



SIMDEGA | Jharkhand



GAP Analysis of RMNCH+A Services in HIGH PRIORITY DISTRICTS

GAP ANALYSIS ofDistrict RMNCH+A Services

Simdega, Jharkhand

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Prepared by

District Program

Management Unit

State Program

Management Unit

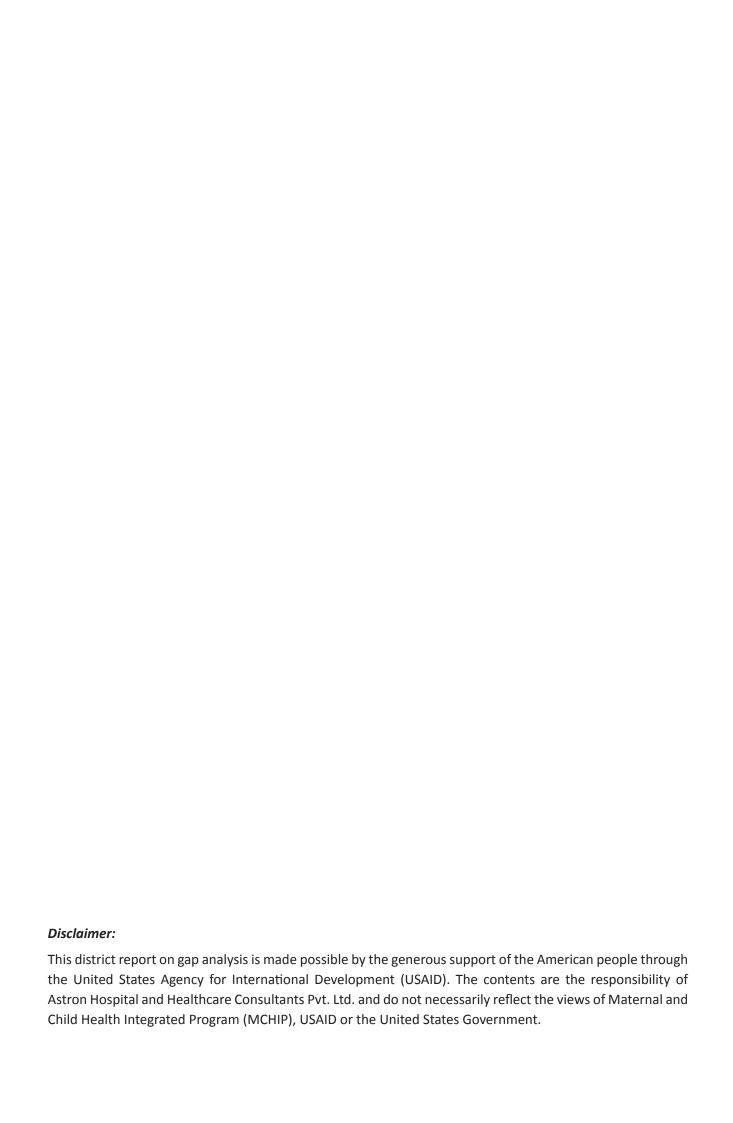
State RMNCH+A Unit

Astron Hospital and Health Care Consultants Pvt. Ltd.

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ABBREVIATIONS

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

JSK	Jan Sankhya Sthirata Kosh
JSSK	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LFT	Liver Function Test
LHV	Lady Health Visitor
LR	Labour room
LSAS	Life Saving Anaesthesia Skills
LSCS	Lower Segment Caesarean Section
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCP	Mother and Child Protection (Card)
MCTS	Mother and Child Tracking System
MDR	Maternal Death Review
MMR	Maternal Mortality Ratio / Mumps Measles Rubella Vaccine
MNH	Maternal and Newborn Health
МО	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MTP	Medical Termination of Pregnancy
NBC	Newborn Care (Corner)
NBSU	Newborn Stabilization Unit
NRC	Nutritional Rehabilitation Centre
NRHM	National Rural Health Mission
NSSK	Navjat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OCP	Oral Contraceptive Pill
OPD	Out Patient Department
ORS	Oral Rehydration Salt
OT	Operation Theatre
PHC	Primary Health Centre
PHN	Public Health Nurse
PNC	Postnatal Care
PP	Postpartum
PPP	Public Private Partnership
PPTCT	Prevention of Parent to Child Transmission
SKS	Swasthya Kalyan Samiti
RMNCH+A	Reproductive, Maternal, New-born, Child and Adolescent Health
RPR	Rapid Plasma Reagin
RBSK	Rashtriya Bal Swasthya Karyakram
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SDH	Sub Divisional Hospital
SN	Staff Nurse
SNCU	Special Newborn Care Unit
SRS	Sample Registration System
STI	Sexually Transmitted Infection
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 High Priority Districts (HPD) of Jharkhand to gauge and understand the current service accessibility and availability situation. The objective of this gap analysis was assessment of the current available resources including, infrastructure, human resources, equipment, capacity and quality, needed to deliver key RMNCH+A interventions in the health facilities and communities; and assess the health system capacities at the district and state level. The results and evidence generated from this activity will facilitate focused action planning to strengthen health systems and programmes at the district and block levels and aid in addressing state specific needs.

Gap analysis was organized in district Simdega of Jharkhand from 5th to 14th December, 2013. The assessment was conducted at the designated delivery points, the list of which was finalized in discussion with district health administration. The data was collected using Facility Level Assessment Tools (District Hospital, First Referral Units (FRU), non-FRUs and Sub Centres), Community Level and Household tools, Health System Assessment Checklist for policy makers and programme implementers at district level.

During the activity, primary data collected from one district level facility, one FRU, six non-FRUs and 21 Sub Centres. In addition to this 288 community level interviews were conducted with pregnant women, mothers of children under five and adolescent girls. The observations were compiled and analysed to identify critical gaps in the service delivery.

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

District Hospital

In the labour room at the district hospital, medicine tray was available but few items like Tab. Ibuprofen, Inj. Hydralazine, Tab. B Complex, Methyldopa, Vitamin K and Nefidipine were not available. Amenities such as oxygen hood, warming lamp with 200 W bulb, and new-born digital weighing scale were not available in the Newborn Care Corner (NBCC). Newborn Stabilization Unit (NBSU) or Special Newborn Care Unit (SNCU) were not available in the District Hospital.

Operation Theatre was available but Emergency drug tray was not available. NBCC and few amenities like functional radiant warmer, self-inflating bag & mask (size 0 & 1), warming lamp with 200 W bulb and newborn digital weighing scale were not available in OT in the District Hospital.

Laboratory lacked few reagents and kits such as sulphuric acid, Benedict's solution and HbsAg testing kit. Diagnostic Equipment including ultrasound scan, endoscopy, foetal Doppler, foetal CTG and CT scan were not available. In the cold chain room, Pentavalent and vaccines for Japanese Encephalitis (JE) and MMR were not available. Vaccine diluent for JE vaccine were also not available. In other services, PPTCT centre was not available at the district hospital.

Training of the staff was deficient as none of the Anaesthetist, Paediatrician, and General Surgeon were trained. The pharmacists and radiographers too lacked training. Registers like line list of severely anaemic pregnant women, Record of expenditure of untied funds and expenditure of Annual Maintenance Grant (AMG) were not provided. No staff quarters were available for any staff category at the district hospital. IEC materials including the map of catchment area, ANM roster and the citizens' charter were not displayed.

First Referral Unit

In the FRU, government accommodation for Medical officers, Staff nurses and other category was available but they were not in a habitable condition. Display of directions to FRU, OPD timings, incentives for ASHA, map of the catchments area, Janani Suraksha Yojana (JSY) entitlements and the citizens' charter were not displayed. Medicine tray was available but certain medicines such as Inj. Betamethasone, Cap. Ampicillin 500 mg, Tab. Ibuprofen, Inj. Gentamycin, Inj. Hydralazine and Methyldopa were not available.

Operation theatre was available and functional in the FRU. However, NBCC and amenities listed in the MNH toolkit were not available in Operation theatre. Wards for patients were available but there was no segregation into male and female wards. No details were provided by the staff of FRU facility related to training status. Majority of the Registers and Records were not provided at the facility.

In the laboratory, reagents and testing kits including ABO antibody reagent, Blood sugar testing kit, semi auto analyser, Benedicts' solution, Rh antibody reagent, urine albumin testing kit and HbsAg testing kit were not available. Ultrasound scan, endoscopy, ECG, foetal Doppler, foetal CTG and CT scan were not available. Cold chain room was not visited by the research team as it was locked and permission was not granted to get it opened. In MCH Clinic, logistic like digital weighing machine was not available.

Drugs not available at the FRU since three months prior to data collection were, Tab. Ibuprofen, Tab. Albendazole, Tab. Erythromycin, Tab. Ampicillin, Syp. Domeperidone, Tab/Syp Neveripine, Inj. Paracetamol, Inj. Phenytoin, Inj. Insulin, Inj/Tab Betamethasone, Syrup Salbutamol, IUCD kit Suraksha – 5, Tab Mifepristone, IFA syrup, Vitamin A syrup, Tab CoTrimoxazole, Syp/Tab Ampicillin, Tab Dicyclomine, Tab. Tinidazole, Ciprofloxacin eye ointment, Inj. Gentamycin, Tab. Mebendazole, Inj. Metoclopramide, Inj. Iron Sucrose, paediatric IV fluid, Zinc tablets, IFA tablets (small), Salbutamol nebulizing solution and tubal rings.

Non-FRUs

In 83% non-FRUs, regular (24-hour) water supply was not available. Separate toilets for men and women were present but they were not in hygienic condition in 50% facilities. Waste was thrown in premises in 17% non-FRUs. None of the non-FRUs had displayed Medical Officers' duty roster, OPD timings, ANM roster and the citizens' charter at facility.

None of the non-FRUs had functional electricity powered lamps. Medicine tray in the labour room was not available in 17% of non-FRUs. None of the facilities had Methyldopa. Separate NBCC were not available in 17% and neonatal resuscitation kit was not available in 83% of the non-FRUs. All non-FRUs lacked NBSU.

Operation Theatre was not present in 17% of the non-FRUs. None of the facilities had NBCC in the OT. Separate room for storage of vaccines was not available in 17% and it was not functional in 33% of the non-FRUs. MCH clinics were not present in 83%.

None of the non-FRUs had ABO Antibody reagent, semi auto analyser, Rh antibody reagent and HbsAg testing kit. IUCD kit Suraksha 5 was not supplied in 17% of the non-FRUs. None of the non-FRUs had Inj. Phenytoin, Inj. Atropine sulphate, Inj. Insulin, Vitamin A Syrup, Ciprofloxacin eye ointment, Tab Mebendazole, Inj. Iron sucrose, Zinc Tablets, Salbutamol Nebulizing Solution and Tubal Rings during last 3 months. Deficiency in the staff availability was observed and training status was found to be inadequate.

Sub Centres

67% Sub Centres were not surrounded by any boundary wall. 5% facilities did not have 24-hour water supply. Electricity connection was not available in 71% of the Sub Centres. Labour table was not available in 5% of the facilities. Separate NBCC was not available in 95% facilities and items such as RBSK Pictorial Kit, IV cannula no. 18, IUCD Kit Suraksha - 5 were not supplied in any of the Sub Centres.

Interviews with District Health Officials

Health System Assessment interviews were conducted with Additional Chief Medical Officer and District Programme Manager revealing the fact that fund flow utilisation was monitored in the monthly meetings and all the programme heads were given clarity on budget. Untied funds were not provided but fixed amount is released for VHSNC and RKS. Major hurdle in fund flow utilisation was delay in sanction of funds and improper PIP preparation.

Infrastructural assessment was conducted by Civil Surgeon and repair was outsourced. Supply chain management was in place but as such no policies were developed for stock outs. Human Resources' cell was not formulated and no retention policies were adopted. Emergency staff though available but was not trained. JSY and JSSK monitoring were done by field visits and ANMs are trained as per the plan developed. Supportive supervision activities are conducted by Chief medical officer and District programme Manager. HMIS and MCTS were in place as data was verified and analysed.

Community Level Interviews

At the Community level, pregnant women who had not received safe motherhood booklet were 94% and who did not have telephone number of call centre were 91%. ANMs had not visited the child within 2 days of birth in 81% of cases. Mothers not aware of two danger signs of diarrhoea were 61% and mothers not aware of the fact that ORS + zinc should is available with ASHA were 62%. 71% of the mothers were not using any family planning methods.

None of the adolescent girls were aware of availability of sanitary napkins with ASHA and had not procured any sanitary napkins from ASHA in last 6 months. 99% had not heard or were not aware of Adolescent Friendly Health Clinic (AFHC, formerly AFHC) at the health facility and had not visited AFHC in the six months prior to data collection.

Overall it was revealed that quality improvement in healthcare service delivery needs strengthening with continuous assessment and supportive supervision in the district. The continuous assessment of infrastructure, supplies, management systems in facilities and demand side issues through close coordination between the government health department and development partners and addressing them will enable in filling the gaps over time.

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 in 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 health care – stages of the life cycle and places where the 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 country in all 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.

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

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

DISTRICT PROFILE 2

Simdega is one of the 11 High Priority Districts (HPDs) of Jharkhand. Simdega is divided into 10 administrative blocks, viz., Pakartanr, Simdega, Kolibira, Bano, Jaldega, Bansjore, Kurdeg, Kersai, Thethaitnagar and Bolba. However, for implementation of National Rural Health Mission (NRHM) and Integrated Child Development Services (ICDS), there are seven blocks viz. Simdega Sadar, Kolibira, Bano, Jaldega, Bolba, Kurdeg and Thethaitnagar. None of the blocks have been identified difficult to reach due to hilly terrain as per the Census of India, 2011.

As per the 2011 Census, the population of Simdega is 599,813 and it is one of the few districts in India with sex ratio of 1000 females for 1000 males. The district has a population density of 160 inhabitants per sq. km. and majority of people reside in rural areas. The literacy rate of the district stands at 67.59%.

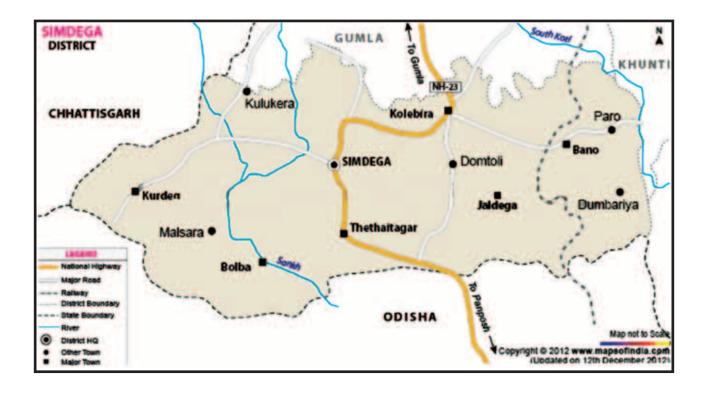


Figure 2.1 District Map: Simdega, Jharkhand.

(Source: onefivenine.com)

Table 2.1 Health Indicators (Mortality and Immunisation)

S. No.	Indicators	District AHS 2011-12	State - AHS 2011-12
1.	Maternal mortality ratio (per 100,000 live births)	270	267
2.	Neonatal mortality rate	31	24
3.	Infant mortality rate	45	38
4.	Under-five mortality rate	72	55
5.	Full Immunization (in %) (Children 12-23 months) receiving 1 dose of BCG, 3 doses of DPT/OPV each and 1 measles vaccine)	71.5	63.7

Table 2.2 Health Infrastructure

S. No.	Indicators	Sanctioned	Functional
1.	No. of beds in District Hospital	100	100
2.	No. of Sub-centres	155	155
3.	No. of 24x7 Primary Health Centres	4	4
4.	No. of Community Health Centres	7	7
5.	MCH wings	No	No
6.	No. of adolescent health clinics	7	7
7.	Sick Newborn Care Unit (SCNU)	No	No
8.	Newborn Stabilization Units (NBSUs)	2	0
9.	District Drug Ware House	1	1
10.	Nutrition Rehabilitation Centres (NRCs)	3	3
11.	No. of facilities with blood storage units	3	1
12.	No. of facilities with blood bank	1	1
13.	ANM Training Centres (ANMTCs)	1	1
14.	No. of Mobile Medical Units (MMUs)	3	3

Table 2.3 Human Resources

S. No.	Indicators	Sanctioned	Functional
1.	CMO/CMHO	1	0
2.	DPMU staff (DPM, DAM, DDM/DDA, DCM any other)	4	3
3.	ASHAs	762	726
4.	ASHA Supervisors	47	47
5.	1st ANM	155	155
6.	2nd ANM	155	137
7.	Staff nurses (Regular)	Not Available	Not Available
8.	LHVs	Not Available	Not Available
9.	MPWs (male) MPHW (M)	Not Available	Not Available
10.	Medical Officers	Not Available	Not Available
11.	Obstetricians &Gynaecologist	0	3
12.	Anaesthetist	0	2
13.	Paediatrician	0	1
14.	Surgeons (Surgical Specialist)	1	3

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	92	51	0	0
2.	24x7 Primary Health Centres	4			
3.	Other PHCs	0			
4.	Community-Health Centres	7			
5.	District Hospital	1			
6.	Number of functional Anganwadi centres	965			

KEY OBSERVATIONS OF FACILITY ASSESSMENT

3.1 District Level Health Facility

Sadar Hospital, Simdega

Physical Infrastructure

- Located in a government building approachable by motorable path.
- Overall cleanliness of the building and premises was found to be good in Sadar Hospital.
- 24-hour supply of tap water and electricity connection with a functional generator power back up available
- Fire extinguisher available and installed.
- Government accommodation was not available for any categories of staff.
- Wastes were buried and burnt in pit in district hospital premises.

Status of IEC Displays

• IEC materials including map of catchment area, ANM roster and the citizens' charter were not displayed.

Labour Room

- Separate labour room maintained at fair level with 24-hour piped water supply, functional toilet, labour table and all other listed amenities were available.
- Delivery and episiotomy set with all the items listed were available. Medicine tray was available but items such as Tab. Ibuprofen, Inj. Hydralazine, Tab. B Complex, Methyldopa, Vitamin K and Nefidipine were not available.
- Other equipment in the labour room such as disposable delivery kit, partograph charts and saucepan
 with lid were not available.
- Newborn Care Corner (NBCC) was available but few amenities listed such as oxygen hood, warming lamp with 200 W bulbs, laryngoscope (neonatal) and newborn digital weighing scale were not available.
 Neonatal Resuscitation kit and few items such as pre—warmed sheets for wrapping and Inj. Vitamin K were not available.
- Newborn Stabilization Unit (NBSU) or Special Newborn Care Unit (SNCU) and none of the amenities listed were available however Nutritional Rehabilitation Centre (NRC) was available.

Laboratory Facility

- Laboratory facility was available but reagents and kits such as sulphuric acid, Benedict's solution and HbsAg testing kit were not available.
- Ultrasonography, endoscopy, foetal Doppler, foetal CTG and CT scan were not available however functional ECG was available in the facility.

Operation Theatre

- Operation Theatre was available but Emergency drug tray was not available.
- Emergency drug tray lacked Inj. Metronidazole, Hydrocortisone Succinate, Ringer lactate, Inj. Hydralazine, Mouth gag, Inj. Magsulf 50%, Inj. Ampicillin, Nefidipine, Inj. Gentamycin, Inj. Pheneramine Maleate, Inj. Phenergan, Methyldopa and vials for sample collection were not available.
- Separate NBCC was not available in the OT.
- Amenities including functional radiant warmer, self-inflating bag and mask (size 0 and 1), warming lamp with 200 W bulb and newborn digital weighing scale were not available in OT.
- Equipment such as ventilator, laparoscopes, thermometer, anaesthesia machine, adult resuscitation kit, sterilization set (men and women), multi para monitors, surgical diathermy, Cheatle forceps and Foleys Catheter were not available in OT.
- Mobile light in OT was available but it was not functional.

Blood Bank

Blood Bank storage facility was available and functional in facility.

Cold Chain Room and MCH Clinic

- Separate room maintained in fair condition for vaccines storage.
- Separate MCH clinic was available and overall hygiene was good. Logistics in the MCH clinic such as digital weighing machine, AD syringe (0.1 ml), IFA tablets, ORS packets and condoms were not available.

Drug store

- Drug store facility and dedicated staff was available.
- Drugs and amenities including as IUCD kit Suraksha 5, Vitamin A syrup, IFA tablets (small) and Tubal rings were not supplied in Sadar Hospital Simdega.
- Drugs not available in Sadar Hospital, Simdega since three months prior to data collection were Tab. Ibuprofen, Tab. Erythromycin, Inj. Metronidazole, Tab. Ampicillin, Syp. Domeperidone, Tab/Syp Neveripine, Inj. Adrenaline, Inj. Fortwin, Inj. Ketamine, Inj. Paracetamol, Inj. Phenytoin, Inj. Atropine Sulphate, Inj. Insulin, Inj/Tab Betamethasone, Syp. Salbutamol, Tab/Mifepristone, IFA syrup, Tab. CoTrimoxazole, Tab. Dicyclomine, Tab. Tinidazole, tab. Sodium Bicarbonate, Ciprofloxacin eye ointment, Inj. Iron Sucrose, Paediatric IV fluid, Inj. Magnesium sulphate, Tab. Misoprostol, IFA tablets (large), Salbutamol nebulizing solution and sanitary napkins

Other Services in the Hospital

- Other services including wards for in-patients were available along with segregation of wards into male and female.
- Total sanctioned beds were 100 but only 51 were functional.
- Availability of sweeper for cleanliness and hand washing provision were observed and overall cleanliness was at a good level.
- PPTCT Centre was not available but separate room for Adolescent Friendly Health Clinic (AFHC) AFHC, ICTC, laundry, dietary services, equipment maintenance, complaint box; functional help desk, grievance redressal, separate computer and internet connectivity were available.
- Total of 151 pregnant women were transferred during INC and PNC by using Govt. transportation but none of the pregnant women were transported inter facility.

Staff Details

- On call emergency staffs including anaesthetist and gynaecologist were not available.
- Adequate staff was available including 1 paediatrician, 1 anaesthetist, 3 general surgeons which is as per sanctioned strength as verbally informed.
- Training of the staff was deficient as none of the anaesthetist, paediatrician and the general surgeon were trained.
- Out of 11Medical Officers in position, only 3 were trained in MTP, RTI/STI/HIV Screening, IUCD and PPIUCD insertion, 2 in NSV and EmONC, 4 in Minilap, 1 in LSAS, 5 in NSSK and 9 in FIMNCI.
- All the staff nurses were trained on IFMNCI and Lab Technologists on RTI/STI/HIV Screening but none of the pharmacists and radiographers was trained.
- sessment of Knowledge on quality parameters
- Staff Nurse had partial knowledge on corrective action on MDR finding and updated entry in MCP card.

Record Maintenance

• Register of line list of severely anaemic pregnant women, Record of expenditure of untied funds and expenditure of Annual Maintenance Grant (AMG) were not provided.

Status of Supervisory Visits

Health Director had visited the facility on 12th March 2013.

Exit Interviews of Mothers (n=5)

- A total of 5 mothers were interviewed. 4 out of them informed that they were asked to stay for 48 hours after delivery and JSY payment given before discharge.
- Only 2 mothers were given JSY payment through account and bank transfer.
- None of the Mothers had incurred any expenditure on travel, drug or diagnostics.

3.2 First Referral Unit

One FRU, CHC T. Tanger, was studied.

Physical Infrastructure

- Located in government building maintained in good condition with path in a good motorable condition.
- 24-hour tap water supply and electricity connection with inverter power back up were available. One generator was available for power backup while another one was not connected to the facility.
- Government quarters for Medical officers, Staff nurses and other categories were not available in a habitable condition for any of the staff category.
- Separate toilets for men and women were available in clean and hygienic condition.
- Wastes were mainly burnt and buried in pit
- Fire extinguisher was not available at any facility.

Status of display of IEC material

• Display of directions to FRU, OPD timings, incentives for ASHA, map of catchments area, JSY entitlements and the citizens' charter were not displayed in the facility.

Labour Room

- Labour room was available in good condition but few amenities such as 24-hour water supply, elbow tap and functional electricity powered lamp were not available.
- Delivery set and all the amenities listed were available.
- Episiotomy set was available but few of the amenities such as 10 ml disposable syringe with needle were not available.
- Medicine tray was available but few of the medicines such as Inj. Betamethasone, Cap. Ampicillin 500 mg, Tab. Ibuprofen, Inj. Gentamycin, Inj. Hydralazine and Methyldopa were not available.
- Other equipment such as disposable delivery kit and D & C set were not available.
- NBCC was available but few items such as self inflating bag and mask size (0), oxygen hood (neonatal), warming lamp with 200 W bulb and newborn digital weighing scale were not available.
- Neonatal Resuscitation kit and items listed were available in the labour room.
- Five bedded malnourishment treatment centre was available, however SNCU was not available.

Laboratory and Diagnostic Services

- Separate lab was available but equipment, reagents and testing kits such as ABO antibody reagent, blood sugar testing kit semi auto analyser, Benedicts' solution, Rh antibody reagent urine albumin testing kit and HbsAg testing kit were not available.
- Tests for urine albumin, serum Bilirubin, RPR test for syphilis, Liver Function Test, Complete Blood Picture, urine sugar and blood sugar were not being conducted.

• Diagnostic test equipment such as ultrasound scan, endoscopy, foetal Doppler, foetal CTG and CT scan were not available.

Operation Theatre

- Operation Theatre was available but amenities such as Inj. Hydralazine, IV sets with 16 gauge needle, Inj. Gentamycin, Betamethasone and Methyldopa were not available.
- NBCC and amenities listed were not available in the OT.
- Equipment such as ceiling lights, ventilator, laparoscopes, adult resuscitation kit, MVA/EVA syringe and cannula, spinal needle SS4, halothane vaporizer, multi para monitors, surgical diathermies, oropharyngeal airway (adult), nitrous oxide cylinder (Blue) and LSCS set were not available in the OT.

Blood Bank

Blood bank was not available at the FRU.

Cold Chain Room and MCH clinic

- Separate room for storage of vaccines and equipment was not available as cold chain room was locked
 and permission was not granted to visit cold chain room and availability of vaccines and diluents could
 not be ascertained.
- MCH clinic lacked logistics such as digital weighing machine.

Drug store

- Drugs such as Tab. Ibuprofen, Tab. Albendazole, Tab. Erythromycin, Tab. Ampicillin, Syp. Domeperidone, Tab/Syp Neveripine, Inj. Paracetamol, Inj. Phenytoin, Inj. Insulin, Inj/Tab Betamethasone, Syrup Salbutamol, IUCD kit Suraksha 5, Tab Mifepristone, IFA syrup, Vitamin A syrup, Tab CoTrimoxazole, Syp/Tab Ampicillin, Tab Dicyclomine, Tab. Tinidazole, Ciprofloxacin eye ointment, Inj. Gentamycin, Tab. Mebendazole, Inj. Metoclopramide, Inj. Iron Sucrose, Paediatric IV fluid, Zinc tablets, IFA tablets (small), Salbutamol Nebulizing solution and Tubal rings were not available during last three months.
- Other drugs as listed were available during last three months.

Other Facilities

- Ward for patients were available but it was not segregated into male and female ward.
- Out 0f 100 sanctioned beds only 25 beds were functional.
- PPTCT, laundry services, equipment maintenance, complaint box, functional help desk and mechanism for grievance redressal were not available.

Staff details

- Anaesthetist and paediatrician were not available for the on call staff category at FRU facility.
- Deficiency of staff can be observed where 5 Medical Officers are in position out of 11 sanctioned and 3 Staff Nurses in position out of 8 sanctioned.
- No details were provided by the staff of FRU facility related to training status.

Referral and Linkages

• For transportation of patients 1 government transport was available and 18 mothers were transported during intranatal care, 2 were transported inter – facility and 12 were transported during PNC.

Knowledge on quality parameters

Staff Nurse were had partial knowledge on management of sick neonates and infants, identification of high
risk pregnancy, waste segregation in colour coded bins, correct use of partograph, correct administration
of vaccines, corrective action on MDR finding and making entries in MCTS.

Record maintenance

 PNC register, OT register, referral register (in and out), line list of severely anaemic pregnant women, partograph, record of expenditure of untied funds, record of expenditure of AMG, Record of expenditure of RKS, JSY payment register, family planning operation register, family planning service register, blood bank stock register, MDR register, and infant and neonatal death review register were not provided at the FRU facility.

Supervisory Visits

No supervisory visits were conducted at FRU facility.

Exit Interview of Mothers

No mothers were available for the interview.

3.3 Non-FRUs

Six non-FRUs were studied in 10 blocks of Simdega.

Physical Infrastructure

- All Non–FRU facilities were located in Government buildings with path in good motorable condition and maintained at fair level of cleanliness in 17% facilities.
- Water was supplied in 83% of the non-FRUs through Tap Water however 24 x 7 supply was not available.
- Electricity connection was not available in 33% facilities but all of them had functional generator power back up and 83% had additional solar equipment.
- Government quarters were not available for Medical Officers at 50%, Staff Nurse at 33% facilities and for other category staff at 17% facilities.
- Separate toilets for men and women were present but not in hygienic condition at 50% of non-FRUs.
- Wastes were thrown in premises in 17% facilities
- Fire Extinguisher was not available in any of the facilities.

Status of display of IEC material

- Directions to facility by approach roads were not displayed in 33%, list of services available, immunisation schedule and JSSK entitlements in 17%, incentives for ASHA and map of catchment area in 83% and JSY entitlements in 67% facilities.
- None of the facilities had displayed Medical Officers' duty roster, OPD timings, ANM roster and the citizens' charter.

Labour Room

- Separate labour room was available in all facilities but amenities such as 24-hour piped water supply to the room, elbow tap, regular sterilization of room, and soap for hand washing were not available in 67% facilities.
- Functional toilet attached to the room was not available in 50% facilities and none of the facilities had functional electricity powered lamp.
- Delivery set was available in all facilities but few items were not available such as cord clamp, gauze piece, urinary catheter and kidney tray in 17%, sponge holding forceps and sanitary pads in 33%.
- Episiotomy set was available in 50% facilities and its amenities such as Inj. Xylocaine 2%, gauze piece and antiseptic lotion were unavailable in 17%, sponge holding forceps, 10 ml disposable syringe with needle in 33%, Allis forceps and thumb forceps in 50% facilities were not available.
- Medicine tray in the labour room was not available in 17% facilities and drugs such as Tab. Metronidazole,
 Vitamin K in 50%, Cap. Ampicillin in 17%, Tab. Ibuprofen and Nefidipin in 83%, Inj. Gentamycin in 33% and
 Tab. B Complex in 67%. None of the facilities had Methyldopa.
- Other equipment such as disposable delivery kit and lamp/torch were not available in 83% facilities, D & C set in 67% and partograph charts were not available in 33% facilities.

- NBCC was not available in 17% facilities. Amenities such as functional radiant warmer was not available in 50% facilities, self-inflating bag and mask size (0) in 33% and self-inflating bag and mask size (1) was not available in 17% facilities.
- Oxygen hood (neonatal), laryngoscope (neonatal) and newborn digital weighing scale were not available
 in any facilities.
- Neonatal Resuscitation kit was not available in 83% facilities and 50% facilities did not have amenities such as two pre – warmed sheets for wrapping, sterilized thread for cord clamp, cotton swabs, mucus extractor, gloves and needle and syringe, while 67% did not have bag and mask and Inj. Vitamin K and none had Nasogastric tube.
- NBSU and its amenities were not present.

Clinical Laboratory

- All facilities had laboratory services.
- Equipment, reagents and testing kits such as sulphuric acid, pregnancy testing kit were not available in 17% of the non-FRUs.
- None of the non-FRUs had ABO antibody reagent, semi auto analyser, Rh antibody reagent and HBsAg testing kit.
- 50% of the non-FRUs did not have blood sugar testing kit.
- 83% facilities did not have a centrifuge and Benedict solution while 33% did not have urine albumin testing kit.

Operation Theatres

- OT was not available in 17% facilities and emergency drug tray in 33% facilities and none of the facilities had Newborn care corner.
- Few drugs such as Inj. Carboprost, Inj. Hydralazine, Mouth gag, Inj. Calcium Gluconate 10%, Inj. Phenergan, Betamethasone, Methyldopa and vials for sample collection were not available in any of the facilities.
- Equipment in OT such as ventilator, laparoscopes, anaesthesia machine, adult resuscitation kit, endotracheal tubes (adult), spinal needle SS4, halothane/enflurane vaporizer, multi para monitors, surgical diathermies, oropharyngeal airway (adult), nitrous oxide cylinder (blue), laryngoscope with adult blades and LSCS set were not available in any facilities.

Cold Chain Room and MCH Clinic

- Separate room for storage of vaccines were not available in 17% facilities.
- Vaccines and diluents i.e. TT vaccine, BCG vaccine, TOPV vaccine, DPT vaccine, BCG diluents, Measles vaccine, Hepatitis B vaccine and Measles diluents were not available in 33% facilities
- MCH clinic were not available in 83% facilities and lacked logistics such as digital weighing scale in 17% facilities.

Drug store

- Drug store was available in all facilities but items such as IUCD Suraksha 5 was not supplied in 17% facilities.
- Drugs not available during last 3 months were Tab Ibuprofen, Tab Erythromycin, Tab/Syp Neveripine, Inj. Adrenaline, Inj. Sodium Chloride, Inj. Ketamine, Inj/Tab Betamethasone, Syp. Salbutamol, IUCD kit Suraksha 5, Tab Tinidazole, Inj. Sodium Carbonate, Inj. Calcium Gluconate, Paediatric IV fluid, IFA tablets (small) 83%, Tab Metronidazole, emergency Contraceptive pills, Tab. Diclofenac, Diazepam, Inj. Amikacin, Inj. Magnesium sulphate, Inj. Ceftriaxone, IUCD Kit Suraksha 10 17%, Inj. Metronidazole, Tab Ampicillin, Inj. Fortwin 33%, Syp. Domeperidone, Inj. Gentamycin, sanitary napkins in 50%, Inj. Paracetamol, Tab. Mifepristone, IFA syrup, Tab CoTrimoxazole, Tab/syp Ampicillin, inj. Ranitidine, Inj. Metoclopramide in 67%, MCP cards, Vitamin K in 33%, Tab Dicyclomine in 50%.
- None of the non-FRUs had Inj. Phenytoin, Inj. Atropine sulphate, Inj. Insulin, Vitamin A Syrup, Ciprofloxacin
 eye ointment, Tab Mebendazole, Inj. Iron sucrose, Zinc Tablets, Salbutamol nebulizing solution and tubal
 Rings during last 3 months.

Other Facilities

- All the non-FRUs had wards for inpatients segregated into male and female wards.
- Sweeper for cleaning was not available in 67% facilities and overall cleanliness was not good in 17% of non-FRUs.
- None of the non-FRUs had complaint box and grievance redressal system.
- Separate computer and internet connectivity were not available in 17% facilities.
- 679 mothers were transported for intra natal care from home to facility, 19 mothers and 17 sick infants were transported for intra natal care from non-FRU to other facilities, 689 post natal mothers and 50 sick infants were transferred from facility to home by 5 Mamta Vahan and ambulances of public health facilities.

Staff details

- Deficiency in the staff availability was observed with 7 Medical Officers being in position against 17 sanctioned, ANMs 9 against 11 sanctioned, lab technologists 7 against 9 sanctioned, pharmacists 6 against 9 sanctioned and LHV/PHN 3 against 9 sanctioned.
- Training of the staff was found to be inadequate as only 1 Medical Officer was trained in MTP and PPIUCD insertion out of 7, 3 staff nurses were trained in RTI/STI/HIV screening and PPIUCD insertion, 2 on IUCD insertion and 5 on NSSK out of 12, 1 ANM on RTI/STI/HIV screening and 4 on IUCD insertion, 2 on NSSK out of 9 and 1 LHV/PHN on RTI/STI/HIV screening and IUCD insertion out of 3.
- None of the lab technologists, pharmacists and AYUSH Medical Officers was trained on the requisite topics.

Knowledge Assessment of the Staff Nurses

- No staff nurse had complete information on management of sick neonates and infants.
- 83% staff nurses had partial information on identification of high risk of pregnancy, making entries In MCTS adherence to IMEP, 67% on correct administration of vaccines, waste segregation in colour coded bins and correct use of partograph, 50%, on IUCD insertion, corrective action taken on MDR finding, management of bio medical wastes, essential newborn care, and 17% on updating entries in MCP card.

Record Maintenance

- Records not available at non-FRUs were PNC registers at 100% centres, indoor bed head tickets at 33%, referral register (in and out) at 50%, record expenditure of untied funds, record of expenditure of AMG, record of expenditure RKS, JSY payment register at 17% and line list of severely anaemic pregnant women at 100% facilities.
- Registers which were available but not updated were PNC register at 33% and drug stock register at 17% facilities.

Supervisory Visits

 Supervisory visit was conducted by ACMO at PHC Bansjor, by Civil Surgeon at CHC Kolibira, CHC Kurdeg, and CHC Jaldega. SMO visited CHC Bolba and CGCSA and MCHIP team visited CHC Bano.

Exit Interviews with Mothers (n=5)

- Three mothers had initiated breast feeding within one hour, provided colostrum to newborn and four mothers were not given JSY payment.
- Only one mother reported that newborn was given zero dose of OPV, BCG vaccine and Hepatitis B dose within 24 hours.
- Counselling was provided on Infant and Young Child Feeding (IYCF) and family planning methods.

3.4 Sub Centres

In Simdega District, 21 Sub Centres in 10 different blocks were assessed.

Physical Infrastructure

- All the Sub Centres were housed in a government building and 29% were not approachable by proper roads and 67% were not surrounded by boundary wall.
- Physical condition of the building was fair in 57% and poor in 14% of the Sub Centres.
- 95% centres did not have 24-hour water supply. Water was available through piped tap water in only 10% centres while 90% centres accessed water from other sources.
- Electricity connection was not available in 71% and 38% did not have any power back up.
- 33% ANMs resided in the Sub Centre village, 57% in rented accommodation and 10% resided outside the Sub Centre village.
- Mechanism of waste disposal was mainly burying in pit 67% and 38% Sub Centres send wastes to CHC for disposal

Display of IEC Materials and Protocols

- The status of display of IEC material and protocols observed was JSY entitlements in 86% facilities, Sub Centre timing in 62% and immunisation schedule in 38%, IEC material on national health programs in 62% facilities.
- Suggestion/ box was not available in 95% facilities.
- Visit schedule of ANM, area distribution of ANM were not displayed in 86% facilities, VHND plan in 81% and job aids on essential newborn care were not displayed in 86% facilities.

Staff Details

- A total of 27 ANMs, 6 MPWs and 1 BSW were in position at 21 Sub Centres visited, whereas Anganwadi workers were adequate as per sanctioned posts. ASHA were found to be deficient at Baghdega and Malsoda Sub Centre facilities against their sanctioned strength.
- Training of the staff at the Sub Centres needs to be reviewed as only 56% ANMs had been trained on SBA, 44% on NSSK, 26% on RTI/STI, 37% on IUCD insertion and contraceptive update, 63% on immunisation and 48% staff had been trained on IMNCI.
- There were no Skilled Birth Attendants in Sub Centres at Urte, Targa, Ramjadi, Sijang, Lariya, Baghdega, Kersai, Kolambdega, Patiamba, Piriaponcha, Kundurumenda, Nimtur, Paddo and Dumriya.
- None of the Sub Centre Villages had private providers except Tarboga.

Labour Room

- Separate labour room was available in all the facilities with 24-hour water supply in 95%, bucket to store water in 33%, soap for hand washing in 29%, functional electricity powered lamp in 81% and functional toilet facility attached to the labour room were not available.
- Overall hygiene of the labour room was fair in 62% and poor in 24% of the facilities.

- Labour table was available in majority 95% facilities. However, 38% of the labour rooms did not have Mackintosh Kelly pads, buckets in 24% and stepping stool in 62% facilities.
- Delivery set was not available in 19% facilities and its items such as bowl for antiseptic lotion and sanitary pads were not available in 57% of the facilities.
- Medicines such as Tab Ibuprofen were not available in 95% facilities, Inj Vitamin K in 90%, Tab. Misoprostol in 38%, Tab. Metronidazole and Tab. Paracetamol were not available in 33% facilities. Ringer Lactate was not available in 29% facilities, Inj. Betamethasone in 90%, Inj. Gentamycin in 67%, and Methyldopain 90% and Cap. Ampicillin was not available in62% facilities. None of the Sub Centres had Nefidipine.
- NBCC was not available in 95% facilities and lacked functional radiant warmer, paediatric stethoscope in same facilities, self inflating bag and mask (0) in 71%, self-inflating bag and mask (1) in 43% and newborn digital weighing machine in 90%.
- None of the Sub Centres had warming lamp with 200 W bulbs.

General supplies, Equipment and Drugs

- Some of the items not supplied to the Sub Centre facilities were IV Cannula No. 20 in 95%, Tab. Ibuprofen and sanitary napkins in 81%, Vitamin K in 76% and Vitamin A Syrup in 71%, Sterilization equipment, Zinc tablets, Tab. Erythromycin,, IFA tablets (small) in 67%, Disposable delivery kit, Betamethasone/Dexamethasone in 62%, Bleaching powder, Tablets Diclofenac in 57%, Syp. Paracetamol and emergency contraceptive pills in 43% and folic acid tablets in 38% facilities.
- Few of the items such as RBSK Pictorial Kit, IV Cannula No. 18, and IUCD Kit Suraksha 5 were not supplied in 100% Sub Centres.

Record Maintenance

- Registers such as JSY payment register was not provided in 81% facilities, list of family with 0-6yrs children under RBSK in 86%, AMG in 33% and referral register (in and out) was not provided in 57% facilities.
- VHSNC meeting minutes and action record was not provided in 52% facilities, delivery register in 33%, untied funds in 29% and eligible couple register was not provided in 5% facilities.

Assessment of knowledge on quality parameters

- ANMs in 67% centres had partial knowledge on waste segregation in colour coded bins, 62% on measurement of urine albumin /protein, 52% on national immunisation Schedule, 48% on adherence to IMEP and 43% on Iron+ Initiative.
- ANMs in 38% centres had partial knowledge on correct technique of vaccine administration, 24% on measurement of haemoglobin and RBSK, 14% on identification of high risk pregnancy and 10% on measurement of blood pressure.

RESULTS OF COMMUNITY LEVEL INTERVIEWS 4

4.1 Pregnant women

- A total of 82 pregnant women were interviewed from 24 Sub Centre villages in Simdega District.
- All the pregnant women were aware that VHND site is situated within 30 minutes of walking from the house received antenatal check up at VHND site, received adequate regular antenatal check up, received tetanus vaccination and had knowledge regarding Janani Suraksha Yojana.
- Only 5% of pregnant women did not receive MCP card from the ANM of that area however no MCP card is being filled and updated regularly.
- 13% pregnant women were not aware about birth preparedness and 76% women did not receive guidance on referral and birth preparedness to high risk pregnant women.
- 94% pregnant women had not received safe motherhood booklet
- 91% did not have telephone number of call centre for referral and transport, 79% did not have telephone number of ASHA and 68% women did not have contact number of ANMs.

4.2 Mothers of Children Under Five

- A total of 102 mothers of children under five were interviewed from 24 Sub Centre villages in Simdega District.
- Status of access and utilisation of MCH Services was assessed among mothers of children under five.
- 85% mothers had their youngest child born at a facility. Out of the women who delivered their children at home, only 19% women were visited by ANM /ASHA within 2 days of child birth.
- 93% mothers were aware that breast feeding must be initiated within one hour after child birth and all these aware mothers had initiated breast feeding within one hour after child birth.
- A significant 92% mothers were aware that exclusive breastfeeding should be done till 6 months of age and this practice was being followed by 85% of those aware mothers.
- 92% mothers were aware about initiating complementary feeding from 6 month onwards and 83% of those aware mothers had initiated complementary feeding to their youngest child from the age of six month onwards.
- 39% mothers were aware that ORS+ Zinc needs to be given to a child having diarrhea. 38% were aware that ORS+ Zinc was available with Anganwadi Worker.
- 97% mothers were aware about any family planning method. 85% women reported having received counselling on family planning after delivery. Currently, only 29% women are using any family planning methods.
- 52% and 60% had knowledge about at least 2 danger signs of diarrhoea and pneumonia.

4.3 Adolescent girls

In-depth interviews were carried out with 104 adolescents girls aged 10-19 years from 21 Sub Centre communities in the Simdega District accessing health care services. Issues related to awareness, access to Adolescent Friendly Health Clinic (AFHC, formerly AFHC) and menstrual hygiene practices were focused upon during interview with the girls.

- Adolescent girls who did not receive any health check-up in school during last 6 months were 39% and 16% did not receive any IFA tablet in last six months.
- Only one girls was aware of AFHC at the health facility only she had visited the AFHC in the six months prior to data collection.
- None of the adolescent girls were aware of availability of sanitary napkins with ASHA and had not procured any sanitary napkins from ASHA in last 6 months.
- ASHA has not counselled 39% of the adolescent girls on menstrual hygiene in last 6 months.

RESULTS OF HEALTH SYSTEM ASSESSMENT 5

In-depth interviews with Additional Chief Medical Officer and District Programme Manager, Simdega

Fund flow utilisation at District and Sub - District Levels

The district prepares a Programme Implementation Plan (PIP) with proper action plan, then sends to state for final approval prior to end of the financial year. The district programme management unit (DPMU) through a committee which consists of DPM, DAM and DDM, prepares health action plan using PIP as a source. Once the PIP is approved in the state, the budget is released at the district level. The funds are provided within 2 or 3 months from PIP submission.

Facility head/concern programme head, DPM, DAM, BPM, BAM, Medical Officer In charge are provided clarity on the budget as per the guidelines. In monthly meeting the utilisation of fund is monitored and it is conducted jointly by programme heads – ACMO, DRCHO, District Malaria Officer, TB Officer, All BPM, All DPM, and BAM. Meeting is conducted monthly at the district level. There is no PPP operational in the district.

Utilized Funds for Facilities and Communities Structures-

There is no provision of untied funds and annual maintenance grant for district hospital but Untied funds are released to the PHC, CHC and health Sub-Centre facilities in the district. District Hospital is funded under HMS and RKS grant.

Funds are released yearly and decision of fund utilisation is made at Panchayat level. Fixed amount is released for VHSNC and RKS. For RKS, the funds released are as follows DH – Rs. 5 Lakh/Year, CHC – Rs 1 Lakh/year and PHC – Rs. 1 Lakh/year. For VHSNC, Rs. 10,000 are released annually. Statement of expenditure is reviewed by MOI/C or Block account manager at the block level and sent to civil surgeon.

Major hurdles in the fund flow/utilisation including untied funds at District/Sub - district level are delay in fund sanction from state level and improper PIP preparation as per their district level.

Infrastructure Management

Civil Surgeon and DPMU conduct the assessments by themselves and verify the project funds records and bills. Monthly meeting are conducted for monitoring utilisation of funds. Repairs/maintenance of infrastructure is time consuming process and minor repair/maintenance is managed by outsourcing.

Supply Chain Management

Supply chain management is in downward direction that is from District Hospital to Community Health Centre to Primary Health Centre. At the block level Medical Officer I/C and cold chain personnel prepare the indent but it is not followed on a regular basis. ANM is also involved in the preparation of indent request.

Civil surgeon has the authority for the procurement of items at local level. As such no policy is defined for stock outs .Time to time stock verification is conducted.

Human Resource Management

The status of human resource revealed that there is no dedicated cell for H.R., but according to norms posts wise vacancies are filled. Posting of medical officers and specialist are done from state level. No retention policies have been adopted and no motivation/incentives are provided to HCWs for improving the retention of staff. Major reasons for high staff turnover are better opportunities outside the government system.

Emergency Transportation

Number of CEmONC facilities functional at the district is 2 and no BEmONC is available. Government ambulance and Mamta Vahan are available for emergency transportation but Emergency staff is not trained on the provision of emergency care during transportation of patients. NM and other staff facilitate the referral and linkages of pregnant woman/children to higher centres.

Implementation of Entitlements under JSY and JSSK

Monitoring and functioning of JSY and JSSK schemes is done by field visits and meetings monthly wise at district level by D.C, program officers according to financial report.

Capacity Building and Roll out of Training

Training of ANM is conducted as per the state plan run by district. Trainings are held at designated place by the team, the place of training may change as required. Transportation of trainees and also funds are major challenges related to roll out of trainings at sub district/ district level.

Supportive Supervision for Facilities and FLW's

Monitoring activities for facilities and front line workers are conducted by CMO and DPM. There is no checklist prepared for monitoring. Field visits of facilities are done at district level and block level by block officers. Equity in Travel allowance/funds to be allocated to permanent and contractual officers is required to be rationalised.

HMIS and MCTS Data Quality and Use

Process of collection of data starts with ANM collecting the data in the prescribed format in the field and later on t submitting it to block level to BPM who further cross check and uploads in HMIS.MCTS sheet is provided to Front Line Workers and they are trained on data entry and analysis.

ANM and ASHA provide data at CHC level where BPM enters the data which is again crosschecked. The data is sent to DPM for further verification .Written reports are also sent by DPM to higher authority if error persists. A certificate of accuracy of HMIS with signature of BPM and BAM is issued. Continuous analysis of data to find any error/mistake and information is sent to CHC, PHC and Sub Centre level to collect data.

Suggestions by ACMO and DPM

Work culture to be improved and timely up gradation of skill and knowledge is required.

HR availability and Training Status

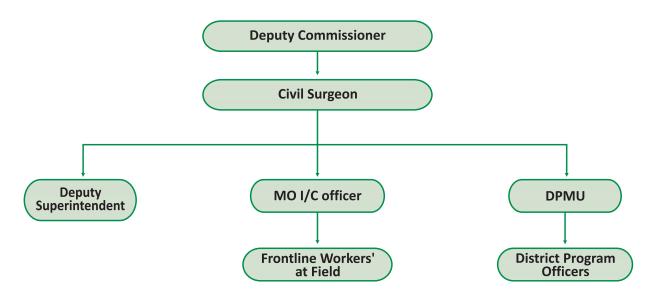
s,	Category		Number of staff						P	oportion	Proportion of staff members trained (%)	nbers train	ed (%)				
O		Sanctioned	Sanctioned Required as per MNH Guidelines	In position	SBA	Втос	MTP	Bmoc MTP Minilap NSV CEMOC PPS	NSN	CEMOC	RTI/ STI/ HIV screening	IUCD PPIUCD insertion	PPIUCD insertion		LSAS PPTCT NSSK FIMNCI	NSSK	FIMNCI
1	Obs. & Gynecologist	0	!	1			0	0					0	0		0	0
7	Anesthetist	0	1	1													
3	Pediatrician	1	!	1												0	0
4	General Surgeon	0	Not Defined	က										0			
2	Other Specialists	0	1	0													
9	Medical Officers	39	4/2/12	23		6	17	17	6	0	13	13	17	4	0	22	39
7	Lady Medical Officers	0	Not Defined	0		0	0	0	0	0	0	0	0	0	0	0	0
∞	AYUSH Medical Officers	0	Not Defined	2		0					0	0			0	0	
6	Staff Nurses	26	4/4/24	23	74						13	39	48		0	22	35
10	ANM	11	4/4/24	11	18						6	36	0		0	18	
11	Lab Technicians	11	2/0/0	13							31				0		
12	Pharmacist	11	ı	6													
13	LHV/PHN	6	I	3	0						33	33			0	0	0
14	Radiographers	1	ı	3													
15	RMNCH+A Counselors	0	ŀ	0											0		

FRU(Less than 100 deliveries) & Non-FRU(all CHC conducted Less than 200 deliveries & PHC conducted Less than 100 deliveries)— Table No. 13: HR requirement based on deliveries / month for a maternity wing – source: Maternal & New-born Health Toolkit, Maternal Health Division, Ministry of Family and Health *Note: The requirement of staff calculated as per MNH guidelines is based on an average of deliveries conducted per month in DH (Less than 200 deliveries) Welfare, Government of India.

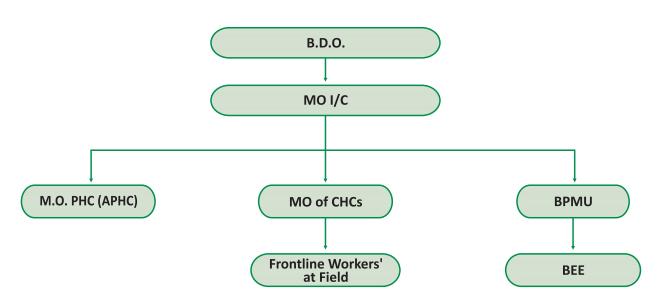
ANNEXURES

- I. Organogram of District Health Department
- II. GIS Mapping of Delivery Points
- III. Fact Sheet Consolidated
- IV. Fact Sheet Health Facility Wise
- 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, Simdega



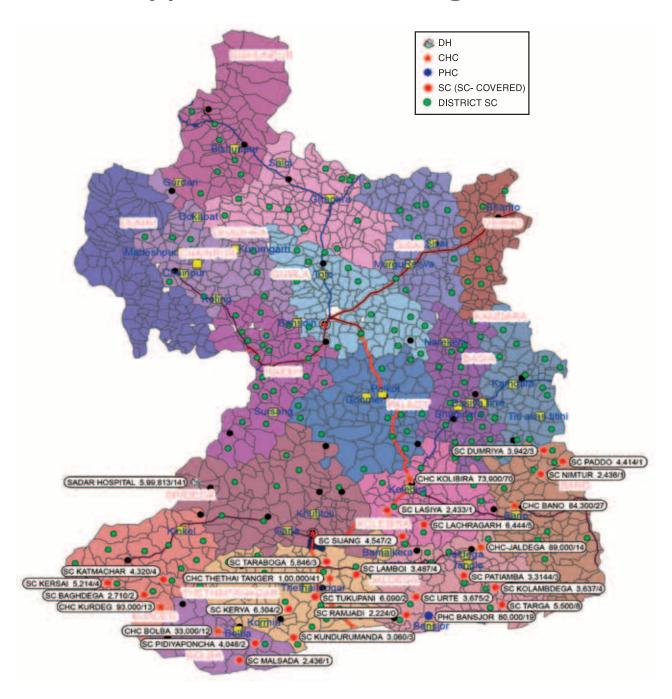
At Block Level



(Source: DPM Office)

II. GIS Mapping of Delivery Points

Delivery points in District Simdega-Jharkhand



Delivery points marked with catchment population of the facility and average number of deliveries conducted per month during last 6 months (Source: DLHS 3, Census 2011, JSK)

(Source: JSK, Primary data collection)

III. Fact Sheet - Consolidated

District - Simdega, State - Jharkhand

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Infrastructure of health facility				
Functioning in Government building	100	100	100	100
Building in good physical condition	100	100	17	29
Connected by motorable approach road	100	100	100	71
24 X 7 water supply available	100	0	83	5
Functional electricity connection available	100	100	67	29
Separate clean toilets available for men and women	100	100	50	
Functional power back up available	100	100	100	43^
Functional generator available for power backup	100	0	100	0
Availability of habitable staff quarters for*				
Medical Officers	0	0	50	
Staff Nurses	0	0	33	
Other staff categories	0	0	17	
Other facilities available				
Ambulance for transportation of beneficiaries	100	100	83	NA
Separate male and female wards for in patients	100	0	33	NA
Separate room for AFHC	100	100	0	NA
Integrated Counselling and Testing Centre (ICTC)	100	100	0	NA
PPTCT Centre	0	0	0	NA
Functional laundry/washing services	100	0	100	NA
Dietary services	100	0	100	NA
Equipment maintenance/repair mechanism	100	0	100	NA
Complaint / suggestion box	100	0	0	0
Functional help desk	100	0	0	NA
Grievance redressal mechanism	100	0	0	NA
Separate computer for HMIS and MCTS	100	100	83	NA
Internet connectivity for computers	100	100	83	NA
Fire extinguisher	100	0	0	NA
Specialists & Medical Officer available on call in case of em	ergency			
Gynaecologist	0	100	0	NA
Anaesthetist	0	0	0	NA
Paediatrician	100	0	0	NA
Medical Officer	100	100	0	NA
Display of IEC material and protocols				
Medical Officers duty roster	100	100	0	
Essential drug list	100	100	100	
Citizen charter	0	0	0	
JSY entitlements	100	0	33	14

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
JSSK entitlements	100	100	83	33
List of services available	100	100	83	
IEC material for MCH related programs	100	100	100	
Incentives for ASHA/link worker	100	0	17	
OPD timings	100	0	0	
Map of catchment area	0	0	17	

^{*} 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=1)%	Non FRU (N=6) %	HSC (N=21)%
Separate delivery/labour room available	100	100	100	100
Basic amenities in the labour rooms				
24 X 7 piped water supply	100	0	33	5
Regular sterilization of room	100	100	33	
Functional electricity powered lamp	100	0	0	19
Functional toilet facility attached to room	100	100	50	57
Facility for hand washing	100	0	33	71
Labour table	100	100	100	95
Labour table with Mackintosh Kelly pads	0	100	100	62
Delivery Set available	100	100	100	81
Episiotomy Set Tray available	100	100	50	
Medicine Tray available	100	100	83	NA
Equipment available in the labour rooms				
Artery forceps	100	100	100	95
Sponge holding forceps	100	100	67	95
Allis forceps	100	100	50	
Toothed forceps	100	100	100	
Episiotomy scissor	100	100	100	
Oxygen cylinder with regulator	100	100	83	
Colour coded bins	100	100	83	86#
Adult stethoscope	100	100	83	100#
Blood Pressure machine	100	100	100	95#
D & C Set	100	0	33	
IV Stand	100	100	100	57#
Urinary catheter	100	100	83	81
Speculum	100	100	100	90
Thermometer	100	100	100	90#
Lamp /Torch	100	100	17	71#
Partograph charts	0	100	67	43#
Disposable delivery kits	0	0	17	38#

[^] Power backup by solar equipment available in sub centre: Tarboga, Lachariya, Kutmcchar, Kersai, Lamboi, Malsada, Nimtur, Paddo, Dumariya

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Medicines available in the labour rooms				
Injection Oxytocin	100	100	100	81
Tablet Misoprostol	100	100	100	62
Ringer Lactate	100	100	100	71
Normal Saline	100	100	100	33
Injection Gentamycin	100	0	67	33
Injection Betamethasone	100	0	0	10
Tablet Metronidazole	100	100	50	67
Capsule Ampicillin	100	0	83	38
Vitamin K	0	100	50	10
Injection Xylocaine 2%	100	100	83	NA
Antiseptic lotion	100	100	83	NA
Tablet Paracetamol	100	100	100	67
Tablet Ibuprofen	0	0	17	5
Injection Hydralazine	0	0	0	10

Table III-3. Facilities available for newborn and children

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Separate newborn care corner available	100	100	83	5
Amenities available in the newborn corner				
Located in the labour room	100	100	83	NA
Functional radiant warmer	100	100	50	5
Self-inflating bag and mask (size 0)	100	0	67	29
Self-inflating bag and mask (size 1)	100	100	83	57
Mucus extractor with suction tube	100	100	100	81
Oxygen hood (neonatal)	0	0	0	
Warming lamp with 200W bulb	0	0	0	0
Laryngoscope (neonatal)	0	0	0	
Newborn digital weighing scale	0	0	0	10
Neonatal resuscitation kit	0	100	17	
Nasogastric tube	100	100	0	
Newborn stabilization unit/Special Newborn Care Unit available	0	0	0	
Amenities available in the NSU/SNCU				
Located close to or in maternity ward	0	0	0	
Digital weighing scale	0	0	0	
Functional radiant warmer	0	0	0	
Phototherapy unit	0	0	0	
Infant feeding tubes	0	0	0	
Pediatric Stethoscope	0	0	0	
Nutritional Rehabilitation Centre (NRC) available	100	100	0	

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Separate room for laboratory available	100	100	100	
Equipment available in the laboratory				
Centrifuge	100	100	17	
Semi auto-analyzer	100	0	0	
Microscope	100	100	83	
Hemoglobinometer	100	100	100	
Testing kits available in the laboratory				
Pregnancy Testing Kit	100	100	83	
Blood Sugar Testing Kit	100	0	50	
Urine Albumin Testing Kit	100	0	67	
HbsAg testing kit	0	0	0	
Tests done at the delivery point				
Haemoglobin	100	100	100	NA
Urine albumin	100	0	83	
Serum bilirubin	100	0	0	
RPR (Rapid Plasma Reagent) test for syphilis	100	0	0	
RPR (Rapid Plasma Reagent) test for typhoid	100	100	0	
TB (sputum for AFB)	100	100	100	
Liver Function Test	100	0	0	
Complete Blood Picture	100	0	0	
Urine sugar	100	0	83	
Blood sugar	100	0	33	
Malaria test (Peripheral smear or RDT)	100	100	100	
HIV test (RDT)	100	100	83	
Functional diagnostic equipment available at the delivery point				
Ultrasound scan	0	0	0	
X ray	100	100	0	
Endoscopy	0	0	0	
ECG	100	0	0	
Foetal Doppler	0	0	0	
Foetal Cardio Toco Graphy (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=1)%	Non FRU (N=6) %	HSC (N=21)%
Operation theatre available	100	100	83	
Newborn care corner available in operation theatre	0	0	0	
Emergency drug trolley available	0	100	67	
Equipment available in the Operation Theatre				
OT Tables	100	100	83	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Multi para monitors	0	0	0	
Ceiling lights	100	0	67	
Surgical diathermies	0	0	0	
Ventilator	0	0	0	
Pulse oximeter	100	100	17	
Mobile lights	0	100	67	
Laparoscopes	0	0	0	
Anesthesia machine (Boyle's app.)	0	100	0	
Electrical Suction apparatus	100	100	17	
Halothane/Enflurane vaporiser	100	0	0	
Laryngoscope with adult blades	100	100	0	
LSCS set	100	0	0	
Sterilization set (men & women)	0	100	83	
MVA/EVA syringe & cannula	100	0	33	
Oropharyngeal airway (adult)	100	0	0	
Oxygen Cylinder (Black) with regulator	100	100	33	
Nitrous oxide cylinder (Blue)	100	0	0	
Adult resuscitation kit	0	0	0	
Endotracheal tubes (adult)	100	100	0	
Spinal needle SS 4	100	0	0	
IV Cannula No. 18	100	100	33	
IV Cannula No. 20	100	100	67	
IV sets with 16-gauge needle (X2)	100	0	33	
Controlled suction catheter	100	100	17	
Functional blood bank or blood storage unit available	100	0	0	
Functional refrigerators available at BB/BSU	100	0	0	

Table III-6. Other services at the delivery points

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Separate Drug Store available	100	100	100	
Dedicated staff to look after drug store available	100	100	100	
Updated drug stock register available	100	100	83	
Functional cold chain room for storage of vaccines available	100	0	67	
Separate MCH clinic available	100	100	17	
Immunization services provided at the facility	100	100	100	
Updated immunization register available	100	100	100	
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	100	100	
In Patient Register	100	100	100	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
PNC Register	100	0	0	
Labour room Register	100	100	100	62
Operation Theatre Register	100	0	67	
Referral Register (in and out)	100	0	50	24
Line list of severely anaemic pregnant women	0	0	0	10
Record of expenditure of untied funds	0	0	83	29
Record of expenditure of Annual Maintenance Grant	0	0	83	19
Record of expenditure of RKS	100	0	83	
JSY Payment Register	100	0	83	0
Family Planning Service Register	100	0	100	
Blood bank stock register	100	0	0	
Maternal Death Review Register	100	0	0	
Infant and Neonatal Death Review Register	100	0	0	

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

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Reproductive Health				
Tubal Rings	0	0	0	
IUCD Kit – Suraksha 5	0	0	0	0
IUCD Kit – Suraksha 10	100	100	83	86
Oral Contraceptive Pills (Mala N)	100	100	83	90
Pregnancy Testing Kits (Nishchay)	100	100	83	86
Condoms	0	100	83	90
Emergency Contraceptive Pills	0	100	83	57
Tablet Mifepristone	0	0	33	NA
Maternal Health				
Injection Oxytocin	100	100	100	76
Tablet Misoprostol	0	100	100	57
Injection Magnesium Sulphate	0	100	83	10
Newborn Health				
Injection Vitamin K	100	100	67	0
Mucous Extractor	100	100	100	81
Vaccine BCG	100	0	67	
Vaccine tOPV	100	0	67	
Vaccine Hepatitis B	100	0	67	
AD syringes (0.1 ml)	0	100	83	
AD syringes (0.5 ml)	100	100	83	
Child Health				
ORS packets	100	100	100	76
Tablet Zinc Sulphate	100	0	0	10
Syrup Salbutamol	0	0	17	
Salbutamol Nebulizing solution	0	0	0	

Proportion of Delivery Points (%)	DH (N=1)%	FRU (N=1)%	Non FRU (N=6) %	HSC (N=21)%
Vaccine DPT/Pentavalent	100	0	67	
Vaccine Measles	100	0	67	
Vitamin A Syrup	0	0	0	5
Adolescent Health				
Tablet Albendazole	100	0	100	90
Tablet Dicyclomine	0	0	50	
Sanitary Napkins	0	100	50	19
Cross-Cutting areas				
IFA tablets – large	0	100	100	90
IFA tablets – small	0	0	17	19
IFA Syrup	0	0	33	57
Paracetamol (tablet/syrup)	100	100	100	67
Tablet CoTrimoxazole	0	0	33	NA
Tablet/Syrup Chloroquin	100	100	100	
Dexamethasone	100	100	100	10
Syrup/Tablet Ampicillin	100	0	17	NA
Tablet/Injection Metronidazole	100	100	67	71
Injection Ceftriaxone	100	100	83	
Injection Gentamicin	100	0	50	33
Thermometer	100	100	100	90
Digital weighing machine	0	0	0	10
Blood Pressure Machine	100	100	100	95

 $[\]hbox{\it\#--} Available of equipment, essential drugs \& supplies at Sub-Centre tools.}$

 $^{{\}it NA-Health\ Sub-Centre\ (HSC)\ entire\ column\ denotes\ the\ item\ not\ included\ in\ the\ original\ tools.}$

IV. Fact Sheet - Health Facility Wise

District - Simdega, State - Jharkhand

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

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Infrastructure of health facility		
Functioning in Government building	Υ	Υ
Building in good physical condition	Υ	Υ
Connected by motorable approach road	Υ	Υ
24 X 7 water supply available	Υ	N
Functional electricity connection available	Υ	Υ
Separate clean toilets available for men and women	Υ	Υ
Mechanism for waste disposal	Υ	Υ
Functional power back up available	Υ	Υ
Functional generator available for power backup	Υ	Υ
Availability of habitable staff quarters for*		
Medical Officers	N	N
Staff Nurses	N	N
Other staff categories	N	N
Other facilities available		
Ambulance for transportation of beneficiaries	Υ	Υ
Total number of ambulances available	4	2
Number of functional ambulances	4	1
Separate male and female wards for in patients	Υ	N
Number of beds in male ward	26	0
Number of beds in female ward	25	0
Number of beds in paediatric ward	0	0
Number of beds in general ward	0	25
Separate room for AFHC	Υ	Υ
Integrated Counselling and Testing Centre (ICTC)	Υ	Υ
PPTCT Centre	N	N
Functional laundry/washing services	Υ	N
Dietary services	Υ	Υ
Equipment maintenance/repair mechanism	Υ	N
Complaint / suggestion box	Υ	N
Functional help desk	Υ	N
Grievance redressal mechanism	Υ	N
Separate computer for HMIS and MCTS	Υ	Υ
Internet connectivity for computers	Υ	Υ
Fire extinguisher	Υ	N
Specialists & Medical Officer available on call in case of emerge		
Gynaecologist	N	Υ

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Anaesthetist	N	N
Paediatrician	Υ	N
Medical Officer	Υ	Υ
Display of IEC material and protocols		
Medical Officers duty roster	Υ	Υ
Essential drug list	Υ	Υ
Citizen charter	N	N
JSY entitlements	Υ	N
JSSK entitlements	Υ	Υ
List of services available	Υ	Υ
IEC material for MCH related programs	Υ	Υ
Incentives for ASHA/link worker	Υ	N
OPD timings	Υ	N
Map of catchment area	N	N

Note * 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-2. Labour/delivery facilities available at the delivery points

	District level Facilities	FRU Facilities	
	SADAR HOSPITAL	CHC- T. TANGAR	
Separate delivery/labour room available	Υ	Υ	
Basic amenities in the labour rooms			
24 X 7 piped water supply	Υ	N^^	
Regular sterilization of room	Υ	Υ	
Functional electricity powered lamp	Υ	N	
Functional toilet facility attached to room	Υ	Υ	
Facility for hand washing	Υ	N	
Labour table	Υ	Υ	
Labour table with Mackintosh Kelly pads	N	Υ	
Delivery Set available	Υ	Υ	
Episiotomy Set Tray available	Υ	Υ	
Medicine Tray available	Υ	Υ	
Equipment available in the labour rooms			
Artery forceps	Υ	Υ	
Sponge holding forceps	Υ	Υ	
Allis forceps	Υ	Υ	
Toothed forceps	Υ	Υ	
Episiotomy scissor	Υ	Υ	
Oxygen cylinder with regulator	Υ	Υ	
Colour coded bins	Υ	Υ	
Adult stethoscope	Υ	Υ	
Blood Pressure machine	Υ	Υ	
D & C Set	Υ	N	

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
IV Stand	Υ	Υ
Urinary catheter	Υ	Υ
Speculum	Υ	Υ
Thermometer	Υ	Υ
Lamp /Torch	Υ	Υ
Partograph charts	N	Υ
Disposable delivery kits	N	N
Medicines available in the labour rooms		
Injection Oxytocin	Υ	Υ
Tablet Misoprostol	Υ	Υ
Ringer Lactate	Υ	Υ
Normal Saline	Υ	Υ
Injection Gentamycin	Υ	N
Injection Betamethasone	Υ	N
Tablet Metronidazole	Υ	Υ
Capsule Ampicillin	Υ	N
Vitamin K	N	Υ
Injection Xylocaine 2%	Υ	Υ
Antiseptic lotion	Υ	Υ
Tablet Paracetamol	Υ	Υ
Tablet Ibuprofen	N	N
Injection Hydralazine	N	N

N^^: Water facility at CHC-T. Tangar not available in labour room. But department stored water in the bucket for hand washing during procedure.

Table IV-3. Facilities available for newborn and children

	District level Facilities	
	SADAR HOSPITAL	CHC- T. TANGAR
Separate newborn care corner available	Υ	Υ
Amenities available in the newborn corner		
Located in the labour room	Υ	Υ
Functional radiant warmer	Υ	Υ
Self-inflating bag and mask (size 0)	Υ	N
Self-inflating bag and mask (size 1)	Υ	Υ
Mucus extractor with suction tube	Υ	Υ
Oxygen hood (neonatal)	N	N
Warming lamp with 200W bulb	N	N
Laryngoscope (neonatal)	N	Υ
Newborn digital weighing scale	N	N
Neonatal resuscitation kit	N	Υ
Nasogastric tube	Υ	Υ
Newborn stabilization unit/Special Newborn Care Unit available	N	Υ
Amenities available in the NSU/SNCU		

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Located close to or in maternity ward	N	N
Digital weighing scale	N	N
Functional radiant warmer	N	N
Phototherapy unit	N	N
Infant feeding tubes	N	N
Pediatric Stethoscope	N	N
Nutritional Rehabilitation Centre (NRC) available	Υ	Υ

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

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Separate room for laboratory available	Υ	Υ
Equipment available in the laboratory		
Centrifuge	Υ	Υ
Semi auto-analyzer	Υ	N
Microscope	Υ	Υ
Hemoglobinometer	Y	Υ
Testing kits available in the laboratory		
Pregnancy Testing Kit	Υ	Υ
Blood Sugar Testing Kit	Y	N
Urine Albumin Testing Kit	Y	N
HbsAg testing kit	N	N
Tests done at the delivery point		
Haemoglobin	Υ	Υ
Urine albumin	Υ	N
Serum bilirubin	Υ	N
RPR (Rapid Plasma Reagent) test for syphilis	Υ	N
RPR (Rapid Plasma Reagent) test for typhoid	Υ	Υ
TB (sputum for AFB)	Y	Υ
Liver Function Test	Υ	N
Complete Blood Picture	Y	N
Urine sugar	Y	N
Blood sugar	Υ	N
Malaria test (Peripheral smear or RDT)	Υ	Υ
HIV test (RDT)	Y	Υ
Functional diagnostic equipment available at the delivery p	oint	
Ultrasound scan	N	N
X ray	Y	Υ
Endoscopy	N	N
ECG	Υ	N
Foetal Doppler	N	N
Foetal Cardio Toco Graphy (CTG)	N	N
CT scan	N	N

Table IV-5. Surgical facilities at delivery points

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Operation theatre available	Υ	Υ
Newborn care corner available in operation theatre	N	N
Emergency drug trolley available	N	Υ
Equipment available in the operation theatre		
OT Tables	Υ	Υ
Multi para monitors	N	N
Ceiling lights	Υ	N
Surgical diathermies	N	N
Ventilator	N	N
Pulse Oximeter	Υ	Υ
Mobile lights	N	Υ
Laparoscopes	N	N
Anesthesia machine (Boyle's app.)	N	Υ
Electrical Suction apparatus	Υ	Υ
Halothane/Enflurane Vaporizer	Υ	N
Laryngoscope with adult blades	Υ	Υ
LSCS set	Υ	N
Sterilization set (men & women)	N	Υ
MVA/EVA syringe & cannula	Υ	N
Oropharyngeal airway (adult)	Υ	N
Oxygen Cylinder (Black) with regulator	Υ	Υ
Nitrous oxide cylinder (Blue)	Υ	N
Adult resuscitation kit	N	N
Endotracheal tubes (adult)	Υ	Υ
Spinal needle SS 4	Υ	N
IV Cannula No. 18	Υ	Υ
IV Cannula No. 20	Υ	Υ
IV sets with 16-gauge needle (X2)	Υ	N
Controlled suction catheter	Υ	Υ
Functional blood bank or blood storage unit available	Υ	N
Functional refrigerators available at BB/BSU	Υ	N

Table IV-6. Other services at the delivery points

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Separate Drug Store available	Υ	Υ
Dedicated staff to look after drug store available	Υ	Υ
Updated drug stock register available	Υ	Υ
Functional cold chain room for storage of vaccines available	Υ	N*
Separate MCH clinic available	Υ	Υ
Immunization services provided at the facility	Υ	Υ

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Updated immunization register available	Υ	Υ
ANC services provided at the facility	Υ	Υ
Updated ANC register available	Υ	Υ
Availability of updated records at the delivery points		
Out Patient Register	Υ	Υ
In Patient Register	Υ	Υ
PNC Register	Υ	N
Labour room Register	Υ	Υ
Operation Theatre Register	Υ	N
Referral Register (in and out)	Υ	N
Line list of severely anaemic pregnant women	N	N
Record of expenditure of untied funds	N**	N*
Record of expenditure of Annual Maintenance Grant	N**	N*
Record of expenditure of RKS	Υ	N*
JSY Payment Register	Υ	N*
Family Planning Service Register	Υ	N
Blood bank stock register	Υ	N
Maternal Death Review Register	Υ	N
Infant and Neonatal Death Review Register	Υ	N

 N^* Concerned staff of healthcare facility was not available during visit, so data not provided.

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

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Reproductive Health		
Tubal Rings	N	N
IUCD Kit – Suraksha 5	N	N
IUCD Kit – Suraksha 10	Υ	Υ
Oral Contraceptive Pills (Mala N)	Υ	Υ
Pregnancy Testing Kits (Nishchay)	Υ	Υ
Condoms	N	Υ
Emergency Contraceptive Pills	Υ	Υ
Tablet Mifepristone	N	N
Maternal Health		
Injection Oxytocin	Υ	Υ
Tablet Misoprostol	N	Υ
Injection Magnesium Sulphate	N	Υ
Newborn Health		
Injection Vitamin K	Υ	Υ
Mucous Extractor	Υ	Υ
Vaccine BCG	Υ	N*

 N^{**} -Untied fund & AMG have not applicable for District hospital. The grant comes under RKS.

	District level Facilities	FRU Facilities
	SADAR HOSPITAL	CHC- T. TANGAR
Vaccine tOPV	Υ	N*
Vaccine Hepatitis B	Υ	N
AD syringes (0.1 ml)	N	Υ
AD syringes (0.5 ml)	Υ	Υ
Child Health		
ORS packets	Υ	Υ
Tablet Zinc Sulphate	Υ	N
Syrup Salbutamol	N	N
Salbutamol Nebulizing solution	N	N
Vaccine DPT/Pentavalent	Υ	N*
Vaccine Measles	Υ	N*
Vitamin A Syrup	N	N
Adolescent Health		
Tablet Albendazole	Υ	N
Tablet Dicyclomine	N	N
Sanitary Napkins	N	Υ
Cross-cutting areas		
IFA tablets – large	N	Υ
IFA tablets – small	N	N
IFA Syrup	N	N
Paracetamol (tablet/syrup)	Υ	Υ
Tablet CoTrimoxazole	N	N
Tablet/Syrup Chloroquine	Υ	Υ
Dexamethasone	Υ	Υ
Syrup/Tablet Ampicillin	Υ	N
Tablet/Injection Metronidazole	Υ	Υ
Injection Ceftriaxone	Υ	Υ
Injection Gentamicin	Υ	N
Thermometer	Υ	Υ
Digital weighing machine	N	N
Blood Pressure Machine	Υ	Υ

 N^* - Cold chain is not available at the facility. But concerned staff of cold chain facility was not available during visit.

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

		District level Facilities	FRU Facilities
		SADAR HOSPITAL	CHC- T. TANGAR
Obstetrician & Gynaecologist	Sanctioned Positions	0	0
	Available	1	1
Anaesthetist	Sanctioned Positions	0	0
	Available	1	0
Paediatrician	Sanctioned Positions	0	0
	Available	1	0

		District level Facilities	FRU Facilities
		SADAR HOSPITAL	CHC- T. TANGAR
General Surgeon	Sanctioned Positions	0	0
	Available	3	0
Other Specialists	Sanctioned Positions	0	0
	Available	0	0
Medical Officers	Sanctioned Positions	11*#	11
	Available	11*#	5
Lady Medical Officers	Sanctioned Positions	0	0
	Available	0	0
AYUSH Medical Officers	Sanctioned Positions	0	0
	Available	0	0
Staff Nurses	Sanctioned Positions	8	8
	Available	8	3
ANM	Sanctioned Positions	0	0
	Available	0	2
Laboratory Technicians	Sanctioned Positions	2	0
	Available		2
Pharmacist	Sanctioned Positions	2	0
	Available	2	1
LHV/PHN	Sanctioned Positions	0	0
	Available	0	0
Radiographers	Sanctioned Positions	1	0
	Available	2	1
RMNCH+A Counsellors	Sanctioned Positions	0	0
	Available	0	0
Other	Sanctioned Positions	0	0
	Available	0	0

Gynaecologist of the CHC-T. Tangar had verbally informed regarding HR details to the team on the day of visit.

11*#- Position of LMO also include in Medical officer as per Verbal information provided by Staff. (District Data Manger)

Non-FRUs

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

			Non-FRI	J Facilities		
	PHC	СНС	СНС	СНС	СНС	СНС
Infractive charge of booth facility	BANSJOR	KOLEBIRA	KURDEG	JALDEGA	BOLBA	BANO
Infrastructure of health facility	V	V	V	V	V	V
Functioning in Government building	Y	Y	Y	Y	Y	Y
Building in good physical condition	N	N	Y	N	N	N
Connected by motorable approach road	Υ	Y	Y	Y	Y	Y
24 X 7 water supply available	Υ	Y	Y	Y	N	Y
Functional electricity connection available	N	Y	Υ	Y	N	Υ
Separate clean toilets available for men and women	Υ	Υ	Υ	N	N	N
Mechanism for waste disposal	Υ	Υ	Υ	Υ	Υ	Υ
Functional power back up available	Υ	Υ	Υ	Υ	Υ	Υ
Functional generator available for power backup	Υ	Υ	Υ	Υ	Υ	Υ
Availability of habitable staff quarters for*						
Medical Officers	N	Υ	Υ	Υ	N	N
Staff Nurses	N	Υ	Υ	N	N	N
Other staff categories	N	N	N	Υ	N	Ν
Other facilities available						
Ambulance for transportation of beneficiaries	Υ	Υ	Υ	Υ	Υ	Υ
Total number of ambulances available	1	2	3	2	2	2
Number of functional ambulances	1	1	2	2	1	1
Separate male and female wards for in patients	N	N	Υ	N	N	Υ
Number of beds in male ward	0	0	20	0	0	3
Number of beds in female ward	6	6	20	5	4	6
Number of beds in paediatric ward	0	0	0	0	0	0
Number of beds in general ward	6	0	0	0	0	0
Separate room for AFHC	N	N	N	N	N	N
Integrated Counselling and Testing Centre (ICTC)	N	N	N	N	N	N
PPTCT Centre	N	N	N	N	N	N
Functional laundry/washing services	Υ	Υ	Υ	Υ	Υ	Υ
Dietary services	Υ	Υ	Υ	Υ	Υ	Υ
Equipment maintenance/repair mechanism	Υ	Υ	Υ	Υ	Υ	Υ
Complaint / suggestion box	N	N	N	N	N	N
Functional help desk	N	N	N	N	N	N
Grievance redressal mechanism	N	N	N	N	N	N
Separate computer for HMIS and MCTS	N	Y	Y	Y	Y	Y
Internet connectivity for computers	N	Y	Y	Y	Y	Y
Fire extinguisher	N	N	N	N	N	N
Specialists & Medical Officer available on call in			IV	IV	IV	IV
			NΙΛ	NIA	NΙΛ	NIA
Gynaecologist	NA	NA	NA	NA	NA	NA
Anaesthetist	NA	NA	NA	NA	NA	NA

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Paediatrician	NA	NA	NA	NA	NA	NA
Medical Officer	NA	NA	NA	NA	NA	NA
Display of IEC material and protocols						
Medical Officers duty roster	N	N	N	N	N	N
Essential drug list	Υ	Υ	Υ	Υ	Υ	Υ
Citizen charter	N	N	N	N	N	N
JSY entitlements	N	Υ	N	N	Υ	N
JSSK entitlements	Υ	Υ	Υ	Υ	Υ	N
List of services available	Υ	Υ	Υ	Υ	N	Υ
IEC material for MCH related programs	Υ	Υ	Υ	Υ	Υ	Υ
Incentives for ASHA/link worker	N	N	N	N	N	Υ
OPD timings	N	N	N	N	N	N
Map of catchment area	N	Υ	N	N	N	N

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

		Non-FRU Facilities						
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO		
Separate delivery/labour room available	Υ	Υ	Υ	Υ	Υ	Υ		
Basic amenities in the labour rooms								
24 X 7 piped water supply	Υ	N	N	Υ	N	Ν		
Regular sterilization of room	N	Υ	Υ	N	N	N		
Functional electricity powered lamp	N	N	N	N	N	N		
Functional toilet facility attached to room	N	Υ	N	Υ	N	Υ		
Facility for hand washing	Υ	N	N	Υ	N	N		
Labour table	Υ	Υ	Υ	Υ	Υ	Υ		
Labour table with Mackintosh Kelly pads	Υ	Υ	Υ	Υ	Υ	Υ		
Delivery Set available	Υ	Υ	Υ	Υ	Υ	Υ		
Episiotomy Set Tray available	N	Υ	N	Υ	N	Υ		
Medicine Tray available	Υ	Υ	N	Υ	Υ	Υ		
Equipment available in the labour rooms								
Artery forceps	Υ	Υ	Υ	Υ	Υ	Υ		
Sponge holding forceps	N	Υ	N	Υ	Υ	Υ		
Allis forceps	N	Υ	N	Υ	N	Υ		
Toothed forceps	Υ	Υ	Υ	Υ	Υ	Υ		
Episiotomy scissor	Υ	Υ	Υ	Υ	Υ	Υ		
Oxygen cylinder with regulator	N	Υ	Υ	Υ	Υ	Υ		
Colour coded bins	N	Υ	Υ	Υ	Υ	Υ		
Adult stethoscope	N	Υ	Υ	Υ	Υ	Υ		
Blood Pressure machine	Υ	Υ	Υ	Υ	Υ	Υ		
D & C Set	N	Υ	N	N	N	Υ		
IV Stand	Υ	Υ	Υ	Υ	Υ	Υ		
Urinary catheter	N	Υ	Υ	Υ	Υ	Υ		

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Speculum	Υ	Υ	Υ	Υ	Υ	Υ
Thermometer	Υ	Υ	Υ	Υ	Υ	Υ
Lamp /Torch	N	N	N	N	Υ	N
Partograph charts	Υ	Υ	N	Υ	Υ	N
Disposable delivery kits	N	N	N	N	N	Υ
Medicines available in the labour rooms						
Injection Oxytocin	Υ	Υ	Υ	Υ	Υ	Υ
Tablet Misoprostol	Υ	Υ	Υ	Υ	Υ	Υ
Ringer Lactate	Υ	Υ	Υ	Υ	Υ	Υ
Normal Saline	Υ	Υ	Υ	Υ	Υ	Υ
Injection Gentamycin	Υ	N	Υ	Υ	Υ	N
Injection Betamethasone	N	N	N	N	N	N
Tablet Metronidazole	Υ	Υ	N	N	N	Υ
Capsule Ampicillin	N	Υ	Υ	Υ	Υ	Υ
Vitamin K	N	Υ	N	Υ	N	Υ
Injection Xylocaine 2%	Υ	Υ	Υ	Υ	Υ	N
Antiseptic lotion	N	Υ	Υ	Υ	Υ	Υ
Tablet Paracetamol	Υ	Υ	Υ	Υ	Υ	Υ
Tablet Ibuprofen	N	Υ	N	N	N	N
Injection Hydralazine	N	N	N	N	N	N

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

			Non-FR	J Facilities		
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Separate newborn care corner available	Υ	Υ	Υ	Υ	N	Υ
Amenities available in the newborn corner						
Located in the labour room	Υ	Υ	Υ	Υ	N	Υ
Functional radiant warmer	N	Υ	Υ	N	N	Υ
Self-inflating bag and mask (size 0)	N	Υ	Υ	Υ	Υ	N
Self-inflating bag and mask (size 1)	N	Υ	Υ	Υ	Υ	Υ
Mucus extractor with suction tube	Υ	Υ	Υ	Υ	Υ	Υ
Oxygen hood (neonatal)	N	N	N	N	N	N
Warming lamp with 200W bulb	N	N	N	N	N	N
Laryngoscope (neonatal)	N	N	N	N	N	N
Newborn digital weighing scale	N	N	N	N	N	N
Neonatal resuscitation kit	N	Υ	N	N	N	N
Nasogastric tube	N	N	N	N	N	N
Newborn stabilization unit/Special Newborn Care Unit available	N	N	N	N	N	N
Amenities available in the NSU/SNCU						
Located close to or in maternity ward	N	N	N	N	N	N
Digital weighing scale	N	N	N	N	N	N

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Functional radiant warmer	N	N	N	N	N	N
Phototherapy unit	N	N	N	N	N	N
Infant feeding tubes	N	N	N	N	N	N
Pediatric Stethoscope	N	N	N	N	N	N
Nutritional Rehabilitation Centre (NRC) available	N	N	N	N	N	N

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

		Non-FRU Facilities				
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Separate room for laboratory available	Υ	Υ	Υ	Υ	Υ	Υ
Equipment available in the laboratory						
Centrifuge	N	N	N	Υ	N	N
Semi auto-analyzer	N	N	N	N	N	N
Microscope	Υ	Υ	Υ	Υ	N	Υ
Hemoglobin meter	Υ	Υ	Υ	Υ	Υ	Υ
Testing kits available in the laboratory						
Pregnancy Testing Kit	N	Υ	Υ	Υ	Υ	Υ
Blood Sugar Testing Kit	N	N	Υ	Υ	N	Υ
Urine Albumin Testing Kit	N	N	Υ	Υ	Υ	Υ
HbsAg testing kit	N	N	N	N	N	N
Tests done at the delivery point						
Haemoglobin	Υ	Υ	Υ	Υ	Υ	Υ
Urine albumin	N	Υ	Υ	Υ	Υ	Υ
Serum bilirubin	N	N	N	N	N	N
RPR (Rapid Plasma Reagent) test for syphilis	N	N	N	N	N	N
RPR (Rapid Plasma Reagent) test for typhoid	N	N	N	N	N	N
TB (sputum for AFB)	Υ	Υ	Υ	Υ	Υ	Υ
Liver Function Test	N	N	N	N	N	N
Complete Blood Picture	N	N	N	N	N	N
Jrine sugar	N	Υ	Υ	Υ	Υ	Υ
Blood sugar	N	N	Υ	Υ	N	N
Malaria test (Peripheral smear or RDT)	Υ	Υ	Υ	Υ	Υ	Υ
HIV test (RDT)	N	Υ	Υ	Υ	Υ	Υ
Functional diagnostic equipment available at tl	ne delivery p	oint				
Ultrasound scan	N	N	N	N	N	N
(ray	N	N	N	N	N	N
Endoscopy	N	N	N	N	N	N
ECG	N	N	N	N	N	N
Foetal Doppler	N	N	N	N	N	N
Foetal Cardio Toco Graphy (CTG)	N	N	N	N	N	N
CT scan	N	N	N	N	N	N

Table IV-5A. Surgical facilities at delivery points

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Operation theatre available	N	Υ	Υ	Υ	Υ	Υ
Newborn care corner available in operation theatre	N	N	N	N	N	N
Emergency drug trolley available	N	Υ	Υ	Υ	N	Υ
Equipment available in the operation theatre						
OT Tables	N	Υ	Υ	Υ	Υ	Υ
Multi para monitors	N	N	N	N	N	N
Ceiling lights	N	Υ	N	Υ	Υ	Υ
Surgical diathermies	N	N	N	N	N	N
Ventilator	N	N	N	N	N	N
Pulse oximeter	N	N	Υ	N	N	N
Mobile lights	N	Υ	N	Υ	Υ	Υ
Laparoscopes	N	N	N	N	N	N
Anesthesia machine (Boyle's app.)	N	N	N	N	N	N
Electrical Suction apparatus	N	N	Υ	N	N	N
Halothane/Enflurane vaporiser	N	N	N	N	N	N
Laryngoscope with adult blades	N	N	N	N	N	N
LSCS set	N	N	N	N	N	N
Sterilization set (men & women)	N	Υ	Υ	Υ	Υ	Υ
MVA/EVA syringe & cannula	N	N	N	Υ	N	Υ
Oropharyngeal airway (adult)	N	N	N	N	N	N
Oxygen Cylinder (Black) with regulator	N	N	Υ	N	N	Υ
Nitrous oxide cylinder (Blue)	N	N	N	N	N	N
Adult resuscitation kit	N	N	N	N	N	N
Endotracheal tubes (adult)	N	N	N	N	N	N
Spinal needle SS 4	N	N	N	N	N	N
IV Cannula No. 18	N	Υ	N	N	N	Υ
IV Cannula No. 20	N	Υ	Υ	Υ	Υ	N
IV sets with 16-gauge needle (X2)	N	N	Υ	Υ	N	N
Controlled suction catheter	N	N	N	Υ	N	N
Functional blood bank or blood storage unit available	N	N	N	N	N	N
• Functional refrigerators available at BB/BSU	N	N	N	N	N	N

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

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Separate Drug Store available	Υ	Υ	Υ	Υ	Υ	Υ
Dedicated staff to look after drug store available	Υ	Υ	Υ	Υ	Υ	Υ
Updated drug stock register available	N	Υ	Υ	Υ	Υ	Υ
Functional cold chain room for storage of vaccines available	N*2	Υ	Υ	Υ	N*1	Υ

		Non-FRU Facilities				
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Separate MCH clinic available	N	N	Υ	N	N	N
Immunization services provided at the facility	Υ	Υ	Υ	Υ	Υ	Υ
Updated immunization register available	Υ	Υ	Υ	Υ	Υ	Υ
ANC services provided at the facility	Υ	Υ	Υ	Υ	Υ	Υ
Updated ANC register available	Υ	Υ	Υ	Υ	Υ	Υ
Availability of updated records at the delivery p	oints					
Out Patient Register	Υ	Υ	Υ	Υ	Υ	Υ
In Patient Register	Υ	Υ	Υ	Υ	Υ	Υ
PNC Register	N	N^^	N	Nvvv	N	Nvvv
Labour room Register	Υ	Υ	Υ	Υ	Υ	Υ
Operation Theatre Register	N	Υ	Υ	Υ	Υ	N
Referral Register (in and out)	N	N	N	Υ	Υ	Υ
Line list of severely anaemic pregnant women	N	N	N	N	N	N
Record of expenditure of untied funds	N#	Υ	Υ	Υ	Υ	Υ
Record of expenditure of Annual Maintenance Grant	N#	Υ	Υ	Υ	Υ	Υ
Record of expenditure of RKS	N#	Υ	Υ	Υ	Υ	Υ
JSY Payment Register	N#	Υ	Υ	Υ	Υ	Υ
Family Planning Service Register	Υ	Υ	Υ	Υ	Υ	Υ
Blood bank stock register	N	N	N	N	N	N
Maternal Death Review Register	N	N	N	N	N	N
Infant and Neonatal Death Review Register	N	N	N	N	N	N

N*1- Cold chain is available in the facility but not functional due to electricity connection not available.

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

	Non-FRU Facilities					
	PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Reproductive Health						
Tubal Rings	N	N	N	N	N	N
IUCD Kit – Suraksha 5	N	N	N	N	N	N
IUCD Kit – Suraksha 10	N	Υ	Υ	Υ	Υ	Υ
Oral Contraceptive Pills (Mala N)	Υ	Υ	Υ	Υ	Υ	N
Pregnancy Testing Kits (Nishchay)	N	Υ	Υ	Υ	Υ	Υ
Condoms	Υ	Υ	Υ	Υ	Υ	N
Emergency Contraceptive Pills	N	Υ	Υ	Υ	Υ	Υ
Tablet Mifepristone	N	N	N	Υ	Υ	N

N*2- Cold chain is not available in the facility but during RI days vaccines are brought from CHC-Jaldega through vaccine carrier (VC). N#- Those records maintained by CHC Jaldega. (Information Provided by PHC Bansjor MO)

N^^^- Available but not updated

N^^-Available updated, but not filled correctly.

		Non-FRU Facilities				
	PHC	CHC	CHC	СНС	СНС	СНС
Maternal Health	BANSJOR	KOLEBIRA	KURDEG	JALDEGA	BOLBA	BANO
Injection Oxytocin	Υ	Υ	Υ	Υ	Υ	Υ
Tablet Misoprostol	Y	Y	Y	Y	Y	Y
Injection Magnesium Sulphate	N	Y	Y	Y	Y	Y
Newborn Health		'		,	·	'
Injection Vitamin K	Υ	Υ	N	Υ	N	Υ
Mucous Extractor	Y	Y	Y	Y	Y	Υ
Vaccine BCG	N##	Y	Y	Y	N@	Υ
Vaccine t OPV	N##	Y	Y	Y	N@	Y
Vaccine Hepatitis B	N##	Y	Y	Y	N@	Υ
AD syringes (0.1 ml)	N	Y	Y	Y	Y	Υ
AD syringes (0.5 ml)	N	Y	Y	Y	Y	Y
Child Health	IN .					'
ORS packets	Υ	Υ	Υ	Υ	Υ	Υ
Tablet Zinc Sulphate	N N	N	N	N	N	N
Syrup Salbutamol	N	N	N	N	Y	N
Salbutamol Nebulizing solution	N	N	N	N	N	N
Vaccine DPT/Pentavalent	N##	Y	Y	Y	N@	Y
Vaccine Measles	N##	Y	Y	Y	N	Y
Vitamin A Syrup	N	N	N	N	N	N
Adolescent Health	IV	IN	IN	IN	IV	IN
Tablet Albendazole	Υ	Υ	Υ	Υ	Υ	Υ
Tablet Dicyclomine	N	N N	Y	Y	N	Y
Sanitary Napkins	Y	N	N	Υ	Y	N
	Ť	IN	IN	Ť	ī	IN
Cross-cutting areas IFA tablets – large	Y	Υ	Υ	Υ	Υ	Υ
IFA tablets – large			Y			
IFA Syrup	N Y	N N	Y N	N Y	N N	N N
	Y		Y		Y	
Paracetamol (tablet/syrup) Tablet CoTrimoxazole	N	Y N	Y	Y Y	N	Y N
Tablet/Syrup Chloroquine	Y				Y	
		Y	Y	Y		Y
Dexamethasone Surun/Tablet Ampieillin	Y	Y	Y	Y	Y	Y
Syrup/Tablet Ampicillin	N	N	N	N	N	Y
Tablet/Injection Metronidazole	Y	Y	N	Y	N	Y
Injection Ceftriaxone	N	Y	Y	Y	Y	Y
Injection Gentamicin	Y	N	Y	Y	N	N
Thermometer	Y	Y	Y	Y	Y	Y
Digital weighing machine Blood Pressure Machine	N Y	N Y	N Y	N Y	N Y	N Y

N @ The vaccines are carried out from Sadar Hospital, Simdega on RI (Routine Immunization) days to the health facility N## Vaccines not stored at Bansjor due to lack of electricity so provided from CHC Jaldega

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

				Non-FR	J Facilities		
		PHC BANSJOR	CHC KOLEBIRA	CHC KURDEG	CHC JALDEGA	CHC BOLBA	CHC BANO
Obstetrician &	Sanctioned Positions	0	0	0	0	0	0
Gynaecologist	Available	0	0	0	0	0	0
Anaesthetist	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
Paediatrician	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
General Surgeon	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
Other Specialists	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
Medical Officers	Sanctioned Positions	2	4	4	4	4	4
	Available	1	1	3	1	1	1
Lady Medical Officers	Sanctioned Positions	0	0		0	0	0
Eddy Wiedical Officers	Available	0	0	0	0	0	0
AYUSH Medical Officers	Sanctioned Positions	0	0	0	0	0	0
Arosir Wedled Officers	Available	0	1	0	0	0	1
Staff Nurses	Sanctioned Positions	2	0	4	4	0	0
	Available	2	3	2	2	0	3
ANM	Sanctioned Positions	2	2	2	2	1	2
	Available	2	1	2	1	1	2
Laboratory Technicians	Sanctioned Positions	1	2	2	2	1	1
	Available	1	1	2	1	1	1
Pharmacist	Sanctioned Positions	1	1	1	1	1	1
	Available	1	1	1	1	1	1
LHV/PHN	Sanctioned Positions	0	2	1	2	2	2
	Available	0	0	1	1	1	0
Radiographers	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
RMNCH+A Counsellors	Sanctioned Positions	0	0	0	0	0	0
	Available	0	0	0	0	0	0
Other	Sanctioned Positions	0	2	0	2	5	1
	Available	0	10	10	16	6	2

V. Fact Sheet - Community Level Assessment

JHARKHAND, DISTRICT-SIMDEGA

Table V-1. Awareness and practices among mothers of under five year children (N=102): DISTRICT-SIMDEGA

S.No.	Proportion of mothers (N=102)	N	VALUE=%
1.1	With last child delivered at health facility	87	85
1.2	Delivered at home who were attended by ANM/ASHA within 48 hours of birth	19	19
1.3	Aware about initiation of breast feeding within one hour after birth	95	93
1.4	Who initiated breast feeding within one hour of birth (n=95)	95	100
1.5	Aware about exclusive breast feeding for 6 months	94	92
1.6	Who exclusively breastfed their child for 6 months (n=94)	80	85
1.7	Aware about initiation of complementary feeding from 6 months onwards	94	92
1.8	Who initiated complementary feeding of her youngest child from 6 months (n=94)	78	83
1.9	Aware about giving ORS and Zinc to children having diarrhoea	40	39
1.10	Who know that ORS and Zinc are available with ASHA	39	38
1.11	Aware of at least two danger signs of pneumonia	61	60
1.12	Who received counselling on family planning after delivery	87	85
1.13	Who were currently using any contraceptive method	30	29

Table V-2. Awareness and practices among pregnant women esp. high risk pregnancies (N=82):

S.No.	Proportion of pregnant women	N=82	VALUE=%
2.1	Whose MCP card were regularly been filled and updated	78	95
2.2	Whose regularity of Ante Natal Check-ups(ANC) was adequate	82	100
2.3	Aware about birth preparedness	71	87
2.4	Who received IFA tablets during their pregnancy	81	89
2.5	Who have knowledge regarding Janani Suraksha Yojana (JSY)	82	100
2.6	Who have knowledge regarding Janani Shishu Swasthya Karyakram (JSSK)	52	63
2.7	Who had received safe motherhood booklet	5	6
2.8	Who had telephone number of call centre for referral/other transport	7	9
2.9	Who had telephone numbers of ASHA	17	21
2.10	Who had telephone numbers of ANM	26	32
2.11	Who received guidance and referral along with birth preparedness	20	24

Table V-3. Awareness and practices among adolescent girls in 10-19 year age group (N=104):

S.No.	Proportion of adolescent girls	N=104	VALUE=%
3.1	Who underwent any health check-up during last 6 months period	63	61
3.2	Who received Iron tablet (Neeli goli) during last 6 months	87	84
3.3	Aware regarding AFHC at the health facilities	1	1
3.4	Who visited AFHC during last 6 months	1	100
3.5	Aware regarding availability of sanitary napkins with ASHA	0	0
3.6	Who received or purchased sanitary napkins from ASHA during last 6 months	0	0
3.7	Who received counselling regarding menstrual hygiene in last 6 months	63	61

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) and Non FRUs' and three sub centres conducting deliveries from each block (one new designated and two old). 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 under five year children 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 conducted per month in last 6 months
District level facilities			
	Sadar Hospital	599813	141
First Referral Units			
Thethai Tanger	CHC-Thethai Tanger	NOT AVAILABLE	41
Non-FRUs			
Bolba	CHC-Bolba	33,000	12
Bano	CHC-Bano	84,300	27
Jaldega	CHC-Jaldega	89,000	14
Kurdeg	CHC-Kurdeg	93,000	30
Bansjor	PHC-Bansjor		19
Kolebira	CHC-Kolibira	73,900	70
Sub Centres			
Thethaitanger	Taraboga	5,846	3
Thethaitanger	kerya	6,304	2
Thethaitanger	Tukupani	6,090	2
Bansjor	Urte	3,675	2
Bansjor	Targa	5,500	8
Bansjor	Ramjadi	2,224	0
Kolabira	Lachragarh	6,444	5
Kolabira	Sijang	4,547	2
Kolabira	Lasiya	2,433	1
Kurdeg	Katmachar	4,320	4
Kurdeg	Baghdega	2,710	2
Kurdeg	Kersai	5,214	4
Jaldega	Kolambdega	3,637	4
Jaldega	Lamboi	3,487	4
Jaldega	Patiamba	3,144	3
Bolba	Pidiyaponcha	4,048	2
Bolba	Kundurumanda	3,060	3
Bolba	Malsada	3,870	2
Bano	Nimtur	2,436	1
Bano	Paddo	4,414	1
Bano	Dumriya	3,942	3
-		-, -	

2. Community level interviews conducted

Pregnant women: 82

Mothers of children under five: 102

Adolescent girls (10-19 years): 104

VIII. Gap Analysis Tools

A. District Hospital

District:	Name of Di	strict Hospital:
Date of	data collection: From/ to/	/ Facility code:
Namos	of investigators:	
ivallies (investigators.	
Section	1: Physical Infrastructure of the District Hos	spital
1.1	Type of building	☐ Government ☐ Shared/Rented
1.2	Building connected by approach path from	\square 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	·
	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
		\square Yes, by solar equipment
		\square Available but not functional
		Other (specify:)
1.5	Availability of government quarters for staff (tio	k as applicable)
1.5.1	Medical Officers	\square Available, in habitable condition
		\square Available, not in habitable condition
		☐ Not available
1.5.2	Staff Nurses	\square Available, in habitable condition
		\square Available, not in habitable condition
		☐ Not available
1.5.3	Other staff categories	\square Available, in habitable condition
		\square Available, not in habitable condition
		☐ Not available
1.6	Separate toilets available for men and women	\square Yes, in clean and hygienic condition
		\square Yes, not in clean and hygienic condition
		\square 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
1		□ 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 dis	olayed
2.2	Medical Officer's duty roster	☐ Displayed	☐ Not dis	olayed
2.3	OPD Timings	☐ Displayed	☐ Not dis	olayed
2.4	List of services available	\square Displayed	☐ Not dis	olayed
2.5	Incentives for ASHA/link worker	☐ Displayed	☐ Not dis	olayed
2.6	Map of catchment area	☐ Displayed	☐ Not dis	olayed
2.7	Essential drug list	☐ Displayed	☐ Not dis	olayed
2.8	Immunization schedule	☐ Displayed	☐ Not dis	olayed
2.9	ANM roster for outreach sessions	☐ Displayed	☐ Not dis	olayed
2.10	JSY entitlements	☐ Displayed	☐ Not dis	olayed
2.11	JSSK entitlements	☐ Displayed	☐ Not dis	olayed
2.12	IEC material for MCH related programs	☐ Displayed	☐ Not dis	olayed
2.13	Citizen Charter at the facility	☐ Displayed	☐ Not dis	olayed
	3: Service delivery at District Hospital our/delivery room			
3.1. Lab		□Yes	□No	
3.1. Lab	our/delivery room	□ Yes □ Yes □ Yes	□ No	
3.1. Lab	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • Elbow tap • Soap for hand washing • Regular sterilization of room (check records) • Functioning electricity powered lamp	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No □ No	
3.1. Labe 3.1.1 3.1.2	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • Elbow tap • Soap for hand washing • Regular sterilization of room (check records) • Functioning electricity powered lamp • Functional toilet facility attached to room	☐ Yes	□ No)
3.1. Labe 3.1.1 3.1.2	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • 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 ☐ Our table (tick in	□ No)
3.1. Labe 3.1.1 3.1.2	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • 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	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No)
3.1. Labe 3.1.1 3.1.2 3.1.3.1 3.1.3.2	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • 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 Delivery set available at labour room Which of the following items of delivery set are □ Gloves □ Scissor □ Cord clamp □ Gauze pieces □ Bowl for anti	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ box if applicable epping stool □ No bour room (tick □ Artery force □ Urinary cat □ Cotton swa	k in box if applicable) eps heter bs
3.1. Labe 3.1.1 3.1.2 3.1.3.1 3.1.3.2 3.1.4.1	Separate labour room available If yes, which of the following amenities are available • 24X7 piped water supply to the room • 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 Delivery set available at labour room Which of the following items of delivery set are □ Gloves □ Scissor □ Cord clamp	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No	k in box if applicable) eps heter bs

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		
		e syringe with needle	. ,		
	☐ Sponge holding forceps ☐ Toothed forceps		☐ Needle holder		
	☐ Gauze pieces ☐ Needle (round b				
	☐ Chromic catgut ☐ Cotton swabs	,	☐ Thumb forceps		
	☐ Gloves ☐ Antiseptic lotion	l	•		
3.1.6.1	Medicine tray available at labour room	□Yes □No			
3.1.6.2	Which of the following medicines are available		if applicable)		
3.1.0.2		Ampicillin 500 mg	☐ Tab Paracetamol		
		Ibuprofen	☐ Tab B complex		
	· ·	mal Saline	☐ Methyldopa		
	8	Gentamycin	☐ Vitamin K		
	,	Hydrazaline	☐ Nefidepin		
3.1.7		,	— Пенаерін		
3.1./	Other equipment available in the labour room (Colour coded bins	od Pressure Machine	☐ Thermometer		
		p/Torch	☐ IV Stand		
	•	ograph Charts	☐ D & C set		
		cepan with lid	□ D & C Set		
3.1.8	Overall cleanliness/hygiene conditions of	☐ Good ☐ Fair	□ Poor		
3.1.0	labour room (record by observation)		□ 1001		
	labout 100111 (record by observation)				
3.2 Newl	oorn 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 applica	ble)		
		Cotton swabs	Mucus extractor		
		☐ Bag & mask ☐	Gloves		
	•	_	Needle & syringe		
2.2 045		j			
	r facilities for <5 children	Γ			
3.3.1	Whether newborn stabilization unit/Special	☐ Yes ☐ No			
	Newborn Care Unit (SNCU) available				

available Located close to or in maternity ward Yes No Digital weighing scale Yes No Phototherapy unit Yes No Yes No Pediatric Stethoscope Yes No Yes No No Phototherapy unit Yes No Yes No No Yes No No Yes No No No Yes No No No No No No No N		If yes, which of the following amenities					
Digital weighing scale Functional radiant warmer Phototherapy unit Infant feeding tubes Pediatric Stethoscope 3.3.3 Whether Nutritional Rehabilitation Centre (NRC) available 3.4 Laboratory facility 3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code) ¹ Fequipment Code Hemoglobinometer Centrifuge Microscope Semi auto-analyzer Sulphuric acid ABO Antibody reagent Pregnancy Testing Kit Blood Sugar Blood Plasma Reagin) test for typhoid Byes Bood Done in last 6 months A.4.3.1 Percentage Blood Plasma Reagin Test for typhoid Byes Bood Blood Sugar Bl		Digital weighing scaleFunctional radiant warmer		□vos	Пмо		
Functional radiant warmer Phototherapy unit Infant feeding tubes Pediatric Stethoscope 3.3.3 Whether Nutritional Rehabilitation Centre (NRC) available 3.4 Laboratory facility 3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Equipment Code Equipment Code Hemoglobinometer Equipment Code Equipment Code Microscope Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Rh antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit Blood for the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Laboratory test Ves 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 syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 3.4.3.1 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No 3.4.3.1 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No 3.4.3.1 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No					_		
Phototherapy unit Infant feeding tubes Pediatric Stethoscope 3.3.3 Whether Nutritional Rehabilitation Centre (NRC) available Whether Sutritional Rehabilitation Centre (NRC) available 3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Fequipment Code Equipment Code Hemoglobinometer Centrifuge Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit Urine Albumin Testing Kit HbsAg testing kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit HbsAg testing kit Sulphuric acid If yes mention the number of tests 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 syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 3.4.3.1 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No 3.4.3.1 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No					_		
Infant feeding tubes Pediatric Stethoscope Pediatric Stethoscope Pres No							
3.3.3 Whether Nutritional Rehabilitation Centre (NRC) available 3.4 Laboratory facility 3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Equipment Code Equipment Code Hemoglobinometer Centrifuge		• •		☐Yes	□No		
3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code) ¹ Code Equipment Code Equipment Code Equipment Code Equipment Code Equipment E		Pediatric Stethoscope		□Yes	□No		
3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Equipment Code Equipment Code	3.3.3	Whether Nutritional Rehabilitation	Centre	□Yes	□No		
3.4.1 Whether separate room for laboratory available at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Fequipment Code Equipment Code		(NRC) available					
at the facility 3.4.2 If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Equipment Code Equipment Code Hemoglobinometer Centrifuge Microscope Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Rh antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit 3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Which of the following tests are conducted in the laboratory (tick in the applicable) If yes me	3.4 Labor	atory facility					
If yes, which of the following equipment, testing kits and reagents are available in the laboratory (enter code)¹ Equipment Code Equipment Code Hemoglobinometer Centrifuge Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Rh antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit 3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months	3.4.1	Whether separate room for laboratory available		□Yes	□No		
Code Equipment Code		at the facility					
Equipment Code Equipment Code Hemoglobinometer Centrifuge Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Rh antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit HbsAg testing kit HbsAg testing kit Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Yes or No Done in last 6 months	3.4.2	If yes, which of the following equipm	ent, testin	g kits and reag	gents are av	ailable in the l	aboratory
Hemoglobinometer Centrifuge Semi auto-analyzer Semi auto-analyzer Sulphuric acid Benedict solution ABO Antibody reagent Pregnancy Testing Kit Urine Albumin Testing Kit Blood Sugar Testing Kit HbsAg testing kit HbsAg testing kit Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Laboratory test Yes or No Done in last 6 months		(enter code) ¹					
Microscope Sulphuric acid ABO Antibody reagent Pregnancy Testing Kit Blood Sugar Blood Su		Equipment	Code	Equipment		:	Code
Sulphuric acid ABO Antibody reagent Pregnancy Testing Kit Blood Sugar Testing Kit Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Laboratory test Yes or No Done in last 6 months 3.4.3.1 Hemoglobin 3.4.3.2 Urine albumin 3.4.3.3 Serum bilirubin 3.4.3.4 RPR (Rapid Plasma Reagin) test for syphilis RPR (Rapid Plasma Reagin) test for typhoid 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 3.4.3.6 TB (sputum for AFB) 3.4.3.7 Liver Function Test 3.4.3.8 Complete Blood Picture 3.4.3.9 Urine sugar 3.4.3.10 Blood sugar 3.4.3.10 Malaria test (Peripheral smear or Rapid Diagnostic Test) Presentation Rh antibody reagent Presents No I yes No Done in last 6 months Yes No Ves No		Hemoglobinometer		Centrifuge			
ABO Antibody reagent Pregnancy Testing Kit Blood Sugar Testing Kit 3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Laboratory test Yes or No Done in last 6 months 1.4.3.1 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 syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 3.4.3.10 Blood sugar 3.4.3.11 Malaria test (Peripheral smear or Rapid Diagnostic Test) Yes No Yes No		Microscope		Semi auto-analyzer			
Pregnancy Testing Kit Blood Sugar Testing Kit 3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Ves or No Done in last 6 months		Sulphuric acid	Benedict solution		ution		
Blood Sugar Testing Kit 3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Ves or No Done in last 6 months		ABO Antibody reagent		Rh antibody reagent			
3.4.3 Which of the following tests are conducted in the laboratory (tick in the applicable) If yes mention the number of tests done in last 6 months Laboratory test		Pregnancy Testing Kit	Urine Albumin Testir		nin Testing I	Kit	
If yes mention the number of tests done in last 6 months Laboratory test Yes or No Done in last 6 months 3.4.3.1 Hemoglobin		Blood Sugar Testing Kit		HbsAg testing kit			
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 syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 Diagnostic Test) Yes No	3.4.3	Which of the following tests are conducted in the laboratory (tick in the applicable)					
3.4.3.1 Hemoglobin		If yes mention the number of tests done in last 6 months					
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 syphilis □ Yes □ No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid □ 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 Diagnostic Test) □ Yes □ No		Laboratory test			· No	Done in last	6 months
3.4.3.3 Serum bilirubin Yes No 3.4.3.4 RPR (Rapid Plasma Reagin) test for syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 Diagnostic Test) Yes No	3.4.3.1	Hemoglobin		☐ Yes	□No		
3.4.3.4 RPR (Rapid Plasma Reagin) test for syphilis Yes No 3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 Diagnostic Test) Yes No	3.4.3.2	Urine albumin		□Yes	□No		
3.4.3.5 RPR (Rapid Plasma Reagin) test for typhoid 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 Diagnostic Test) Yes No	3.4.3.3	Serum bilirubin		□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 Diagnostic Test) ☐ Yes ☐ No	3.4.3.4	RPR (Rapid Plasma Reagin) test for syphilis		□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 Diagnostic Test) Yes No	3.4.3.5	RPR (Rapid Plasma Reagin) test for typhoid		☐ 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 Diagnostic Test) ☐ Yes ☐ No	3.4.3.6	TB (sputum for AFB)		□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 Diagnostic Test) □ Yes □ No	3.4.3.7	Liver Function Test		☐ Yes	□No		
3.4.3.10 Blood sugar	3.4.3.8	Complete Blood Picture		□Yes	□No		
3.4.3.11 Malaria test (Peripheral smear or Rapid Diagnostic Test)	3.4.3.9	Urine sugar		□Yes	□No		
	3.4.3.10	Blood sugar		□Yes	□No		
3.4.3.12 HIV test (RDT) ☐ Yes ☐ No	3.4.3.11	${\bf Malaria\ test\ (\it Peripheral\ smear\ or\ Rapid\ Diagnostic\ Test)}$		☐Yes	□No		
	3.4.3.12	HIV test (RDT)		□Yes	□No		

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

3.4.4	Which of the following diagnostic equipment is available at the district hospital (enter code) ² If yes mention the number of diagnostic tests done in last 6 months						
Diagnostic tests		Code		Done in last 6 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	ition theatre						
3.5.1	Whether operation theatre available at DH		□Yes	□No			
3.5.2	Whether emergency drug trolley available in operation theatre		□Yes	□No			
3.5.3	If yes, which of the following are present in emergency drug trolley (tick in box as applicable)						
			Magsulf 50%				
			Ampicillin	☐ Inj. Gentamicin			
	☐ Inj. Metronidazole	☐ Inj. Lignocaine-2%		☐ Inj. Adrenaline, Inj.			
	☐ Hydrocortisone Succinate ☐ Inj. [Diazepam	☐ Inj. Pheneramine maleate			

☐ Fortwin

☐ Nefidepin

☐ IV Canula

☐ Normal saline

☐ Controlled suction catheter

☐ Inj. Phenergan

☐ Betamethasone

☐ Vials for sample collection

☐ Methyldopa

	Ventilator			Pulse oximeter		
·	Ceiling lights		Surgical diathermies			
	OT tables		Multi para monitors			
Equipment Cod		Code		Equipment	Code	
3.5.6	Which of the following equipment are available in operation theatre (enter code) ³					
	Newborn digital weighing scale		□Yes	□No		
	Laryngoscope (neonatal)		□Yes	□No		
	Warming lamp with 200W bulb		□Yes	□No		
	Oxygen hood (neonatal)		□Yes	□No		
	Mucus extractor with suction tube		□Yes	□No		
	Self-inflating bag and mask (size 1)		□Yes	□No		
			□Yes	□No		
			□Yes	□No		
3.5.5	If yes, which of the following amenities are available					
3.5.5		nitios ara				
3.5.4	Newborn care corner present in the operation theatre		□Yes	□No		
2 - 4	Also the second		П.V.			

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

☐ Inj. Carboprost, Inj.

☐ IV sets with 16-gauge needle (X2)

☐ Ringer lactate

☐ Mouth gag

☐ Inj. Hydrazaline

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	chain room, it	ts number and function				
	status							
	Equipment	Numbe	r available	Number functional				
3.7.3.1	Ice lined refrigerator							
3.7.3.2	Deep freezer							
3.7.3.3	Vaccine carrier							
3.7.3.4	Thermometers for temperature monitoring							
3.7.3.5	Voltage stabilizers							
3.7.4	Availability of vaccines/diluents at the cold chain room during last 3 months (enter code) ⁵							

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			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 / hy cold chain room	giene condit	ions of the	□ Good □ Fair	□Poor	
3.8 MCH	l clinic					
3.8.1	Whether separate MCF	l clinic availat	ole at DH	☐ Yes ☐ No		
3.8.2	Overall cleanliness / hy MCH clinic	giene condit	ions of the	□ Good □ Fair	□Poor	
3.8.3	Whether immunization at the clinic	n services are	e provided	☐ Yes ☐ No		
3.8.4	Whether ANC services a	are provided a	at the clinic	☐ Yes ☐ No		
3.8.5	Which of the following lo	gistics are ava	ilable			
	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 ava	ilable at distr	ict hospital	□Yes □No		
3.9.2	If yes, is there a dedicat					
	after store					
3.9.3	Availability of drugs and s	upplies in the	drug store ro	oom during last 3 months (e	enter code) ⁶	
	Drugs/supplies		Code	Drugs/suppli	es	Code
	Tablet Ibuprofen			Syrup/Tablet Ampicillin		
	Tablet Albendazole			Tablet Dicyclomine		
	Tablet Erythromycin			Tablet Diclofenac		
	Tablet Metronidazole	Tablet Metronidazole				
	Injection Metronidazole Tablet Ampicillin			Injection Sodium Bicark	onate	
				Ciprofloxacin eye ointm	ent	
	Syrup Domeperidone			Dexamethasone		
	Tablet/Syrup Nevirapin	e		Diazepam		
	Injection Adrenaline			Injection Gentamicin		
	Injection Sodium Chlor	ide		Tablet Mebendazole		

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

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

3.10 Other services at the district hospital:

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

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

3.10.11	Separate computer available for feeding HMIS & MCTS	☐ Yes	□No						
3.10.12	Internet connectivity available for computer	□Yes	□No						
3.10.13	Emergency duties – which of the following are a	vailable on call i	n 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	NSV	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.	# Newborns 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	# Womer	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	

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

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				
5.	Newborn administered Hepatitis B birth dose within 24 hours of birth	☐ Yes ☐ No				
6.	Mothers provided with counselling on Infant and Young Child Feeding (IYCF)	☐ Yes ☐ No	□ 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	□ 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

12.	Any expenditure incurred by mother on travel, drugs or diagnostics (specify)	☐ Yes ☐ No				
Remar	KS					

B. Firs	3. First Referral Unit (FRU) Facilities				
District:	Block:	Distance from district HQ:			
Name of	f FRU facility:	Catchment Population:			
Facility o	code: Total no. of	villages and hamlets:			
Date of la	ast supervisory visit:// Date of data o	collection: From/ to/			
Names o	of investigators:				
Section	1: Physical Infrastructure of the FRU facility	,			
1.1	Type of building	☐ Government ☐ Shared ☐ Rented			
1.2	Building connected by approach path from	☐ Yes, path is in good motorable condition			
	nearest road head	\square Yes, but path is not in motorable condition			
		\square Not connected by approach path			
1.3.1	Water supply available	☐ Yes 24X7 hours			
		☐ Yes, but not 24X7 hours			
		☐ No supply			
1.3.2	If water supply is available than what is the	·			
	source of supply:	Hand pump Dther ()			
		☐ 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			
4.5	A situation of an arrangement of the	Other (specify:)			
1.5	Availability of government quarters for staff (tid				
1.5.1	Medical Officers	Available, in habitable condition			
		☐ Available, not in habitable condition ☐ Not available			
1.5.2	Staff Nurses				
1.5.2	Stall Nuises	☐ Available, in habitable condition☐ Available, not in habitable condition			
		Not available			
1.5.3	Other staff categories	☐ Available, in habitable condition			
1.5.5	other stan categories	☐ Available, not in habitable condition			
		□ Not available			
1.6	Separate toilets available for men and women	☐ Yes, in clean and hygienic condition			
	'	☐ Yes, not in clean and hygienic condition			
		☐ Yes, but not in use			
		☐ Separate toilets not available			
		☐ No toilet is available			
1.7	Mechanism for waste disposal	☐ Burn in a pit ☐ Buried in a pit			
	(multiple response)	☐ Outsourced ☐ Thrown in premises			
		\square 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 d	isplayed
2.2	Medical Officer's duty roster	☐ Displayed	☐ Not d	isplayed
2.3	OPD Timings	☐ Displayed	☐ Not d	isplayed
2.4	List of services available	☐ Displayed	☐ Not d	isplayed
2.5	Incentives for ASHA	☐ Displayed	☐ Not d	isplayed
2.6	Map of catchment area	☐ Displayed	☐ Not d	isplayed
2.7	Essential drug list	☐ Displayed	☐ Not d	isplayed
2.8	Immunization schedule	☐ Displayed	☐ Not d	isplayed
2.9	ANM roster	☐ Displayed	☐ Not d	isplayed
2.10	JSY entitlements	☐ Displayed	☐ Not d	isplayed
2.11	JSSK entitlements	□ Displayed	☐ Not d	isplayed
2.12	IEC material for MCH related programs	☐ Displayed	□ Not d	isplayed
2.13	Citizen Charter at the facility	☐ Displayed	☐ Not d	isplayed
	3: Service delivery at FRU facility our/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 washingRegular sterilization of room (check records)	☐ Yes ☐ Yes	□ No □ No	
	Functioning electricity powered lamp	□ Yes	□No	
	Functional toilet facility attached to room	□ Yes	□No	
3.1.3.1	·	□Yes	□No	
3.1.3.2	If yes, which of the following are present in lab	our table (tick	in box if applical	ole)
	☐ Mackintosh kelly pads ☐ Buckets	□s	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 l	abour room (t	ick in box if applicable)
	☐ Gloves ☐ Scissor		☐ Artery fo	rceps
	☐ Cord clamp ☐ Sponge holdi	ng forceps	☐ Urinary c	atheter
	☐ Course misses ☐ Doubles and	contic lation	☐ Cotton sv	la.a
	☐ Gauze pieces ☐ Bowl for antis	septic iotion	L Cotton sv	vabs

□Yes

□No

3.1.5.1 Episiotomy set/tray available at labour room

3.1.5.2	.2 Which of the following items of Episiotomy set/tray are available in labour room					
	☐ Inj. Xylocaine 2% ☐ Artery forceps	•	☐ Episiotomy scissor			
		e syringe with needle				
	☐ Sponge holding forceps ☐ Toothed forceps		☐ Needle holder			
	☐ Gauze pieces ☐ Needle (round b		□ Needle Holdel			
	l '	lody and cutting)	□ Thursh fareare			
	☐ 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	in labour room <i>(tick in box</i>	if applicable)			
	I -	Ampicillin 500 mg	☐ Tab Paracetamol			
		Ibuprofen	☐ Tab B complex			
	_	mal Saline	☐ Methyldopa			
		Gentamycin	☐ Vitamin K			
	☐ Inj. Betamethasone ☐ Inj.	Hydrazaline	☐ Nefidepin			
3.1.7	Other equipment available in the labour room (tick in box if applicable)				
	☐ Colour coded bins ☐ Blo	od Pressure Machine	☐ Thermometer			
	☐ Adult Stethoscope ☐ Lam	p/Torch	☐ IV Stand			
	☐ Oxygen Cylinder with regulator ☐ Parto	ograph Charts	☐ D & C set			
	1 '- '	cepan with lid				
3.1.8	Overall cleanliness/hygiene conditions of	☐ Good ☐ Fair	□ Poor			
3.1.0	· · · ·		□ 1001			
	labour room (record by observation)					
2 2 Now	born care corner					
J.Z INEW	both 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				
		☐ Yes ☐ No				
	Self-inflating bag and mask (size 1)					
	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				
3.2.7.1	newborn care corner					
2212		//:	LLA			
3.2.4.2	If yes, which of the following are present in kit	•	ible)			
	\square Two pre-warmed sheets for wrapping \square	\square Cotton swabs \square	Mucus extractor			
	☐ Sterilized thread for cord/cord clamp ☐	☐ Bag & mask ☐	Gloves			
	☐ Nasogastric tube ☐	_	Needle & syringe			
		<i>j.</i>				
3.3 Othe	r facilities for <5 children					
	I					
3.3.1	Whether newborn stabilization unit/Special	☐ Yes ☐ No				
	Newborn Care Unit (SNCU) available					

	If yes, which of the following ameniti available • Located close to or in maternity wa • Digital weighing scale • Functional radiant warmer • Phototherapy unit • Infant feeding tubes • Pediatric Stethoscope Whether Nutritional Rehabilitation (NRC) available	n Centre	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No		
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			agents are av	ailable in the	laboratory
	(enter code) ¹¹					
	Equipment	Code		Equipment		Code
	Hemoglobinometer		1	Centrifuge		
	Microscope		Semi auto-analyzer			
	Sulphuric acid		Benedict solution			
	ABO Antibody reagent		Rh antibody reagent			
	Pregnancy Testing Kit			umin Testing I	Kit	
	Blood Sugar Testing Kit		HbsAg tes			
3.4.3	Which of the following tests are con If yes mention the number of tests d			ry (tick in the	applicable)	
	Laboratory test	10116 111 1436	T .	or No	Done in last	6 months
3.4.3.1	Hemoglobin		□Yes	□No	20110 111 1400	
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	• •	□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 ed If yes mention the number of diagno				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)

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	ailable in	□Yes	□No	
3.5.2	Whether emergency drug trolley a operation theatre	vailable in	□Yes	□No	
3.5.3	yes, which of the following are present in emer Inj. Oxytocin (to be kept in fridge)		Magsulf 50% Ampicillin Lignocaine-2% Diazepam win mal saline depin	☐ Inj. Calcium gluconate-10% ☐ Inj. Gentamicin ☐ Inj. Adrenaline, Inj. ☐ Inj. Pheneramine maleate ☐ Inj. Phenergan ☐ Betamethasone ☐ Methyldopa ☐ Vials for sample collection	
3.5.4	Newborn care corner present in the theatre	operation	□Yes	□No	
3.5.5	If yes, which of the following ame available • Functional radiant warmer • Self-inflating bag and mask (size 0) • Self-inflating bag and mask (size 1) • Mucus extractor with suction tube • Oxygen hood (neonatal) • Warming lamp with 200W bulb • Laryngoscope (neonatal) • Newborn digital weighing scale		☐ Yes	☐ No	
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		
			Adult Stethosc		
	Mobile lights Laparoscopes		Electrical Sucti		
	Blood Pressure Machine			ack) with regulator	
	Thermometer		Cheatle Forcep	<u> </u>	
	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	Code	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

5.7 COIG C	nam room for vaccines						
3.7.1	Whether separate room for storage of available	of vaccines	□Yes	□No			
3.7.2	If yes, whether it is functional		□Yes	□No			
3.7.4	Which of the following equipment is a	vailable at tl	ne cold chain	room. its nur	mber and func	tion status	
-	Equipment		Number		Number fu		
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 mon	nitoring					
3.7.3.5	Voltage stabilizers						
3.7.4	Availability of vaccines/diluents at th	ne cold chai	in room during last 3 months (enter code) ¹⁵				
	Vaccine /diluent	Code	Vaccine /diluent		Code		
	TT vaccine		Measles vac	ccine			
	BCG vaccine		Hepatitis B	vaccine			
	tOPV vaccine		Pentavalent	vaccine			
	DPT vaccine		JE vaccine				
	BCG diluent		Measles dil	uent			
	JE diluent		MMR Vaccii	ne			
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 3. Not available during last 3 months 4. Not applicable 5. Record not maintained

3.8 MCH clinic

3.8.1	Whether separate MC	H clinic availal	ole at DH	☐ Yes ☐ No			
3.8.2	Overall cleanliness / h	ygiene condit	ions of the	□ Good □ Fair	☐ Poor		
	MCH clinic						
3.8.3	Whether immunizatio	n services ar	e provided	☐ Yes ☐ No			
	at the clinic						
3.8.4	Whether ANC services	•		☐ Yes ☐ No			
3.8.5	Which of the following l	ogistics are ava	ilable				
	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 dedica	ted staff mem	ber to look	☐ Yes ☐ No			
	after store			able in the drug store room (enter code) ¹⁶			
3.9.3	_	rugs and suppli	ies are availa	ble in the drug store room			
		•	0.1.	5 /		0.1.	
	Drugs/suppl	ies	Code	Drugs/suppli	es	Code	
	Tablet Ibuprofen	lies	Code	Syrup/Tablet Ampicillin	es	Code	
	Tablet Ibuprofen Tablet Albendazole	lies	Code	Syrup/Tablet Ampicillin Tablet Dicyclomine	es	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin	lies	Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac	es	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole		Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole		Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo		Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark	oonate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin		Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark Ciprofloxacin eye ointm	oonate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone	le	Code	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 Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir	le	Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark Ciprofloxacin eye ointm Dexamethasone Diazepam	oonate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline	le	Code	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 Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor	le	Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicarb Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole	oonate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin	le	Code	Syrup/Tablet Ampicillin Tablet Dicyclomine Tablet Diclofenac Tablet Tinidazole Injection Sodium Bicark Ciprofloxacin eye ointm Dexamethasone Diazepam Injection Gentamicin Tablet Mebendazole Injection Amikacin	oonate ent	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Ketamine	le	Code	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	oonate ent	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Ketamine Injection Paracetamol	le	Code	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	oonate ent nate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Sodium Chlor Injection Fortwin Injection Fortwin Injection Paracetamol Injection Phenytoin	le ne ride	Code	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	oonate ent nate	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Fortwin Injection Fortwin Injection Paracetamol Injection Phenytoin Injection Atropine Sulp	le ne ride	Code	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 Injection Iron Sucrose	oonate ent inate de	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo 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	le ne ride	Code	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 Injection Iron Sucrose Pediatric IV fluid (Isolyte	onate ent nate de	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo Tablet Ampicillin Syrup Domeperidone Tablet/Syrup Nevirapir Injection Adrenaline Injection Fortwin Injection Fortwin Injection Paracetamol Injection Phenytoin Injection Insulin Tablet/Syrup Paracetal	le ne ride phate	Code	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 Injection Iron Sucrose Pediatric IV fluid (Isolyt Zinc Sulphate Dispersib	oonate ent inate de e P)	Code	
	Tablet Ibuprofen Tablet Albendazole Tablet Erythromycin Tablet Metronidazole Injection Metronidazo 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	le ne ride ohate mol uin	Code	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 Injection Iron Sucrose Pediatric IV fluid (Isolyte	oonate ent inate de e P)	Code	

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

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

3.10 Other services at the district hospital:

3.10.1	Whether Wards for in patients available	☐ Yes	□No
3.10.1.1	If yes, which of the following amenities are available		
	Separate male and female wards	☐ Yes	□No
	Sweeper for ensuring cleanliness	☐ 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 ¹⁷	□Yes	□No
3.10.5	Functional laundry/washing services available	□Yes	□No
3.10.6	Dietary services available	☐Yes	□No
3.10.7	Equipment maintenance/ repair mechanism present (e.g. AMC)	☐ Yes	□No
3.10.8	Complaint/suggestion box available	□Yes	□No
3.10.9	Functional help desk available	□Yes	□No
3.10.10	Grievance redressal mechanism functional	□Yes	□No
3.10.11	Separate computer available for feeding HMIS & MCTS	☐ Yes	□No
3.10.12	Internet connectivity available for computer	□Yes	□No
3.10.13	Emergency duties – which of the following are a	available o	n call in case of emergency
	Gynaecologist	□Yes	□No
	Anaesthetist	□Yes	□No
	Paediatrician	□Yes	□No
	Medical Officer	☐ Yes	□No

 $^{^{\}rm 17}$ PPTCT: Prevention of Parent to Child Transmission (of HIV)

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

Section 4: Staff details:

Category Number Number of staff members trained in (mention number train						ained	in									
			respective cells)													
		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															
Rem	arks									•	•				•	
1																

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.	# Newborns 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 immunized18		
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	# Womer	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) 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	

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 6.at the facility during visit
 Not provided

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

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
 .			□No	□No	□No	□No

C. Non First Referral Unit (FRU) Facilities

District:	Block:	Distance from district HQ:
Name o	f facility:	Catchment Population:
Facility	code: Total no. of	villages and hamlets:
Date of l	ast supervisory visit:/	collection: From/ to/
Names	of investigators:	
Section	1: Physical Infrastructure of the non-FRU fa	cility
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 Cleanliness in FRU building	☐ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor
1141	T CLEADUDESS IN ERLI DIMOING	II IGOOO I I FAIR II 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
3.1. Lab	3: Service delivery at non-FRU facility our/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 ☐ Yes	□ No □ No
	Soap for hand washingRegular 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 lab	our table (tick ii	n box if applicable)
	☐ Mackintosh kelly pads ☐ Buckets	□ Ste	epping 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	bour room (tick in box if applicable)
	☐ Gloves ☐ Scissor		☐ Artery forceps
	☐ Cord clamp ☐ Sponge holdi		☐ Urinary catheter
	☐ Gauze pieces ☐ Bowl for anti-	•	☐ Cotton swabs
	☐ Speculum ☐ Sanitary pads	1	☐ 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 ☐ Inj. Xylocaine 2% ☐ Artery forceps ☐ Allis forceps ☐ 10 ml disposabl ☐ Sponge holding forceps ☐ Toothed forcep. ☐ Gauze pieces ☐ Needle (round ☐ Chromic catgut ☐ Cotton swabs	le syringe with s body and cuttir	☐ Episiotomy scissor needle ☐ Needle holder
	☐ Gloves ☐ Antiseptic lotio	n	

3.1.6.1	Madising tray available at labour room	□Yes	□No	
	Medicine tray available at labour room	<u> </u>		
3.1.6.2	Which of the following medicines are available			
		Ampicillin 500 m	ng	☐ Tab Paracetamol
		Ibuprofen		☐ Tab B complex
	o contract of the contract of	mal Saline		☐ Methyldopa
		Gentamycin		☐ Vitamin K
	☐ Inj. Betamethasone ☐ Inj.	Hydrazaline		☐ Nefidepin
3.1.7	Other equipment available in the labour room			
		od Pressure Mac	hine	☐ Thermometer
	· ·	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 □	Fair	☐ Poor
	labour room (record by observation)			
2.2 Name				
3.2 Newi	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	\square No	
	Warming lamp with 200W bulb	□Yes	\square No	
	 Laryngoscope (neonatal) 	□Yes	\square 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	applica	ble)
	☐ 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
	indsogastric tube	→ IIIJ. VILAIIIIII K	Ш	Needle & Syringe
3.3 Othe	r facilities for <5 children			
2.2.4		Inv		
3.3.1	Whether newborn stabilization unit/Special	☐ Yes	□No	
	Newborn Care Unit (SNCU) available			
3.3.2	If yes, which of the following amenities are			
	available			
	 Located close to or in maternity ward 	□Yes	□No	
	Digital weighing scale	□Yes	□No	
	Functional radiant warmer	☐ Yes	□No	
	Phototherapy unit	☐ Yes	□No	
	Infant feeding tubes	☐ Yes	□No	
1	Pediatric Stethoscope	□Yes	\square No	

3.4	Laboratory	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) ²¹	nent, testing	l g kits and reage	ents are av	vailable in the	aboratory		
	Equipment	Code	E	Equipment		Code		
	Hemoglobinometer		Centrifuge					
	Microscope		Semi auto-an	alyzer				
	Sulphuric acid		Benedict solu					
	ABO Antibody reagent		Rh antibody r	reagent				
	Pregnancy Testing Kit		Urine Albumi		Kit			
	Blood Sugar Testing Kit		HbsAg testing					
3.4.3	Which of the following tests are cond If yes mention the number of tests d		ne laboratory (pplicable)	_		
	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 sy	yphilis	□Yes	□No				
3.4.3.5	RPR (Rapid Plasma Reagin) test for ty	yphoid	□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				
3.5 Opera	tion theatre							
3.5.1	Whether operation theatre available facility	ole at the	□Yes	□No				
3.5.2	Whether emergency drug tray av	/ailable in	□Yes	□No				
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 ☐ IV sets with 16-gauge needle (X2))	Magsulf 50% Ampicillin Lignocaine-2% Diazepam win mal saline depin	☐ Inj. ☐ Inj. 6 ☐ Inj. / 6 ☐ Inj. / ☐ Inj. / ☐ Inj. / ☐ Met	in box as applica Calcium gluco Gentamicin Adrenaline, In Pheneramine Phenergan amethasone hyldopa s for sample co	nate-10% j. maleate		

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	<u> </u>	☐ Yes ☐ No		
	Oxygen hood (neonatal)		☐ Yes ☐ No		
	Warming lamp with 200W bulb		☐ Yes ☐ No		
	Laryngoscope (neonatal)		☐ Yes ☐ No		
	Newborn digital weighing scale		☐ Yes ☐ No		
3.5.6	Which of the following equipment a		T		
	Equipment	Code	Equipme	nt	Code
	OT tables		Multi para monitors		
	Ceiling lights		Surgical diathermies		
	Ventilator		Pulse oximeter		
	Mobile lights		Adult Stethoscope		
	Laparoscopes		Electrical Suction appa		
	Blood Pressure Machine		Oxygen Cyl. (Black) wi		
	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 ad	ult blades	
	Sterilization set (men & women)		LSCS set		
	Halothane/Enflurane vaporiser		Foley's Catheter		
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		
3.6.3	Which of the following equipment is status	s available a	at the cold chain room,	its number an	d function
	Equipment		Number available	Number fu	ınctional
3.6.3.1	Ice lined refrigerator				
3.6.3.2	Deep freezer			1	
3.0.5.2	1		1		

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

3.6.3.3

3.6.3.4

3.6.3.5

3.6.4

Vaccine carrier

Voltage stabilizers

Thermometers for temperature monitoring

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

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

	Vaccine /diluent		Code	Vaccine /diluent		Code
	TT vaccine			Measles vaccine		
	BCG vaccine			Hepatitis B vaccine		
	tOPV vaccine			Pentavalent vaccine		
	DPT vaccine			JE vaccine		
	BCG diluent			Measles diluent		
	JE diluent			MMR Vaccine		
3.6.5	Overall cleanliness / hygiene col cold chain room	nditi	ons of the	□ Good □ Fair □ Poor		
3.7 MCF	l Clinic					
3.7.1	Whether separate MCH clinic a facility	vaila	ble at the	☐ Yes ☐ No		
3.7.2	Overall cleanliness / hygiene co	ons 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	ded a	t the clinic	☐ Yes ☐ No		
3.7.5	Which of the following logistics	are	available			
	Digital weighing machine	□ Үе	es 🗆 No	ORS packets	□Y	∕es □No
	Examination Table	□Y€	es 🗆 No	Condoms	□Y	∕es □No
	Disposable syringes	□Ye	es 🗆 No	Oral contraceptive pills	□Y	∕es □No
	AD syringes (0.1 ml)	□ Үе	es 🗆 No	Hub cutter	□Y	∕es □ No
	AD syringes (0.5 ml)	□Ye	es 🗆 No	Red and black bags for disposal	□Y	∕es □ No
	IFA tablets	□Ye	es 🗆 No		□Y	∕es □ No
3.8 Drug	g store					
3.8.1	Whether drug store available at	the f	facility	□ Yes □ No		
3.8.2	If yes, is there a dedicated staff mafter store	neml	oer to look	☐ Yes ☐ No		
3.8.3	Which of the following drugs and	d sup	oplies are a	vailable in the drug store room (e	nter	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	□Yes	□No
	present (eg. AMC)		
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	□Yes	□No
	& MCTS		
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	omen 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	nber	Nu	ımbe	r of s	taff r	nemk		rained ii pective			numb	er tra	ained	in
		Sanctioned	ın position	SBA	ЭОШВ	MTP	Minilap PPS	ASN	ВЕМОС	RTI/STI/HIV screening	IUCD insertion	PPIUCD insertion	TSAS	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.	# Newborns resuscitated		
11.	# Children screened for birth defects under RBSK		
12.	# of admissions in NBSU/SNCU (if available)		
13.	# Sick children referred		
14.	# Children given ORS + Zinc		
15.	# Children given Vitamin A syrup		
16.	# Children given IFA syrup/tablet		
17.	# Infants receiving measles vaccination		

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

Section 7: Quality parameters of the facility

Assess by putting probing questions and assess knowledge of staff nurses

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

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

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

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

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

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

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

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

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

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

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

S.No.	Record	Client 1	Client 2	Client 3	Client 4	Client 5
1.	Mothers initiated breast feeding within one hour of normal delivery	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2.	Colostrum provided to the newborn	☐ Yes ☐ No				
3.	Newborn given zero dose of OPV before discharge	☐ Yes ☐ No				
4.	Newborn administered BCG vaccine after delivery or before discharge	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5.	Newborn administered Hepatitis B birth dose within 24 hours of birth	☐ Yes ☐ No				
6.	Mothers provided with counselling on Infant and Young Child Feeding (IYCF)	☐ Yes ☐ No				
7.	Mothers provided with counselling on family planning methods	□ Yes □ No	□ 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				
12.	Any expenditure incurred by mother on travel, drugs or diagnostics (specify)	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No	□ Yes □ No	☐ Yes ☐ No

	traver, arabs or arabinostics (specify)			
Remar	ks			
Inciliar	N3			

D. RMNCH+A Gap Analysis Tool - Sub Centre												
Distr	District: Block:											
											ub Centre code	
Ī												
Distance from (Km): 1. Reporting CHC/PHC:												
IValli	ies of investig	ators	•••••	•••••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •		•••••
			C	Details o	f villa	ages	coming	under tl	his Sub (Centre		
S. No.	Name of village	Populat of villa	age	Source o	n		nwadi rker	AS	НА	Number of birth	Whether VHSNC	Number of private
		(includ hamle		(code list)	S	anc- oned	In position	Sanc- tioned	In position	attendant (Dai/TBA available) constituted	providers conducting deliveries
					\perp							
					4							
					+							
					+							
					+						+	
					+							
					+							
Total	l villages:			Total ha	mlets	S:		Total	r population	on of Sub	Centre area:	
	Sub Centre Staff Details											
S. No.	Name of staff at Sub Cen		Des	ignation		pe e list) ²⁹		available of visit		received list) ³⁰	Specify reason f	
							□Yes	□No				
							□Yes	□No				
							□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☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ No☐ N	☐ 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 centre 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 ☐ Yes	□ No □ No
	Bucket to store water	□ Yes □ 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 labo	our table <i>(tick in</i>	box if applicable)
	☐ Mackintosh kelly pads ☐ Buckets	□Step	oping stool
2.1.4.1	Delivery set available at labour room	□Yes	□No
2.1.4.2	If yes, which of the following are present in deli	very set <i>(tick in</i>	box if applicable)
	☐ Gloves ☐ Cord cutting sciss	sor	☐ Artery forceps
	☐ Cord ties & clamp ☐ Sponge holding	forceps	☐ Urinary catheter
	☐ Gauze pieces ☐ Bowl for antisep	tic lotion	☐ Cotton swabs
	☐ Speculum ☐ Sanitary pads		☐ Kidney 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 ☐ Non	mal Saline	☐ Methyldopa
	☐ Tab. Misoprostol 200 micrograms ☐ Inj. (Gentamycin	☐ Vitamin K
		Hydrazaline	☐ Nefidepin
2.1.6	Overall cleanliness / hygiene conditions of	□Good □	Fair Poor
	labour room (record by observation)		
2.2 Nev	vborn care corner		
2.2.1	Newborn care corner available at the Sub Centre	□Ves	□ No
2.2.2	If yes, which of the following amenities are	163	
2.2.2	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
	Paediatric stethoscope	☐ Yes ☐ Yes	□ No □ No
	Warming lamp with 200W bulb	LE3	□ INU
	Newborn digital weighing scale		
2.2.3	Overall cleanliness / hygiene conditions of	□Good □] Fair □ Poor
	newborn care corner (record by observation)		

Section 3: Availability of equipment, essential drugs and supplies

3.1 General Supplies and Equipment³²

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

3.2 Medicines and Drugs³³

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

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

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

Section 4: Record maintenance at the Sub Centre

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

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

S.No.	Parameter in numbers	Q1	Q2
1.	# of estimated pregnancies		
2.	# of Pregnant women registered in first trimester		
3.	# of pregnant women received 3 ANC out of total registered women till date		
4.	# of pregnant women received 4 ANC out of total registered women till date		
5.	# Pregnant women given 100 IFA tablets		
6.	# Pregnant women referred		
7.	# Deliveries conducted at Sub Centre		
8.	# Deliveries conducted at home		
9.	# Newborns 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 subcentres 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)

Distric	t:Block:				CHC/PHO	:	
Sub Co	entre: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 checkups 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 numbers of ANM?						

15

woman?

Is guidance and referral provided along with

birth preparedness to high risk pregnant

³⁷ Probe by questions and verify through filled up MCP card

Interview of mothers having 0-5 year children

S.	Knowledge and Awareness ³⁸	1	2	3	4	5	Total
No.		(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)						
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

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

S.	Knowledge and Awareness	1	2	3	4	5	Total
No.		(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y)
1	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
а.	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 credentializing/privileging in case of Medical Officers/Specialists?	
d)	What is the status of verifying the credentials, providing job description and clarity of roles for frontline workers (ANM, ASHA)	
e)	What is the status of staff turnover and how soon is the staff posted in position in cases of resignation.	
f)	What is the retention policy? Probe for monetary benefits, selection process, timely release of salary?	
g)	Whether any motivation /incentives are provided to the HCW's for improving the retention?	
h)	In your opinion, what do you feel are the major reasons for high staff turn over and how can it be taken care of ?	
	(Probe for suggestions)	
i)	What is the status of trainings of staff at the district & sub district level	
	(Probe for the number of personnel trained/ not trained, frequency of trainings, category of personnel trained, type of skills inculcated, methodology adopted for conducting the trainings, Reasons for staff not being trained?	
k)	What are the major hurdles in HRM and suggestions for improving the status of HRM.	

6. Emergency Transportation

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

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

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

8. Capacity Building and Roll Out of Trainings

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

9. Supportive Supervision for facilities & FLW's

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

10. HMIS and MCTS data quality and use

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

IX. Team Members

	Data Collection Team	
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	Ms. Amanjeet	
	Mr. Rajpal	
	Ms.Mamta	
	Md. Irfan	
	Facilitation of Data Collection	
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	Training Team	
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X. Photographs of Best Practices



Well – Maintained Labour Room – Bansjor PHC - Simdega



Well maintained MCTS Sheet - Simdega



Display of Immunization Schedule – Bansjor PHC - Simdega



Well maintained equipment in the Labour – Room at CHC Bano - Simdega



Availability of Colour Coded bins at CHC Bano - Simdega



Well – Maintained Radiant warmer at CHC Bano - Simdega

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