTS

List	of Tables	vi
Abb	reviations	vii
Ехес	cutive Summary	ix
СНА	APTER 1: Introduction	1
СНА	APTER 2: District Profile	3
СНА	APTER 3: Key Observations of Facility Assessment	5
	3.1. District Level Health Facility	5
	3.2. First Referral Units	9
	3.3. Non - FRUs	
	3.4. Sub Centres	17
СНА	APTER 4: Results of Community Level Interviews	21
	4.1. Pregnant women	21
	4.2. Mothers of Children Under Five	21
	4.3. Adolescent Girls	22
СНА	APTER 5: Results of Health System Interviews	23
	In-depth interview with the Chief Medical Officer	23
Anr	nexures	
l.	Organogram of District Health Department, Haridwar	26
II.	GIS Mapping of Delivery Points - Haridwar	27
III.	Fact Sheet - Consolidated Results.	28
IV.	Fact Sheet - Health Facility Wise-Results	35
V.	Fact Sheet - Community Level Interviews	56
VI.	Methodology	57
VII.	List of Health Facilities Visited	58
VIII.	Gap Analysis Tools	59
IX.	Team Members	111
Χ.	Photographs of Best Practices	

LIST OF TABLES

lable 2.1. Health indicators (Mortality and Immunization)	3
Table 2.2. Health Infrastructure and Human Resources	3
Table 2.3. Human Resources	3
Table 2.4. Health Service Provision	4
ANNEXURE TABLES	
Table III-1. Physical infrastructure and availability of basic amenities at delivery points	28
Table III-2. Labour/delivery facilities available at the delivery points	29
Table III-3. Facilities available for newborn and children	30
Table III-4. Diagnostic and laboratory facilities at delivery points	31
Table III-5. Surgical facilities at delivery points	31
Table III-6. Other services at the delivery points	32
Table III-7. Availability of key RMNCH+A commodities at the delivery points	33
Table IV-1A. Physical infrastructure and availability of basic amenities at delivery points	35
Table IV-2A. Labour/delivery facilities available at the delivery points	36
Table IV-3A. Facilities available for newborn and children	38
Table IV-4A. Diagnostic and laboratory facilities at delivery points	38
Table IV-5A. Surgical facilities at delivery points	39
Table IV-6A. Other services at the delivery points	40
Table IV-7A. Availability of key RMNCH+A commodities at the delivery points (during period of last 3 months from data collection)	41
Table IV-8A. Availability of human resource at the delivery points	43
Table IV-1B. Physical infrastructure and availability of basic amenities at delivery points	44
Table IV-2B. Labour/delivery facilities available at the delivery points	46
Table IV-3B. Facilities available for newborn and children	47
Table IV-4B. Diagnostic and laboratory facilities at delivery points	48
Table IV-5B. Surgical facilities at delivery points	50
Table IV-6B. Other services at the delivery points	51
Table IV-7B. Availability of key RMNCH+A commodities at the delivery points (during period of last 3 months from data collection)	52
Table IV-8B. Availability of human resource at the delivery points	54
Table V-1. Community Level Interviews	56
Table VII-1. Health Facilities	58

ABBREVIATIONS

AD	Auto Disable
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AFHC	Adolescent Friendly Health Clinic
AHS	Annual Health Survey
AMG	Annual Maintenance Grant
ANC	Ante Natal Care
ANM	Auxiliary Nurse Mid-wife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
BCG	Bacillus Calmette Guerin (vaccine)
ВР	Blood Pressure
CBC	Complete Blood Count
CEmOC	Comprehensive Emergency Obstetric Care
CHC	Community Health Centre
СМО	Chief Medical Officer
СТ	Computerized Tomography (Scan)
CTG	Cardio TocoGraphy
DAO	District Accounts Officer
D&C	Dilatation & Curettage
DCMO	Deputy Chief Medical Officer
DFPO	District Family Planning Officer
DLHS	District Level Household Survey
DPM	District Programme Manager
ECP	Emergency Contraceptive Pill
FP	Family Planning
FHW	Female Health Worker
FRU	First Referral Unit
GIS	Geographic Information System
HMIS	Health Management & Information System
HR	Human Resource
ICDS	Integrated Child Development Scheme
ICTC	Integrated Counseling 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
INC	Intra Natal Care
IV	Intra Venous
IYCF	Infant & Young Child Feeding
JE	Japanese Encephalitis
JSK	Janasankhya Sthirata Kosh
JSSK	Janani Shishu Suraksha Karyakram
	,

ICV	Innersi Curalisha Valena
JSY	Janani Suraksha Yojana
LFT	Liver Function Test
LHV	Lady Health Visitor
LR	Labour room
LSAS	Life Saving Anesthesia 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	New Born Care (Corner)
NBSU	New Born Stabilization Unit
NRC	Nutritional Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
ORS	Oral Rehydration Salt
OT	Operation Theatre
PHC	Primary Health Centre
PHN	Public Health Nurse
PNC	Post Natal Care
PP	Post - Partum
PPP	Public Private Partnership
PPTCT	Prevention of Parent to Child Transmission
RKS	Rogi 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 New Born Care Unit
SRS	Sample Registration System
STI	Sexually Transmitted Infection
ТВ	Tuberculosis
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 three High Priority Districts (HPDs) of Uttarakhand 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 programming at the district and block levels and aid in addressing state specific needs.

Data collection process for gap analysis was held in district Haridwar, Uttarakhand from 29th October 2013 to 12th November 2013. The assessment was conducted at the designated delivery points. These delivery points were earlier finalized in discussions with district health administration. Primary data collection was done at one district level facility, four FRUs', nine non-FRUs' and nine Sub Centres. In addition, 360 community level interviews were conducted with pregnant women, mothers of under-5 children and adolescent girls. The observations were compiled and analysed to identify critical gaps in the service delivery.

The data was collected using facility level assessment tools (Sub Centre, non-FRUs, FRUs and District Hospital), community level and household tools (interview of mothers of under-5 year old children, interview of pregnant women especially high risk pregnancies, interview of adolescent girls between the ages of 10-19 years), health system assessment checklist and interview schedules for policy makers and implementers at the district level.

Assessment of Health Facilities

The gap analysis revealed that the human resources, infrastructure, labour room, operation theatres (OT), clinical laboratories and record maintenance at some facilities were not in accordance with the Maternal and Newborn Health (MNH) Toolkit guidelines. Physical infrastructure of the facilities was generally average across all levels with very few non-FRU buildings maintained in a good condition. No uniform guidelines were being followed for disposal of waste across all facilities. Government quarters for medical officers and staff nurses were available in habitable condition in only 50% facilities while those for other staff categories (wherever available) were not in habitable condition resulting in the non-availability of healthcare providers 24 hours a day, especially in emergency situations.

Display of IEC material across all facilities was also dismal resulting in communication gap between the scope of services, schemes and benefits provided by MCH services and uptake of services by the beneficiaries. Labour rooms were available at all levels but had inadequate amenities as per the MNH toolkit. Majority of health facilities did not follow any mechanism for regular sterilization.

Newborn Care Corner did not have all the items as required by the MNH toolkit. Laboratory services were available at all levels but were not functional due to the extended strike of laboratory technicians across the district. Also, inadequate availability of organized diagnostic testing facilities due to non-availability of diagnostic experts and functionality of equipment was leading to delay in diagnosis and negatively impacting patient outcomes.

The OTs had insufficient equipment, instruments and essential medicines in the OT and emergency drug tray resulting in negative impact on the timely delivery of emergency services and a compulsive access towards private providers. Majority of the facilities lacked blood storage units due to which Comprehensive Emergency Obstetric and Newborn Care (CEMONC) services could not be provided.

Supply chain management was poor with wide gaps in the availability of required essential drugs (deficiency ranging up to 50%) and surplus supplies of some of the medicines leaving expired unused stock. Gross insufficiency of bed capacity at majority of the facilities was observed with non-allocation of beds for pediatric patients. Status of referral and linkages were being maintained through government ambulances at all facilities, however their utilization was questionable due to noticeable lack of proper documentation at the facility level.

Status of staff position was not encouraging in all facilities due to the high degree of disparity between the sanctioned and staff in position, especially at the level of specialists and general cadre. However, this was not the case with paramedical staff. Overall, lack of staff resulted in non-delivery of essential services like operative services, diagnostic services, emergency and general services.

Quality of service was further impacted due to inadequate capacity of the service providers at all levels (specialists, general cadre and paramedical staff). In addition, the trainings mandated under the MNH toolkit guidelines for the respective category of specialists and other staff were not conducted as required. Record maintenance at all levels was a major issue, as reported by the ANMs, especially at the Sub Centre level due to lack of information about correct procedures to fill the required formats and registers. Lack of adequate staff, high patient load and extensive maintenance of documentation impacted patient outcomes, project progress and future planning for strengthening services. It is pertinent to mention here that there were major gaps in reporting of expenditures, maternal, infant and neonatal death review, at all levels.

Community Level Interviews

Interviews conducted with the pregnant women revealed that only 6% had received safe motherhood booklet. About 43% women had ASHA's and 23% had ANM's telephone numbers. About 83% women were aware about the Janani Suraksha Yojana, while 61% were aware about Janani Shishu Suraksha Karyakram. Over 95% women had received MCP card from the ANM of the area and 94% were of the opinion that MCP card was being filled and updated regularly.

Interview with mothers of children under-5 revealed that 70% of them were aware that Zinc +ORS needs to be given to a child suffering from diarrhea and 71% mothers were aware that it was available with ASHA. 93% mothers were aware that the baby should be exclusively breast fed till six months of age but only 73% actually breast fed their child till 6 months of age. 92% mothers were aware about initiating complementary

feeding from six months onwards and 71% had put the same in practice. 75% mothers had knowledge about at least two danger signs of pneumonia and diarrhea.

Adolescents interviewed revealed that only 26% had received health checkup during last six months in their schools. Data also showed that while 42% adolescents were aware about Adolescent Friendly Health Clinic (AFHC) clinic, only 28% actually visited one during last six months. 85% of adolescent girls were aware about the availability of sanitary napkins with ASHA and 78% had procured the same from ASHA during last six months. 66% girls had been counselled on menstrual hygiene by an ASHA in last six months.

Interviews with District Health Officials

Chief Medical Officer reported that funds were released in a timely manner and PPP model was working effectively in the district. Supply chain management was centralized and the requirement was raised after inputs from the concerned staff. Selection of personnel was also a rationalized, need based process. Even though the training programmes were conducted for various levels of healthcare providers, the training status remained unsatisfactory.

Recommendations

In the context described above, the government should consider contractual as well as regular recruitments for the delivery of quality and adequate services. Specialists, Medical Officers, paramedical staff and front line works are required to build their capacities as mandated under MNH toolkit guidelines. Frequent refresher trainings at regular frequency including hands on, spot trainings need to be organized. Ambulance facilities should be increased or 108 service model should be expanded to reach more population in the interiors. The same needs to be adequately monitored for optimal utilization.

Immediate reconstruction and renovation of staff quarters should be done. This will increase attendance and sustainability of the staff during the times of emergency. Provision for functional power backup and uninterrupted power supply should be made in all area of the facilities, especially operation theatre and labour rooms. These service units should also be strengthened in terms of equipment, drugs and supplies and required human resources. Standard guidelines on infection control practices and bio medical waste management should be followed across all levels. Record maintenance at all levels should be strengthened by training service providers on the required formats of registers at source.

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

Overall, this gap analysis revealed that quality improvement in healthcare service delivery needs consolidation with continuous assessment and supportive supervision in the district. The continuous assessment of infrastructure, supplies, 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.

INTRODUCTION 1

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) Program, 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 child birth 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 utilization 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.

In order to provide information for prioritizing the intervention gap analysis was conducted in high priority districts of USAID focus states with overarching objective to rapidly understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress is established, that can also be used for setting targets and strategies by the district administration. More specifically gap analysis 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 utilization, timeliness, continuity and quality implementation of essential interventions.

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

DISTRICT PROFILE 2

District Haridwar is located in Uttrakhand and is divided into three blocks viz. Laksar, Haridwar and Roorkee. As per the Census of India, 2011, the total population of the district is 18, 90,422 out of which 10, 05,295 are males while 885,127 are females. Majority of the population of Haridwar resides in the rural areas. The population density of the district is 817 per sq. km. The literacy rate of the district is high and stands at 74,26%.

Table 2.1 Health Indicators (Mortality and Immunization)

S. No.	Mortality Indicators	District AHS 2011-12	State - AHS 2011-12
1.	Maternal mortality ratio (per 100,000 live births) (regional rates given)	155	162
2.	Neonatal mortality rate	46	29
3.	Infant mortality rate	67	41
4.	Under-five mortality rate	84	50
5.	Full Immunization (in %) (Children 12-23 months) receiving 1 dose of BCG, 3 doses of DPT/OPV each and 1 measles vaccine	59.6	77.9

Table 2.2 Health Infrastructure and Human Resources

S. No.	Indicators	Sanctioned	Functional	
Infrasti	Infrastructure			
1.	Number of beds in district/taluk hospital (DHH)	0	70	
2.	Number of 24x7 Primary Health Centres	0	6	
3.	Number of Community-Health Centres	0	6	
4.	MCH wings	Yes	No	
5.	Number of facilities having adolescent health clinics	16	16	
6.	SNCU	Yes	Yes	
7.	Number of NBSUs	5	2	
8.	Number of facilities with blood bank	2	2	
9.	Number of facilities with blood storage unit	2	2	
10.	District Drug Warehouse	1	1	
11.	ANM Training Centres	1	1	
12.	Nursing college/institute	1	0	

(Source: Department of Medical Health and Family Welfare, Govt. of Uttarakhand)

Table 2.3 Human Resources

S. No.	Indicators	Sanctioned	Functional
Humar	Resource		
14.	CMO/CMHO	1	1
15.	DPMU staff (DPM, DAM, DDM/DDA, DCM any other)	3	2
16.	ASHAs	1439	1231

S. No.	Indicators	Sanctioned	Functional
17.	ASHA Supervisors	68	68
18.	1st ANM	184	164
19.	2nd ANM	70	52
20.	Staff nurses (Regular)	0	74
21.	LHVs	17	14
22.	MPWs (male) MPHW (male)	22	18
23.	Medical Officers	0	31
24.	Obstetricians & Gynecologist	12	1
25.	Anesthetist	13	1
26.	Pediatrician	13	3
27.	Surgeons (Surgery Specialist)	13	6

Table 2.4 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	141	8	184	8
2.	Number of functional Anganwadi Centres	2766			

(Source: Department of Medical Health and Family Welfare, Govt. of Uttarakhand)

KEY OBSERVATIONS OF FACILITY ASSESSMENT

3

3.1. District Level Health Facility

Chain Rai Zila Mahila District Hospital, Haridwar

Physical Infrastructure

Chain Rai Zila Mahila District Hospital, Haridwar with a capacity of 41 beds is a multispecialty hospital located in a Government building, connected to the nearest road with a path in good motorable condition.

- The physical condition of the district hospital building was fair with average cleanliness within the building and its premises.
- Hospital has 24-hour water supply with tap water being the main source. Electricity connection is available in the hospital with a generator and an inverter providing the required power backup.
- Accommodation for Medical Officers, Staff Nurses and other categories is available in habitable condition in the government quarters provided by SMG Hospital.
- Outsourcing of biomedical waste to Medical Pollution Control Board, Roorkee is the main mechanism followed for waste disposal.
- Fire extinguishers were available at the facility.

Status of IEC Display

- OPD timings, JSSK entitlements and IEC materials related to MCH related programs were displayed in the hospital building.
- Other IEC material was not displayed due to the construction work going on in the hospital.

Labour Room

- Separate labour room was available with 24-hour water supply without a functional toilet facility attached to the room.
- Other amenities like soap for hand washing, functioning electricity powered lamp were available and carbolization of the labour room was done sometimes (informed verbally by the matron of the hospital).
- Labour table with Mackintosh kelly pads, bucket and stepping stool were available in the labour room.
- Delivery and episiotomy set containing all required items except bowl for antiseptic solution, urinary catheter, kidney tray, allis forceps, toothed forceps and thumb forceps were available in the labour room.
- Medicine tray containing all the essential drugs as mandated under MNH toolkit were available. Inj.
 Oxytocin, Tab. Metronidazole 400 mg, Tab Paracetamol, Tab. Ibuprofen, Inj. Vitamin K, Betamethasone,
 Ringer lactate, Normal Saline were available except Methyldopa, Inj. Hydralazine and Nifedepine.

- Overall hygiene of the labour room was good.
- Newborn Care Corner was available in the labour room.
- All amenities except warming lamp with 200W bulb were available.
- Overall hygiene of the NBCC was good.
- Neonatal resuscitation kit was available.
- Special newborn care unit and Nutritional Rehabilitation Centre were available.

Laboratory and Diagnostic Services

Though laboratory services were available in the hospital but it was not possible to visit them due to the strike of lab technicians in the district. Consequently, no equipment registers were evidenced by the research team.

Diagnostic services were not provided as the hospital was undergoing renovation and expansion. Consequently, all diagnostic services were provided by SMG Hospital and Mela Hospital located close to the Mahila hospital.

Operation Theatre

- Operation theatre was functional at the hospital. Emergency drug tray was available in the OT containing all essential medicines.
- Majority of the equipment as required was functional and in use in the OT except ventilator, surgical diathermy and sauce pan with lid.
- Newborn Care Corner available in the OT had only 40% of the required items.

Blood Bank

- No separate blood bank was available in the Mahila hospital.
- The requirement of blood was catered by a single entity blood bank functional in Mela hospital premises. This blood bank caters to the needs of Mahila hospital along with SMG and Mela hospital.
- All equipment required was available in the blood bank.

Cold chain room and MCH clinic

- No Separate room for storage of vaccines was available.
- The vaccines were being stored at the MCH clinic.
- All equipment was functional at the cold chain room.
- All the vaccines and diluents except JE vaccine and diluent, Pentavalent vaccine and MMR vaccine were available during the last three months. Overall cleanliness and hygiene was fair.
- Separate MCH clinic was available providing immunization and ANC services.
- All logistics required were available in the clinic except digital weighing machine, examination table, ORS packets and red and black bags for disposal.

Drug store

- Temporary drug store (due to hospital construction) was available in the hospital with a dedicated staff member to look after the store.
- Drugs not available since three months prior to data collection were Oral Contraceptive pills, Tab. Mifepristone, Tab. Misoprostol, Inj. Magnesium Sulphate, Inj. Vitamin K, Syrup Salbutamol, Tab, Zinc Sulphate, IFA tablets (small), IFA syrup, Tab/Syrup Chloroquin, Syrup/Tab. Ampicillin, Vitamin A syrup and Inj. Ceftriaxone.
- Other amenities not available during last three months in the drug store were tubal rings, IUCD Suraksha 5, condoms and sanitary napkins.

Other Services in the facility

- Indoor services were available in the hospital with 70 sanctioned beds. However, only 38 beds were functional due to the ongoing construction in the hospital.
- Other essential services like dietary services, laundry and complaint box have been provided by the hospital authorities.
- Equipment maintenance, grievance redressal was being addressed by the hospital. Three ambulances (108, Khushion ki sawari and Hospital ambulance) were functional.
- Data on the utilization of transportation services by MCH beneficiaries was not available except for a
 few consolidated numbers of women transported during intra-natal and post-natal care. No data was
 available on the sick children transported.
- Adolescent Friendly Counseling Centre was available instead of Adolescent Friendly Health Clinic (AFHC) where services were provided by a pediatrician.

Staff Details

- A Gynecologist, Anesthetist, Pediatrician and Medical Officers were available on emergency call duties in the hospital.
- Human resource with respect to specialists and general cadre is adequate except general surgeon and other specialists. No medical officer has been posted or sanctioned.
- No training records were provided to the research team by the hospital staff.

Knowledge of Staff Nurses on Quality Parameters

- Staff nurse had complete knowledge on measurement of blood pressure, identification of high risk
 pregnancy, adherence to IMEP, management of bio medical waste, segregation of waste in color coded
 bins, correct use of partograph, correct technique of breast feeding, essential newborn care, identification
 of signs of pneumonia and dehydration, IUCD insertion, correct administration of vaccines, and corrective
 action taken on MDR findings.
- Knowledge about updated entry in MCP card was partial and the staff nurse had no knowledge about entry in MCTS.

Record Maintenance

- All registers and records were available, updated and filled correctly except partograph, record of expenditure of untied funds and annual maintenance grant.
- Percentage expenditure of RKS (CPS) was 100%. It is important to mention that no separate register
 on maternal, infant and neo natal death review was maintained. All such documentation was done
 commonly in the delivery register.
- No supervisory visits had been made to the hospital except one visit by Director General Health Services during the last six months.

Exit interviews of Mothers (n = 5)

- All mothers, who were interviewed, had initiated breast feeding within one hour of normal delivery.
- Newborn were given zero dose of OPV, BCG and Hepatitis B vaccine.
- All mothers were provided with counseling on IYCF and family planning methods.
- All were asked to stay for 48 hours at the facility after delivery.
- JSY payment was given before discharge through account payee cheque and the women were provided with free diet during their hospital stay. No expenditure was incurred on travel, drugs or diagnostics by these mothers.

3.2. First Referral Units

Data was collected from four FRUs viz., CHC Bhagwanpur, CHC Laksar, CHC Narsan and Government Hospital, Roorkee.

Physical Infrastructure

- All the FRUs were being run in Government owned buildings with good connectivity and round the clock availability of water-supply through tap water and other sources like submersible pumps.
- Electricity connection was available in all centres. Power back up was available in all centres through generators and invertors.
- No separate toilets were available in any of the four FRUs visited.
- No uniform mechanism for waste disposal was being adopted by FRUs as two Centres burnt waste in a pit, one buried waste in the pit while another FRU outsourced the waste.
- Staff quarters were available in habitable condition for Medical Officers and Staff nurses while three out of four FRUs had government quarters in habitable condition for other staff categories.
- Cleanliness in and around the FRU building was satisfactory in all FRUs.
- Fire extinguishers were available in all FRUs.

Status of IEC Display

- Citizen Charter was displayed in 25% FRUs, directions to facility on approach roads, medical officer duty roster, OPD timings, map of catchment area were displayed in 50% of FRUs.
- List of services, essential drug list, immunization schedule were displayed in 75% FRUs.
- None of the FRUs had displays on incentives for ASHA, ANM roster. JSY entitlement, JSSK entitlements and IEC material for MCH related programs were displayed in all facilities.

Labour Room

- Separate labour room with labour table was available in all FRUs.
- Delivery set was available in only 50% FRUs however items like cord clamp, gloves, gauze pieces were available in 75% FRUs in the labour room.
- Equipment like kidney tray, speculum and cotton swabs were available only in half of the labour rooms. Mackintosh kelly pads were available in 75% of the FRUs while buckets and stepping stool were available in all FRUs.
- Out of the 15 items required in the episiotomy tray, only six items were available in the tray in all FRUs.
- 50% FRUs had Injection Xylocaine, Allis forceps, round body and cutting needle and thumb forceps in the episiotomy tray.
- Only four out of the 15 listed essential medicines required in the labour room were available in all FRUs. Blood pressure machine, I.V. stand and adult stethoscope were available in all FRUs.
- Disposable delivery kit and color coded bins were available only in 50% and 75% FRUs respectively.

- Overall the cleanliness of labour room was satisfactory in all FRUs. (Good -25%, fair 75%)
- Newborn care corner in the labour room was available in all FRUs. 3 out of 4 FRUs had functional radiant warmer and oxygen hood, two had newborn digital weighing machine and only one FRU had a warming lamp and laryngoscope (neo natal).
- Two out of four FRUs had two pre-warmed sheets for wrapping, three had sterilized thread for cord/cord clamp and only one had Inj. Vitamin K.
- NBSU was available in two out of four FRUs while none of the FRUs had neonatal resuscitation kit and Nutrition rehabilitation Centre.

Laboratory and Diagnostic Services

- All FRU's had separate room for laboratory with functional equipment. The research team could not review the laboratory in detail as the lab technicians in the district were on strike for almost a month.
- Haemoglobinometer, microscope, semi auto analyzer, ABO anti-body reagent, benedict solution, Rh anti-body reagent, pregnancy testing kits, blood sugar testing kits, urine albumin test kits, HbsAg testing kits were available in only one out of three 3 FRUs. (Findings have been reported from three FRUs out of four FRUs as data from one FRU was not available).
- Tests like Haemoglobin, RPR test for typhoid, sputum for AFB, malaria and HIV test were conducted in two out of four FRUs while urine albumin, serum bilirubin, RPR test for syphilis, liver function test, urine sugar, blood sugar were done in one out of four FRUs. Complete blood picture was not being done in any of the FRUs. (Findings have been reported from two out of four FRUs as data of other two FRUs was not available)
- Two out of the four FRUs had a functional ultrasound scan but was not in use due to the non-availability of ultrasonologist.
- X-Ray facility was available in three out of the four FRUs while one FRU did not have a functional X-ray machine.
- Endoscopy, fetal CTG were not available in any FRU while fetal doppler was functional in only one out of the 4 FRUs.

Operation Theatre

- Operation theatre was functional in three out four FRUs.
- Emergency drug tray was available in only two out of four FRUs. 50% essential medicines were available in the tray in two out of four FRUs.
- Newborn Care Corner was available in one out of four FRU OTs, with three FRUs having functional radiant warmers. None had a newborn digital weighing machine.
- OT Tables, Ceiling lights, mobile lights, Anesthesia machine, adult resuscitation kit, endotracheal tubes adult, LSCS set, Oxygen Cylinder with regulator, nitrous oxide cylinder were available in two out of the four FRUs while I.V. cannula, Oropharyngeal airway, sterilization set, spinal needle SS4, MVA syringe and cannula were available in only one out of four FRUs.
- None of the OTs had a ventilator machine, laparoscope and surgical diathermy.

Blood Bank

• Only one FRU out of the 4 had a well-equipped blood bank.

Cold Chain Room and MCH Clinic

- A separate room for storage of vaccines was available in all FRUs with functional equipment.
- Overall hygiene of the cold chain room was fair in three out of four FRU's.
- Separate MCH clinic was available in all FRUs providing immunization and ANC services.
- Supplies like digital weighing machine were available in 75% FRUs. Examination tables were available in two out of four FRUs and IFA tablets, Oral contraceptives and hub cutter were available in three out of four FRUs.

Drug Store

- Drug store with a dedicated staff to look after the drug store were available.
- Drugs not available since three months prior to data collection Tab. Mifepristone, Tab. Misoprostol, Inj. Magnesium Sulphate, Inj. Vitamin K, Tab. Zinc Sulphate; Syrup Salbutamol, Vitamin A Syrup, IFA syrup and Syrup/Tab. Ampicillin.

Other Services in the facility

- Separate room for AFHC was available in three out of four FRUs
- PPTCT Centre was available in one out of 4 FRUs while ICTC, functional laundry and dietary services were available in all FRUs.
- Mechanism for maintenance of equipment, complaint box, grievance redressal was available in 50% of FRUs. Functional help desk was not available in any FRUs.
- The status of referral and linkages for transportation of MCH beneficiaries cannot be commented upon as no detailed data on the same was made available to the research team.

Staff Details

- A gross disparity between staff posted in the facilities against the sanctioned staff was observed in all four FRUs for specialists and general cadre up to a range of 25 to 75%.
- Among the paramedical staff (including staff nurses), the status appears to be at par except at the level of radiographers where a clear deficiency of 75% exists among the in position and sanctioned posts.
- The status of training also does not appear to be encouraging as OBG specialists in only 1 FRU have been trained. No anesthetist, pediatrician and other specialists have been trained on MCH services.

Knowledge of Staff Nurses on Quality parameters

• Staff nurses had complete knowledge on measurement of blood pressure, management of sick neonates and infants, correct technique of breast feeding and IUCD insertion.

- Staff nurses had partial knowledge on entry in MCTS, correct administration of vaccine, identification
 of signs of dehydration and pneumonia, essential newborn care, correct use of partograph, waste
 segregation in color coded bins, adherence to IMEP protocols and identification of high risk pregnancy
 in 1 out of 4 FRUs.
- Staff nurses in three out of four FRUs had no knowledge on corrective action taken on MDR findings.

Record Maintenance

- PNC register, OT register, referral register, Line list of severely anemic pregnant woman, record of AMG, blood bank stock register, maternal, infant and neonatal death review register have been updated and all fields correctly filled in only 25 50% FRUs.
- Partograph has not been updated and correctly filled by any FRU.

3.3. Non-FRUs

Data was collected from nine non-FRUs viz. CHC Manglore, PHC Landora, PHC Paniyala, CHC Khanpur, PHC Imlikheda, CHC Bahadrabad, PHC Laldang, PHC Belda and PHC Jawalpur.

Physical Infrastructure

- All the facilities were located in government building with good motor able access except PHC Jawalapur.
 24-hour water supply was available at all locations except PHC Landora and PHC Belda where tap water and hand pump was main source of water supply.
- Electricity connection was available at all facilities except PHC Landora.
- Functional power back up through generator was available at CHC Manihor, Khanpur, Bhadrabad, PHC Landang and Jwalapur.
- Only 22% non-FRU buildings were maintained in good condition, rest being in fair condition.
- Only 22% FRUs had separate clean toilets available for men and women.
- Waste disposal was being achieved at 67% facilities by burying in a pit, 33% facilities were burning waste
 in a pit. Fire extinguishers were available in 67% facilities.
- Government quarters for Medical Officers, staff nurses and other staff categories were available in habitable condition in 44% facilities.

Status of IEC Display

- Only 22% facilities had directions to facility by approach road. Display of OPD timings was observed in 44% facilities, immunization schedule in 67% facilities and JSY entitlements and JSSK entitlements in 89% facilities.
- List of services was available at 56% facilities, map of the catchment area in 56 % facilities and essential drug list was displayed in 44% non-FRUs.
- Citizen charter was displayed only at PHC Paniyala.

Labour Room

- All Non-FRUs except PHC Landora had a separate labour room. 24-hour piped water supply was available
 in 56% facilities, 11% facilities had a functional toilet facility attached to the labour room.
- Functioning electricity powered lamp was available in 57% non-FRUs and facility for hand washing was available in only 56% facilities.
- None of the facilities had regular sterilization in the room. Mackintosh Kelly pads, bucket and stepping stool were available in 78% facilities.
- Delivery set was available in 78% facilities, speculum in 67% facilities, sponge holding forceps in 78% facilities, artery forceps in 89% facilities and 56% facilities had a cord clamp in the labour room and 44% facilities had urinary catheter.
- Episiotomy set was available only in three out of nine non-FRUs visited. However, in 22% of the total non-FRU facilities visited Inj. Xylocainein was available. Episiotomy scissor in 56%, artery forceps in 89%, sponge holding forceps in 78%, needle holder in 56% and antiseptic lotion in 44% facilities were available.

- Medicine tray was available in 78% facilities. Inj. Oxytocin was available in only 55% facilities, Tab, Misoprostol in 22% and Inj. Vitamin K in 44% non-FRU. Nifedepine, Betamethasone, Methyl Dopa and Normal Saline were not available in any of the facilities.
- 67% facilities had BP machine and oxygen cylinder with regulator was available in 78% facilities, 56% had adult stethoscope. None of the non-FRUs had disposable delivery kit or D & C set.
- Overall cleanliness of the labour room was fair in 78% of the facilities (poor in CHC Mangalore).
- Separate NBCC was available in 55% non-FRUs. 56% non-FRUs had a functional radiant warmer. 33% facilities had newborn digital weighing scale. None of the facilities had pre-warmed sheets for wrapping,
- NBSU was not available in any of the facilities.

Laboratory and Diagnostic Services

- The information on the laboratory could not be verified due to strike of the Lab Technicians in the district. However based upon verbal information and discussions, the following information has been compiled.
- Separate room for laboratory services was available only in 56% non-FRUs however the Haemoglobin meter (Sahli's kit) and microscope was functional and in use only in 22% of the facilities.
- Pregnancy testing kits were available in 22% facilities while HbsAg kits were not available at any of the facilities.
- Tests like Haemoglobin, urine albumin, blood sugar, RPR Test for Typhoid, Serum Bilirubin, Complete blood picture and RPR test for syphilis were not being done uniformly in all non-FRUs (11-44%).
- HIV test was conducted only in three non-FRUs.

Operation Theatres

- OT was available in 4 out of 9 non-FRUs.
- NBCC in OT was not available in any of the non-FRUs visited.
- Emergency drug tray in OT was not available in any of the facilities.
- Injection oxytocin, Injection adrenaline, Fortwin, controlled suction catheter, Inj. Magsulf and Nifedepine were not available at any non-FRUs.
- None of the non-FRUs had a Newborn Care Corner available in OT.
- Blood pressure machine, adult resuscitation kit, Sterilization set for men & women, IUCD Suraksha 5,
 pulse oxymeter, surgical diathermy and laryngoscope with adult blades and LSCS set were not available
 in any of the facilities.

Cold Chain Room and MCH Clinic

- Separate room for storage of vaccines was available in four out of nine facilities. Equipment was functional in these four facilities.
- All vaccines were available during last three months in the non-FRUs except CHC Khanpur where most of the records were made available.
- TT vaccine, BCG vaccine, DPT vaccine, tOPV vaccine, BCG diluent, Measles vaccine and Hepatitis B vaccine were available during last three months in 44% facilities while Measles diluent and JE diluent, Pentavalent vaccine and JE vaccine were available in varying degrees (0 33%) in non-FRUs.

- Separate MCH Clinic was available in all non-FRUs. Immunization and ANC services were being provided in all non-FRUs.
- Examination table was available in 67% facilities, digital weighing machine in 22%, hub cutters in 89% and red and black bags for disposal were available in 22% non-FRUs.

Drug Store

- Drug store was available in all non-FRU. All facilities except CHC Khanpur had a dedicated staff at the drug store.
- Injection Oxytocin was available in 55% facilities, Inj. Vitamin K in 22% facilities and oral contraceptive
 pills in 33% FRUs. IFA syrup, Inj. Magnesium Sulphate and Tab. Misoprostol was not available in any of the
 facilities during the last 3 months.
- IFA tablets (large) were available in 44% facilities and IFA tablets (small) were not available in any of the facilities.

Other Services in the facility

- Wards for indoor facilities were available in all non-FRUs but availability of beds was below the minimal
 capacity (two to five beds) in all the facilities except CHC Bahadrabad which had eight beds in female
 ward. This indicates gross insufficiency of indoor capacity at non-FRUs as per MNH toolkit guidelines.
- None of the non-FRUs have beds allocated for pediatric patients.
- Mechanism for equipment maintenance was available in 22% facilities while patient feedback and grievance redressal was not available in any facility.
- During six months prior to data collection, 297 women had been transported from home to facilities, 55
 women were transported inter facility for intra natal care and only 210 women for post natal care. No sick
 infant was transported from home to facility.

Staff details

- Status of staff details at the non-FRUs does not appear to be encouraging as 14 medical officers are in position against 25 sanctioned by the state. Six LMOs are in position against seven sanctioned posts.
- The status of training at medical and paramedical level also appears to be grossly deficient.

Knowledge of Staff Nurses on Quality Parameters

- Staff nurses had complete knowledge on measurement of blood pressure in 89% non-FRUs. All other indicators were below 56%.
- Staff Nurses had complete knowledge on management of sick neonates and infants, identification of high risk pregnancy, adherence to infection management and environment protocols, essential newborn care, identification of signs of dehydration and pneumonia in 22 67% non-FRUs.
- Staff nurses in only one non-FRU had complete knowledge on the correct use of partograph, IUCD insertion in 57% facilities while none had complete knowledge about corrective action on MDR findings.

Record maintenance

OPD registers were available, updated and correctly filled in 89% facilities.

- ANC and PNC registers were available updated and correctly filled in all and 67% facilities respectively.
- OT register was not available in any non-FRU.
- JSY payment register, family planning service register and drug stock register, immunization register and fixed immunization clinic were being maintained appropriately only in 78%, 55%, 78% and 89% facilities respectively.
- Line list of severely anemic pregnant women was not being updated and correctly filled at any of the facilities. Record of expenditure of untied funds and annual maintenance grant was being maintained in only 56% facilities.

3.4. Sub Centres

Nine Sub Centres (delivery points) as approved by the district authorities were included in the gap analysis to ensure adequate representation of the sub district level healthcare facilities. These Sub Centres were catering to healthcare needs of 46 villages with 100, 285 population.

All Sub Centres had the required number of Anganwadi workers as sanctioned. Each Sub Centre had a minimum of one to two birth attendants (Dai/TBA). VHSNC have been formed in two Sub Centre villages but were not functional. Private providers conducting deliveries were available in the catchment area of five Sub Centre villages.

Physical Infrastructure

- All Sub Centres were located in government buildings, approachable by proper road. Except one Sub Centre all others had a proper boundary wall. 89% had 24-hour water supply.
- Electricity connection was available in 33% facilities. Functional power back up was available at only two centres (Mangalore and Sultanpur).
- In 77% Sub Centres, the ANMs were residing in the government residential quarters within the Sub Centre village.
- Main mechanism for waste disposal was burning/burying waste in a pit in 22% Sub Centres followed by 44% centres burning waste in premises.
- Physical condition of the Sub Centre buildings was fair with an average level of cleanliness.

Status of IEC Display

- The status of IEC display was quite dismal with only 5 Sub Centres displaying the details of timings, suggestion box available at only one Sub Centre, ANM visit schedule at only two, immunization schedule at five, JSY entitlements at 33% facilities and JSSK entitlements in 66% facilities.
- The display on IEC material for National Programmes was observed only in 45% Sub Centres while no centre displayed job aids on essential newborn care. VHND display was observed only at 11% Sub Centres.

Labour Room

- Separate room for conducting deliveries was available in all the facilities. 24-hour water supply was available in 22% facilities and functional toilet attached to labour room only in 22% centres. Macintosh Kelly pads were available in 56% Sub Centres.
- Delivery sets were available in 79% Sub Centres. Items in delivery set were not uniformly available.
 Antiseptic solution, sanitary pads, artery forceps, urinary catheter, cotton swabs and kidney tray were available in 66 100% centres except cord clamp in 22% Sub Centres and gauze piece were available in 55% Sub Centres.
- Medicines for labour and delivery services were not available in all the Sub Centres except Tab Paracetamol at only two Sub Centres.
- Over all hygiene was average in 78% labour rooms with poor hygiene at Sub Centre Bheekampur and Sultanpur.
- Newborn Care Corner was available at only one Sub Centre (Garh).

General supplies and Equipment

- All the Sub Centres had a functional adult stethoscope. A functional sphygmomanometer was available in 78% Sub Centres, adult weighing machine in 88% facilities and colour coded bins in 33% Sub Centres.
- Sterilization of equipment was being done only in one Sub Centre.
- Haemoglobinometer (Sahli's Kit) was used in 78% Sub Centres. Sponge holder forceps and artery forceps were functional and in use at 89% Sub Centres and examination table was in use at 78% centres.
- None of the Sub Centres had RBSK pictorial kit and Partograph charts. Disposable delivery kits were available in three out of nine Sub Centres.
- Almost all Sub Centres were using disposable syringes and MCP cards while 56% had disposable gloves.
- All Sub Centres were using IUCD- Suraksha 10. Emergency contraceptive Pills and sanitary napkins were available in 66% and 77% Sub Centres.
- Pregnancy test kits were available in 33% Sub Centres but urine Albumin testing kits and Blood sugar testing kits were not available in any facility.
- Oral Contraceptive Pills were available in 66% Sub Centres while condoms were available only in Sub Centres (Bhogpur and Mangalore).
- Essential drugs not uniformly available in all Sub Centres during the last three months were IFA tablets in 11% facilities, IFA tablets (small) in 33% facilities, IFA syrup in 56% facilities, Vitamin A syrup in 44% facilities, ORS packets, Tab. Paracetamol in 67% facilities.
- Tab Folic acid, Tab. Ibuprofen, Tab. Misoprostol, Inj. Vitamin K and Inj. Oxytocin were not available in 22% facilities, Tab. Mebendazole/Albendazole, Inj. Magnesium Sulphate in 33% facilities and Tab. Metronidazole were not available during last 3 months in 33% facilities.

Record Maintenance

- Registers and Records were updated and correctly filled in only 44% of the Sub Centres.
- No separate record of expenditure of untied funds and Annual Maintenance Grant were maintained at 44% centres. The range of expenditure varied from 80% to 100%.
- Only 56% Sub Centres had properly filled and updated eligible couple register, MCTS register in 67% facilities while JSY payment register was not updated and filled in any Sub Centres. Other registers like delivery registers in 78% facilities, line list of severely anemic pregnant women in 22% facilities, MCTS due list and work plan in 22% facilities, stock register in 67% facilities had variable levels of compliance. However, only one Sub Centre (Garh) updates and fills all fields correctly in referral registers.

Staff details

- Five out of nine Sub Centre villages had two healthcare workers (male and female) while the remaining four Sub Centres had an ANM only. All staff members were in regular and permanent employment.
- Training had been provided to all MPW's in the Sub Centres but all trainings as required under the MNH
 toolkit guidelines (SBA, NSSK, IUCD Insertion, Contraceptive Updates, HBNC, RTI/STI. IMEP, IMNCI and
 Immunization) have not been imparted to the staff.

Knowledge of the Staff Nurses on Quality Parameters

- Staff nurses had complete knowledge on measurement of blood pressure in 56% facilities, measurement
 of haemoglobin in 56% facilities, measurement of urine albumin protein in 22% facilities, identification
 of high risk pregnancy, knowledge of national immunization Schedule, correct technique of breastfeeding
 and identification of signs of dehydration in 67% facilities and correct technique of vaccine administration
 in 78% facilities.
- Staff nurses had complete knowledge of indicators like mechanism of referral to PHC and CHC in 33% facilities, adherence to IMEP protocols in 56% facilities, waste segregation in color coded bins in 11% facilities, Iron Plus Initiative in 22% facilities, IUCD Insertion in 56% facilities, essential newborn care in 56% facilities and RBSK in 11% facilities.
- Only 11% had complete knowledge on use of partograph.

RESULTS OF COMMUNITY LEVEL INTERVIEWS

4.1. Pregnant Women

A total of 118 pregnant women were interviewed from 25 Sub Centre villages spread across six blocks of the district. The key findings are as follows:

- Of the total women interviewed, 78% women perceived that the nearest VHND site or Sub Centre was situated within 30 minutes of walking from the house.
- 80% pregnant women had received antenatal check-ups at VHND site or Sub Centre and 77% perceived that the regularity of antenatal check-up was adequate. However, pregnant women in one Sub Centre (Khelpur) were not satisfied with the adequacy of the ANC provided.
- Significant percentage (95%) women had received the MCP card from ANM of the area and a near equal percentage (94%) women were of the opinion that the MCP card was being filled and updated regularly.
- With regard to ANC services, 86% pregnant women had received IFA tablets and 94% pregnant women had received Tetanus vaccination (TT).
- 83% pregnant women had knowledge about Janani Suraksha Yojana and 61% had knowledge about Janani Shishu Suraksha Karyakram.
- In seven Sub Centre villages out of the 25 visited none of the women had knowledge about Janani Suraksha Yojana.
- Only 6% pregnant women had received safe motherhood booklet (these are not the printed booklets
 given by the state but were a photocopied spiral bound bunch of papers containing information on ANC
 and Nutrition required for pregnant women).
- Only 43% pregnant women had the telephone number of call centre for referral/other transport while more women (71%) had telephone number of ASHA but contact numbers of ANMs were significantly low (29%).
- 83%, 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 (16%).

4.2. Mothers of Children Under Five

A total of 122 mothers of children under five interviewed from 25 Sub Centre villages spread across six blocks of the district. Status of Access and Utilization of MCH Services was assessed among mothers. The key findings are as follows:

- 75% mothers had their youngest child born at a facility.
- Only 20% of women who delivered at home were visited by ANM or ASHA within 2 days of child birth.
- 85% mothers were aware that breast feeding must be initiated within one hour after birth among whom 90% mothers had initiated breast feeding within one hour after birth of their child.

- In Dallawala Sub Centre only one mother out of the 5 interviewed was aware that breast feeding must
 be initiated within one hour after birth so negative response to initiation of early breast feeding to their
 babies was high.
- A significant 93% mothers were aware that exclusive breastfeeding should be done till 6 months of age and this practice was followed by 79% of those aware mothers.
- 92% mothers were aware about initiating complementary feeding from 6 months onwards and among them 78% had put the same in practice and had initiated complementary feeding to their youngest child from the age of six months onwards.
- 79% mothers were aware that ORS+ Zinc needs to be given to a child having diarrhoea while 71% were aware that ORS+ Zinc was available with ASHA.
- 89% mothers were aware about any family planning method while 80% women reported having received counseling on family planning after delivery.
- 75% mothers had knowledge about at least 2 danger signs of diarrhea and pneumonia. Mothers in Chandipurkalan and Mundiakee were less aware about the same as compared to mothers in other Sub Centre villages.

4.3. Adolescent Girls

Interviews were conducted with 120 adolescents girls aged 10-19 years from 25 Sub Centre villages. These girls accessed healthcare services from 10 Sub Centres spread across six blocks in Haridwar district. One to two villages were selected from each Sub Centre at a distance of 0, 3 and 5 kms from the Sub Centre 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. The interviews focused on issues related to awareness, access to AFHC Clinic and menstrual hygiene practices. Privacy of girls was maintained by interviewing one girl at a time and they were interviewed by female interviewers to ensure that they were comfortable.

The responses highlighted that adolescents and youth have limited awareness about sexual and reproductive health matters.

- Only 26% adolescents had received health check-up during the last six months in their schools. Across
 all Sub Centre villages, response on school health check-up was not satisfactory as girls in eight out of
 25 villages reported having not received any school health check up and only one-two girls out of the 5
 interviewed responded on a positive note in a majority of the Sub Centre villages.
- 50% adolescents had received IFA tablets during the last six months with girls in 4 out of the 25 villages
 having not received any blue IFA tablets in the last six months. All girls reported having received IFA
 tablets in only 2 villages out of 25 visited. Sirchnadi and Sultanpur Sub Centre villages had the poorest
 access as none of the girls had received any health check-up at their schools nor did they receive blue IFA
 tablet since last six months.
- Awareness about AFHC at the health facility was low in the district (42%). Adolescent girls in 8 out of the 25 Sub Centre villages had no awareness about AFHC. 68% of the aware adolescents had visited AFHC during the last six months.
- 85% adolescents were aware about the availability of sanitary napkins with ASHA while 91% of them procured sanitary napkins from ASHA during last 6 months.
- 66% girls had been counseled on menstrual hygiene by ASHA in last 6 months while none was counseled in 5 out of the 25 Sub Centre villages visited.

RESULTS OF HEALTH SYSTEM INTERVIEWS 5

In-depth interview with the Chief Medical Officer

Fund flow utilization at District and Sub – District level

Funds were being provided by the State to the district for the implementation of maternal, child and adolescent health programs. The funds are mostly released in a timely manner, except in situations where earlier disbursed funds were not utilized by the scheduled time. However, the CMO noted that this delay was rare.

Public Private Partnership model was working effectively in Haridwar district. The introduction of PPP model in the health system had led to streamlining of processes. Community Health Centres (CHC) were about to implement PPP model in the district at the time of data collection.

The CMO was of the opinion that the Need Assessment Process was followed by demand of items raised by Block MO I/C to district headquarters, which was further projected to State Health Department by the district headquarters. The State Government made budgetary allocation after analysis and monitoring of the demand raised.

Supply Chain Management

As stated by the CMO there is a Central Medical Supply Department (CMSD) working in the district for supply chain management. Through this process the Block MO I/C raised their own block requirements after inputs from the concerned staff. This requirement was further communicated to the district headquarter.

Human Resource Management

The CMO clarified that the selection of personnel is a rational and need based process. The positions sanctioned and filled were regularly verified with the actual requirements at a particular facility. Due to overall shortage of staff (mainly doctors) and lack of incentives, only a few doctors apply for posts in the public sector so vacant positions could not be filled. Staff was transferred as per the needs in the district.

According to the CMO, there is no retention policy available in the district, and it appears difficult to retain the staff in geographically inaccessible areas. Retention could be accentuated by giving monetary incentives to the doctors and duties could be put on rotation in such areas. Posting of the staff should be in his/her home town guided by strict policies.

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

According to the CMO, JSSK has had a landmark effect on deliveries conducted at various health facilities.

Capacity Building and Roll Out of Trainings

Training programmes had been conducted for various level of staff. Yet, the training status was not satisfactory due to issues related to planning and difficulty in relieving staff for training.

Training status of available Human Resource for HealthDistrict - HARIDWAR, State – UTTARAKHAND

s,	Category		Number of staff						Pre	pportion	Proportion of staff members trained (%)	nbers train	(%) pa				
Š.	No.	Sanctioned	Sanctioned Required as per MNH	'n	SBA	BmOC MTP Minilap NSV CEMOC	ATP N	Minilap	NSV	CEMOC	RTI/	INCD	PPIUCD LSAS PPTCT NSSK FIMNCI	LSAS	PPTCT	NSSK	FIMNCI
			Guidelines	position				PPS			STI/ HIV screening	insertion insertion	insertion				
П	Obs. &Gynecologist	5	5 (1Mandatory+ 4 EmOC)	2			50	50					50	50		00	00
7	Anesthetist	2	1	2													
3	Pediatrician	7	1	4												00	00
4	General Surgeon	4	Not Defined	1										00			
2	Other Specialists	2	5(4LSAS+1 Ultrasonologist)	7													
9	Medical Officers	35	30	21		6	2	2	14	00	28	6	2	2	2	10	2
7	Lady Medical Officers	13	Not Defined	7		14	43	14	14	14	57	28	43	14	14	14	14
_∞	AYUSH Medical Officers	7	Not Defined	5		00					40	00			20	00	
6	Staff Nurses	44	8/16/36	47	23						25	34	47		2	13	00
10	ANM	117	4/16/36	111	52						10	70	8		00	23	
11	Lab Technicians	11	4								27				00		
12	Pharmacist	23	Not Defined														
13	LHV/PHN	15	Not Defined		∞						33	20	33		00	∞	00
14	Radiographers	4	Not Defined														
15	RMNCH+A Counselors	0	Not Defined												00		

^{*}Note: The requirement of staff is calculated as per the MNH guidelines based on the average number of deliveries conducted per month in all facilities.

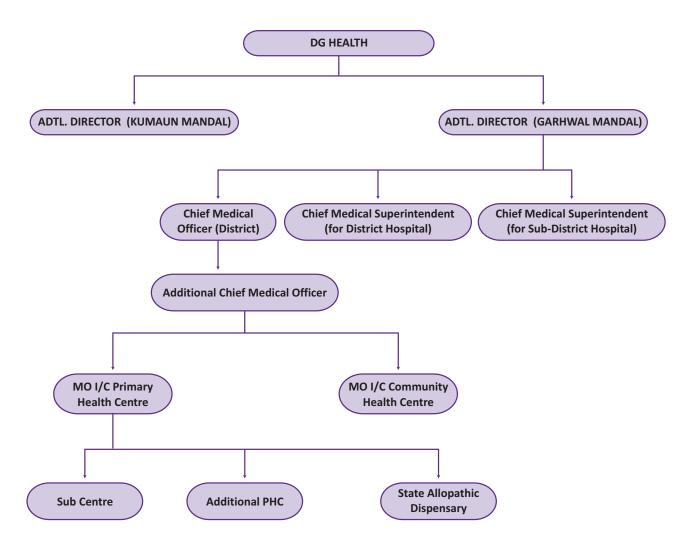
(Source: Maternal & New-born Health Toolkit, Maternal Health Division, Ministry of Family and Health Welfare, Government of India.)

^{**} Codes assigned for facilities in District Haridwar Gap Analysis

ANNEXURES

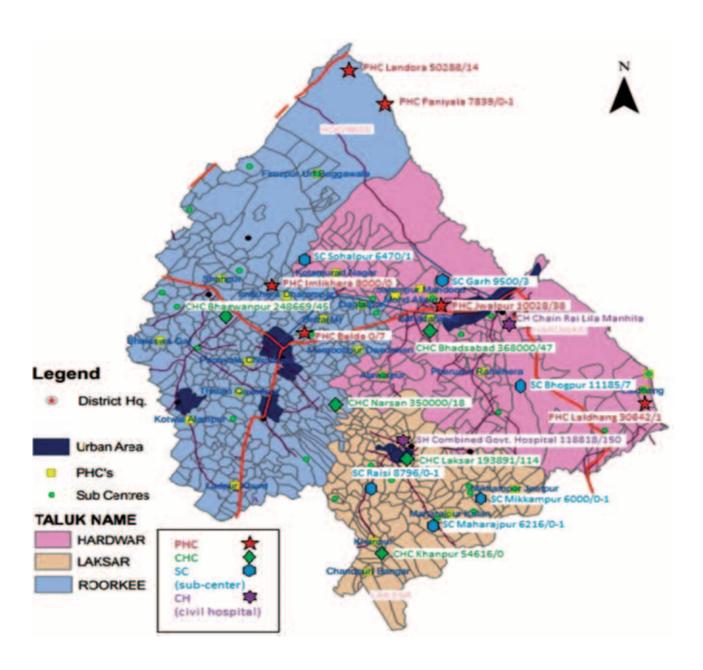
- I. Organogram of District Health Department, Haridwar
- II. GIS Mapping of Delivery Points Haridwar
- III. Fact Sheet Consolidated Results
- IV. Fact Sheet Health Facility Wise-Results
- V. Fact Sheet Community Level Interviews
- VI. Methodology
- VII. List of Health Facilities Visited
- VIII. Gap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

I. Organogram of District Health Department, Haridwar



(Source: DPM Office, Haridwar)

II. GIS Mapping of Delivery Points - Haridwar



III. Fact Sheet - Consolidated Results

Fact Sheet for Results of District Level RMNCH+A Gap Analysis

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Infrastructure of health facility				
Functioning in Government building	100	100	100	100
Building in good physical condition	0	50	22.2	0
Connected by motorable approach road	100	100	89	100
24 X 7 water supply available	100	100	78	89
Functional electricity connection available	100	100	89	33
Separate clean toilets available for men and women	0	0	22	
Functional power back up available	100	100	100	22
Functional generator available for power backup	100	100	55	0
Availability of habitable staff quarters for *				
Medical Officers	100	100	44	
Staff Nurses	100	100	44	
Other staff categories	100	75	44	
Other facilities available				
Ambulance for transportation of beneficiaries	100	100	100	NA
Separate male and female wards for in patients	0	50	55	NA
Separate room for AFHC	0	75	0	NA
Integrated Counselling and Testing Centre (ICTC)	100	100	0	NA
PPTCT Centre	100	25	0	NA
Functional laundry/washing services	100	100	89	NA
Dietary services	100	100	67	NA
Equipment maintenance/repair mechanism	100	50	22	NA
Complaint / suggestion box	100	50	11	11
Functional help desk	0	0	0	NA
Grievance redressal mechanism	100	50	0	NA
Separate computer for HMIS and MCTS	100	100	0	NA
Internet connectivity for computers	100	100	11	NA
Fire extinguisher	100	100	67	NA
Specialists and Medical officer available on call in case of emer	gency			
Gynaecologist	100	25	NA	NA
Anaesthetist	100	25	NA	NA
Paediatrician	100	50	NA	NA
Medical Officer	100	100	NA	NA
Display of IEC material and protocols				
Medical Officers duty roster	0	50	11	
Essential drug list	100	75	44	
Citizen charter	0	25	11	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
JSY entitlements	0	100	89	33
JSSK entitlements	100	100	89	67
List of services available	100	75	55	
IEC material for MCH related programs	100	100	67	
Incentives for ASHA/link worker	0	0	33	
OPD timings	100	50	44	
Map of catchment area	0	50	55	

^{*}Habitable Quarters – Structurally Safe, well ventilated, lighted, painted, free from seepage, provided with toilet, bathing space and kitchen and connected to water and electric supply.

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Separate delivery/labour room available	100	100	89	100
Basic amenities in the labour rooms				
24 X 7 piped water supply	100	100	55	22
Regular sterilization of room	0	0	0	
Functional electricity powered lamp	100	75	67	44
Functional toilet facility attached to room	0	0	11	22
Facility for hand washing	100	75	55	56
Labour table	100	100	100	100
Labour table with Mackintosh Kelly pads	100	75	78	56
Delivery Set available	100	50	78	79
Episiotomy Set Tray available	100	75	33	
Medicine Tray available	100	100	78	NA
Equipment available in the labour rooms				
Artery forceps	100	100	89	89
Sponge holding forceps	100	100	78	89
Allis forceps	0	50	33	
Toothed forceps	0	75	22	
Episiotomy scissor	100	75	55	
Oxygen cylinder with regulator	0	50	78	
Colour coded bins	100	75	33	33#
Adult stethoscope	100	100	55	100#
Blood Pressure machine	100	100	67	78#
D & C Set	100	25	0	
IV Stand	100	100	100	67*
Urinary catheter	0	75	44	78
Speculum	100	50	67	100
Thermometer	100	25	22	67#
Lamp /Torch	100	50	22	44#
Partograph charts	0	0	11	0#
Disposable delivery kits	100	50	0	33#

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Medicines available in the labour rooms				
Injection Oxytocin	100	100	55	0
Tablet Misoprostol	100	50	22	0
Ringer Lactate	100	50	22	0
Normal Saline	100	75	0	0
Injection Gentamycin	100	50	55	0
Injection Betamethasone	100	0	0	0
Tablet Metronidazole	100	100	67	0
Capsule Ampicillin	0	50	22	0
Vitamin K	100	50	44	0
Injection Xylocaine 2%	100	50	22	NA
Antiseptic lotion	100	100	44	NA
Tablet Paracetamol	100	100	100	22
Tablet Ibuprofen	100	75	44	0
Injection Hydralazine	0	0	0	0

^{*}Equipments, essential drugs and supplies in Sub Centre tool.

Table III-3. Facilities available for newborn and children

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Separate new born care corner available	100	Υ	55	11
Amenities available in the new born corners				
Located in the labour room	100	75	67	NA
Functional radiant warmer)	100	75	55	0
Self-inflating bag and mask (size 0)	100	25	55	11
Self-inflating bag and mask (size 1)	100	25	22	22
Mucus extractor with suction tube	100	50	55	11
Oxygen hood (neonatal)	100	75	22	
Warming lamp with 200W bulb	0	25	22	22
Laryngoscope (neonatal)	100	25	0	
Newborn digital weighing scale	100	50	33	0
Neonatal resuscitation kit	100	0	0	
Nasogastric tube	100	25	11	
New born stabilization unit/Special New born Care Unit available	100	50	0	
Amenities available in the NSU/SNCU				
Located close to or in maternity ward	100	50	0	
Digital weighing scale	100	50	0	
Functional radiant warmer	100	50	0	
Phototherapy unit	100	50	0	
Infant feeding tubes	100	50	0	
Pediatric Stethoscope	100	25	0	
Nutritional Rehabilitation Centre (NRC) available	100	0	0	

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Separate room for laboratory available	100 DNA (due to strike)	100 (out of four we are taking three facilities as the data not accessible due to strike)	55	
Equipment available in the laboratory				
Centrifuge*	DNA	0	22	
Semi auto-analyzer*	DNA	33	0	
Microscope*	DNA	33	22	
Haemoglobin meter*	DNA	33	22	
Testing kits available in the laboratory				
Pregnancy Testing Kit	DNA	33	22	
Blood Sugar Testing Kit	DNA	33	0	
Jrine Albumin Testing Kit	DNA	33	22	
HbsAg testing kit	DNA	33	0	
ests done at the delivery point				
Haemoglobin	DNA	100	33	
Jrine albumin	DNA	50	22	
Serum bilirubin	DNA	50	0	
RPR (Rapid Plasma Reagent) test for syphilis	DNA	50	11	
RPR (Rapid Plasma Reagent) test for typhoid	DNA	100	22	
「B (sputum for AFB)	DNA	100	55	
iver Function Test	DNA	33	0	
Complete Blood Picture	DNA	0	11	
Jrine sugar	DNA	33	22	
Blood sugar	DNA	33	11	
Malaria test (Peripheral smear or RDT)	DNA	100	44	
HIV test (RDT)	DNA	100	33	
unctional diagnostic equipment available a	t the delive	ry point		
Jltrasound scan	0	0	0	
(ray	0	75	0	
Endoscopy	0	0	0	
ECG	0	25	0	
oetal Doppler	0	25	0	
Foetal Cardio TocoGraphy (CTG)	0	0	0	
CT scan	0	0	0	

Table III-5. Surgical facilities at delivery points

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Operation theatre available	100	75	44	
Newborn Care Corner available in operation theatre	100	25	0	
Emergency drug trolley available	100	50	0	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Equipment available in the operation theatre				
OT Tables	100	50	22	
Multi para monitors	100	25	0	
Ceiling lights	100	50	11	
Surgical diathermies	0	0	0	
Ventilator	0	0	0	
Pulse oximeter	100	25	0	
Mobile lights	100	50	11	
Laparoscopes	100	0	11	
Anesthesia machine (Boyle's app.)	100	50	0	
Electrical Suction apparatus	100	75	0	
Halothane/Enflurane vaporiser	100	50	0	
Laryngoscope with adult blades	100	75	0	
LSCS set	100	50	0	
Sterilization set (men & women)	100	25	0	
MVA/EVA syringe & cannula	100	25	0	
Oropharyngeal airway (adult)	100	25	0	
Oxygen Cylinder (Black) with regulator	100	50	0	
Nitrous oxide cylinder (Blue)	100	50	0	
Adult resuscitation kit	100	50	0	
Endotracheal tubes (adult)	100	50	0	
Spinal needle SS 4	100	25	0	
IV Cannula No. 18	100	25	0	
IV Cannula No. 20	100	25	0	
IV sets with 16-gauge needle (X2)	100	25	0	
Controlled suction catheter	100	25	0	
Functional blood bank or blood storage unit available	100	25	0	
Function al refrigerators available at BB/BSU	100	25	0	

Table III-6. Other services at the delivery points

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Separate Drug Store available	100	100	100	
Dedicated staff to look after drug store available	100	100	89	
Updated drug stock register available	100	100	78	
Functional cold chain room for storage of vaccines available	0	100	44	
Separate MCH clinic available	100	100	100	
Immunization services provided at the facility	100	100	100	
Updated immunization register available	100	100	89	
ANC services provided at the facility	100	100	100	
Updated ANC register available	100	100	100	
Availability of updated records at the delivery points				
Out Patient Register	100	75	89	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
In Patient Register	100	75	67	
PNC Register	100	25	67	
Labour room Register	100	100	44	78
Operation Theatre Register	100	50	0	
Referral Register (in and out)	100	50	44	11
Line list of severely anaemic pregnant women	100	25	0	22
Record of expenditure of untied funds	0**	75	55	44
Record of expenditure of Annual Maintenance Grant	0**	50	55	44
Record of expenditure of RKS	100	75	44	
JSY Payment Register	100	100	78	0
Family Planning Service Register	100	100	55	
Blood bank stock register	100	25	0	
Maternal Death Review Register	100	50	0	
Infant and Neonatal Death Review Register	100	50	0	

^{**}AMG and Untied funds are not allocated to district hospital.

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%
Reproductive Health				
Tubal Rings	0	0	0	
IUCD – Suraksha 5	0	0	0	11
IUCD – Suraksha 10	100	75	22	100
Oral Contraceptive Pills (Mala N)	0	75	33	67
Pregnancy Testing Kits (Nishchay)	DNA	33	22	33
Condoms	0	100	22	22
Emergency Contraceptive Pills	100	50	0	67
Tablet Mifepristone	0	0	0	
Maternal Health				
Injection Oxytocin	100	25	55	0
Tablet Misoprostol	0	0	0	0
Injection Magnesium Sulphate	0	0	0	0
Newborn Health				
Injection Vitamin K	0	0	22	0
Mucous Extractor	100	50	55	11
Vaccine BCG	100	100	33	
Vaccine tOPV	100	100	44	
Vaccine Hepatitis B	100	100	44	
AD syringes (0.1 ml)	100	75	100	
AD syringes (0.5 ml)	100	75	100	
Child Health				
ORS packets	0	100	67	22
Tablet Zinc Sulphate	0	0	0	0

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N= 4)%	Non FRU (N=9) %	HSC (N=9)%		
Syrup Salbutamol	0	0	11			
Salbutamol Nebulizing solution	100	75	0			
Vaccine DPT/Pentavalent	0	100	44			
Vaccine Measles	100	100	44			
Vitamin A Syrup	0	0	0	0		
Adolescent Health						
Tablet Albendazole	100	75	67	0		
Tablet Dicyclomine	0	100	55			
Sanitary Napkins	0	50	33	78		
Cross-cutting areas						
IFA tablets – large	100	75	44	67		
IFA tablets – small	0	25	0	0		
IFA Syrup	0	0	0	0		
Paracetamol (tablet/syrup)	100	75	78	22		
Tablet CoTrimoxazole	0	75	33	NA		
Tablet/Syrup Chloroquin	0	75	33			
Dexamethasone	100	75	67	0		
Syrup/Tablet Ampicillin	0	0	11	0		
Tablet/Injection Metronidazole	100	100	78	0		
Injection Ceftriaxone	0	75	33			
Injection Gentamicin	100	50	55	0		
Thermometer	100	50	22	67		
Digital weighing machine	100	75	22	0		
Blood Pressure Machine	100	100	67	78		

^{*}NA in the Sub Centre and non-FRU columns denoted the item not included in the original tool.

IV. Fact Sheet - Health Facility Wise-Results

District - HARIDWAR, State - UTTARAKHAND

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

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Infrastructure of health facility					
Functioning in Government building	Υ	Υ	Υ	Υ	Υ
Building in good physical condition	N	N	Υ	Υ	N
Connected by motorable approach road	Υ	Υ	Υ	Υ	Υ
24 x7 water supply available	Υ	Υ	Υ	Υ	Υ
Functional electricity connection available	Υ	Υ	Υ	Υ	Υ
Separate clean toilets available for men and women	N	N	N	N	N
Mechanism for waste disposal	Υ	Υ	Υ	Υ	Υ
Functional power back up available	Υ	Υ	Υ	Υ	Υ
Functional generator available for power backup	Υ	Υ	Υ	Υ	Υ
Availability of habitable staff quarters for					
Medical Officers	Υ	Υ	Υ	Υ	Υ
Staff Nurses	Υ	Υ	Υ	Υ	Υ
Other staff categories	N	Υ	Υ	Υ	Υ
Other facilities available					
Ambulance for transportation of beneficiaries	Υ	Υ	Υ	Υ	Υ
Total number of ambulances available	1	4	1	2	3
Number of functional ambulances	1	4	1	2	3
Separate male and female wards for in patients	Υ	Υ	N	N	N
Number of beds in male ward	0	6	0	0	0
Number of beds in female ward	6	7	0	43	20
Number of beds in paediatric ward	0	0	0	0	0
Number of beds in general ward**	0	0	30**	63**	18
Separate room for AFHC	Υ	Υ	N	Υ	N
Integrated Counselling and Testing Centre (ICTC)	Υ	Υ	Υ	Υ	Υ
PPTCT Centre	Υ	N	N	N	Υ
Functional laundry/washing services	Υ	Υ	Υ	Υ	Υ
Dietary services	Υ	Υ	Υ	Υ	Υ
Equipment maintenance/repair mechanism	N	N	Υ	Υ	Υ
Complaint / suggestion box	N	Υ	N	Υ	Υ
Functional help desk	N	N	N	N	N
Grievance redressal mechanism	N	Υ	N	Υ	Υ
Separate computer for HMIS and MCTS	Υ	Υ	Υ	Υ	Υ

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Internet connectivity for computers	Υ	Υ	Υ	Υ	Υ
Fire extinguisher	Υ	Υ	Υ	Υ	Υ
Specialists & Medical officer available on call in case of	of emergency				
Gynaecologist	N	N	N	Υ	Υ
Anaesthetist	N	N	N	Υ	Υ
Paediatrician	Υ	N	N	Υ	Υ
Medical Officer	Υ	Υ	Υ	Υ	Υ
Display of IEC material and protocols					
Medical Officers duty roster	N	Υ	Υ	N	N
Essential drug list	N	Υ	Υ	Υ	Υ
Citizen charter	N	N	N	Υ	N
JSY entitlements	Υ	Υ	Υ	Υ	N
JSSK entitlements	Υ	Υ	Υ	Υ	Υ
List of services available	Υ	Υ	Υ	N	Υ
IEC material for MCH related programs	Υ	Υ	Υ	Υ	Υ
Incentives for ASHA/link worker	N	N	N	N	N
OPD timings	N	Υ	N	Υ	Υ
Map of catchment area	N	N	Υ	Υ	N

^{*} Habitable Quarters – Structurally Safe, well ventilated, lighted, painted, free from seepage, provided with toilet, bathing space and kitchen and connected to water and electric supply.

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

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Separate delivery/labour room available	Υ	Υ	Υ	Υ	Υ
Basic amenities in the labour rooms					
24 x7 piped water supply	Υ	Υ	Υ	Υ	Υ
Regular sterilization of room	N	N	N	N	N
Functional electricity powered lamp	Υ	Υ	Υ	N	Υ
Functional toilet facility attached to room	N	N	N	N	N
Facility for hand washing	N	Υ	Υ	Υ	Υ
Labour table	Υ	Υ	Υ	Υ	Υ
Labour table with Mackintosh Kelly pads	Υ	N	Υ	Υ	Υ

^{**} In Roorkee Combined Hospital (in addition to Female Ward) and CHC Narsan – the beds are placed in general ward with no clear distribution and male, female and paediatric patients are all admitted –hence separate category of general wards ilisted. The same was confirmed by hospital authorities.

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Delivery Set available	N	Υ	Υ	N	Υ
Episiotomy Set Tray available	N	Υ	Υ	Υ	Υ
Medicine Tray available	Υ	Υ	Υ	Υ	Υ
Equipment available in the labour rooms					
Artery forceps	Υ	Υ	Υ	Υ	Υ
Sponge holding forceps	Υ	Υ	Υ	Υ	Υ
Allis forceps	N	N	Υ	Υ	N
Toothed forceps	Υ	N	Υ	Y	N
Episiotomy scissor	N	Υ	Υ	Υ	Υ
Oxygen cylinder with regulator	N	N	Υ	Υ	N
Colour coded bins	N	Υ	Υ	Υ	Υ
Adult stethoscope	Υ	Υ	Υ	Υ	Υ
Blood Pressure machine	Υ	Υ	Υ	Υ	Υ
D & C Set	N	N	Υ	N	Υ
IV Stand	Υ	Υ	Υ	Υ	Υ
Urinary catheter	Υ	Υ	N	Υ	N
Speculum	N	Υ	Υ	N	Υ
Thermometer	N	Υ	N	N	Υ
Lamp /Torch	N	N	Υ	Υ	Υ
Partograph charts	N	N	N	N	N
Disposable delivery kits	N	N	Υ	Υ	Υ
Medicines available in the labour rooms					
Injection Oxytocin	Υ	Υ	Υ	Υ	Υ
Tablet Misoprostol	N	Υ	N	Υ	Υ
Ringer Lactate	Υ	N	N	Υ	Υ
Normal Saline	N	Υ	Υ	Υ	Υ
Injection Gentamycin	Υ	N	N	Υ	Υ
Injection Betamethasone	N	N	N	N	Υ
Tablet Metronidazole	Υ	Υ	Υ	Υ	Υ
Capsule Ampicillin	N	Υ	N	Υ	N
Vitamin K	Υ	N	Υ	N	Υ
Injection Xylocaine 2%	N	N	Υ	Υ	Υ
Antiseptic lotion	Υ	Υ	Υ	Υ	Υ
Tablet Paracetamol	Υ	Υ	Υ	Υ	Υ
Tablet Ibuprofen	Υ	Υ	N	Υ	Υ
Injection Hydralazine	N	N	N	N	N

Table IV-3A Facilities available for newborn and children

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Separate new born care corner available	Υ	Υ	Υ	Υ	Υ
Amenities available in the new born corner					
Located in the labour room	Υ	Υ	Υ	N	Υ
Functional radiant warmer	Υ	N	Υ	Υ	Υ
Self-inflating bag and mask (size 0)	N	N	N	Υ	Υ
Self-inflating bag and mask (size 1)	N	N	N	Υ	Υ
Mucus extractor with suction tube	Υ	N	N	Υ	Υ
Oxygen hood (neonatal)	Υ	Υ	N	Υ	Υ
Warming lamp with 200W bulb	Υ	N	N	N	N
• Laryngoscope (neonatal)	N	N	N	Υ	Υ
Newborn digital weighing scale	Υ	N	N	Υ	Υ
Neonatal resuscitation kit	N	N	N	N	Υ
Nasogastric tube	N	Υ	N	N	Υ
Newborn stabilization unit/Special Newborn Care Unit available	N	Y	N	Υ	Υ
Amenities available in the NSU/SNCU					
Located close to or in maternity ward	N	Υ	N	Υ	Υ
Digital weighing scale	N	Υ	N	Υ	Υ
Functional radiant warmer	N	Υ	N	Υ	Υ
Phototherapy unit	N	Υ	N	Υ	Υ
Infant feeding tubes	N	Υ	N	Υ	Υ
Pediatric Stethoscope	N	N	N	Υ	Υ
Nutritional Rehabilitation Centre (NRC) available	N	N	N	N	Υ

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

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Separate room for laboratory available	Υ	Υ	Υ	Υ	Υ
Equipment available in the laboratory					
Centrifuge	N	N	*DNA	N	DNA
Semi auto-analyzer	N	N	DNA	Υ	DNA
Microscope	N	N	DNA	Υ	DNA
Haemoglobinometer	N	N	DNA	Υ	DNA
Testing kits available in the laboratory					
Pregnancy Testing Kit	N	N	DNA	Υ	DNA
Blood Sugar Testing Kit	N	N	DNA	Υ	DNA

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Urine Albumin Testing Kit	N	N	DNA	Υ	DNA
HbsAg testing kit	N	N	DNA	Υ	DNA
Tests done at the delivery point					
Haemoglobin	Υ	DNA	DNA	Υ	DNA
Urine albumin	N	DNA	DNA	Υ	DNA
Serum bilirubin	N	DNA	DNA	Υ	DNA
RPR (Rapid Plasma Reagin) test for syphilis	N	DNA	DNA	Υ	DNA
RPR (Rapid Plasma Reagin) test for typhoid	Υ	DNA	DNA	Υ	DNA
TB (sputum for AFB)	Υ	DNA	Υ	Υ	DNA
Liver Function Test	N	DNA	N	Υ	DNA
Complete Blood Picture	N	DNA	N	N	DNA
Urine sugar	N	DNA	N	Υ	DNA
Blood sugar	N	DNA	N	Υ	DNA
Malaria test (Peripheral smear or RDT)	Υ	DNA	Υ	Υ	DNA
HIV test (RDT)	Υ	DNA	Υ	Υ	DNA
Functional diagnostic equipment available at the deli	very point				
Ultrasound scan	N	N	N	N	N
X ray	N	Υ	Υ	Υ	N
Endoscopy	N	N	N	N	N
ECG	N	N	N	Υ	N
Foetal Doppler	N	Υ	N	N	N
Foetal Cardio TocoGraphy (CTG)	N	N	N	N	N
CT scan	N	N	N	N	N

^{*}DNA-Data Not Available due to staff strike

Table IV-5A. Surgical facilities at delivery points

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Operation theatre available	N	Υ	Υ	Υ	Υ
Newborn Care Corner available in operation theatre	N	N	N	Υ	Υ
Emergency drug trolley available	N	N	Υ	Υ	Υ
Equipment available in the operation theatre					
OT Tables	N	N	Υ	Υ	Υ
Multi para monitors	N	N	N	Υ	Υ
Ceiling lights	N	N	Υ	Υ	Υ
Surgical diathermies	N	N	N	N	N

	FRU Facilities				District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Ventilator	N	N	N	N	N
Pulse oximeter	N	N	N	Υ	Υ
Mobile lights	N	N	Υ	Υ	Υ
Laparoscopes	N	N	N	N	Υ
Anesthesia machine (Boyle's app.)	N	N	Υ	Υ	Υ
Electrical Suction apparatus	N	Υ	Υ	Υ	Υ
Halothane/Enflurane vaporizer	N	N	Υ	Υ	Υ
Laryngoscope with adult blades	N	Υ	Υ	Υ	Υ
LSCS set	N	N	N	Υ	Υ
Sterilization set (men & women)	N	N	Υ	Υ	Υ
MVA/EVA syringe & cannula	N	Υ	N	N	Υ
Oropharyngeal airway (adult)	N	N	N	Υ	Υ
Oxygen Cylinder (Black) with regulator	N	N	Υ	Υ	Υ
Nitrous oxide cylinder (Blue)	N	N	Υ	Υ	Υ
Adult resuscitation kit	N	N	Υ	Υ	Υ
Endotracheal tubes (adult)	N	N	Υ	Υ	Υ
Spinal needle SS 4	N	N	N	Υ	Υ
IV Cannula No. 18	N	N	N	Υ	Υ
IV Cannula No. 20	N	N	N	Υ	Υ
IV sets with 16-gauge needle (N2)	N	N	N	Υ	Υ
Controlled suction catheter	N	N	N	Υ	Υ
• Functional blood bank or blood storage unit available	N	N	N	Υ	Υ
Functional refrigerators available at BB/BSU	N	N	N	Υ	Υ

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

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Separate Drug Store available	Υ	Υ	Υ	Υ	Υ
Dedicated staff to look after drug store available	Υ	Υ	Υ	Υ	Υ
Updated drug stock register available	Υ	Υ	Υ	Υ	Υ
Functional cold chain room for storage of vaccines available	Υ	Y	Y	Y	N
Separate MCH clinic available	Υ	Υ	Υ	Υ	Υ
Immunization services provided at the facility	Υ	Υ	Υ	Υ	Υ
Updated immunization register available	Υ	Υ	Υ	Υ	Υ
ANC services provided at the facility	Υ	Υ	Υ	Υ	Υ
Updated ANC register available	Υ	Υ	Υ	Υ	Υ

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Availability of updated records at the delivery points					
Out Patient Register	N	Υ	Υ	Υ	Υ
In Patient Register	N	Υ	Υ	Υ	Υ
PNC Register	N	N	N	Υ	Υ
Labour room Register	Υ	Υ	Υ	Υ	Υ
Operation Theatre Register	N	Υ	N	Υ	Υ
Referral Register (in and out)	N	N	Υ	Υ	Υ
Line list of severely anaemic pregnant women	N	N	N	Υ	Υ
Record of expenditure of untied funds	Υ	Υ	Υ	N***	N***
Record of expenditure of Annual Maintenance Grant	Υ	Υ	Υ	N***	N***
Record of expenditure of RKS	*N	Υ	Υ	Υ	Υ
JSY Payment Register	Υ	Υ	Υ	Υ	Υ
Family Planning Service Register	Υ	Υ	Υ	Υ	Υ
Blood bank stock register	N	N	N	Υ	Υ
Maternal Death Review Register	N	Υ	Υ	N	Υ
Infant and Neonatal Death Review Register	N	Υ	Υ	N	Υ

^{*} Available but not at the facility during visit

Table IV-7A. Availability of key RMNCH+A commodities at the delivery points (during period of last 3 months from data collection)

		FRU Facilities			
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Reproductive Health					
Tubal Rings	N	N	N	N	N
IUCD Kit – Suraksha 5	N	N	N	N	N
IUCD Kit – Suraksha 10	Υ	Υ	N	Υ	Υ
Oral Contraceptive Pills (Mala N)	Υ	N	Υ	Υ	N
Pregnancy Testing Kits (Nishchay)	N	N	DNA	Υ	DNA
Condoms	Υ	Υ	Υ	Υ	N
Emergency Contraceptive Pills	Υ	Υ	N	N	Υ
Tablet Mifepristone	N	N	N	N	N
Maternal Health					
Injection Oxytocin	Υ	N	N	Υ	Υ
Tablet Misoprostol	N	N	N	N	N
Injection Magnesium Sulphate	N	N	N	N	N

^{***-}No untied funds/AMG released for DH, funds come under RKS.

		FRU Fa	acilities		District Hospital
	CHC BHAGWAN- PUR	CHC LAKSAR	CHC NARSAN	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
New born Health	·				
Injection Vitamin K	N	N	N	N	N
Mucous Extractor	Υ	N	N	Υ	Υ
Vaccine BCG	Υ	N	Υ	Υ	Υ
Vaccine tOPV	Υ	Υ	Υ	Υ	Υ
Vaccine Hepatitis B	Υ	Υ	Υ	Υ	Υ
AD syringes (0.1 ml)	N	Υ	Υ	Υ	Υ
AD syringes (0.5 ml)	N	Υ	Υ	Υ	Υ
Child Health					
ORS packets	Υ	Υ	Υ	Υ	N
Tablet Zinc Sulphate	N	N	N	N	N
Syrup Salbutamol	N	N	N	N	N
Salbutamol Nebulizing solution	N	N	Υ	Υ	Υ
Vaccine DPT/Pentavalent	Y	Υ	Υ	Υ	N
Vaccine Measles	Υ	Υ	Υ	Υ	Υ
Vitamin A Syrup	N	N	N	N	N
Adolescent Health					
Tablet Albendazole	N	Υ	Υ	Υ	Υ
Tablet Dicyclomine	Υ	Υ	Υ	Υ	N
Sanitary Napkins	Y	Υ	N	N	N
Cross-cutting areas					
IFA tablets – large	Υ	N	Υ	Υ	Υ
IFA tablets – small	N	N	Υ	N	N
IFA Syrup	N	N	N	N	N
Paracetamol (tablet/syrup)	N	Υ	Υ	Υ	Υ
Tablet CoTrimoxazole	Υ	Υ	N	Υ	N
Tablet/Syrup Chloroquin	N	Υ	Υ	Υ	N
Dexamethasone	N	Υ	Υ	Υ	Υ
Syrup/Tablet Ampicillin	N	N	N	N	N
Tablet/Injection Metronidazole	Υ	Υ	Υ	Υ	Υ
Injection Ceftriaxone	Υ	N	Υ	Υ	N
Injection Gentamicin	N	Υ	Υ	N	Υ
Thermometer	N	Υ	Υ	N	Υ
Digital weighing machine	N	N	N	N	Υ
Blood Pressure Machine	Υ	Υ	Υ	Υ	Υ

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

CHC BHAGWA PUR Obstetrician & Sanctioned Positions 1 Gynaecologist Available 0	CHC LAKSAR 1 0 1 0	CHC NARSAN 1 0	COMBINED GOVT. HOSPITAL ROORKEE	CHAIN RAI ZILA MAHILA HOSPITAL
Company and a sight	0	_	1	
Gynaecologist Available 0	1	0		1
			1	1
Anaesthetist Sanctioned Positions 1	0	1	1	1
Available 0	U	0	1	1
Paediatrician Sanctioned Positions 1	1	1	2	2
Available 1	0	0	1	2
General Surgeon Sanctioned Positions 1	1	1	1	0
Available 0	0	0	1	0
Other Specialists Sanctioned Positions 1	0	0	1	0
Available 1	0	0	1	0
Medical Officers Sanctioned Positions 2	2	2	4	0
Available 1	1	1	4	0
Lady Medical Officers Sanctioned Positions 1	1	1	1	2
Available 0	0	0	1	1
AYUSH Medical Officers Sanctioned Positions 2	0	2	0	0
Available 1	0	2	0	0
Staff Nurses Sanctioned Positions 3	3	3	14	4
Available 3	3	3	13	4
ANM Sanctioned Positions 32	28	34	1	1
Available 29	28	33	1	1
Laboratory Technicians Sanctioned Positions 1	1	1	2	1
Available 1	1	1	2	1
Pharmacist Sanctioned Positions 2	1	2	4	4
Available 2	1	2	4	4
LHV/PHN Sanctioned Positions 3	3	2	1	0
Available 3	2	2	1	0
Radiographers Sanctioned Positions 1	1	1	1	0
Available 0	0	0	1	0
RMNCH+A Counsellors Sanctioned Positions 0	0	0	0	0
Available 0	0	0	0	0
Other Sanctioned Positions 0	0	0	1	0
Available 0	0	0	1	0

Health Facility wise Fact Sheet for Results of District Level RMNCH+A Gap Analysis

District - HARIDWAR, STATE - UTTARAKHAND

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

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Infrastructure of health facility									
Functioning in Government building	>	>-	>-	>	>	>-	>	>	>
Building in good physical condition	z	z	z	>	Z	z	>	Z	z
Connected by motorable approach road	>	>-	>-	>	>	>-	>-	>	z
24-hour water supply available	>	Z	>	>	>	>	>-	Z	>
Functional electricity connection available	>	Z	>	>	>	>-	>-	>	>
Separate clean toilets available for men and women	Z	Z	>	Z	Z	Z	Z	Z	>
Mechanism for waste disposal	>	>	>-	>	>	>	>	>	>
Functional power back up	>-	>	>	>	>	>	>	>	>
Functional generator available for power backup	>	Z	Z	>	Z	>	>	Z	>
Availability of habitable staff quarters for									
Medical Officers	>-	>	z	Z	Z	>	>-	Z	Z
Staff Nurses	>	>	Z	Z	Z	Z	>	Z	>
Other staff categories	>-	>-	z	Z	Z	z	>-	Z	>
Other facilities available									
Ambulance for transportation of beneficiaries	>	>	>	>	>	>	>-	>	>
 Total number of ambulances available 	1	1	П	1	1	4	1	1	Т
 Number of functional ambulances 	1	1	П	1	1	4	1	1	1
Separate male and female wards for in	>	>	>	Z	Z	Z	>	Z	>
 Number of beds in male ward 	5	2	2	0	0	0	1	0	12
 Number of beds in female ward 	5	2	2	0	2	8	2	2	14
 Number of beds in paediatric ward 	0	0	0	0	0	0	0	0	0
 Number of beds in general ward 	0	0	0	3	0	0	0	0	0
Separate room for AFHC	z	Z	Z	Z	Z	Z	Z	Z	Z

					I I I I I I I I I I I I I I I I I I I				
					NON LYO				
	CHC	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC	PHC BELDA	PHC JWALAPUR
Integrated Counselling and Testing Centre (ICTC)	z	z	Z	Z	Z	z	Z	Z	Z
PPTCT Centre	z	z	Z	Z	Z	z	Z	z	Z
Functional laundry/washing services	>	>	>	>	Z	>	>	>	>
Dietary services	>-	>	Z	Z	Z	>	>	>	>
Equipment maintenance/repair mechanism	>	Z	Z	Z	Z	Z	Z	Z	>
Complaint / suggestion box	z	z	Z	Z	z	>	z	z	Z
Functional help desk	z	z	Z	Z	Z	z	Z	z	Z
Grievance redressal mechanism	z	z	Z	Z	Z	z	Z	Z	Z
Separate computer for HMIS and MCTS	z	Z	Z	Z	Z	z	Z	Z	Z
Internet connectivity for computers	z	Z	Z	Z	Z	>	Z	z	Z
Fire extinguisher	>	Z	>	>	>	>	>	z	Z
Specialists and Medical Officers available on call in case of emergency	ase of emerge	ency							
Gynaecologist	NA	NA	AN	NA	AN	NA	NA	NA	NA
Anaesthetist	NA	NA	N A	NA	A A	NA	NA	NA	AN
Paediatrician	NA	NA	N A	NA	AN	NA	NA	N A	NA
Medical Officer	NA	NA	A A	NA	A A	NA	NA	ΝΑ	NA
Display of IEC material and protocols									
Medical Officers duty roster	>	Z	z	Z	Z	Z	Z	z	Z
Essential drug list	>	>	>-	Z	Z	>	Z	Z	Z
Citizen charter	Z	Z	>-	Z	Z	Z	Z	Z	Z
JSY entitlements	>	Z	>-	>	>	>	>	>	>
JSSK entitlements	>	>	>-	>	>	>	Z	>	>
List of services available	>	Z	>-	Z	>	>	Z	z	>
IEC material for MCH related programs	>-	Z	>-	Z	>	>	>-	Z	>
Incentives for ASHA/link worker	Z	Z	z	Z	>	>-	Z	Z	>
OPD timings	>-	>	z	Z	z	Z	>	>-	Z
Map of catchment area	>	Z	>	Z	>	>	Z	Z	>
* Habitable Quarters – Structurally Safe, well ventilated, lighted, painted, free from seepage, provided with toilet, bathing space and kitchen and connected to water and electric supply.	ted, painted, fr	e from seepa	ige, provided wit	h toilet, bathi	ng space and k	itchen and con	nected to wate	er and electric s	upply.

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

				NON FRU	RU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМЦКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Separate delivery/labour room available	>	N (labour room, female ward, ANC in the same room)	>	>	>	>-	>-	>	>-
Basic amenities in the labour rooms									
24x7 piped water supply	>	Z	Z	>-	Z	>	>-	z	>
Regular sterilization of room	Z	Z	Z	z	Z	z	Z	z	z
Functional electricity powered lamp	>	Z	>	z	z	>	>	>	>
Functional toilet facility attached to room	Z	Z	Z	>	z	Z	Z	z	Z
Facility for hand washing	>	Z	Z	>	z	>	>	z	>
Labour table	>	>	>	>	>	>	>	>	>
Labour table with Mackintosh Kelly pads	>	Z	Z	>	>	>	>	>	>
Delivery Set available	Z	>	z	>	>	>	>	>	>
Episiotomy Set Tray available	Z	Z	Z	z	>	>	Z	>	Z
Medicine Tray available	>	>-	>	z	Z	>-	>	>	>
Equipment available in the labour rooms									
Artery forceps	>	Z	>	>	>-	>-	>	>	>-
Sponge holding forceps	>	Z	>	z	>	>-	>	>	>-
Allis forceps	Z	Z	Z	>	Z	Z	Z	>	>
Toothed forceps	Z	Z	Z	>	Z	>	Z	z	Z
Episiotomy scissor	Z	Z	Z	z	>	>	>	>	>
Oxygen cylinder with regulator	>	Z	>	>	>	>	>	z	>
Colour coded bins	>-	Z	Z	z	z	>-	Z	z	>
Adult stethoscope	>	Z	Z	z	z	>	>	>	>
Blood Pressure machine	>	>-	Z	z	z	>	>	>	>
D & C Set	Z	Z	Z	z	z	z	Z	z	Z
I.V. Stand	>	>	>	>	>	>	>	>	>
Urinary catheter	z	Z	>	z	z	>	>	z	>
Speculum	>	Z	>	>	>	>	z	Z	>

				NON FRU	RU				
	CHC MANIHORE	PHC LANDORA	PHC	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC	PHC BELDA	PHC JWALAPUR
Thermometer	Z	Z	z	z	Z	Z	z	>	>
Lamp /Torch	Z	Z	z	z	Z	z	z	>	>
Partograph charts	Z	Z	z	z	Z	>	Z	z	Z
Disposable delivery kits	z	Z	z	z	Z	z	z	z	Z
Medicines available in the labour rooms									
Injection Oxytocin	>	Z	z	>	Z	>	z	>	>
Tablet Misoprostol	Z	>	z	z	Z	>	Z	z	Z
Ringer Lactate	Z	Z	z	>	Z	>	z	z	Z
Normal Saline	Z	Z	z	z	Z	z	Z	Z	Z
Injection Gentamycin	Z	>	z	>	Z	z	>	>	>
Injection Betamethasone	Z	Z	Z	z	Z	z	Z	z	Z
Tablet Metronidazole	>	>	z	>	>	z	>	Z	>
Capsule Ampicillin	Z	Z	z	z	>	z	Z	>	Z
Vitamin K	>	>	z	z	Z	>	Z	>	Z
Injection Xylocaine 2%	>	Z	z	z	Z	z	Z	Z	>
Antiseptic lotion	>-	Z	z	z	Z	>	Z	>	>
Tablet Paracetamol	>	>	>-	>	>	>	>	>	>
Tablet Ibuprofen	z	>-	>-	>	Z	z	>	Z	z
Injection Hydralazine	Z	Z	z	z	Z	z	Z	Z	Z

Table IV-3B. Facilities available for newborn and children

				NON FRU	RU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Separate new born care corner available	>	N (labour room, new born care corner, female ward, ANC in the same room)	>	Z	>	Z	>	Z	>
Amenities available in the new born corner									
Located in the labour room	>	>	>	Z	>-	Z	>-	Z	>
Functional radiant warmer	>	Z	z	Z	z	>	>	>	>

				NON FRU	RU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Self-inflating bag and mask (size 0)	>	Z	Z	Z	>	>	z	>	>
Self-inflating bag and mask (size 1)	z	Z	z	z	>	Z	z	>	Z
Mucus extractor with suction tube	>-	Z	>-	z	>	Z	z	>	>
Oxygen hood (neonatal)	Z	Z	Z	z	>	Z	z	z	>
Warming lamp with 200W bulb	Z	Z	>-	z	z	Z	>	z	Z
Laryngoscope (neonatal)	z	Z	Z	z	z	Z	z	z	Z
Newborn digital weighing scale	Z	>	>-	Z	>-	z	Z	Z	Z
Neonatal resuscitation kit	Z	Z	z	z	Z	Z	z	z	Z
Nasogastric tube	Z	Z	Z	Z	Z	>-	Z	Z	Z
Newborn stabilization unit/Special Newborn Care Unit available	z	Z	Z	Z	Z	Z	Z	Z	z
Amenities available in the NSU/SNCU									
Located close to or in maternity ward	z	Z	Z	Z	z	Z	Z	Z	Z
Digital weighing scale	Z	Z	z	Z	Z	Z	Z	Z	Z
Functional radiant warmer	Z	Z	Z	Z	z	z	Z	Z	Z
Phototherapy unit	Z	Z	z	Z	Z	Z	Z	z	Z
Infant feeding tubes	Z	Z	z	Z	Z	Z	z	Z	Z
Pediatric Stethoscope	Z	Z	Z	Z	Z	Z	z	Z	Z
Nutritional Rehabilitation Centre (NRC) available	Z	Z	Z	Z	Z	Z	Z	Z	Z

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

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМЦКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Separate room for laboratory available	>	z	Z	>	>-	>	z	z	>

					NON FRU				
	CHC	PHC	PHC PANIYALA	CHC KHANPUR	РНС IMLIKHEDA	CHC BHADRABAD	PHC	PHC BELDA	PHC JWALAPUR
Equipment available in the laboratory									
Centrifuge	>	Z	Z	>-	N (can't be assessed due to strike)	Z	z	z	Z
Semi auto-analyzer	z	z	z	z	Z	z	z	z	Z
Microscope	>	z	z	>	Z	Z	Z	z	Z
Hemoglobinometer	>	z	z	>	Z	Z	Z	z	Z
Testing kits available in the laboratory									
Pregnancy Testing Kit	>	z	Z	>	Z	Z	Z	z	Z
Blood Sugar Testing Kit	Z	Z	Z	Z	Z	Z	Z	z	Z
Urine Albumin Testing Kit	>	z	Z	>	Z	Z	Z	z	Z
HbsAg testing kit	Z	Z	Z	Z	Z	Z	Z	z	Z
Tests done at the delivery point									
Haemoglobin	>	Z	Z	>	γ (verabal data by staff)	Z	Z	z	Z
Urine albumin	>	Z	Z	>	Z	Z	Z	z	Z
Serum bilirubin	Z	z	z	Z	Z	Z	Z	z	Z
RPR (Rapid Plasma Reagin) test for syphilis	Z	z	Z	>	Z	Z	Z	z	Z
RPR (Rapid Plasma Reagin) test for typhoid	>	z	Z	>	Z	Z	Z	z	Z
TB (sputum for AFB)	>	>	Z	>	γ (verbal data by staff)	Z	Z	z	>-
Liver Function Test	Z	z	Z	z	Z	Z	Z	z	Z
Complete Blood Picture	Z	Z	z	Z	γ (verbal data by staff)	Z	z	z	Z
Urine sugar	>	Z	Z	>	Z	Z	Z	z	Z
Blood sugar	Z	Z	Z	Z	γ (verbal data by staff)	Z	Z	z	Z
Malaria test (Peripheral smear or RDT)	>-	Z	>	>	γ (verbal data by staff)	Z	Z	z	Z
HIV test (RDT)	>	Z	Z	>	γ (verbal data by staff)	Z	Z	z	Z

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМЦКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Functional diagnostic equipment available at the delivery point	ivery point	N A							
Ultrasound scan	NA	ΑN	N A	ΝΑ	ΑN	NA	NA	N A	NA
X-ray	NA	AN	NA	NA	AN	NA	NA	AN	NA
Endoscopy	NA	A A	N A	ΑN	ΑN	AN	NA	A N	N A
ECG	NA	A N	AN	ΝΑ	AN	NA	NA	AN	NA
Foetal Doppler	NA	AN	NA	NA	ΑN	NA	NA	AN	NA
Foetal Cardio TocoGraphy (CTG)	NA	A V	N A	NA	ΑN	AN	NA	AN	NA
CT scan	NA	AN	NA	NA	ΑΝ	NA	NA	NA	NA

Table IV-5B. Surgical facilities at delivery points

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Operation theatre available	>	Z	Z	>	>	>	z	Z	Z
Newborn Care Corner available in operation theatre	Z	Z	Z	Z	Z	z	Z	Z	Z
Emergency drug trolley available	Z	Z	Z	Z	Z	Z	Z	Z	Z
Equipment available in the operation theatre									
OT Tables	>	Z	Z	Z	Z	>	z	Z	Z
Multi para monitors	Z	Z	Z	Z	Z	Z	Z	Z	Z
Ceiling lights	>	Z	Z	Z	Z	z	Z	Z	Z
Surgical diathermies	Z	Z	Z	Z	Z	z	Z	Z	Z
Ventilator	Z	Z	Z	Z	Z	Z	Z	Z	Z
Pulse oximeter	Z	Z	Z	Z	Z	Z	Z	Z	Z
Mobile lights	>	Z	Z	Z	Z	Z	Z	Z	Z
Laparoscopes	>-	Z	Z	Z	Z	Z	Z	Z	Z
Anesthesia machine (Boyle's app.)	Z	Z	Z	Z	Z	Z	Z	Z	Z
Electrical Suction apparatus	Z	Z	Z	Z	Z	Z	Z	Z	Z
Halothane/Enflurane vaporiser	Z	Z	Z	Z	Z	Z	Z	Z	Z
Laryngoscope with adult blades	z	z	Z	Z	Z	z	Z	Z	z

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМШКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
LSCS set	Z	Z	Z	Z	Z	Z	Z	Z	Z
Sterilization set (men & women)	Z	Z	Z	Z	Z	Z	Z	Z	Z
MVA/EVA syringe & cannula	Z	Z	Z	Z	Z	Z	Z	Z	Z
Oropharyngeal airway (adult)	Z	Z	Z	Z	Z	Z	Z	Z	Z
Oxygen Cylinder (Black) with regulator	Z	Z	Z	Z	Z	Z	Z	Z	Z
Nitrous oxide cylinder (Blue)	z	Z	Z	Z	z	Z	z	Z	Z
Adult resuscitation kit	Z	Z	Z	Z	Z	Z	Z	Z	Z
Endotracheal tubes (adult)	Z	Z	Z	Z	Z	Z	Z	Z	Z
Spinal needle SS 4	z	Z	Z	Z	z	Z	z	Z	Z
I.V. Cannula No. 18	Z	Z	Z	Z	Z	Z	Z	Z	Z
IV Cannula No. 20	Z	Z	Z	Z	Z	Z	Z	Z	Z
I.V. sets with 16-gauge needle (N2)	z	Z	Z	Z	Z	z	z	Z	Z
Controlled suction catheter	Z	Z	Z	Z	Z	Z	Z	Z	Z
Functional blood bank or blood storage unit available	Z	Z	Z	Z	Z	Z	Z	z	Z
Functional refrigerators available at BB/BSU	Z	Z	Z	Z	Z	z	Z	z	Z

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

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Separate Drug Store available	>	>	>	>	>-	>	>	>	>
Dedicated staff to look after drug store available	>-	>-	>	Z	>	>	>-	>-	>
Updated drug stock register available	>	>	>	z	>	z	>	>-	>
Functional cold chain room for storage of vaccines available	>	z	Z	>	Z	>	>-	Z	Z
Separate MCH clinic available	>-	>-	>	>-	>	>-	>	>-	>
Immunization services provided at the facility	>-	>	>	>-	>	>-	>	>-	>
Updated immunization register available	>	Z	>	>	>-	>	>-	>	>

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМШКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
ANC services provided at the facility	>	>	\	>	\	>	>	\	\
Updated ANC register available	>	>	>	>	>	>	>	>	>
Availability of updated records at the delivery points									
Out Patient Register	>	>	>	>	>	Z	>	>	>-
In Patient Register	>	>	Z	>	Z	Z	>	>	>-
PNC Register	>	>	>	>	Z	>	>	Z	Z
Labour room Register	>	>-	Z	Z	Z	>	>	Z	Z
Operation Theatre Register	Z	Z	Z	Z	Z	Z	Z	Z	Z
Referral Register (in and out)	>	Z	Z	Z	Z	>	Z	>	>
Line list of severely anaemic pregnant women	Z	Z	Z	Z	Z	Z	Z	Z	Z
Record of expenditure of untied funds	>	Z	>	>	>	>	Z	Z	Z
Record of expenditure of Annual Maintenance Grant	>	Z	>-	>	>-	>	Z	Z	Z
Record of expenditure of RKS	>	Z	Z	>	>-	>	Z	Z	Z
JSY Payment Register	>	>	Z	>	Z	>	>	>	>
Family Planning Service Register	Z	Z	Z	>	>-	Z	>	>	>
Blood bank stock register	Z	Z	Z	Z	Z	Z	Z	Z	Z
Maternal Death Review Register	Z	Z	Z	Z	Z	Z	Z	Z	Z
Infant and Neonatal Death Review Register	Z	z	Z	z	Z	z	z	z	Z

Table IV-7B. Availability of key RMNCH+A commodities at the delivery points (during period of last 3 months from data collection)

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Reproductive Health									
Tubal Rings	Z	Z	Z	Z	Z	Z	Z	Z	Z
IUCD – Suraksha 5	Z	Z	Z	Z	Z	z	Z	Z	Z
IUCD Kit – Suraksha 10	>	Z	Z	Z	Z	Z	>-	Z	Z
Oral Contraceptive Pills (Mala N)	>	Z	Z	Z	Z	Z	>-	Z	>-
Pregnancy Testing Kits (Nishchay)	>	Z	z	>	Z	z	Z	Z	Z

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМШКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Condoms	Z	Z	Z	z	Z	Z	>	Z	>
Emergency Contraceptive Pills	Z	Z	Z	Z	Z	Z	z	Z	Z
Tablet Mifepristone	Z	Z	Z	Z	Z	Z	Z	Z	Z
Maternal Health									
Injection Oxytocin	>	Z	Z	>	Z	>	Z	>	>
Tablet Misoprostol	Z	Z	Z	Z	Z	Z	Z	Z	Z
Injection Magnesium Sulphate	Z	Z	Z	Z	Z	Z	Z	Z	Z
New born Health									
Injection Vitamin K	Z	>-	Z	Z	Z	>	Z	Z	Z
Mucous Extractor	>	Z	>	Z	>	Z	Z	>	>
Vaccine BCG	>	Z	Z	Z	Z	>	>	Z	Z
Vaccine tOPV	>	Z	Z	Z	Z	>	>	Z	>
Vaccine Hepatitis B	>	Z	Z	Z	Z	>	>	Z	>
AD syringes (0.1 ml)	>	>	>	>	>	>	>	>	>
AD syringes (0.5 ml)	X	\	>	>	>	>	>	>	>
Child Health									
ORS packets	>	>-	>	>	>	Z	>	Z	Z
Tablet Zinc Sulphate	Z	Z	Z	Z	Z	Z	z	Z	Z
Syrup Salbutamol	Z	\	Z	Z	Z	Z	Z	Z	Z
Salbutamol Nebulizing solution	Z	Z	Z	Z	Z	Z	Z	Z	Z
Vaccine DPT	>	z	Z	Z	Z	>	>	Z	>
Vaccine Measles	>	z	Z	Z	Z	>	>-	Z	>
Vitamin A Syrup	Z	Z	Z	Z	Z	Z	Z	Z	Z
Adolescent Health									
Tablet Albendazole	>	>	>	>	Z	Z	>	Z	>
Tablet Dicyclomine	X	Z	>	>	Z	Z	>	Z	>
Sanitary Napkins	Z	Z	Z	Z	>	Z	>	Z	>

					NON FRU				
	CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМШКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Cross-cutting areas									
IFA tablets – large	Z	>	>	z	z	z	>	z	>
IFA tablets – small	Z	z	z	z	z	z	Z	z	Z
IFA Syrup	Z	z	z	z	Z	Z	Z	z	Z
Paracetamol (tablet/syrup)	>-	>	>	>	>	z	>	z	>
Tablet CoTrimoxazole	>-	Z	>	z	Z	Z	>	z	Z
Tablet/Syrup Chloroquin	Z	>	Z	z	>	z	>-	z	Z
Dexamethasone	>-	>	>	>	>	z	>	z	Z
Syrup/Tablet Ampicillin	Z	Z	Z	Z	Z	Z	Z	Z	>-
Tablet/Injection Metronidazole	>	>	>-	>	>	Z	>	Z	>-
Injection Ceftriaxone	Z	>	Z	z	Z	Z	>	Z	>
Injection Gentamicin	>-	>	Z	Z	>	Z	>-	Z	>-
Thermometer	Z	Z	Z	z	Z	Z	Z	>-	>
Digital weighing machine	Z	Z	Z	>	>	Z	Z	Z	Z
Blood Pressure Machine	>	>	Z	z	Z	>	>	>	>

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

						NON FRU				
		CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	PHC IMLIKHEDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Obstetrician & Gynaecologist Sanctioned Positions	Sanctioned Positions	NA	NA	N A	AN	NA	NA	NA	NA	NA
	Available	NA	NA	AN	A	NA	NA	NA	NA	NA
Anaesthetist	Sanctioned Positions	NA	NA	AN	NA	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA	NA	NA	NA
Paediatrician	Sanctioned Positions	NA	NA	AN	AN	NA	NA	NA	NA	NA
	Available	NA	NA	NA	NA	NA	NA	NA	NA	NA
General Surgeon	Sanctioned Positions	NA	NA	ΑN	AN	NA	NA	NA	NA	NA
	Available	NA	NA	NA	ΝΑ	NA	NA	NA	NA	NA

						NON FRU				
		CHC MANIHORE	PHC LANDORA	PHC PANIYALA	CHC KHANPUR	РНС ІМШКНЕDA	CHC BHADRABAD	PHC LANDANG	PHC BELDA	PHC JWALAPUR
Other Specialists	Sanctioned Positions	NA	AN	NA	NA	AN	AN	NA	NA	NA
	Available	AN	NA	NA	A A	NA	A	NA	NA	NA
Medical Officers	Sanctioned Positions	11	2	1	2	2	1	2	1	33
	Available	4	1	1	0	1	1	2	1	cc
Lady Medical Officers	Sanctioned Positions	1	0	0	1	3	1	0	0	1
	Available	1	0	0	0	2	1	0	0	1
AYUSH Medical Officers	Sanctioned Positions	0	1	1	0	0	0	1	0	0
	Available	0	1	1	0	0	0	0	0	0
Staff Nurses	Sanctioned Positions	3	2	0	3	0	AN	3	2	4
	Available	2	1	0	3	0	∞	1	2	4
ANM	Sanctioned Positions	1	1	2	10	1	2	2	0	2
	Available	1	1	2	6	1	1	2	0	2
Laboratory Technicians	Sanctioned Positions	1	0	0	1	1	1	0	0	1
	Available	1	0	0	1	1	1	0	0	1
Pharmacist	Sanctioned Positions	1	1	1	1	1	1	1	1	2
	Available	1	1	1	1	1	1	1	1	2
LHV/PHN	Sanctioned Positions	1	0	0	1	0	2	1	0	1
	Available	0	0	0	0	0	2	1	0	1
Radiographers	Sanctioned Positions	NA	ΑN	NA	NA	ΝΑ	ΑN	NA	NA	NA
	Available	NA	ΝΑ	NA	NA	NA	AN	NA	NA	NA
RMNCH+A Counselors	Sanctioned Positions	NA	ΑN	NA	NA	N A	ΑN	NA	NA	NA
	Available	NA	ΝΑ	NA	NA	N A	ΑN	NA	NA	NA
Other	Sanctioned Positions	0	0	2	2	0	0	0	0	0
	Available	0	0	2	3	0	0	0	0	0

V. Results of Community Level Interviews

Table V-1. Community Level Interviews

1. Awareness and practices among mothers of children under five (N=122): DISTRICT-HARIDWAR

	Proportion of mothers	N=122	VALUE=%
1.1	With last child delivered at health facility	92	75
1.2	Delivered at home who were attended by ANM/ASHA within 48 hours of birth	24	20
1.3	Aware about initiation of breast feeding within one hour after birth	104	85
1.4	Who initiated breast feeding within one hour of birth	94	90
1.5	Aware about exclusive breast feeding for 6 months	113	93
1.6	Who exclusively breastfed their child for 6 months	89	79
1.7	Aware about initiation of complementary feeding from 6 months onwards	112	92
1.8	Who initiated complementary feeding of her youngest child from 6 months	87	78
1.9	Aware about giving ORS and Zinc to children having diarrhoea	96	79
1.10	Who know that ORS and Zinc are available with ASHA	87	71
1.11	Aware of at least two danger signs of pneumonia	93	76
1.12	Who received counselling on family planning after delivery	97	80
1.13	Who were currently using any contraceptive method	46	38

2. Awareness and practices among pregnant women esp. high risk pregnancies (N=118)

	Proportion of pregnant women	N=118	VALUE=%
2.1	Whose MCP card were regularly been filled and updated	111	94
2.2	Whose regularity of Ante Natal Check-ups(ANC) was adequate	91	77
2.3	Aware about birth preparedness	98	83
2.4	Who received IFA tablets during their pregnancy	102	86
2.5	Who have knowledge regarding Janani Suraksha Yojana (JSY)	98	83
2.6	Who have knowledge regarding Janani Shishu Swasthya Karyakram (JSSK)	72	61
2.7	Who had received safe motherhood booklet	7	6
2.8	Who had telephone number of call centre for referral/other transport	51	43
2.9	Who had telephone numbers of ASHA	84	71
2.10	Who had telephone numbers of ANM	34	29
2.11	Who received guidance and referral along with birth preparedness	19	16

3. Awareness and practices among adolescent girls in 10-19 year age group (N=120)

	Proportion of adolescent girls	N=120	VALUE=%
3.1	Who underwent any health check-up during last 6 months period	31	26
3.2	Who received Iron tablet (Neeligoli) during last 6 months	60	50
3.3	Aware regarding AFHC at the health facilities	50	42
3.4	Who visited AFHC during last 6 months	34	68
3.5	Aware regarding availability of sanitary napkins with ASHA	102	85
3.6	Who received or purchased sanitary napkins from ASHA during last 6 months	93	91
3.7	Who received counselling regarding menstrual hygiene in last 6 months	79	66

VI. Methodology

The main objective of conducting district gap analysis in high priority districts is to rapidly understand the gaps in implementation of a set of strategic RMNCH+A interventions across life stages, so that a baseline for monitoring the progress of RMNCH+A is established, that can also be used for setting targets and strategies by district administration.

Gap analysis was done at three levels using both primary and secondary data and specific information collected at each of these levels is as follows:

- 1. **Health Facilities:** this entailed use of standard tools for collection of primary data from all the 'designated' delivery points including all District level health facilities, First Referral Units (FRU), Non-FRUs' and Sub Centres conducting deliveries. In blocks where no FRU or Sub Centre is identified as delivery point one non-FRU and one Sub Centre were included for assessment. The primary data collected from these delivery points included information regarding availability, accessibility, quality and utilization of each of the RMNCH+A interventions. In addition to these basic parameters information was also collected on fund availability, infrastructure, equipment and commodities, infection control, human resources, emergency transportation and capacity among the staff members.
- 2. Community: this involved interviews of pregnant women (specifically high risk pregnancies), mothers of children under five and adolescent girls in the age group of 10-19 years. The community level respondents were selected from the catchment area of Sub Centres where deliveries are conducted. Interviews were conducted to assess knowledge and practices related to reproductive health, antenatal care, home based newborn care and child health.
- 3. Health systems: this involved interviews of district level health officials to understand fund flow and utilization at district and sub-district levels, availability of untied funds for facilities and community structures (VHSNC and RKS), infrastructure management, supply chain management, human resource management, emergency transportation, implementation of entitlements under JSSK and JSY, capacity building and roll out of trainings, supportive supervision and use of HMIS and MCTS.

The tools and visit plans were shared with the district health officials and other stake holders and list of designated delivery points to be included during the assessment was finalized in discussion with staff members. Effort was made to ensure that none of the delivery point is missed from the assessment.

In addition to this secondary data was collected and reviewed to provide evidences to support the gap analysis. Source of secondary data included HMIS reports, DLHS surveys, MCTS data and district profiles.

Thorough quality assurance mechanisms were ensured during the process of data collection and during data compilation and analysis to ensure that correct and complete information is documented to guide the district action plans. These included capacity building sessions for investigators, supportive supervisory visits, feedback and review meetings and retrospective verification of data from the health facilities.

VII. List of Health Facilities Visited

Table VII-1. Health Facilities

Block	Name of Health Facility	Catchment population	Average Deliveries per month in last 6 months
District Level facilities			
	Chain RaiJila Mahila Hospital	1,890,422	287
First Referral Units			
Roorkee	Combined Govt. Hospital	118,818	168
Bhagwanpur	CHC-Bhagwanpur	248,669	45
Laksar	CHC-Laksar	193,891	122
Narsan	CHC-Narsan	3,50,000	18
Non - FRUs			
Narsan	CHC-Manglore	266,454	106
Roorkee	PHC-Imlikheda	8,000	0
Bhadrabad	CHC-Bhadrabad	368,000	48
Bhadrabad	PHC-Londang	30,642	25
Roorkee	PHC-Panniyala	7,839	1
Khanpur	CHC-Khanpur	54,616	0
Roorkee	PHC-Belda		7
Narsan	PHC-Londora	50,288	14
Bhadrabad	PHC-Jwalapur	10,028	36
Sub Centres			
Lakshar	Maharajpur	6,216	1
Bhadrabad	Garh	9,500	3
Lakshar	Bheekampur	6,000	1
Lakshar	Bhogpur	11,185	5
Lakshar	Sultanpur	20,000	0
Bhadrabad	Sohalpur	6,470	1
Lakshar	Rampur Raigathi	2,750	0
Lakshar	Raisi	8,796	1
Narsan	Manglore	29,368	1

2. Community level interviews conducted

• Pregnant women: 118

• Mothers of children under five: 122

• Adolescent girls (10-19 years): 120

VIII. Gap Analysis Tools

A. District Hospital

District:	Name of Di	istrict Hospital:				
Date of o	data collection: From/ to/	/ Facility code:				
Names c	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 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	☐ 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 di	☐ Not displayed		
2.2	Medical Officer's duty roster	☐ Displayed	☐ Not di	☐ Not displayed		
2.3	OPD Timings	☐ Displayed	☐ Not di	☐ Not displayed		
2.4	List of services available	☐ Displayed	☐ Not di	☐ Not displayed		
2.5	Incentives for ASHA/link worker	☐ Displayed	☐ Not displayed			
2.6	Map of catchment area	☐ Displayed	☐ Not di	☐ Not displayed		
2.7	Essential drug list	☐ Displayed	☐ Not displayed			
2.8	Immunization schedule	☐ Displayed	☐ Not di	☐ Not displayed		
2.9	ANM roster for outreach sessions	☐ Displayed	☐ Not di	isplayed		
2.10	JSY entitlements	☐ Displayed	☐ Not di	isplayed		
2.11	JSSK entitlements	☐ Displayed	☐ Not di	☐ Not displayed		
2.12	IEC material for MCH related programs	☐ Displayed	☐ Not di	isplayed		
2.13	Citizen Charter at the facility	☐ Displayed	☐ Not di	isplayed		
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 tap	☐ Yes	□No			
	Soap for hand washing	□Yes		□No		
	Regular sterilization of room (check records)		□No			
	 Functioning electricity powered lamp Functional toilet facility attached to room 	☐ Yes ☐ Yes	□ No □ No			
3.1.3.1	•	□Yes	□No			
3.1.3.2	If yes, which of the following are present in labour table (tick in box if applicable)					
311.312	☐ Mackintosh kelly pads ☐ Buckets ☐ Stepping stool					
3.1.4.1	, ,	□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					
	☐ Cord clamp ☐ Sponge holding forceps ☐ Urinary catheter					
	☐ Gauze pieces ☐ Bowl for antiseptic lotion ☐ Cotton swabs					
	☐ Speculum ☐ Sanitary pads ☐ Kidney tray					

□Yes

□No

3.1.5.1

Episiotomy set/tray available at labour room

3.1.5.2	Which of the following items of Episiotomy set/tray are available in labour room ☐ Inj. Xylocaine 2% ☐ Artery forceps ☐ Episiotomy scissor				
	☐ Allis forceps ☐ 10 ml disposable syringe with needle ☐ Sponge holding forceps ☐ Toothed forceps ☐ Needle holder ☐ Gauze pieces ☐ Needle (round body and cutting) ☐ Chromic catgut ☐ Cotton swabs ☐ Thumb forceps ☐ Gloves ☐ Antiseptic lotion				
3.1.6.1	Medicine tray available at labour room ☐ Yes ☐ No				
3.1.6.2	Which of the following medicines are available	n labour room (tick in bo	ox if applicable)		
	☐ Tab Metronidazole 400 mg ☐ Tab ☐ Ringer Lactate ☐ Nor ☐ Tab. Misoprostol 200 micrograms ☐ Inj. 0	Ampicillin 500 mg Ibuprofen mal Saline Gentamycin Hydrazaline	□ Tab Paracetamol□ Tab B complex□ Methyldopa□ Vitamin K□ Nefidepin		
3.1.7	Other equipment available in the labour room (tick in box if applicable) Colour coded bins Blood Pressure Machine Lamp/Torch Oxygen Cylinder with regulator Disposable Delivery Kit Saucepan with lid				
3.1.8	Overall cleanliness/hygiene conditions of labour room (record by observation)	☐ Good ☐ Fair	□Poor		
3.2 Newl	born 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 Functional radiant warmer Self-inflating bag and mask (size 0) Self-inflating bag and mask (size 1) 	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No			
	Mucus extractor with suction tube	☐ Yes ☐ No			
	Oxygen hood (neonatal)Warming lamp with 200W bulb	☐ Yes ☐ No☐ Yes ☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ N			
	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 ☐ Two pre-warmed sheets for wrapping ☐ Sterilized thread for cord/cord clamp ☐ Nasogastric tube ☐	(tick in the box if application of the control of t	cable) I Mucus extractor I Gloves I Needle & syringe		

		_		_	
~	~	O+L	f: :	f	children
-	-	LITHER	Tarillinas	TOP < 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 amenitiavailable	es are				
	• Located close to or in maternity wa	rd	□Yes	□No		
	 Digital weighing scale 		☐Yes	□No		
	Functional radiant warmer		☐Yes	□No		
			☐ Yes	□No		
	Infant feeding tubesPediatric Stethoscope		☐ Yes ☐ Yes	□ No □ No		
3.3.3	Whether Nutritional Rehabilitation	n Centre	Yes	□No		
3.3.3	(NRC) available	Centre	L 163			
3.4 Labor	ratory facility					
3.4.1	Whether separate room for laborator	v available	□Yes	□No		
3.1.1	at the facility		103			
3.4.2	If yes, which of the following equipm	nent, testin	g kits and re	eagents are av	ailable in the	laboratory
	(enter code) ¹					
	Equipment	Code		Equipment		Code
	Hemoglobinometer		Centrifuge			
	Microscope		Semi auto	-analyzer		
	Sulphuric acid		Benedict s	solution		
	ABO Antibody reagent		Rh antibo	dy reagent		
	Pregnancy Testing Kit		Urine Albumin Testing Kit			
	Blood Sugar Testing Kit		HbsAg testing kit			
3.4.3	Which of the following tests are con-	ducted in t	he laborato	ry (tick in the	applicable)	
	If yes mention the number of tests d	one in last	6 months			
	Laboratory test		Yes	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 Rapid Did	agnostic Test)	□Yes	□No		
3.4.3.12	HIV test (RDT)		□Yes	□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 equi	•			ospital (enter code) ²
	Diagnostic tests	ic tests u	Code	IIIIIS	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 Opera	ation theatre				
3.5.1	Whether operation theatre available a	t DH	□Yes	□No	
3.5.2	Whether emergency drug trolley ava operation theatre	ilable in	□Yes	□No	
3.5.3	If yes, which of the following are prese 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. I ☐ Inj. I ☐ Inj. I ☐ Inj. I ☐ Fort ☐ Nort ☐ Nefi ☐ IV C	Magsulf 50% Ampicillin Lignocaine-2% Diazepam win mal saline depin	Inj. () Inj. A Inj. A Inj. P Inj. P Betal Meth	Calcium gluconate-10% Gentamicin Idrenaline, Inj. Theneramine maleate Thenergan Methasone
3.5.4	Newborn care corner present in the op theatre	peration	□Yes	□No	
3.5.5	If yes, which of the following amen 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	ities are	☐ Yes	□ No	

Of tables	Multi para monitors	
Ceiling lights	Surgical diathermies	
Ventilator	Pulse oximeter	

Which of the following equipment are available in operation theatre (enter code)³

Code

☐ Yes

☐ Yes

• Laryngoscope (neonatal)

Equipment

3.5.6

• Newborn digital weighing scale

Code

 \square No

□No

Equipment

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	□Yes	□No
	available at DH		
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	□Yes	□No
	done at blood refrigerators		
3.6.5	Whether sufficient number of blood bags	□Yes	□No
	available ⁴		
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 a	at the cold cha	in room, it	ts number and function
	status			
	Equipment	Number av	/ailable	Number functional
3.7.3.1	Ice lined refrigerator			
3.7.3.1	Ice lined refrigerator Deep freezer			
3.7.3.2	Deep freezer			
3.7.3.2 3.7.3.3	Deep freezer Vaccine carrier			

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

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 /dilu	ent	Code
	TT vaccine		0000	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		rgiono condit	ions of the	Good Gair	□ Poor	
3.7.3	Overall cleanliness / hygiene condition cold chain room		ions or the	G000		
3.8 MCH	l clinic					
3.8.1	Whether separate MCH	I clinic availal	ole at DH	□Yes □No		
3.8.2	Overall cleanliness / hy			☐ Good ☐ Fair	□Poor	
	MCH clinic					
3.8.3	Whether immunization	n services ar	e provided	□ Yes □ No		
	at the clinic					
3.8.4	Whether ANC services	are provided a	at the clinic	☐ Yes ☐ No		
3.8.5	Which of the following lo	gistics are ava	ilable			
	Digital weighing	□Yes	□No	ORS packets	□Yes	□No
	machine			·		
	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	☐ Yes	□No
				disposal		
	IFA tablets	□Yes	□No		☐ Yes	□No
3.9 Drug	g store					
3.9.1	Whether drug store ava	ilable at distr	ict hospital	☐ Yes ☐ No		
3.9.2	If yes, is there a dedicat	ed staff mem	ber to look	 		
	after store					
3.9.3	Availability of drugs and s	supplies in the	drug store ro	oom during last 3 months (e	enter code) ⁶	
	Drugs/supplies		Code	Drugs/suppli	ies	Code
	Tablet Ibuprofen			Syrup/Tablet Ampicillin		
	Tablet Albendazole			Tablet Dicyclomine		
	Tablet Erythromycin			Tablet Diclofenac		
	Tablet Metronidazole			Tablet Tinidazole		
	Injection Metronidazol	e		Injection Sodium Bicarbonate		
	Tablet Ampicillin			Ciprofloxacin eye ointm		
	Syrup Domeperidone			Dexamethasone		
	Tablet/Syrup Nevirapin	e		Diazepam		
	Injection Adrenaline			Injection Gentamicin		
	Injection Sodium Chlor	ide		Tablet Mebendazole		

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	ıvailable on c	all 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				Number of staff members trained in (mention number trained in respective cells)											
		Sanctioned	In position	SBA	Bmoc	MTP	Minilap PPS	NSN	CEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	PPTCT	YSSN	FIMINCI
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		

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	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	

Gode list for record maintenance: 1. Available, updated and all fields correctly filled
 Available, updated but all fields not correctly filled
 Available but not updated
 Available but not available at the facility during visit
 Not provided

Code list for record maintenance: 1. Available, updated and all fields correctly filled
 Available, updated but all fields not correctly filled
 Available but not updated
 Available but not available at the facility during visit
 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 one hour of normal delivery	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No
2.	Colostrum provided to the newborn	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3.	Newborn given zero dose of OPV before discharge	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4.	Newborn administered BCG vaccine after delivery or before discharge	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.	Newborn administered Hepatitis B birth dose within 24 hours of birth	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ No
6.	Mothers provided with counselling on Infant and Young Child Feeding (IYCF)	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No
7.	Mothers provided with counselling on family planning methods	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	□ Yes □ No
8.	Mothers asked to stay for 48 hours at facility after delivery	□ Yes □ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	☐ 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	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12.	Any expenditure incurred by mother on travel, drugs or diagnostics (specify)	□ Yes □ No				

Remarks		

B. Fir	st Referral Unit (FRU) Facilities	
District	:Block:	Distance from district HQ:
Name o	of FRU facility:	Catchment Population:
Facility	code: Total no. of	villages and hamlets:
Date of	last supervisory visit:// Date of data	collection: From/ to/
	n 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	\square 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	☐ 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 (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
		Ses, 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 common public place
1.0	Fire auting viale and available at \$5 -11th.	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 dis	played
2.2	Medical Officer's duty roster	☐ Displayed	☐ Not dis	played
2.3	OPD Timings	☐ Displayed	☐ Not dis	played
2.4	List of services available	☐ Displayed	☐ Not dis	played
2.5	Incentives for ASHA	☐ Displayed	☐ Not dis	played
2.6	Map of catchment area	☐ Displayed	☐ Not dis	played
2.7	Essential drug list	☐ Displayed	☐ Not dis	played
2.8	Immunization schedule	☐ Displayed	☐ Not dis	played
2.9	ANM roster	☐ Displayed	☐ Not dis	played
2.10	JSY entitlements	☐ Displayed	☐ Not dis	played
2.11	JSSK entitlements	☐ Displayed	☐ Not dis	played
2.12	IEC material for MCH related programs	☐ Displayed	☐ Not dis	played
2.13	Citizen Charter at the facility	☐ Displayed	☐ Not dis	played
Section	3: Service delivery at FRU facility			
3.1. Lab	our/delivery room			
3.1.1	Separate labour room available	□Yes	□No	
3.1.2	If yes, which of the following amenities are available			
			□ N	
1	• 24X7 piped water supply to the room	☐ Yes	□ No	
	• Elbow tap	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No	
	1 ' '	☐ Yes ☐ Yes	□No	
	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp 	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No	
	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room 	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No □ No	
3.1.3.1	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room 	☐ Yes	☐ No	
3.1.3.1 3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in lab 	☐ Yes ☐ Our table (tick i	□ No □ No □ No □ No □ No □ No	2)
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in lab □ Mackintosh kelly pads □ Buckets 	☐ Yes ☐ St	☐ No	2)
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in lab Mackintosh kelly pads Delivery set available at labour room 	☐ Yes ☐ St ☐ Yes	☐ No	
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in labour machines are present in labour power. Mackintosh kelly pads Delivery set available at labour room Which of the following items of delivery set are 	☐ Yes ☐ St ☐ Yes	□ No n box if applicable epping stool □ No □ No	ck in box if applicable)
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in lab Mackintosh kelly pads Delivery set available at labour room Which of the following items of delivery set are Gloves Scissor 	☐ Yes ☐ Oour table (tick i	□ No □ hox if applicable epping stool □ No □ bour room (tic	ck in box if applicable)
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in labour machines in labour set available at labour room Which of the following items of delivery set are Gloves Scissor Cord clamp Sponge holding 	☐ Yes ☐ Our table (tick in a state of the stat	□ No n box if applicable epping stool □ No □ bour room (tice □ Artery force □ Urinary cat	ck in box if applicable) ceps cheter
3.1.3.2	 Elbow tap Soap for hand washing Regular sterilization of room (check records) Functioning electricity powered lamp Functional toilet facility attached to room Labour table available in the labour room If yes, which of the following are present in lab Mackintosh kelly pads Delivery set available at labour room Which of the following items of delivery set are Gloves Scissor 	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Oour table (tick is) ☐ St ☐ Yes ☐ available in lating forceps iseptic lotion	□ No n box if applicable epping stool □ No bour room (tice □ Artery fore □ Urinary cat	ck in box if applicable) ceps cheter abs

3.1.5.2	Which of the following items of Episiotomy set/	tray are available in labour	r room
	☐ Inj. Xylocaine 2% ☐ Artery forceps		Episiotomy scissor
		e syringe with needle	. ,
	☐ Sponge holding forceps ☐ Toothed forceps	, 0	Needle holder
	☐ Gauze pieces ☐ Needle (round b	ody and cutting)	
	☐ Chromic catgut ☐ Cotton swabs		Thumb forceps
	☐ Gloves ☐ Antiseptic lotion		·
3.1.6.1	Medicine tray available at labour room	□Yes □No	
3.1.6.2	Which of the following medicines are available	n labour room <i>(tick in box if a</i>	applicable)
	_		Tab Paracetamol
			Tab B complex
	_	nal Saline	Methyldopa
	_	Gentamycin 🗆] Vitamin K
	,	•] Nefidepin
3.1.7	Other equipment available in the labour room (tick in box if applicable)	
	☐ Colour coded bins ☐ Bloom	od Pressure Machine] Thermometer
	☐ Adult Stethoscope ☐ Lam	p/Torch] IV Stand
	☐ Oxygen Cylinder with regulator ☐ Parto	graph Charts	D & C set
	☐ Disposable Delivery Kit ☐ Saud	cepan with lid	
3.1.8	Overall cleanliness/hygiene conditions of	☐ Good ☐ Fair ☐	□Poor
	labour room (record by observation)		
3.2 New	born 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 if applicable	e)
	☐ Two pre-warmed sheets for wrapping ☐	Cotton swabs \square M	lucus extractor
	☐ Sterilized thread for cord/cord clamp ☐	☐ Bag & mask ☐ Gl	loves
	☐ Nasogastric tube ☐	-	eedle & syringe
3.3 Othe	r 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 ameniticavailable • Located close to or in maternity wa • Digital weighing scale • Functional radiant warmer • Phototherapy unit	□ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No			
	Infant feeding tubes		□Yes	□No		
	Pediatric Stethoscope		□ Yes	□No		
3.3.3	Whether Nutritional Rehabilitation (NRC) available	n Centre	□Yes	□No		
3.4 Labor	atory facility					
3.4.1	Whether separate room for laborator at the facility	y available	□Yes	□No		
3.4.2	If yes, which of the following equipm (enter code) ¹¹	nent, testing	g kits and rea	gents are av	ailable in the l	aboratory
	Equipment	Code		Equipment	:	Code
	Hemoglobinometer		Centrifuge			
	Microscope		Semi auto-a			
	Sulphuric acid		Benedict so			
	ABO Antibody reagent		Rh antibody			
	Pregnancy Testing Kit		Urine Albun			
	Blood Sugar Testing Kit		HbsAg testi			
3.4.3	Which of the following tests are con-	ducted in th	ne laboratory	(tick in the	applicable)	
	If yes mention the number of tests d	lone in last	6 months			
	Laboratory test		Yes o	r 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 eq				nospital (enter	code) ¹²

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 as operation theatre	□Yes	es 🗆 No				
3.5.2	Whether emergency drug trolley a operation theatre	vailable in	☐ Yes ☐ No				
3.5.3	If yes, which of the following are present in eme Inj. Oxytocin (to be kept in fridge) Inj. North Inj. Dexamethasone Inj. All Inj. Metronidazole Inj. Inj. Inj. Inj. Inj. Inj. Inj. Inj.		Magsulf 50%		j. maleate		
3.5.4	Newborn care corner present in the theatre	operation	□Yes	□No			
3.5.5	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 • Oxygen hood (neonatal)		☐ Yes	☐ No			
3.5.6	Which of the following equipment a						
	Equipment	Code		uipment	Code		
	OT tables		Multi para moi				
	Ceiling lights Ventilator		Surgical diathe Pulse oximeter				
	Mobile lights	Adult Stethosc					
	Laparoscopes		Electrical Sucti				
	Blood Pressure Machine			ack) with regulator			
	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 Cold C	nain room for vaccines							
3.7.1	Whether separate room for storage of	☐ Yes ☐ No						
	available							
3.7.2	If yes, whether it is functional		☐ Yes ☐ No					
3.7.4	Which of the following equipment is a	vailable at tl	he cold chain room, its nu	mber 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 monitor	ing						
3.7.3.5	Voltage stabilizers							
3.7.4	Availability of vaccines/diluents at the co	old chain roo	om during last 3 months (enter code) 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 chain room	of the cold	□ Good □ Fair	□Poor				

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

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

3.8 MCH clinic

3.8.1	Whether separate MCH clinic available at DH			□Yes □No				
3.8.2	Overall cleanliness / h	ygiene condit	ions 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	•		☐ Yes ☐ No				
3.8.5	Which of the following le				I			
	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		
3.9 Drug	store							
3.9.1	Whether drug store av	ailable at the	facility	☐ Yes ☐ No				
3.9.2	If yes, is there a dedicated staff member		ber to look	□ Yes □ No				
	after store							
3.9.3	Which of the following d	rugs and suppl	ies are availa	able in the drug store room (enter code) ¹⁶				
		- 11		I	(0	Ī		
	Drugs/suppl		Code	Drugs/suppli		Code		
	Tablet Ibuprofen					Code		
				Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine		Code		
	Tablet Ibuprofen			Drugs/suppli Syrup/Tablet Ampicillin		Code		
	Tablet Ibuprofen Tablet Albendazole			Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine		Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin	ies		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac	es	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole	ies		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol	ies		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin	ies le		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone	ies le		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir	le ne		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline	le ne		Drugs/suppli Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin	oonate	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor	le ne		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole	ponate nent	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin	le ne		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin	ponate nent	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Ketamine	le ne		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin Injection Calcium Gluco	ponate pent	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Ketamine Injection Paracetamol	ies de		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin Injection Calcium Gluco Injection Ranitidine	ponate pent	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Fortwin Injection Paracetamol Injection Phenytoin	ies de		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin Injection Calcium Gluco Injection Ranitidine Injection Metocloprami	ponate ent enter e	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Fortwin Injection Ketamine Injection Paracetamol Injection Phenytoin Injection Atropine Sulp	ies le ne ride		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin Injection Calcium Gluco Injection Ranitidine Injection Metocloprami	oonate eent onate deleent	Code		
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazol Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Fortwin Injection Paracetamol Injection Phenytoin Injection Atropine Sulp Injection Insulin	ies le le ne ohate mol		Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin Injection Calcium Gluco Injection Ranitidine Injection Iron Sucrose Pediatric IV fluid (Isolyte	onate ent onate de P) le Tablet	Code		

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)
 Not available during last 3 months (absolute stock out)

Drugs/supplies		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	□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)	□Yes	□No
	available		
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	□Yes	□No
	present (e.g. AMC)		
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	☐ Yes	□No
	& MCTS		
3.10.12	Internet connectivity available for computer	☐ Yes	□No
3.10.13	Emergency duties – which of the following are a	available on call i	n 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
3.10.14.2	If yes - (specify number)
	Total number of ambulances available
	Number of functional ambulances

Section 4: Staff details:

Category Number		nber	respective cells)											in		
		Sanctioned	In position	SBA	BmOC	MTP	Minilap PPS	NSN	CEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	PPTCT	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

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

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	□Yes	☐ Yes	☐ Yes	□Yes
	one hour of normal delivery	□No	□No	□No	□No	□No
2.	Colostrum provided to the newborn	□Yes	□Yes	☐ Yes	□Yes	□Yes
		□No	□No	□No	□No	□No
3.	Newborn given zero dose of OPV	☐Yes	□Yes	☐ Yes	☐ Yes	□Yes
	before discharge	□No	□No	□No	□No	□No
4.	Newborn administered BCG vaccine	□Yes	□Yes	☐ Yes	□Yes	□Yes
	after delivery or before discharge	□No	□No	□No	□No	□No
5.	Newborn administered Hepatitis B birth	□Yes	□Yes	□Yes	□Yes	□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	□No	□No	□No	□No
7.	Mothers provided with counselling on	□Yes	□Yes	□Yes	□Yes	□Yes
	family planning methods	□No	□No	□No	□No	□No
8.	Mothers asked to stay for 48 hours at	□Yes	□Yes	□Yes	□Yes	□Yes
	facility after delivery	□No	□No	□No	□No	□No
9.	JSY payment given before discharge	□Yes	□Yes	□Yes	□Yes	□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	□Yes	□Yes	□Yes	□Yes
	free of charge	□No	□No	□No	□No	□No
12.	Any expenditure incurred by mother on	□Yes	□Yes	□Yes	□Yes	□Yes
	travel, drugs or diagnostics (specify)	□No	□No	□No	□No	□No
Remar	ks					
I/CIIIai v2						

Remarks		

C. Non First Referral Unit (FRU) Facilities

District:	Block:	Distance from district HQ:				
Name of	f facility:	. Catchment Population:				
Facility o	code: Total no. of	of villages and hamlets:				
Date of la	ast supervisory visit:// Date of data	collection: From/ to/				
Names o	of investigators:					
	1: Physical Infrastructure of the non-FRU fa					
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	☐ 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 non-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 labor	our table (tick	in box if applicable)	
	☐ Mackintosh kelly pads ☐ Buckets		tepping 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 la	abour room (tick	in box if applicable)
	☐ Gloves ☐ Scissor		☐ Artery force	
	☐ Cord clamp ☐ Sponge holdir	ng forceps	☐ Urinary cath	eter
	☐ Gauze pieces ☐ Bowl for antis	eptic lotion	☐ Cotton swab	OS
	☐ 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,	trav are avai	lable in labour ro	oom
	☐ Inj. Xylocaine 2% ☐ Artery forceps	,		Episiotomy scissor
	☐ Allis forceps ☐ 10 ml disposabl	e svringe with		,
	☐ Sponge holding forceps ☐ Toothed forceps			Needle holder
	☐ Gauze pieces ☐ Needle (round b			
	☐ Chromic catgut ☐ Cotton swabs	,	0.	humb forceps
	☐ Gloves ☐ Antiseptic lotion	١		
3.1.6.1	Medicine tray available at labour room	□Yes	□No	

3.1.6.2	Which of the following medicines are available in labour room (tick in box if applicable)				
3121012	_	Ampicillin 500 mg	☐ Tab Paracetamol		
		Ibuprofen	☐ Tab B complex		
	· ·	mal Saline	•		
	0		☐ Methyldopa		
	,	Gentamycin	☐ Vitamin K		
		Hydrazaline	☐ Nefidepin		
3.1.7	Other equipment available in the labour room				
		od Pressure Machir			
	· ·	np/Torch	☐ IV Stand		
		ograph Charts	☐ D & C set		
	☐ Disposable Delivery Kit ☐ Sau	cepan with lid			
3.1.8	Overall cleanliness/hygiene conditions of	☐ Good ☐ Fa	ir 🗆 Poor		
	labour room (record by observation)				
3.2 New	born care corner				
	T	1			
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 □	l No		
	Functional radiant warmer	□Yes □	l No		
	Self-inflating bag and mask (size 0)		l No		
	Self-inflating bag and mask (size 1)		l No		
	Mucus extractor with suction tube		l No		
	Oxygen hood (neonatal)		l No		
	Warming lamp with 200W bulb		l No		
	Laryngoscope (neonatal)		l No		
	Newborn digital weighing scale		l No		
3.2.3	Overall cleanliness / hygiene conditions of	☐ Good ☐ Fa			
3.2.3	newborn care corner (record by observation)		III 🗀 P001		
3.2.4.1	Neonatal resuscitation kit available at the	□Yes □] No		
3.2.4.1	newborn care corner		INO		
3.2.4.2	If yes, which of the following are present in kit	(tick in the box if ar	anlicable)		
3.2.4.2		•			
	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 Othe	er facilities for <5 children				
3.3.1	Whether newborn stabilization unit/Special	□Yes □	l 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 □	l No		
	Digital weighing scale		l No		
	Functional radiant warmer		l No		
	Phototherapy unit		l No		
	Infant feeding tubes		l No		
	Pediatric Stethoscope		l No		
	- I calatile stellioscope		1110		

3.4	Laboratory	facilit	·v
J.T	Laboratory	Iacili	. v

3.4.1	Whether separate room for laborator 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 laborator (enter code) ²¹						
	Equipment	Code	Eq	uipment	:	Code	
	Hemoglobinometer		Centrifuge				
	Microscope		Semi auto-ana	lyzer			
	Sulphuric acid		Benedict solut	ion			
	ABO Antibody reagent		Rh antibody re	agent			
	Pregnancy Testing Kit		Urine Albumin	Testing I	Kit		
	Blood Sugar Testing Kit		HbsAg testing	kit			
3.4.3	Which of the following tests are con-		•	ck in the ap	plicable)		
	If yes mention the number of tests d	one in last					
	Laboratory test		Yes or N		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 sy	yphilis	☐ Yes	□No			
3.4.3.5	RPR (Rapid Plasma Reagin) test for ty	/phoid	☐ 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)	d Diagnostic	□Yes	□No			
3.4.3.11	HIV test (RDT)		□Yes	□No			
	tion theatre						
3.5.1	Whether operation theatre available facility	ole at the	□Yes	□No			
3.5.2	Whether emergency drug tray av	vailable in	□Yes	□No			
	operation theatre						
3.5.3	If yes, which of the following are pre ☐ Inj. Oxytocin (to be kept in fridge ☐ Inj. Dexamethasone ☐ Inj. Metronidazole ☐ Hydrocortisone Succinate ☐ Inj. Carboprost, Inj. ☐ Ringer lactate ☐ Inj. Hydrazaline ☐ Mouth gag)	Magsulf 50% Ampicillin Lignocaine-2% Diazepam win mal saline depin	☐ Inj. ☐ Inj. ☐ Inj. Inj. I ☐ Inj. I ☐ Inj. I ☐ Met	in box as applica Calcium gluco Gentamicin Adrenaline, In Pheneramine Phenergan amethasone hyldopa s for sample co	j. maleate	
	☐ IV sets with 16-gauge needle (X2)		trolled suction o		o loi sample c	oncollon	

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	enities are				
	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) Nowborn digital weighing scale		☐ Yes ☐ Yes	□ No □ No		
3.5.6	Newborn digital weighing scale Which of the following agricument as:	ro available			tor codo\22	
3.5.0	Which of the following equipment as	Code	Порегаці	Equipment		Code
	Equipment OT tables	Code	Multi para	a monitors		Code
				iathermies		
	Ceiling lights Ventilator		Pulse oxin			
	Mobile lights		Adult Stet			
	Laparoscopes			•	atus	
	Blood Pressure Machine		Electrical Suction apparatus Oxygen Cyl. (Black) with regulator			
	Thermometer		Cheatle Forcep			
	Anesthesia machine (Boyle's app.)		Artery For	•		
	Adult resuscitation kit		Saucepan with lid			
	MVA/EVA syringe & cannula		Oropharyngeal airway (adult)			
	Endotracheal tubes (adult)		Nitrous ox	kide cylinder (E	Blue)	
	Spinal needle SS 4		IV Cannul	a No. 20		
	IV Cannula No. 18		Laryngosc	ope with adul	t blades	
	Sterilization set (men & women)		LSCS set			
	Halothane/Enflurane vaporiser		Foley's Ca	theter		
3.6 Cold c	hain room for vaccines					
3.6.1	Whether separate room for storage of available	of vaccines	□Yes	□No		
3.6.2	If yes, whether it is functional		□Yes	□No		
3.6.4	Which of the following equipment is status	available a	at the cold	chain room, it	s number an	d function
	Equipment		Numbe	r available	Number fu	nctional
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 monitor	ing				
3.6.3.5	Voltage stabilizers					

Which of the following vaccines/diluents available at the cold chain room (enter code)²³

3.6.4

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

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)
 Not available during last 3 months (absolute stock out)
 Not applicable
 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 cor cold chain room	nditions of the	□ Good □ Fair □ Poor	
3.7 MCH	I Clinic			
3.7.1	Whether separate MCH clinic a facility	vailable at the	☐ Yes ☐ No	
3.7.2	Overall cleanliness / hygiene con MCH clinic	nditions of the	□ Good □ Fair □ Poor	
3.7.3	Whether immunization services at the clinic	s are provided	☐ Yes ☐ No	
3.7.4	Whether ANC services are provide	led at the clinic	☐ Yes ☐ No	
3.7.5	Which of the following logistics	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 mafter store	nember to look	☐ Yes ☐ No	
3.8.3	Which of the following drugs and	d supplies are a	available in the drug store room (en	ter code) ²⁴
	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	

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:

3.9.1	Whether Wards for in patients available	□Yes	□No
3.9.1.1	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
3.9.1.2	Total number of beds available in (specify numb	ers)	
	Male ward		
	Female ward		
	Paediatric ward		
3.9.2	Functional laundry/washing services available	□Yes	□No
3.9.3	Dietary services available	□Yes	□No
3.9.4	Equipment maintenance/repair mechanism present (eg. AMC)	□Yes	□No
3.9.5	Complaint/suggestion box available	☐Yes	□No
3.9.6	Grievance redressal mechanism functional	□Yes	□No
3.9.7	Separate computer available for feeding HMIS & MCTS	□Yes	□No
3.9.8	Internet connectivity available for computer	□Yes	□No
3.9.9.1	Ambulance for transportation of MCH	□Yes	□No
	beneficiaries available		
3.9.9.2	If yes - (specify number)		
	• Total number of ambulances available		
	• Number of functional ambulances		

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

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

Section 5: Staff details:

Category		Nun	Number of staff members trained in (mention number trained in respective cells)									in				
		Sanctioned	In position	SBA	ЭОШВ	MTP	Minilap PPS	NSN	BEMOC	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	LSAS	PPTCT	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

93

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

	travel, drugs of diagnostics (specify)	 	 	
Remar	ks			

D.	RMNCH+A	A Gap /	Ana	alysis To	ool	- Suk	Centr	e				
Distr	ict:								Block:			
CHC	/PHC:				S	ub Cen	tre:			S	ub Centre co	de:
Dista	ance from (Kn	n): 1. Rep	port	ing CHC/I	РНС	:		2. High	est functi	onal refe	rral facility:	
Date	of last super	visory v	isit:	/	./	Da	ate of dat	a collecti	on: from	//	to	./
Nam	es of investig	gators:										
			D	Details of	fvil	lages	coming	under tl	nis Sub (Centre		
S. No.	Name of village	Populat of villa	ge	Source of populatio	n	_	nwadi rker			Number of birth	VHSNC	Number of private
		(includi hamlet		(code list)		Sanc- tioned	In position	Sanc- tioned	In position	attendant (Dai/TBA available) constituted	conducting deliveries
					_							
					+							
-					+							
					+							
					+							
					+						+	+
					\dagger							
Tota	l villages:	•		Total hai	mlet	ts:		Total	populatio	on of Sub	Centre area:	
							entre Sta					
S. No.	Name of staff at Sub Cer	-	Des	ignation	Type Whether a code list) ²⁹ on day o				received list) ³⁰	Specify reason for being not available on day of visit		
							□Yes	□No				
							□Yes	□No				
1							□Yes	□No				

☐ Yes

☐ Yes

□No

 \square 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

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

Section 1: Physical Infrastructure of the non-FRU facility

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 I	nours
		☐ 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)	\square Yes, by inverter	
		☐ Yes, by solar equip	ment
		☐ Available but not f	unctional
		☐ Other (specify:)
1.7	Whether ANM resides at Sub Centre village	\square Yes, in government	residential quarter available
		\square Yes, in rented hous	se
		□No	
		If yes, specify averag	e number of days / week:
1.8	Mechanism for waste disposal	☐ Burn in a pit	☐ Buried in a pit
	(multiple response)	□Outsourced	☐ Thrown in premises
		☐ Thrown in commo	n 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
	Visit schedule of ANM displayed	☐ Yes ☐ No	☐ Not applicable
1.9.4			
1.9.5	Immunization schedule displayed	☐ Yes ☐ No	☐ Not applicable
	Immunization schedule displayed Area distribution of ANM displayed	☐ Yes ☐ No ☐ Yes ☐ No	☐ Not applicable ☐ Not applicable
1.9.6	Area distribution of ANM displayed JSY entitlements displayed		☐ Not applicable ☐ Not applicable
1.9.6 1.9.7	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed	□ Yes □ No	☐ Not applicable
1.9.6 1.9.7 1.9.8	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed IEC material for national health programs	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	☐ Not applicable ☐ Not applicable ☐ Not applicable ☐ Not applicable
1.9.6 1.9.7 1.9.8 1.9.9	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed IEC material for national health programs JSSK entitlements displayed	☐ Yes ☐ No	☐ Not applicable
1.9.6 1.9.7 1.9.8	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed IEC material for national health programs JSSK entitlements displayed Job aids on essential newborn care present	☐ Yes ☐ No ☐ Yes ☐ No	☐ Not applicable ☐ Not applicable ☐ Not applicable ☐ Not applicable
1.9.6 1.9.7 1.9.8 1.9.9	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed IEC material for national health programs JSSK entitlements displayed	☐ Yes ☐ No	☐ Not applicable
1.9.6 1.9.7 1.9.8 1.9.9 1.9.10	Area distribution of ANM displayed JSY entitlements displayed VHND plan displayed IEC material for national health programs JSSK entitlements displayed Job aids on essential newborn care present	☐ Yes ☐ No ☐ Yes ☐ No	☐ Not applicable

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 are available			
	Separate room for conducting deliveries	□Yes	□No	
	• 24X7 piped water supply to the room	□Yes	□No	
	Bucket to store water	□Yes	□No	
		□Yes	□No	
	Soap for hand washing	☐ Yes	□No	
	Functioning electricity powered lamp	□Yes	□No	
	Functional toilet facility attached to room			
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 laboration	our table <i>(tick ii</i>	n box if a _l	oplicable)
	☐ Mackintosh kelly pads ☐ Buckets		pping 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	, ,		•
	☐ Gloves ☐ Cord cutting scis.		☐ Art	ery forceps
	☐ Cord ties & clamp ☐ Sponge holding	•	☐ Urir	nary catheter
	☐ Gauze pieces ☐ Bowl for antisep	otic lotion	☐ Cot	ton swabs
	☐ Speculum ☐ Sanitary pads		☐ Kidı	ney tray
2.1.5	Medicines available at the Sub Centre (tick in b	ox if applicable)	
	☐ Inj. Oxytocin (to be kept in fridge) ☐ Cap	Ampicillin 500	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
2.1.6	Overall cleanliness / hygiene conditions of labour room (record by observation)	□ Good [□ Fair	□ Poor
	Tabout Toolii (record by observation)			
2.2 New	born 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	☐Yes	□No	
	Self-inflating bag and mask (size 0)	│ □ Yes │ □ Yes	□ No □ No	
	Self-inflating bag and mask (size 1)	☐ Yes	□No	
	Mucus extractor with suction tube	□Yes	□No	
		□Yes	□No	
	Paediatric stethoscope	□Yes	□No	
	Warming lamp with 200W bulb			
	Newborn digital weighing scale			
2.2.3	Overall cleanliness / hygiene conditions of	□Good [□ Fair	☐ Poor
I	newborn care corner (record by observation)	I		

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	

Code set for general equipment, supplies and drugs/medicines: 1. Available, Functional and in use
 Available, Functional but not in use
 Available but not Functional
 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		

Code list for record maintenance: 1. Available, updated and correctly filled
 Available, updated but not correctly filled,
 Available but not updated
 Available with ANM but not at Sub Centre during visit
 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)

Distri	t:Block:	Block:		CHC/PHC:			
Sub C	enter:Village:				Date:	/,	/
Name	s of investigators:						
S. No.	Knowledge and Awareness	1 (Y/N)	2 (Y/N)	3 (Y/N)	4 (Y/N)	5 (Y/N)	Total (Y)
1	In woman's opinion whether nearest VHND site or Sub Centre is situated within 30 minutes of walking from the house?						
2	Whether woman has received the MCP card from ANM of the area? (if NO, skip to Q.4)						
3	Whether the MCHP card is being filled and updated regularly? ³⁷						
4	Whether woman has received antenatal check-ups at VHND site or Sub Centre? (if NO, skip to Q.6)						
5	Whether the regularity of antenatal check-ups adequate?						
6	Is the pregnant woman aware about birth preparedness?						
7	Has the pregnant women received IFA tablets?						
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?						
13	Does the pregnant woman have telephone numbers of ASHA?						
14	Does the pregnant woman have telephone						

Is guidance and referral provided along with birth preparedness to high risk pregnant

numbers of ANM?

woman?

³⁷ Probe by questions and verify through filled up MCP card

Interview of mothers having 0-5 year children

Names of investigators:					
Sub Center:	Village:	 	 Date:	/	/
District:	Block:	 	 CHC/PHC	Ĵ:	
District.	Dia al		CLIC /DLIC	٠.	

S.	Knowledge and Awareness ³⁸	1	2	3	4	5	Total
No.	Kilowieuge allu Awareness	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y)
1	Was the youngest child born at any facility? (If YES, skip to Q.3)	(1)14)	(1)14)	(1)14)	(1)14)	(1)14)	(-)
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 complementary 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?						

³⁸ Youngest child in the family is to be considered

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

Names	of investigators:		 				
Sub Cei	nter:	Village:	 		Date:	/	/
District	:	Block:	 	•••••	CHC/PHC	<u>:</u>	

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?						

³⁹ Interview of adolescent girls are to be conducted only at the DH and FRU health facility level

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?	
c.	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
a.	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.	
c.	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.	
C.	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?	
C.	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 credentializng/ 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.	

S. No.	Indicator	Responses
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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	Ms. Jyoti Dongre				
	Mr. Prashant Kumar				
	Ms. Vimal jeet Kaur				
	Mr. Vineet Kumar				
	Mr. Saurabh Kumar				
	MS. Geeta Kumari				
	Mr. Ankit Kumar				
Facilitation of Data Collection					
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Training Team					
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X. Photographs of Best Practices



Proper segregation of Bio medical waste in color coded bins



Well – maintained radiant warmer in NBCC



Display of partograph



Well – maintained Medicine tray



Well – maintained Medicine tray