# Situational Analysis for RMNCH+A Program: Facility based Survey

**Internship Training**
**at**
**National Rural Health Mission (NRHM)**
**Uttar Pradesh**

**By**

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**Under the guidance of**
**Prof. Goutam Sadhu**

**Post Graduate Diploma in Hospital & Health Management**
**2012–14**

IIHMR UNIVERSITY
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# TO WHOMSOEVER MAY CONCERN

This is to certify that Dr.Ratika Sharma, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur has undergone internship training at National Rural Health Mission, Uttar Pradesh from 15 February to 16 May 2014.

The candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirement.

I wish her all the success in all her future endeavors.

Dr. Ashok Kaushik
Dean, Academics and Student Affairs
IIHMR, Jaipur

Prof. Goutam Sadhu
Dean, Rural Management
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# जिला कार्यक्रम प्रबंधन इकाई

राष्ट्रीय ग्रामीण स्वास्थय मिशन, अलीगढ़ (उत्तर प्रदेश)

The certificate is awarded to

**Dr. Ratika Sharma**

In recognition of having successfully completed her
Internship in the department of

**National Rural Health Mission**

and has successfully completed her Project on

*" Stuational analysis of RMNCH+A Program: A facility based survey "*

**Period :16.02.2014 to 16.05.2014**

**Organisation : DPMU, National Rural Health Mission , Aligarh U.P.**

/She comes across as a committed, sincere & diligent person who has a
strong drive & zeal for learning

We wish him/her all the best for future endeavors

**M.P.SINGH**
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## CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Situational Analysis of RMNCH+A at Aligarh district: A facility based survey" has been successfully completed and submitted by Dr. Ratika Sharma Enrolment No. IIHMR/PGDHM/2012-14/1363 under the supervision of Dr. Goutam Sadhu for award of Postgraduate Diploma in Health Management of the Institute carried out during the period from February 15, 2014 to May 16, 2014 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Ratika Sharma

**Signature:**

**Date:**
29/5/2014.

## Acknowledgement

At the onset of the report I would like to acknowledge my sincere thanks to my Institute, Institute of Health Management Research, for providing me the platform to gain enough knowledge and skills in different aspects of Health Management.

Most importantly I am glad to acknowledge Dr. S.D.Gupta, Director IHMR, Jaipur, Dean Dr. Ashok Kaushik Academics and Student Affairs IHMR and for incorporating the right attitude in me towards learning and for helping and supporting whenever required. I am grateful to them for giving me an opportunity to various aspects of health management, so that I came to know how the Health organization caters the society successfully and how it gives quality treatment to the society.

I would also like thank to Prof. Gautam Sadhu, Institute of Health Management Research, Jaipur for giving abundant guidance throughout the course of this internship. I have been fortunate to have him as my guide.

I am grateful to National Rural Health Mission, Uttar Pradesh for providing me with a great learning experience. I would like to thank the Chief Medical Officer, National Rural Health Mission, Uttar Dr.Sangwan for giving me the chance to carry out this study with all the help and support required. I would also like to extend my sincere gratitude to Mr. Mahendra Singh (District Program Officer) NRHM for his constant guidance and support in carrying out this study. I would like to thank the staff of District Programme Management Unit, Aligarh for extending their much needed support to carry out this study.

Lastly I would like to thanks my parent for their immense support and encouragement.

**Ratika Sharma**

# Abstract

Improving the maternal and child health and their survival are central to the achievement of national health goals under NRHM as well as the Millennium Development Goals and also the Milestone year 2015.

Adolescent girl (Health) ⟹ impacts pregnancy ⟹ newborn and the child.

The 12th Five Year Plan has defined the national health outcomes and the three goals that are relevant to RMNCH+A strategic approach as follows:

**Health Outcome Goals established in the 12th Five Year Plan**

- Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate(TFR) to 2.1 by 2017

The main objective of this gap analysis is to rapidly understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages. The general objective was to access resource availability in terms of infrastructure, human resources, capacity, fund availability, needed to deliver a set of key RMNCH+A interventions in facilities in the district.

The study design was Descriptive cross-sectional analysis and was conducted at Aligarh district covering District hospital, first referral units, Community health centers, Primary health centers and Sub-centers of Aligarh. All twelve Blocks were covered for the Situational analysis of health facilities in Aligarh for RMNCH+A program. The primary data for District Hospital (Male and female), Community health centers, Primary Health centers, First referral unit, was collected by visiting the facility, through observation and interviewing the facility Human resource. For the sub-centers the data was collected by interviewing the ANM of the sub-center at the regular ANM meetings

also the HMIS report was collected from the facilities for identifying case loads. Structured questionnaire as per the NRHM guidelines were used as tools for collecting the data. Total 102 health facilities were covered.

The total of 4 first referral units and district hospital were included to identify gaps and it was found that the higher health facilities have only 60 percent of trained manpower and only one-third of the non first referral unit PHC's and three-fourth of the Non FRU CHC's have trained manpower. Also gaps in the availability of essential drugs and equipments were observed at the FRU's and Non-FRU CHC and PHC.

The recommendations for reducing the gaps analyzed from study were, timely and regular supervision of the higher authority the gaps addressed can be reduced and providing quarterly refresher training to trained manpower for one or two days in which they can revise the training module and guidelines.

The analysis highlights the identified gaps in terms of infrastructure, human resource, essential drugs, supplies and equipments. Efforts should be made by higher authorities, so as to make the implementation of RMNCH+A program effective at all facility level.

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## List of Abbreviations

| | |
|---|---|
| ANC | Ante Natal Care |
| ANM | Auxiliary Nurse Midwifery |
| BEmOC | Basic Emergency Obstetric Care |
| BMW | Bio Medical Waste |
| BSU | Blood Storage Unit |
| CHC | Community health centers |
| CHC | Community Health Centre |
| CTF | Central Treatment Facility |
| DH | District hospital |
| DWH | District Women Hospital |
| EmOC | Emergency Obstetric Care |
| FRU | First referral unit |
| ICTC | Integrated Counseling and Testing Centre |
| IEC | Information Education and Communication |
| LHV | Lady Health Visitor |
| LSAS | Life Saving Anaesthesia Skills |
| MC | Medical College |
| MDG | Millennium development goals |
| MO | Medical Officer |
| NBC | New Born Care |
| NBCC | New Born Care Corner |
| NRC | Nutritional Rehabilitation |
| NSSK | Navjat Sishu Suraksha Karyakaram |
| NSV | Non Scalpel Vasectomy |
| OBG | Obstetrician and Gynecologist |
| PHC | Primary health cenetrs |
| PNC | Post Natal Care |
| RCH | Reproductive and Child Health |
| RMNCHA | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| SBA | Skilled Birth Attendant |
| SN | Staff Nurse |
| SNCU | Sick New Born Care Unit |
| UP | Uttar Pradesh |

## List of Appendices

# Dissertation
# Project Report

# 1. Introduction

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Rural Health Mission (NRHM) as well as the Millennium Development Goals (MDG) 4 and 5. As we inch closer to 2015, there is an opportunity to further accelerate progress towards MDG and redefine the national agenda to come up with a coordinated approach to maternal and child health in the next five years. In order to bring greater impact through the 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. The health of an adolescent girl impacts pregnancy while the health of a pregnant woman impacts the health of the newborn and the child. As such, interventions may be required at various stages of life cycle, which should be mutually linked. One of the most important steps that the Government of India has taken to fulfill its commitment to improving maternal health and child survival is the articulation of a comprehensive approach and linking together a set of initiatives and strategies that address each life stage. The RMNCH+ A approach also reiterates the need to focus on the most vulnerable and underserved sections of the population.

Thus, there are two dimensions to healthcare: (1) stages of the life cycle and (2) places where the care is provided. These together constitute the 'Continuum of Care.'

The 'Plus' in the strategic approach denotes the (1) inclusion of adolescence as a distinct 'life stage' in the overall strategy; (2) linking of maternal and child health to reproductive health and other components (like family planning, adolescent health, HIV, gender and Preconception and Prenatal Diagnostic Techniques (PC&PNDT); and (3) linking of community and facility-based care as well as referrals between various levels of health care system to create a continuous care pathway, and to bring an additive /synergistic effect in terms of overall outcomes and impact.

- ***Health Outcome Goals established in the 12th Five Year Plan***

• Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017

• Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017

• Reduction in Total Fertility Rate (TFR) to 2.1 by 2017

- ***Coverage targets for key RMNCH+A interventions for 2017***

• Increase facilities equipped for perinatal care (designated as 'delivery points') by 100%

• Increase proportion of all births in government and accredited private institutions at annual rate of 5.6 % from the baseline of 61% (SRS 2010)

• Increase proportion of pregnant women receiving antenatal care at annual rate of 6% from the baseline of 53% (CES 2009)

• Increase proportion of mothers and newborns receiving postnatal care at annual rate of 7.5% from the baseline of 45% (CES 2009)

• Increase proportion of deliveries conducted by skilled birth attendants at annual rate of 2% from the baseline of 76% (CES 2009)

• Increase exclusive breast feeding rates at annual rate of 9.6% from the baseline of 36% (CES 2009)

• Reduce prevalence of under-five children who are underweight at annual rate of 5.5% from the baseline of 45% (NFHS 3

• Increase coverage of three doses of combined diphtheria-tetanus-pertussis (DTP3) (12–23 months) at annual rate of 3.5% from the baseline of 7% (CES 2009)

• Increase ORS use in under-five children with diarrhoea at annual rate of 7.2% from the baseline of 43% (CES 2009)

• Reduce unmet need for family planning methods among eligible couples, married and unmarried, at annual rate of 8.8% from the baseline of 21% (DLHS 3)

• Increase met need for modern family planning methods among eligible couples at annual rate of 4.5% from the baseline of 47% (DLHS 3)

• Reduce anaemia in adolescent girls and boys (15–19 years) at annual rate of 6% from the baseline of 56% and 30%, respectively (NFHS 3)

• Decrease the proportion of total fertility contributed by adolescents (15–19 years) at annual rate of 3.8% per year from the baseline of 16% (NFHS 3)

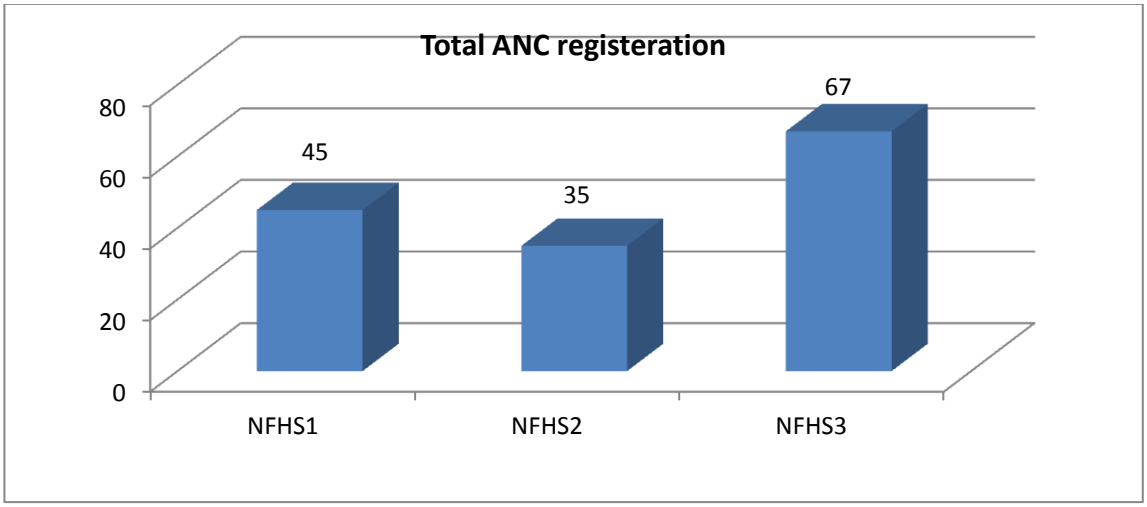
• Raise child sex ratio in the 0–6 years age group at annual rate of 0.6% per year from the baseline of 914 (Census 2011)

***Source: Strategic Approach to RMNCH+A Program NRHM***

**Table A. Comparison of key RMNCH Indicators in India and Uttar Pradesh:**

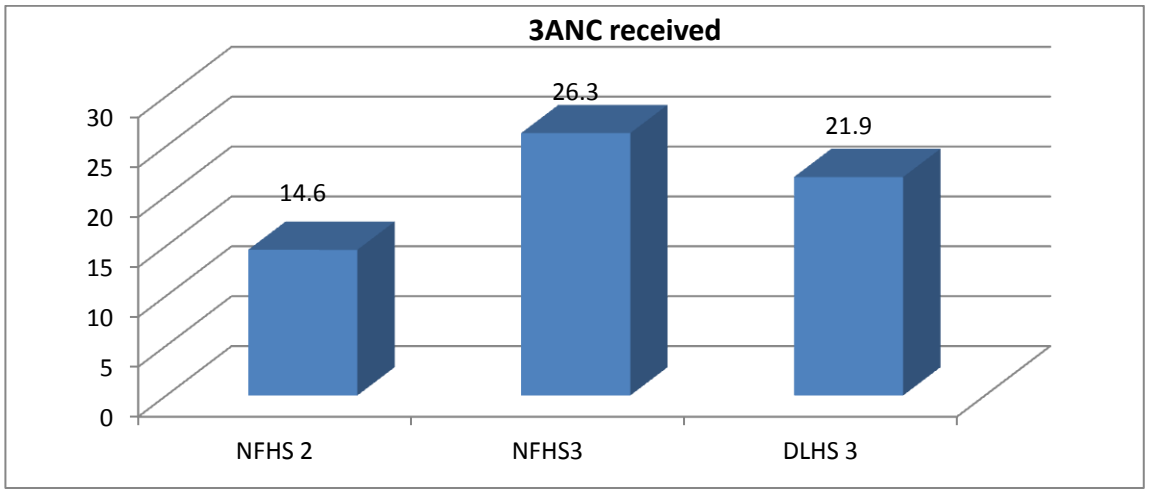
| S.No | Indicator | Source | India | Uttar Pradesh |
|---|---|---|---|---|
| 1. | MMR | SRS 2009 | 212 | 359 |
| 2. | IMR | SRS 2011 | 44 | 57 |
| 3. | Early neo natal Mortality rate | Census 2011 | 25 | 30 |
| 4. | Neo natal Mortality rate | Census 2011 | 33 | 42 |
| 5. | Institutional deliveries | NFHS 3 | 40.8 | 22 |
| 6 | TFR | SRS 2011 | 2.4 | 3.4 |

**Figure a) Trends in ANC registration:**



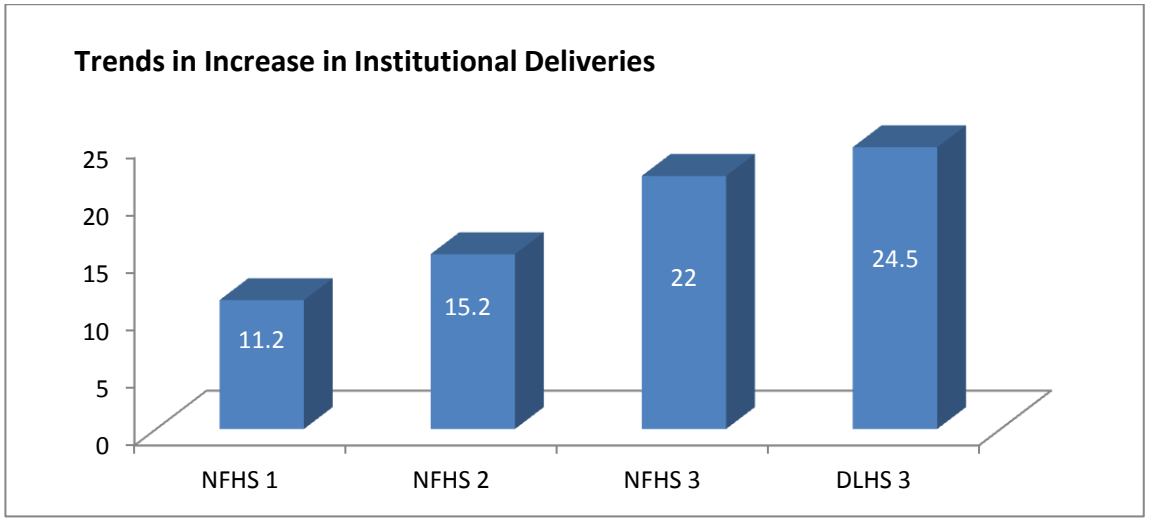

**Sources: NFHS Report**

**Figure b) Trends in Antenatal care 3ANC visits:**



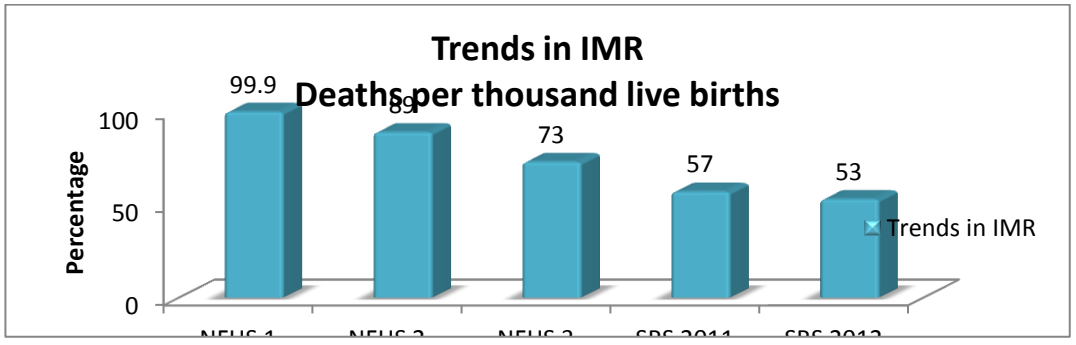

**Sources: NFHS and DLHS Report**

**Figure c) Trends in Increase in Institutional Deliveries in Uttar Pradesh**



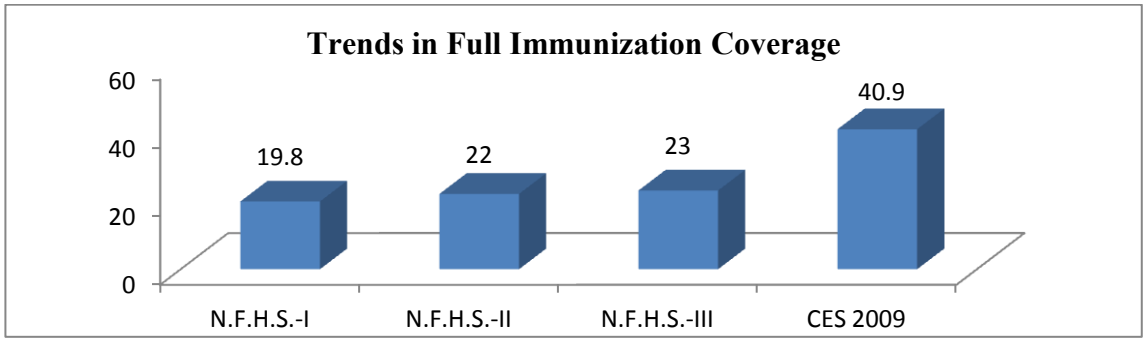

**Sources: NFHS 3**

**Figure d) Trends in IMR in Uttar Pradesh**



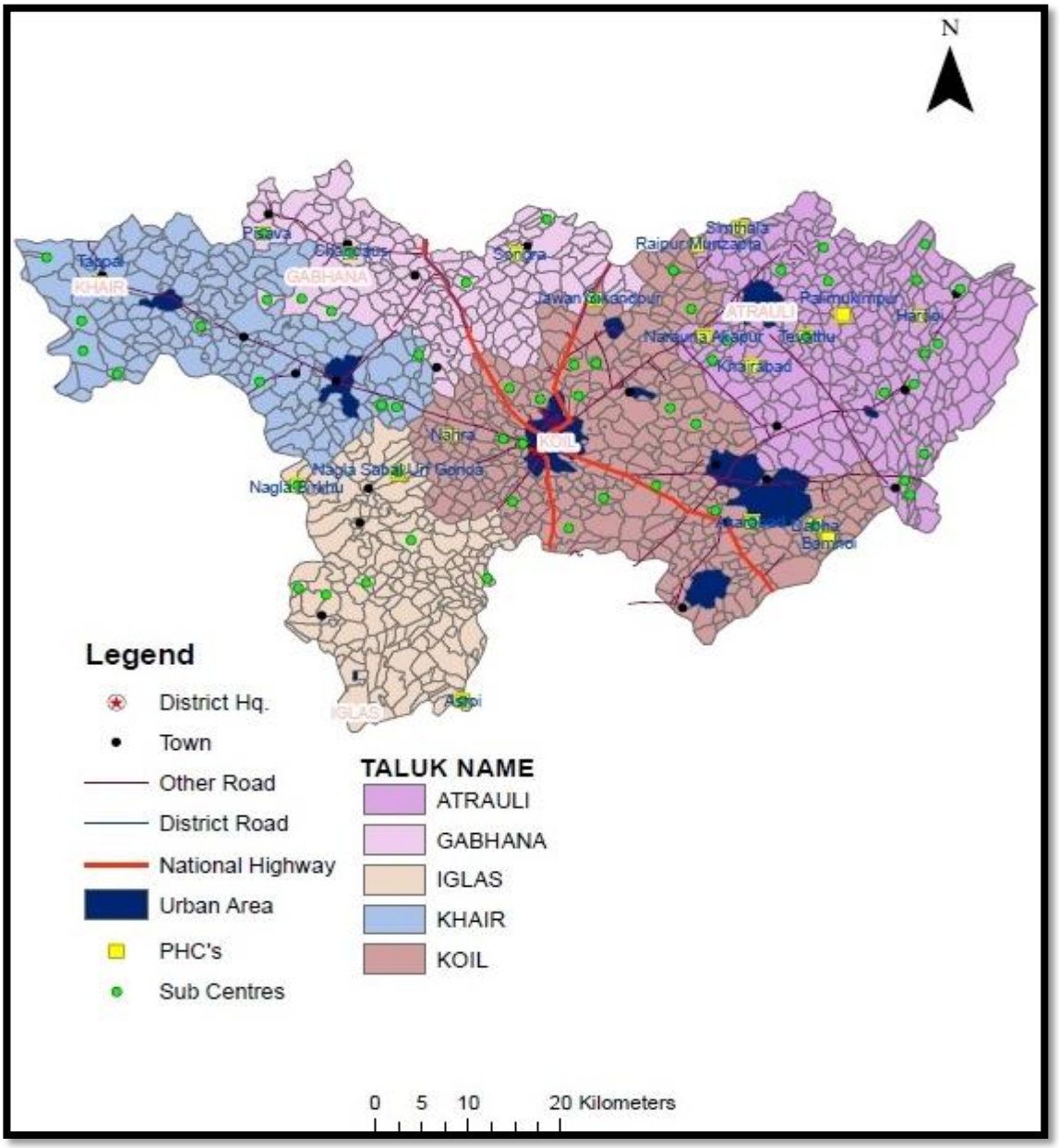

***Sources: NFHS and SRS Report***

**Figure e). Trends in Full Immunization Coverage in Uttar Pradesh**




***Sources: NFHS and CES Reports***

**Aligarh Health Facility Map:**



# 2. Review of Literature

*Rannan-Eliya*, Tracking Resource Flows for RMNCH in Asia-- Pacific Countries Resource tracking in By 2015, all 75 countries where 98% of maternal and child deaths take place are tracking and reporting, at a minimum, two aggregate resource indicators: (i) total health expenditure by financing source, per capita; and (ii) total reproductive, maternal, newborn and child health expenditure by financing source, per capita.

*Hsu J, Pitt C, Berman P, Mills A*, Reproductive health priorities: evidence from a resource tracking analysis of official development assistance in 2009 and 2010, *Lancet*, 18 May 2013.

*C Hanson, C Ronsmans, S Penfold* the health system support for childbirth care in southern Tanzania: results from a health facility census, *BMC Research Notes 2013, **6**:435*, the health system support for childbirth care in southern Tanzania: results from a health facility census. Despite of the relative good accessibility of health facility the quality of care and utilization of services at first line facilities was low as is constraint by the low availability of essential services pointing to the tension between prioritizing quality of care and accessibility in recourse poor settings.

*Saha s,Gerdtham UG* (2013),Cost of illness studies on reproductive, maternal, newborn, and child health: a systematic literature review, *PubMed* ,describe the concrete evidence of cost of illness (COI) of RMNCH may help policy makers in supporting investment in RMNCH, by a systematic literature search of COI studies was performed in electronic databases. The result showed that the continuum of RMNCH covers a large portion of the lifespan from birth through the reproductive age. From a methodological perspective, an ideal COI study would clearly describe the perspective of analysis and hence, the cost items, cos collection also a study is needed to measure the economic impact of RMNCH.

## 3. Objective

**Specific:**

The main objective of this gap analysis is to rapidly understand the gaps in the implementation of a set of strategic RMNCH+A interventions across life stages.

**General**:

To access resource availability in terms of infrastructure, human resources, capacity, fund availability, needed to deliver a set of key RMNCH+A interventions in facilities in the district.

## 4. Research question

What is the current health facility status of the Aligarh district and is it sufficient in providing the desired RMNCH+A program effectively and efficiently?

## 5. Rationale of study

- Status of the health facility to provide effective RMNCH+A coverage.
- Comprehensive approach to improving child survival and safe motherhood and attaining two Millennium Development Goals 4 and 5, to which India is sincerely committed.
- About two-thirds of maternal deaths occur in just a few states including Uttar Pradesh.
- Since it is newly launched project no studies has been sone in this project in Aligarh district.

# 6. Methodology

**Study design:** Descriptive cross-sectional analysis.

**Study Area:** District hospital, CHC's, PHC's and Sub-centers of Aligarh.

The study was conducted in District Aligarh of Uttar Pradesh. All twelve Blocks were covered for the Situational analysis of health facilities in Aligarh for RMNCH+A program. The primary data for District Hospital (Male and female), Community health centers, Primary Health centers, First referral unit, was collected by visiting the facility, through observation and interviewing the facility HR. For the sub-centers the data was collected by interviewing the ANM of the sub-center at the regular ANM meetings also the HMIS report was collected from the facilities for identifying case loads.

**Tools and technique:** Structured self administered questionnaire as per the NRHM norm.

**Sample size: n=102**

| S.No | Facility | Total | Covered | Percentage covered |
|---|---|---|---|---|
| 1 | District Hospital (Male and female) | 2 | 2 | 100 |
| 2 | First Referral Units | 9 | 4 | 45 |
| 3 | Non- FRU Community Health Centers | 10 | 10 | 100 |
| 4 | Non- FRU Primary Health Centers | 35 | 15 | 43 |
| 5 | Sub-Centers | 356 | 72 | 20 |

**Statistical Tool used:** MS Excel and SPSS were used for data analysis.

## Health Facilities Covered:

| S.No | Block | C.H.C | P.H.C | Sub-Center |
|---|---|---|---|---|
| 1 | Harduaganj | CHC Harduaganj | PHC Gadrana | Budasi |
| | | | | Kheda Bujurg |
| | | | | Balipur |
| | | | | Panethi |
| | | | | Ibraheemabad |
| | | | | Baranadi |
| 2 | Khair | CHC Khair | PHC Sofa | Kheda sattu |
| | | | | Shiwala |
| | | | | Sehroi |
| | | | | Pala chand |
| | | | | Usran |
| | | | | Banker |
| 3 | Iglas | CHC Iglas | PHC Beswan | Hastpur |
| | | | | Mohkampur |
| | | | | Jawar |
| | | | | Tachigarh |
| | | | | Karas |
| | | | | Gursena |
| 4 | Akrabad | CHC Akrabad | PHC Vijyagarh | Akrabad 1 |
| | | | | Kheda |
| | | | | Akrabad 2 |
| | | | PHC Bamnoi | Vijyagarh |
| | | | | Jiroli |
| | | | | Govind nagar |
| 5 | Tappal | CHC Tappal | PHC Jattari | Tedpura |
| | | | | Bena |
| | | | | Narwali |
| | | | | Attari |
| | | | | Palseda |
| | | | | Bulakipur |
| 6 | Lodha | CHC Lodha | PHC Mandrak | Kulwa |
| | | | | Sarsol |
| | | | | Ahmadpur |
| | | | PHC Bargaon | Nehra |
| | | | | Sikharan |
| | | | | Badon |
| 7 | Atrauli | CHC Atrauli | PHC Jiroli Dhoomsingh | Bambipur |
| | | | | Ganiwali |
| | | | | Bavigarh |
| | | | | Chakathal |
| | | | | Penhera |
| | | | | Nehal |

| | | | | |
|---|---|---|---|---|
| 8 | Chandaus | CHC Chandaus | PHC Pisawa | Nagla sarua |
| | | | | Gabhna |
| | | | | Chuharpur |
| | | | PHC Umari | Gwalara |
| | | | | Somna |
| | | | | Veerpura |
| 9 | Gonda | CHC Gonda | PHC Gorai | Harotha |
| | | | | Taleserra |
| | | | | Jamao |
| | | | | Khirsoli |
| | | | | Jatwai |
| | | | | Beloth |
| 10 | Chharra/gangiri | CHC Chharra | PHC Barla | Parora |
| | | | | Pipoli |
| | | | | Manena |
| | | | | Baroli |
| | | | | Barla |
| | | | | Gangiri |
| 11 | Bijoli | CHC Bijoli | PHC Hardoi | Hardoi |
| | | | | Harna |
| | | | | Sankra |
| | | | | Badesera |
| | | | | Kasimpur |
| | | | | Narupura |
| 12 | Jawan | CHC Jawan | PHC Chelasar | Baroli |
| | | | | Satha |
| | | | | Panjipur |
| | | | | Manjoorgarhi |
| | | | | Amroli |
| | | | | Talibnagar |

**FRU (First Referral Unit Covered):** The 4 FRU's selected are:

1) CHC Atrauli

2) CHC Khair

3) District women hospital

4) Pandit deen dayal Hospital (District combined Hospital)

**District Hospital:**

1) District Women Hospital (Mohanlal Gandhi mahila Zila hospital)

2) District Male Hospital (Malkhan singh hospital)

# 7. FINDINGS

| |
|---|
| Section-I: Physical Infrastructure |
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| Section XI: Additional/ Support Services |
| Section XII: Service Delivery In past Two Quarters |

# 8. Section-I: Physical Infrastructure

The physical infrastructure of public health facilities refers to the state of the buildings, the water, electricity and communications technology available, the quality of access roads, and the availability of equipment (both medical and non-medical) in working condition. Delivering health care above a certain level of complexity is difficult in the absence of good infrastructure. Shelter for patients and staff, drinkable water and a source of electricity for, among other things, refrigeration for vaccinations, are fundamental for the safe provision of health care. To be able to perform the full range of functions, a health facility must have the basic physical infrastructure. A better infrastructure aids in following attempt has been made to analyze the gaps in the infrastructure.

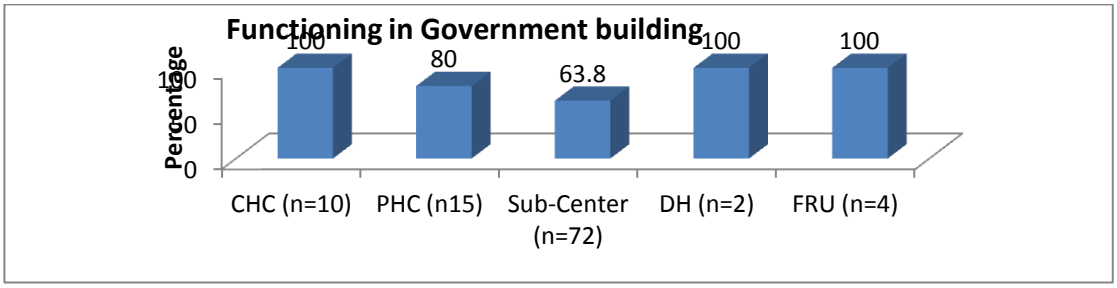
**1.1 Health Facility easily accessible from nearest road head.**

The adequate provision of and access to health care services that are necessary to meet the Millennium Development Goals (MDGs) for Health by 2015 depend on complex inter-sectoral linkages to which transport makes essential contributions. Transport is essential for the distribution of drugs, blood and other supplies to health facilities. It enables the timely transfer of patients between health facilities and to the different levels of care of health referral systems. Efficient transport systems and roads also facilitate access by health workers to often sparsely populated rural areas as well as the necessary monitoring and supervision of health services and initiatives.

Accessibility from the road is a must for the beneficiaries in order to avail the health services. 100 percent health facilities are easily accessible from nearest road head.

### 1.2 Functioning in Government building:

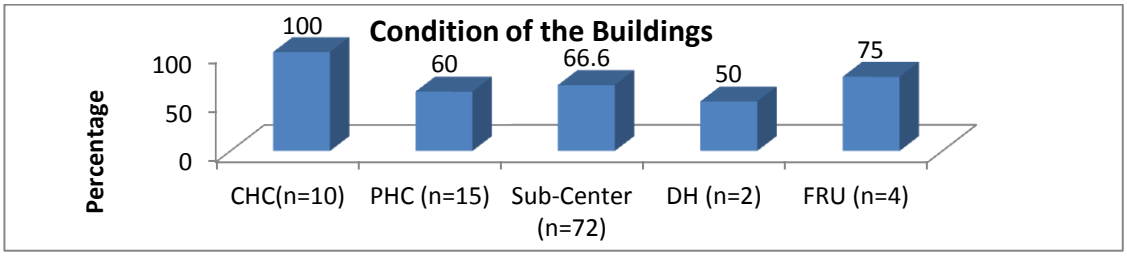
**Figure 1.2: Functioning in government building**




The Figure reveals the functioning of health facility in government or private building. It is clearly seen that all the Community health centers, district hospital, first referral unit are functioning in the government building which is essential in order to deliver good range of health services to the beneficiaries, as any modification in terms of infrastructure depending upon the new program can be easily done. However, nearly one-fifth (20 per cent) of the primary health centers and two-fifth (16.2 per cent) of the sub-centers are running in private building.

### 1.3 Condition of the Buildings:

**Figure 1.3: Condition of building**

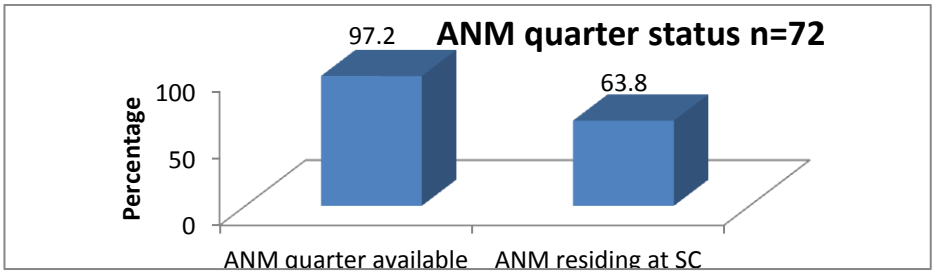



Condition of the building is an important deciding factor in the quality and quantity of the service delivery to the patients. The health facility building condition should always be good in order to prevent any mishap or trauma to the patients in the facility. As clear from the above figure, community health centers require minimal maintenance/ renewal, else it is in proper working condition. District Women Hospital condition is

not in good condition; building needs renovation also nearly two fifth of the primary health centers (40 per cent) and one third of the sub-centers (32.4 per cent) need renovation.

### 1.4 Availability of Staff Quarter to ANM at Sub-Centers:

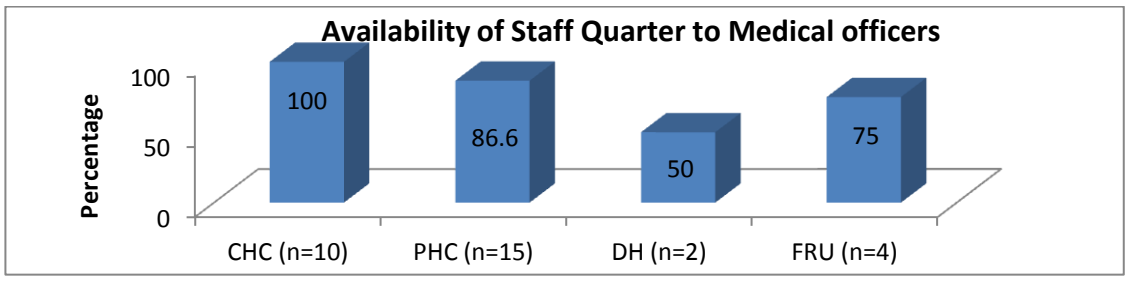
**Figure 1.4: Availability of quarter to ANM**




The above figure 1.4 clearly depicts that though in 97.2 percent of all the sub-centers, quarter facility for ANM is provided, but only nearly two third (64 percent) of the ANM's are residing in them. Hence measures should be taken to cover up the gap either if renovation is required or any incentive facility to ANM is given. For the proper and efficient delivery of the health services it is crucial if the human resource resides in the facility itself.

### 1.5 Availability of Staff Quarter to Medical officers:

**Figure 1.5: Availability of quarter to Medical Officer**

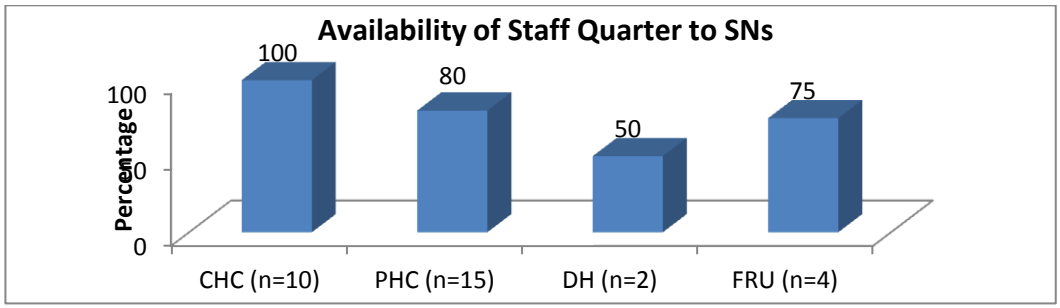



The above figures 1.5 clearly portrays that 15 percent of the primary health centers and the district women hospital have no provision of quarter facility to the medical officer.

For the proper and efficient delivery of the health services it is crucial if the human resource resides in the facility itself.

### 1.6 Availability of Staff Quarter to Staff Nurses-

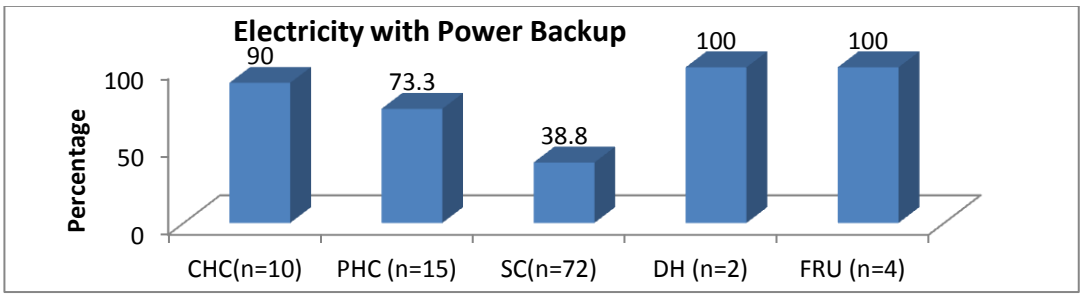
**Figure 1.6: Availability of quarters to Staff Nurse**




Availability of staff nurse at all level of services, non-first referral unit, first referral unit district hospital is a must, so as to prevent delay in provision of effective health care services delivery, in case the staff nurse stays far away from the health facility. The data in above figure 1.6 shows that the provision of the quarter facility is not provided in the district women hospital and nearly one-fifth (20 per cent) of the primary health centers.

### 1.7 Electricity with Power Backup:

**Figure 1.7: Availability of Electricity with power back**

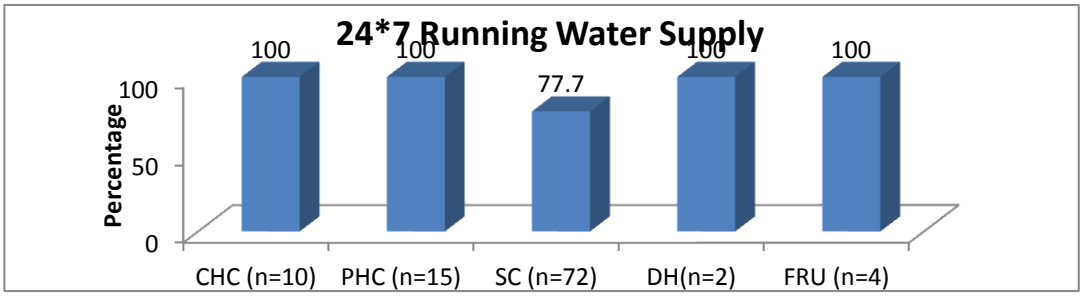



Availability of uninterrupted power supply is a crucial requirement for ensuring quality healthcare services at health facilities As most of the modern medical equipments

require electricity supply hence it is of utmost importance. The data above figure 1.7 shows that little less than two third (39 per cent) of the sub-centers, and about quarter of all the PHC's (27 per cent) requires electricity supply and power back up.

### 1.8 24*7 Running Water Supply.

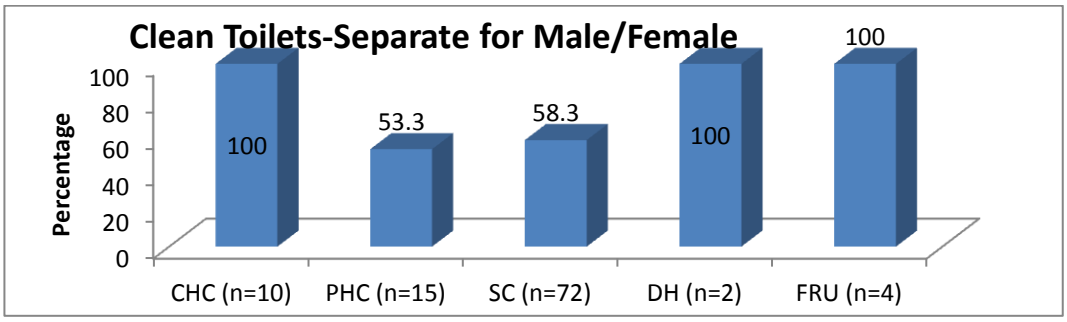
**Figure 1.8: Running water supply**




Availability of running water supply 24x7 at various health facilities portrays a good picture with almost all types of health facilities except nearly one-fourth (22 per cent) of the Sub-centers. The facilities are provided either with hand-pump facility or tap.

### 1.9 Clean Toilets-Separate for Male/Female:

**Figure 1.9: Availability of clean toilets separate for Male/Female**




All health facility should have the provision of clean toilets, in order to prevent cross infection. Also separate male and female toilets are essential. Regular disinfecting toilets in order to make the clean is essential to prevent any further infection spread or contamination to both the patients and the facility in-charge. The data in above figure

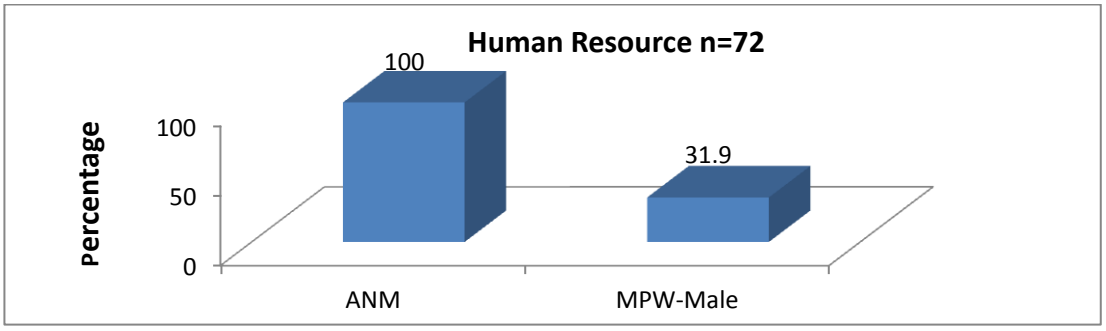
shows that little more than fifty percent (53 per cent) of the primary health centers and about two fifth (22 per cent) of the sub-centers should have the provision of clean separate male and female toilets.

# 9. Section-II: Human Resource

An adequate number of human resources are a must for the effective functioning of the health facilities. Human resources for health are identified as one of the core building blocks of a health system. They include physicians, nurses, advanced practice registered nurses, midwives, dentists, allied health professions, community health workers, social health workers and other health care providers, as well as health management and support personnel – those who may not deliver services directly but are essential to effective health system functioning, including health services managers, medical records and health information technicians, health economists, health supply chain managers, medical secretaries, and others.

**2.1) At Sub-Center:**

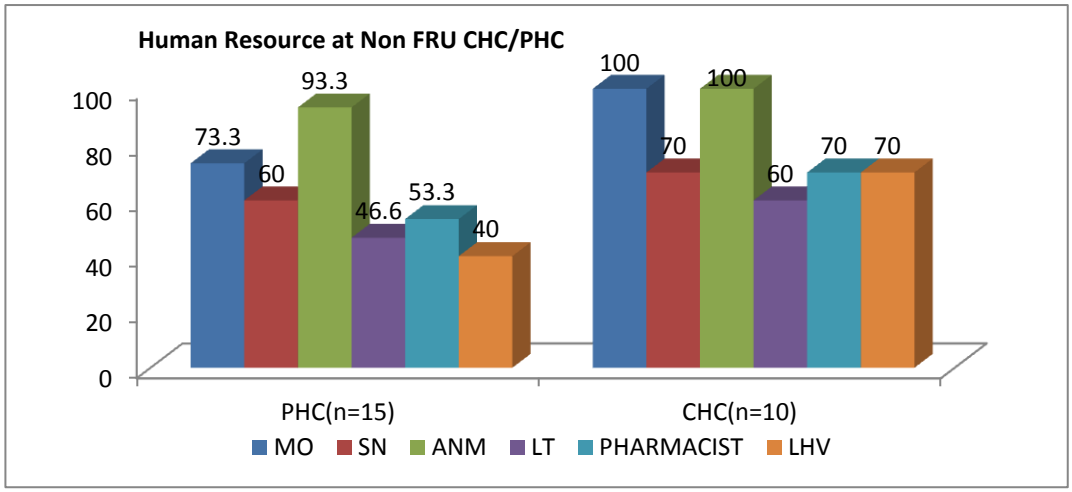
**Figure 2.1: Human Resource at sub-center**




As per the selected sub centers 100 percent ANM are present in the sub-centers. However it was observed that, only 32 percent of the sub-centers have male multipurpose worker. Availability of adequate number of the staff at the health facilities is essential key to cater health services to the population. Also it minimizes the waiting time and referral time of the patients to other areas where the required human resource is present. Sub-centers are the first line of contact of the patient, hence adequate number of human resource is mandatory. Also the data shows that the multi-purpose worker male is present only in nearly 30 percent of the sub-centers. Hence, measures should be taken to fulfill the gap.

## 2.2) Non-FRU PHC & CHC:

**Figure 2.2: Human Resource at Non- FRU PHC and CHC**




After the sub-center, the primary health center is the next level of service provider to the patients. Hence it is necessary that adequate number of the staff should be placed there. The data from the above figure shows that and the community health centers are the second line of service delivery to the patients. The above figure shows that, only the position of ANM's are sufficiently filled at both CHC's and PHC's, and one-fourth of the primary health centers do not have medical officers, who are important in delivery quality services to the patients. The position of staff nurse is also not impressive at both the facilities, as only half of the PHC's have staff nurse and more than two-fifth of the CHC's do not have staff nurse. Position of laboratory technicians, pharmacist and LHV shows a huge gap and should be filled at both the facilities.

**2.3) District Hospital (100 bedded)**

**Table 2.3: Human resource at district hospital**

| Human Resource | Sanctioned | In-position | Percentage covered |
|---|---|---|---|
| OBG | 2 | 4 | 200 |
| Anesthetist | 2 | 1 | 50 |
| Pediatrician | 2 | 2 | 100 |
| General Surgeon | 2 | 1 | 50 |
| Medical Officer | 11 | 8 | 72.7 |
| Staff Nurse | 45 | 39 | 86.6 |
| ANM (maternity ward) | 4 | 4 | 100 |
| Laboratory technician | 6 | 5 | 83.3 |
| Pharmacist | 5 | 3 | 60 |
| Lady health visitor | 1 | 1 | 100 |
| Radiographer | 2 | 1 | 50 |
| Rmnch+A Counselor | 1 | 1 | 50 |

An adequate number and different specialties of human resources at the tertiary level of the health care delivery system are mandatory so as to cater health services to the larger population and also to provide multiple health facilities under one roof to the patients. The table above reveals the positions of OBG are filled in excess, which is good in terms of provided health services and delivery to large number of patients. Pediatrician, ANM (at maternity ward), lady health visitor positions are 100 percent filled at District women hospital. Gap in half of the positions of anesthetist, general surgeon, radiographer and counselor are not filled. The gap in the position of remaining position against the sanction post was seen. Nearly 13 per cent of the position of the staff nurse

was not filled at the district hospital. Staff nurses aid the doctors and are required for the proper functioning of the health facility at the tertiary level, hence these position should be completely filled.

**2.4) First Referral Unit:**

**Table 2.4) Human resource at first referral unit:**

| Human Resource | For 2 CHC (n=2) | | | DCH (n=1) | | |
|---|---|---|---|---|---|---|
| | Sanctioned | In-position | Percentage | Sanctioned | In-position | Percentage |
| OBG | 2 | 1 | 50 | 2 | 1 | 50 |
| Anesthetic | 2 | 0 | 0 | 2 | 1 | 50 |
| Pediatrician | 2 | 0 | 0 | 2 | 2 | 100 |
| Surgery | 2 | 0 | 0 | 2 | 1 | 50 |
| Medical Officer | 4 | 2 | 50 | 11 | 6 | 54.5 |
| Staff Nurse | 14 | 11 | 78.57 | 45 | 32 | 71.1 |
| ANM | 4 | 3 | 75 | 4 | 3 | 75 |
| Lab. Technician | 2 | 1 | 50 | 6 | 3 | 50 |
| Pharmacist | 2 | 2 | 100 | 5 | 3 | 60 |
| LHV | 2 | 1 | 50 | 1 | 1 | 100 |
| Radiographer | 2 | 2 | 100 | 2 | 0 | 0 |
| Counselor | 2 | 0 | 0 | 1 | 0 | 0 |

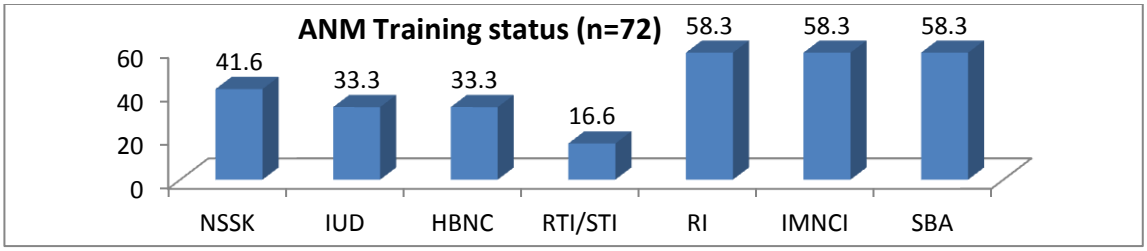
The above table 2.4 shows that the gaps in the positions of human resource. The district combined hospital is 100 bedded but has got approval of 300 beds. Out of the two first referral community health centers only CHC Khair has OBG available which is essential. Only little more than half of the post of the medical officers are filled in the first referral unit, hence steps should be taken to fill the gap as both OBG and Medical officers are essential for delivery RMNCH+A services. Further analysis of the above table reveals, except the post of pharmacist and radiographer at both the CHC's no other post is completely filled and a gap is seen in anesthetist, pediatrician, counselor and general surgeon. Even at district combined hospital the position of Radiographer and counselor is vacant.

# 10. Section III: Training Status of Human Resource

Training status of healthcare human resource is essential component to enhance the performance based healthcare delivery. A well trained staff can provide health services effectively and efficiently.

### 3.1) Training Status of Human Resource at Sub-center

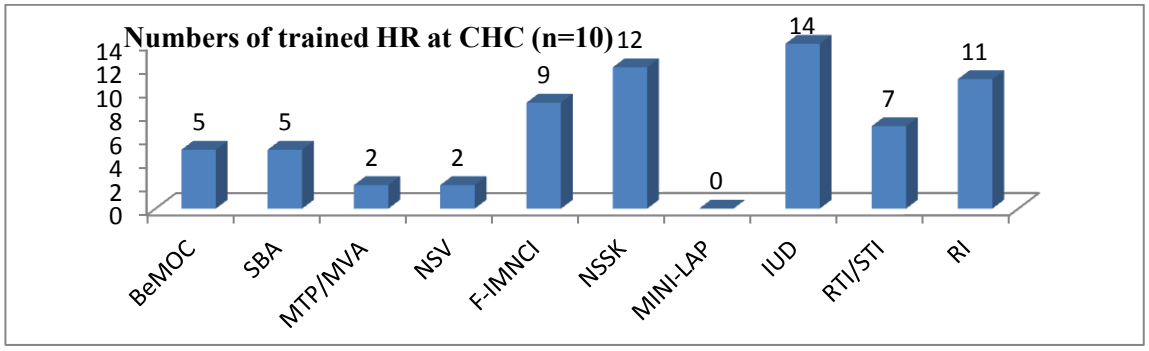
**Figure3.1) Training status of ANM's at Sub- center:**




The figure 3.1 shows that large number of ANM does require training as per the latest RMNCH+A norm. The IUD, SBA and HBNC training are essential for the maternal health. Routine immunization, *Navjat Shishu Suraksha Karyakaram,* Integrated management of neonatal and childhood illness are essential for child health. These staff should be provided the adequate training in order to provide quality of services effectively and efficiently. Nearly three fifth (58 per cent) of the sub-centers have ANM's trained in RI, IMNCI, SBA but the training status for NSSK, IUD, HBNC and RTI was found to be much less ranging from 42 per cent to 33 per cent however only two-fifth ( 17 per cent) were trained in STI/RTI.

### 3.2) Training status of HR at Non FRU CHC:

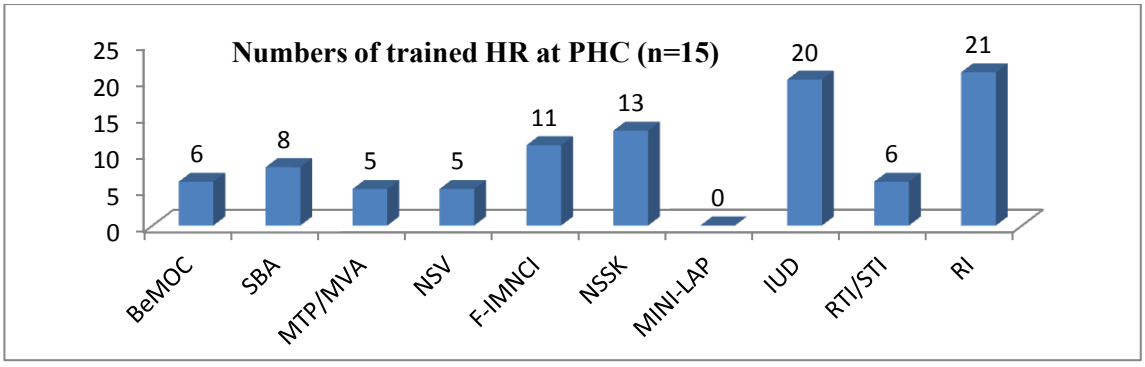
**Figure 3.2: Number of trained HR at Non-FRU CHC for the following training**




The above figure 3.2 shows that no medical officer has been provided mini-laparoscopic training, only medical officers are provided MTP/MVA and NSV training. The skill birth training has been to only 5 CHC's ANM. The BemOC training has been given to only 5 medical officers. For Facility based IMNCI training 9 HR have been trained including Medical officer and staff nurse. For IUD, RI and RTI/STI training 14,11,7 trainees have been trained including medical officer, staff nurse and ANM respectively.

### 3.3) Training status of HR at Non-FRU PHC:

**Figure 3.3: Training status of HR at Non-FRU PHC**

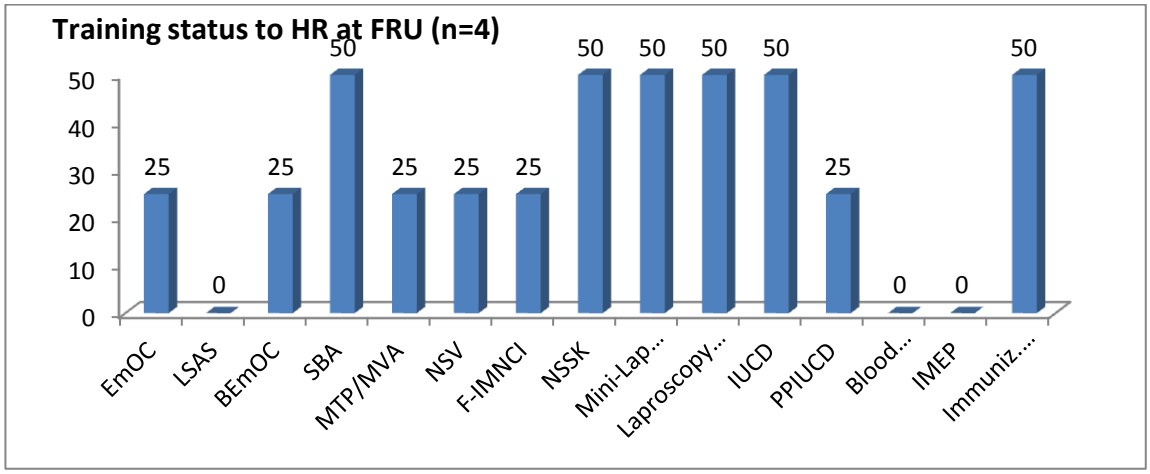



The above figure 3.3 explained the training status of human resource at the Non-First referral unit PHC. It was surprisingly to note that none of the medical officer out of 15 PHC's has been trained in the mini-lap training. Medical officers trained in BEmOC ,

MTP/MVA, NSV are 6,5,5 resp. Medical officers, Staff nurse, ANM who are trained in NSSK, IUD, RTI/STI, RI are 5,20,6,21 respectively. It was also observed that 11 medical officers and staff nurse have been trained in facility based IMNCI. 8 ANM's have received SBA training.

### 3.4) Training status of HR at FRU's:

**Figure 3.4: Training status of human resource at First referral unit**



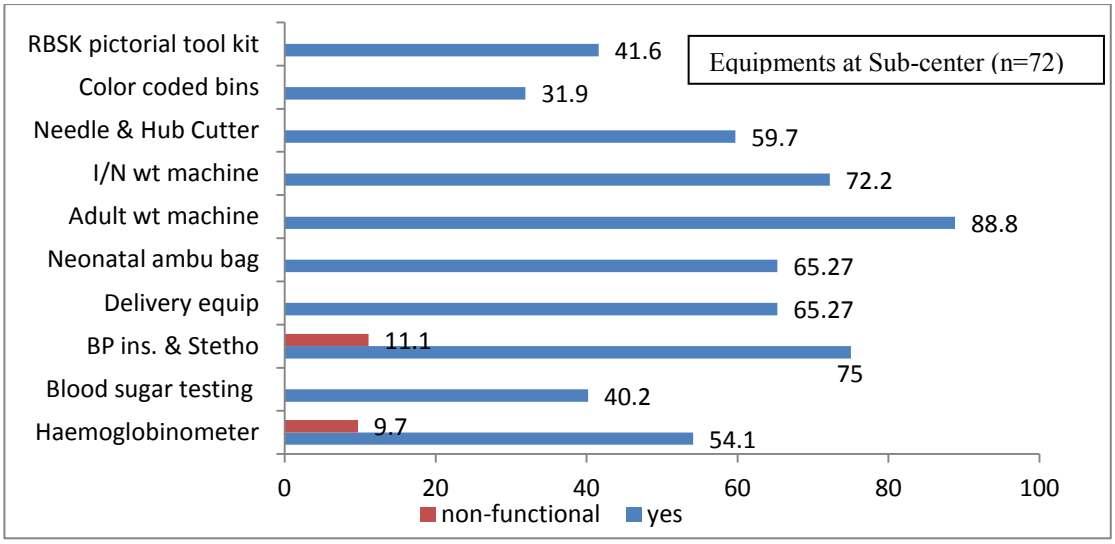

The above figure predicts the gap in the availability of training to the HR at FRU's. No LSAS, IMEP human resource is at trained FRU's also no blood storage training as no blood bank is available at any of the FRU's. EmOC, MTP, NSV, F-IMNCI, PPIUCD trained staff is available only at District women hospital. None of the CHC's has EmOC, LSAS, MTP, NSV, F-IMNCI, PPIUCD, Blood storage facilities and IMEP trained staff.

# 11. Section-IV: Equipment

Equipments are the backbone of the health care service delivery. If the facility has adequate infrastructure, manpower but if they do not have adequate equipments health service cannot be provided.

### 4.1) Equipments at Sub-center

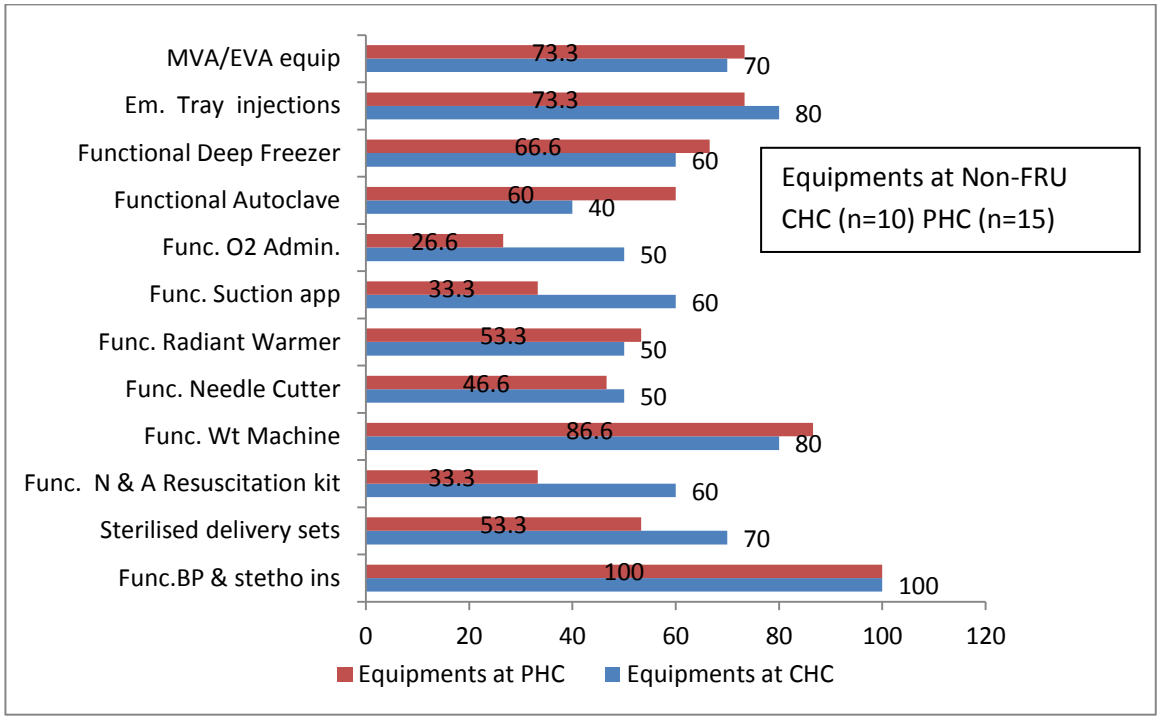
**Figure 4.1: Equipments at Sub-center**




As clear from the above figure 4.1, little more than half (54 per cent) of the sub-centers have functional equipments to measure Hemoglobin. Further analysis said that to measure Hemoglobin, in nearly 10 percent of the sub-centers equipment is non-functional. Blood pressure instrument and stethoscope are sufficient at the facilities. Needle and hub-cutter, adult and infant weighing machine are present in more than 85 percent of the facility. Only 60 percent of the facilities have sterilized delivery equipment and neonatal ambu bag. It was found that even less than one third (32 per cent) of the facilities have color coded bins and RBSK pictorial tool kit and in only two fifth (40 per cent) of the facilities have Blood sugar testing kits.

## 4.2) Equipments at Non FRU PHC/ CHC:

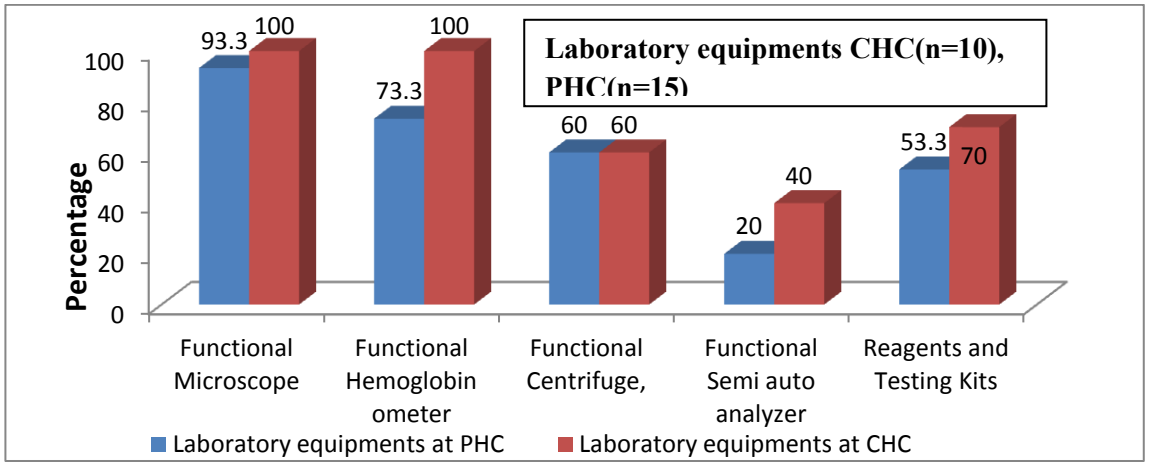
**Figure 4.2: Equipments at Non FRU PHC/CHC**




The above figure 4.2 reveals that the functional Blood Pressure instrument and stethoscope are sufficient at all the Community Health Centers and Primary Health Centers. One-fifth of the Community Health Centers do not have adult and neonatal weighing machine. Weighing machine is essential for the successful RMNCH+A program as it helps in determining the low birth weight of the infants. Also the functional suction apparatus is absent in one third (33 per cent) of the CHC's. Half (47 per cent) of the CHC's do not have radiant warmer, functional needle cutter, functional autoclave and functional oxygen apparatus equipments. Only half (53 per cent) of the PHC's have sterilized delivery sets, radiant warmer. Only one-third of the PHC's have Functional neonatal, Pediatric and Adult Resuscitation kit.

### 4.3) Laboratory equipments at Non FRU PHC/CHC

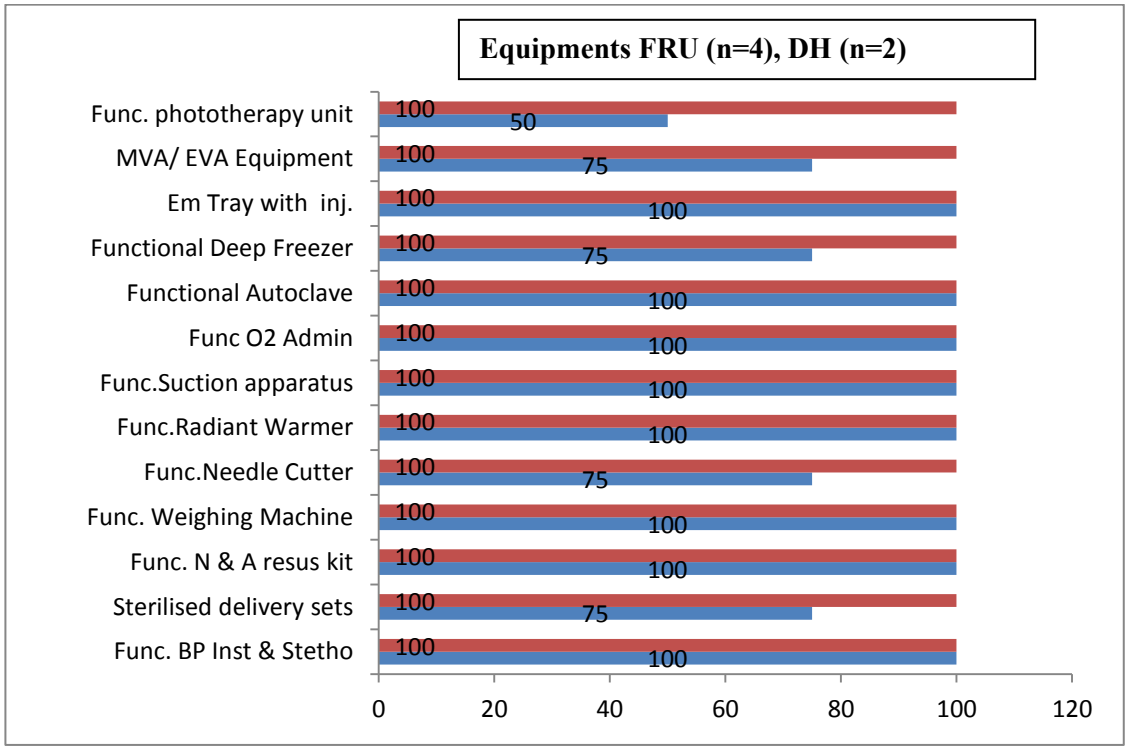
**Figure 4.3: Laboratory equipments at PHC/CHC**




The above data in the figure 4.3 reveals that huge gap is in the functional semi auto-analyzer at both the facilities. Half of the PHC's (47 per cent) do not have reagents and testing kits. Hence measures should be taken in provision of essential laboratory equipments in the facilities, so as to provide quality of services in the health facility.

### 4.4) Equipments at FRU and DH:

**Figure 4.4: Equipments at FRU and DH**

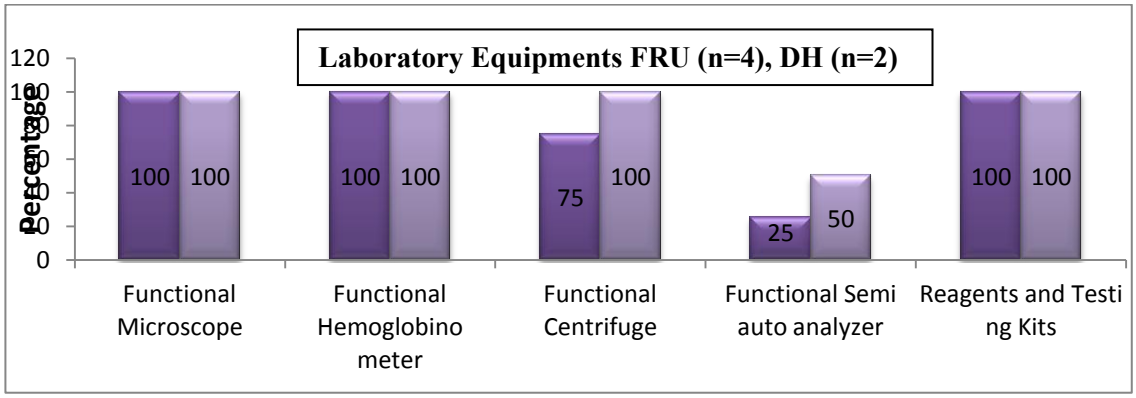



The above figure 4.4 reveals that the district hospital is well equipped with all the functional equipments. Gap in Sterilized delivery sets, Needle cutter, mechanical

Vaccum Aspiration/Electric Vaccum Aspiration equipment is present at CHC Atrauli, which are crucial for the quality of safe delivery and safe abortion or medical termination of the pregnancy as per the government norm. Gap is seen in functional deep freezer at District combined hospital. Functional phototherapy unit is absent in both the FRU's CHC's.

### 4.5) Laboratory Equipments at FRU and DH:

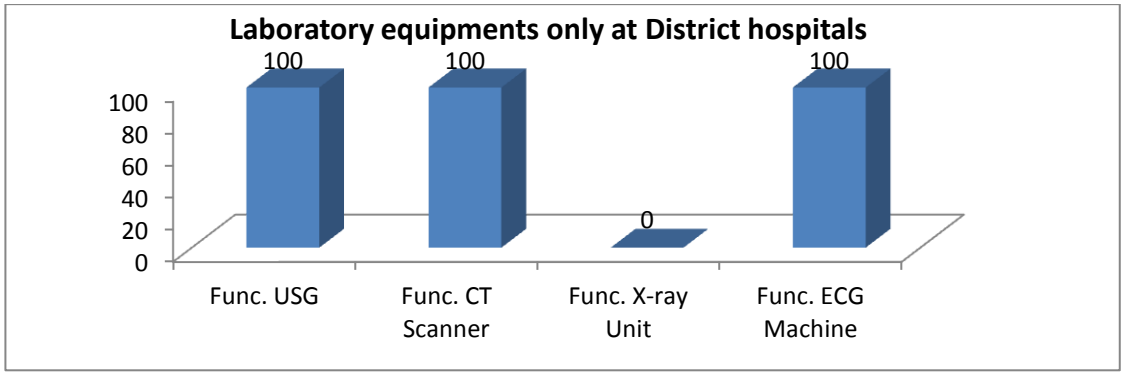
**Figure 4.5: Laboratory Equipment at FRU and DH**




The above figure 4.5 shows that district hospital is well equipped with all the functional laboratory equipments. However provision of semi auto-analyzer is only at CHC Khair, rest in all FRU's gap is seen. Functional Centrifuge is absent in CHC Atrauli.

### 4.6) Laboratory equipments available only at District hospitals:

**Figure 4.6: Laboratory equipments available only at District Hospital**

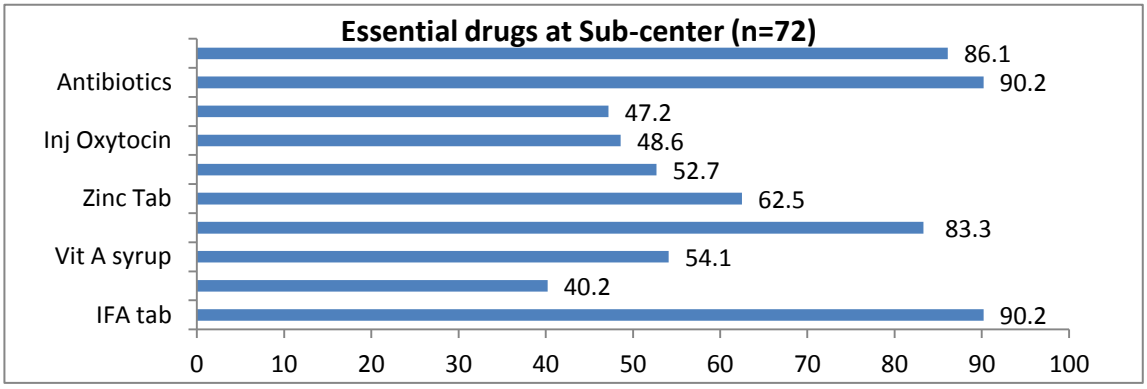



The above figure shows that the district hospital is well equipped with all the essential laboratory equipments. However, gap in X-ray unit provision was present at District hospital.

# 13. Section V: Essential drugs

### 5.1) Essential drugs at Sub-center:

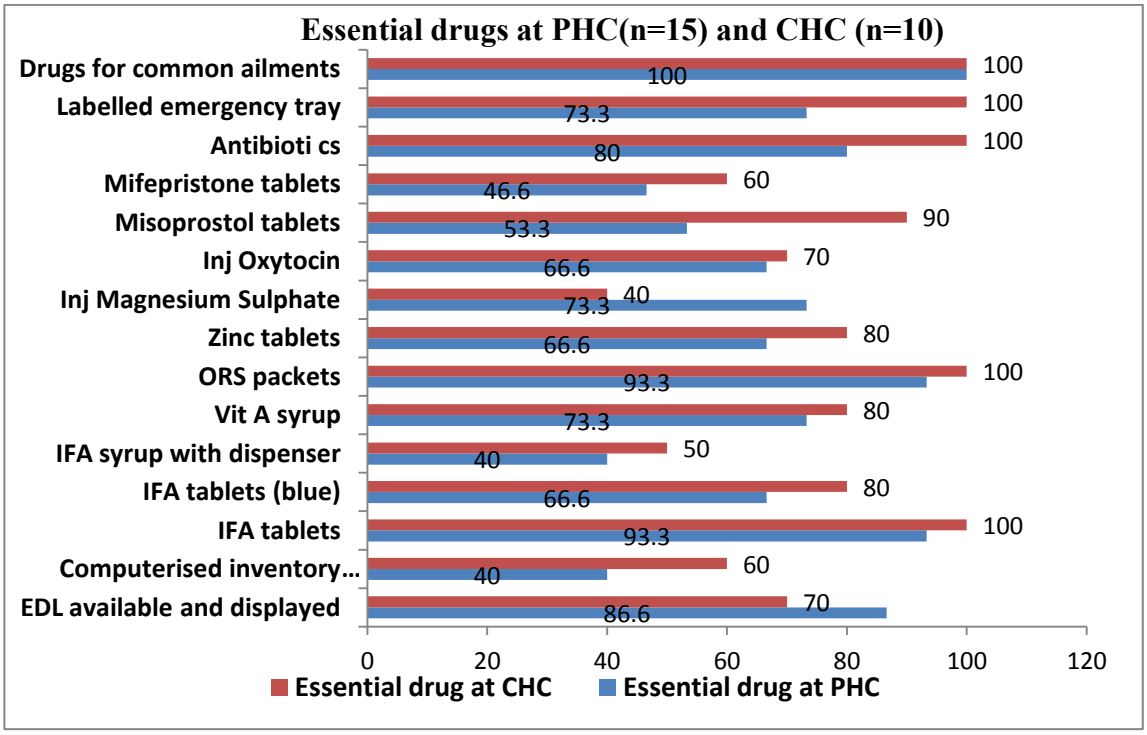
**Figure 5.1: Essential drugs at Sub-center**




Availability of essential drugs at the sub-center is important as it is the first line of treatment available to the patients, and hence for the quality of the health services these drugs should be provided at all the sub-centers. Availability of antibiotics, drugs for common ailments, ORS packets are present at all the sub-centers. Nearly half of the facilities ranging from 40 per cent to 49 per cent do not have essential drugs.

### 5.2) Essential drug at Non-FRU PHC and CHC:

**Figure 5.2: Essential drugs at Non FRU PHC and CHC**

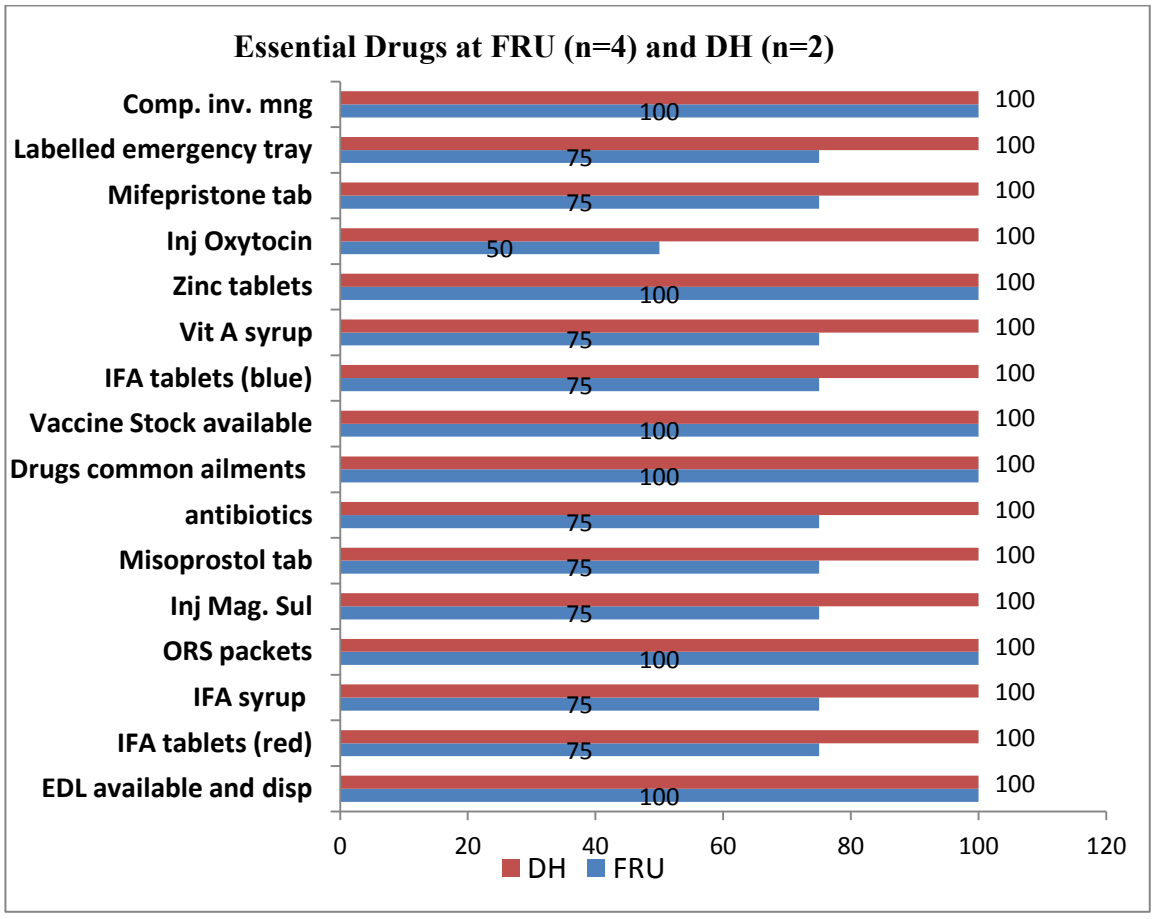



The figure 5.2 portrays a grim picture of use computerized inventory management, an important management tool for overall supply chain management in Uttar Pradesh, half of

both the CHC'S (60 per cent) and PHC's (40 per cent) has this system. There is also gap in supply of IFA syrup, mifepristone tablets at both types of facilities. Provision of the IFA tablets for the adult women and IFA blue tablets for the children is an important part of the RMNCH+A program. However two-fifth of the Primary health centers has IFA blue tablets for children to cure anemia. All the CHC'S and nearly 90 percent of all the PHC'S have sufficient supply of ORS packets, so as to treat diarrhoea in children. One third of the primary health centers (33 per cent) do not has injection oxytoxin available. Antibiotics, labeled injection trays, drugs for common ailments like diabetes, hypertension are available at all the CHC's sufficiently.

### 5.3) Essential Drugs at DH and FRU:

**Figure 5.3: Essential Drugs at District hospital and FRU**

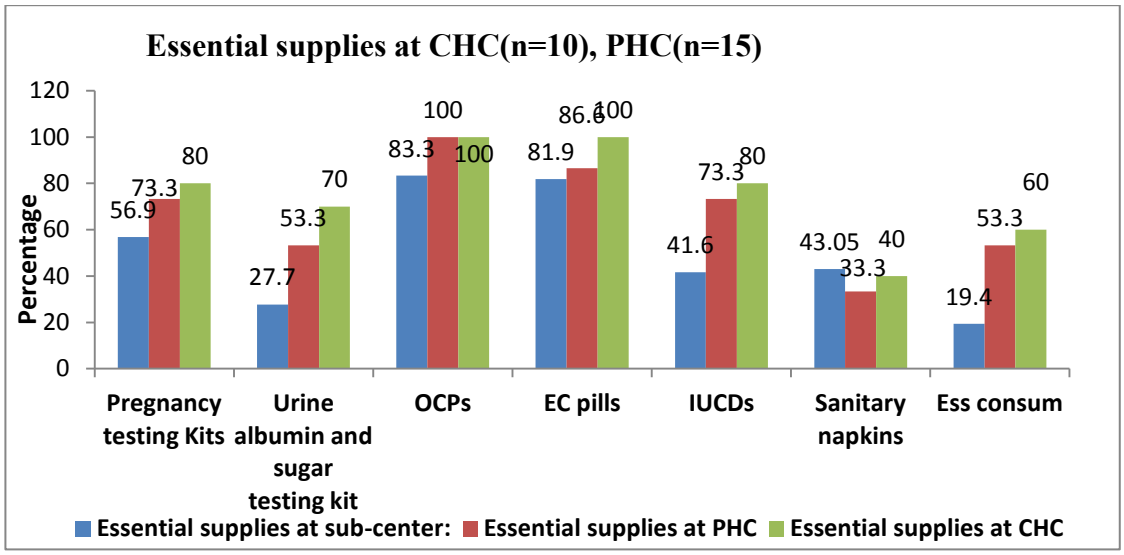



The above figure 5.3 shows that all the essential drugs are available at the district hospital. However drugs like mifepristone tablets, vitamin A syrup, IFA tablets(blue) , antibiotics, Misoprostal tablets, labeled injection trays, injection magnesium sulphate, labeled emergency trays are available at three-fourth (75 per cent) of the first referral units and is absent at CHC Atrauli. Injection Oxytocin was not present at both CHC Atrauli and district combined hospital.

# 14. Section VI: Essential Supplies

## 6.1) Essential supplies at Sub-Center, (Non FRU) PHC and CHC:

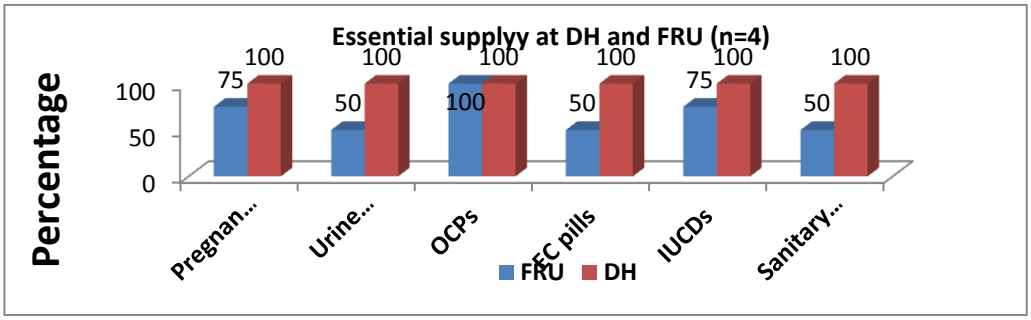
**Figure 6.1: Essential supplies at Sub center, (Non-FRU) PHC/CHC**




The figure 6.1 shows that Oral Contraceptive pills, emergency contraceptive pills are present in nearly all health facilities. Less than quarter of the sub-centers (19 per cent) have essential consumables such as gloves, Gloves, Mckintosh, Pads, bandages, and urine albumin and sugar testing kits. Three –fourth of the sub-centers ( 60 per cent) do not have IUCD's and sanitary napkins. Status of pregnancy testing kits at all health facilities also need gap fulfillment as is not available at 63 percent of the sub-centers, 27 per cent of the primary health centers and 20 per cent of the community health centers.

## 6.2) Essential supplies at DH and FRU:

**Figure 6.2: Essential supplies at District Hospital and First referral unit**

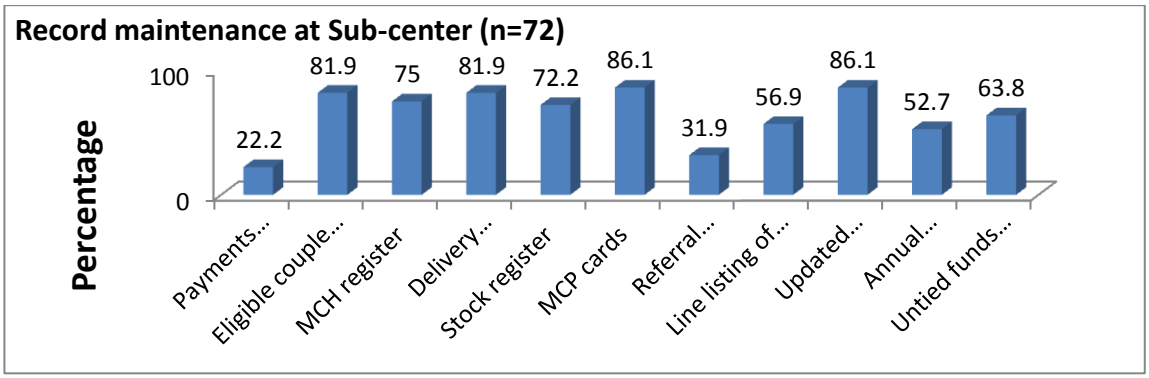



District hospitals have all the essential supplies. Gap in Pregnancy kits and IUCD's was at CHC Atrauli. In both these CHC's gap in the availability of urine albumin and sugar test, Emergency contraceptive and sanitary napkins was seen.

# 15. Section VII: Record Maintenance

**7.1) Record maintenance at Sub-center:**

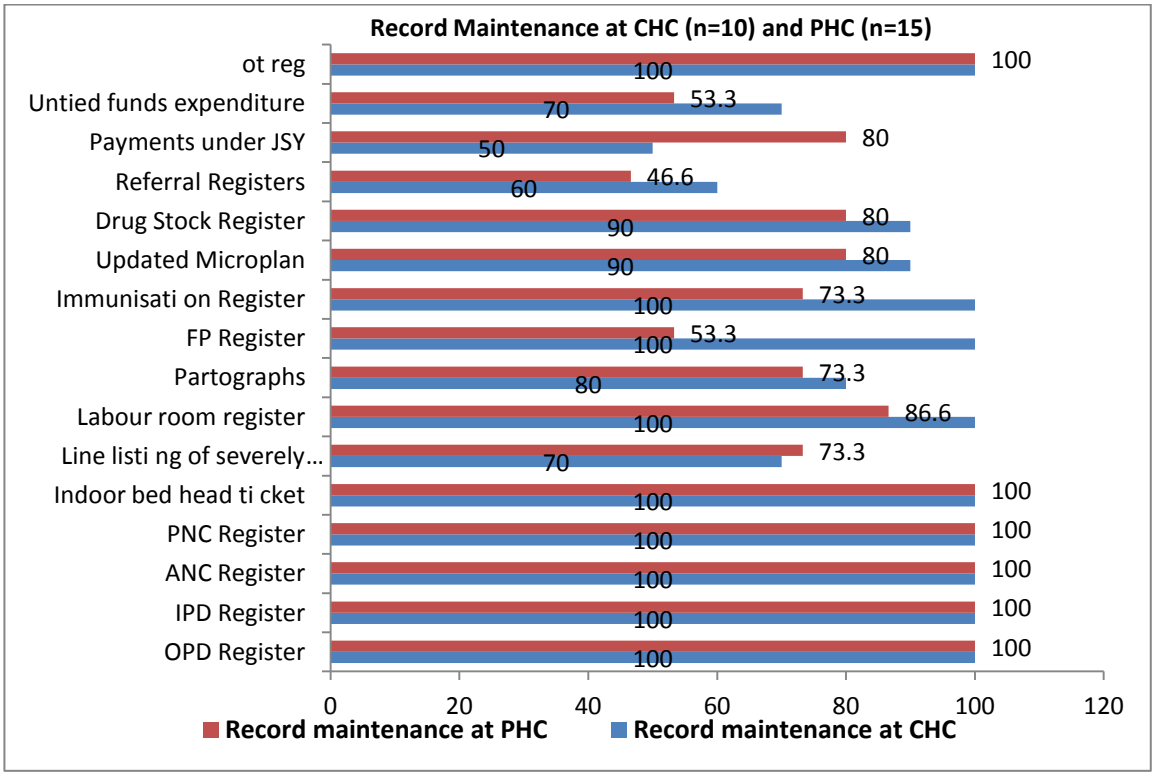
**Figure 7.1: Record maintenance at Sub-center**




The above figure 7.1 shows there is gap in line listing of severely anaemic pregnant women and referral registers was seen at 70 per cent of the sub-centers. These listing are essential component of RMNCH+A program in order to track anemic women.

**7.2) Record maintenance at (Non-FRU) CHC and PHC:**

**Figure7.2: Record Maintenance at (Non-FRU) CHC and PHC:**

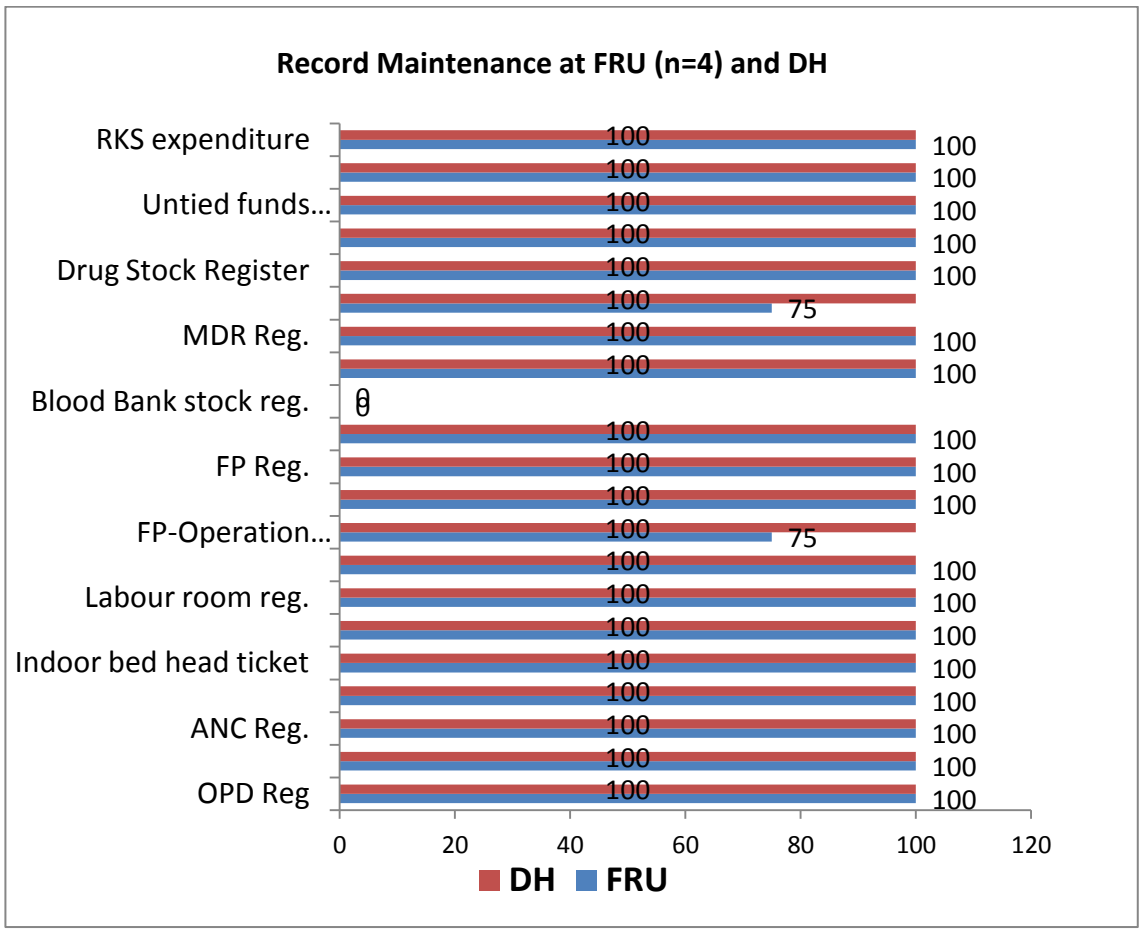



The above figure 7.2 shows that both type of health facilities have complete record maintenance for OPD, IPD, ANC, PNC, bed head tickets, anemic pregnant women

listing. However referral linkage record (50 per cent) and payment under JSY (54 per cent) and untied fund expenditure (53 per cent) have gap at community health centers.

### 7.3) Record Maintenance at FRU and DH:

**Figure 7.3: Record Maintenance at First referral unit and district hospital**

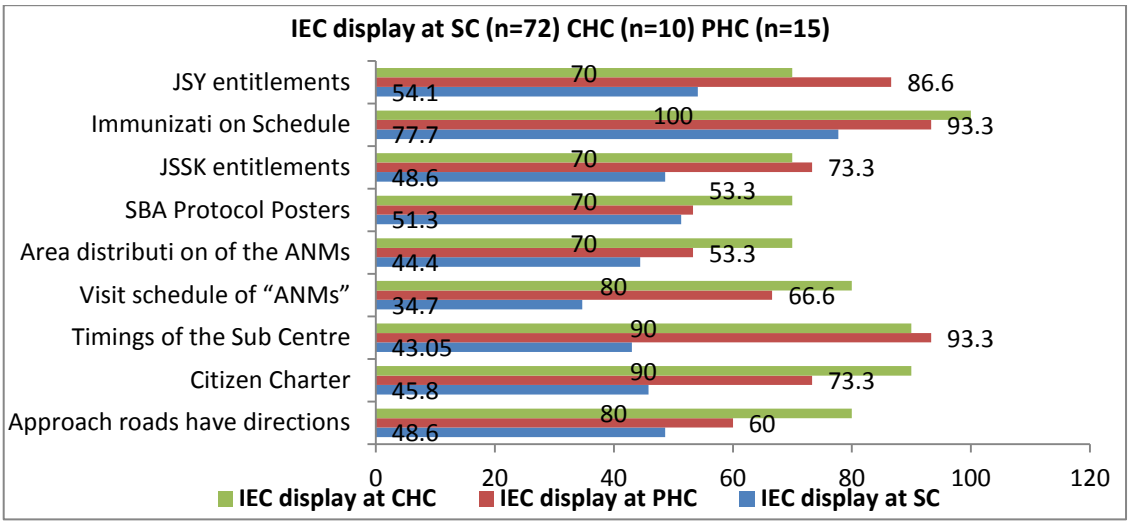



The above figure 7.3 shows fairly good condition of various records maintenance at the facilities. However, Infant death review and neonatal death review (IDR and NDR), Family planning operation records needs need to be maintained at CHC Atrauli. As blood bank was available at district male hospital only, hence no record maintenance at the facility was seen.

# 16. Section VIII: IEC Display

## 8.1) IEC display at SC, (Non-FRU) PHC and CHC:

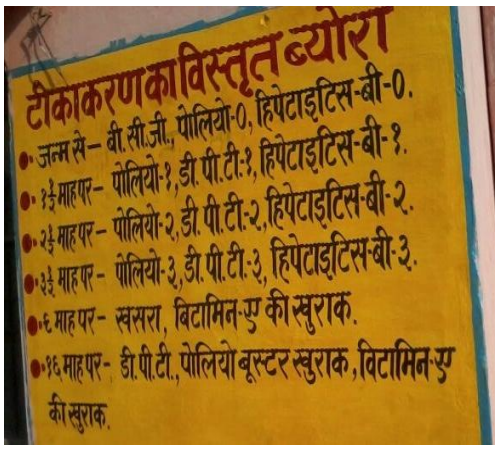
**Figure 8.1: IEC display at SC, (Non FRU) CHC and PHC**




Information, Education and Communication display are essential at the health facilities as they provide the knowledge of the facility and programs provided by government to the population and also some preventive measures that can be learned from the displays. The figure shows, gap in the IEC display at the Sub-centers as it is not displayed at all the sub-centers. However at the CHC's and PHC's level IEC is displayed well covering atleast more than 60 per cent of the facilities to 85 percent of the facilities.

## 8.2) IEC Display at First Referral Units and District Hospital:

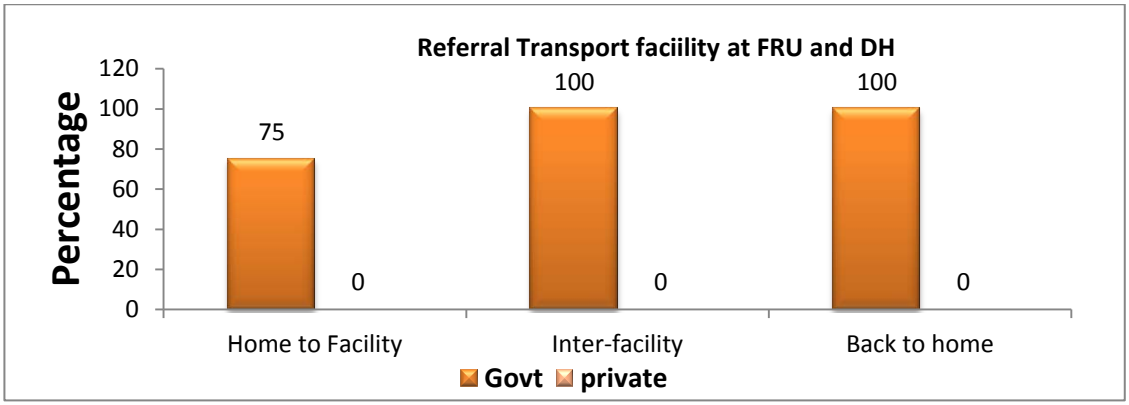
Well displayed IEC material at higher health facilities at first referral units and district hospital. List of services avaialable there, Skilled birth attendent protocols posters, JSSK entitlemensts, immunization schedule.




# 17. SECTION IX: Referral Linkages

## 9.1) Referral Facility at First Referral Unit and District Hospital:

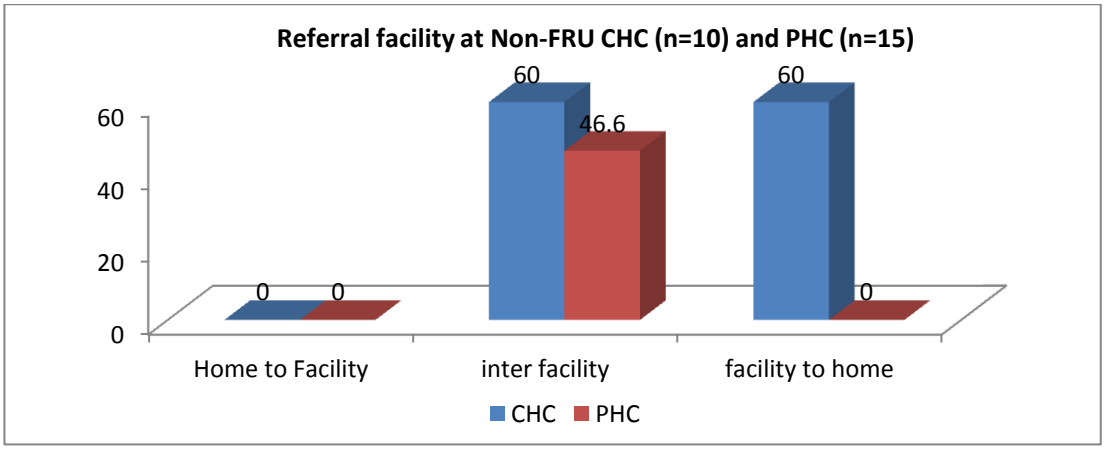
**Figure 9.1: Referral Facility at FRU and DH**




The above figure 9.1 shows 100 percent of all the FRU's and District hospital provide government transport drop back and inter-facility transport services for the beneficiaries and 50 percent home to facility and inter facility.

## 9.2) Referral Facility at Non-First Referral Unit CHC/PHC:

**Figure 9.2: Referral Facility at (Non-FRU) CHC and PHC**

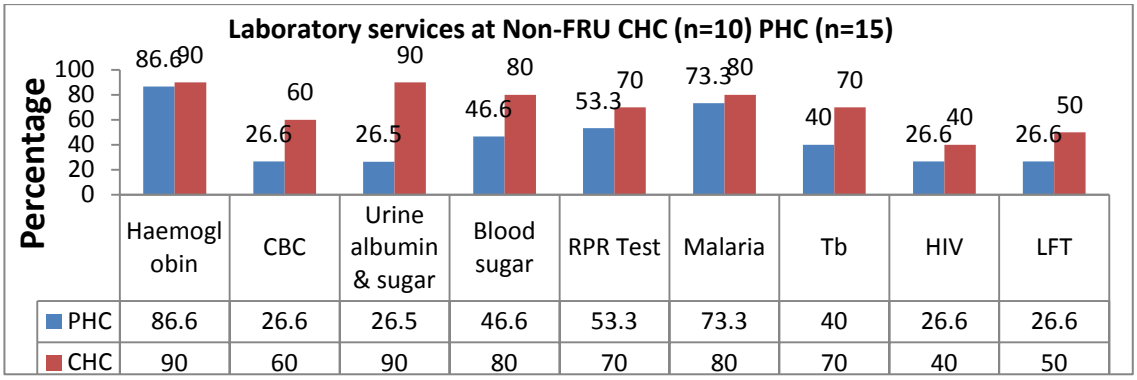



The above figure 9.2 shows that no home to facility referral system is available at (non-FRU) CHC/PHC. Drop back referral facility is available only at CHC. However, inter-facility referral transport is available at both CHC/PHC.

# 18. Section X: Laboratory Services

### 10.1) Laboratory services at Non-First Referral Unit PHC/CHC:

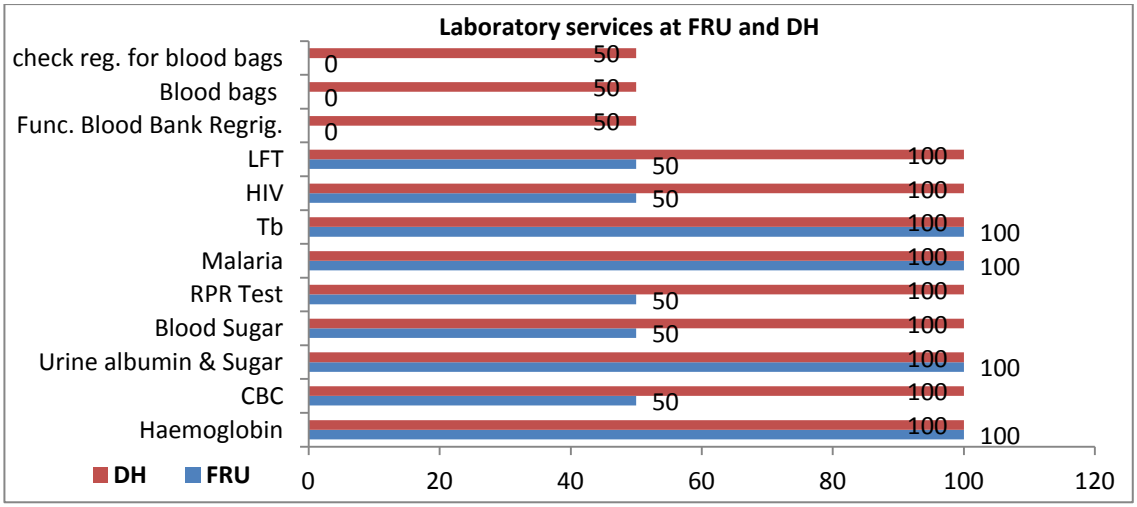
**Figure 10.1: Laboratory services at Non-First Referral Unit PHC/CHC**




The above figure 10.1 shows that none of the health facility has all the enlisted services. Haemoglobin (90 per cent), urine albumin and sugar (90 per cent), blood sugar (80 per cent) and malaria test (80 percent) services are present at the CHC's. However services like HIV (40 per cent), Liver function test (50 percent) are present at the CHC's. Haemoglobin test is in more than three fourth of the PHC's, all other services accounts for huge gap in providing services at PHC's.

### 10.2) Laboratory Services at FRU and DH:

**Figure10.2: Laboratory Services at FRU and DH:**

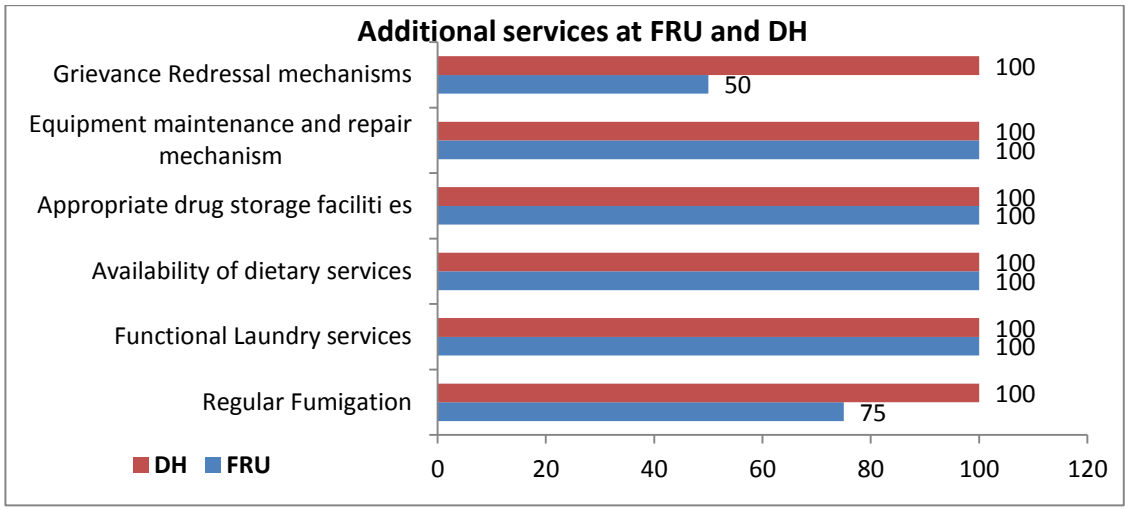



The above figure 10.2 shows that laboratory services at FRU's (CHC Atrauli and Khair) shows gap in providing services such as Complete Blood Count , Blood sugar, Rapid plasma rate, Liver function test gap in District combined hospital and CHC Atrauli. Since the blood bank facility is present only at District male hospital hence 100 percent gap regarding blood storage is seen at all the FRU's.

# 19. Section XI: Additional Services

## 11.1) Additional services at First Referral Unit and District Hospital:

**Figure 11.1: Additional services at FRU and DH**

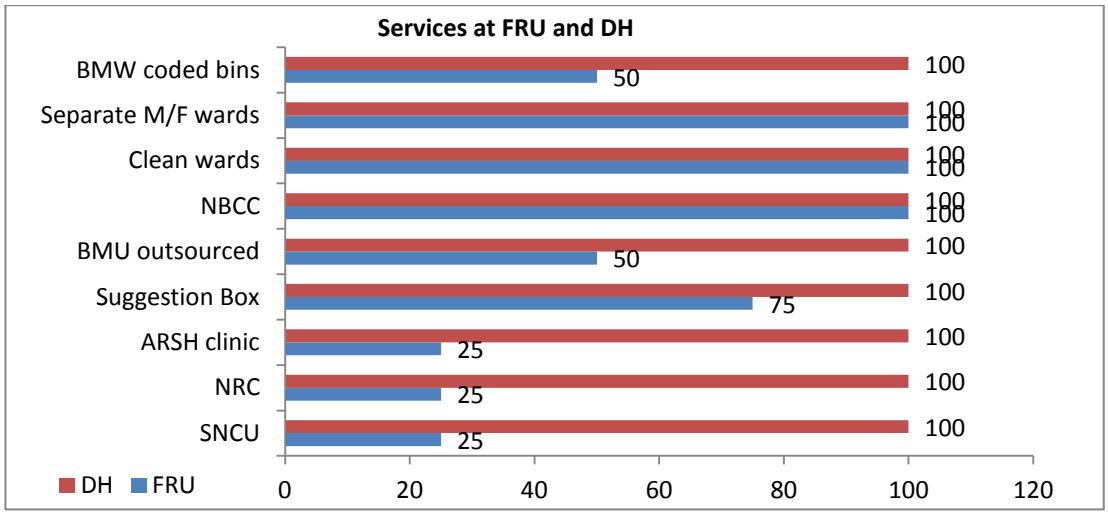



The above figure 11.1 shows that all the additional services are present in District Hospital.

Decontamination through fumigation is an important consideration for the control of pathogens and environmental contaminants in healthcare facilities However, regular fumigation is not present at CHC Atrauli and grievance redressal service is not present at both the FRU's CHC's.

## 11.2) other services at First Referral Unit and District Hospital:

**Figure 11.2: Other services at First Referral Unit and District Hospital**




It is seen from the above figure 11.2 that all these services are sufficient at district hospital. The importance of a functional SNCU cannot be overstated in a state like Uttar Pradesh where the IMR continues to be on a higher side. Special newborn care unit (SNCU) is present at District women hospital.

Availability of a functional Nutritional Rehabilitation Centre (NRC) is an equally critical step in dealing with the severe acute malnourished children (SAM). It was present only District women hospital. Having a separate room assigned for adolescent health care counseling and services is a critical first step in bringing adolescents into the public health fold and ensuring RMNCHA strategy in the state. Only district women hospital has separate room for ARSH clinic. Suggestion box was available at all the FRU's except at CHC Khair. As per the National norms the BMW should be outsourced to a CTF (central treatment facility) run and managed by designated, licensed and authorized private enterprises. It was absent in both the CHC. Availability of newborn corner at any FRU is a critical step in ensuring sick newborn survival. All FRU have functional new born corner and also clean wards. Appropriate segregation and safe disposal of bio medical waste is a legal mandate for any health facility and a critical step in ensuring ascetic services. Gap at CHC Khair and District combine hospital is present.

# 20. Discussion

At the higher level of health facilities it was seen that, the positions of OBG are filled in excess, which is good in terms of provided health services and delivery to large number of patients. Pediatrician, ANM (at maternity ward), lady health visitor positions are 100 percent filled at District women hospital. Gap in half of the positions of anesthetist, general surgeon, radiographer and counselor are not filled. Nearly one fifth of the position of the staff nurse was not filled at the district hospital. Out of the two first referral community health centers only CHC Khair has OBG available which is essential. Gap in half of the post of the medical officers was seen. Also the data reveals, except the post of pharmacist and radiographer at both the CHC's no other post is completely filled and a gap is seen in anesthetist, pediatrician, counselor and general surgeon. Even at district combined hospital the position of Radiographer and counselor is vacant. No LSAS, IMEP human resource is at trained FRU's also no blood storage training as no blood bank is available at any of the FRU's. EmOC, MTP, NSV, F-IMNCI, PPIUCD trained staff is available only at District women hospital. None of the CHC's has LSAS, MTP, NSV, F-IMNCI, PPIUCD, Blood storage, IMEP trained staff. Gap is seen in functional deep freezer and X-ray unit provision at District combined hospital. Also the functional phototherapy unit is absent in both the FRU's CHC's.

At the NON FRU CHC AND PHC: one-fourth of the primary health centers do not have medical officers. Gap in Staff nurse were seen at half of the PHC's and two-fifth of the CHC's. Two –third of these facilities have gap in the position of laboratory technicians, pharmacist and LHV. The skill birth training has been to only 5 CHC's ANM. Only half of the PHC's have sterilized delivery sets, radiant warmer. Only one-third of the PHC's have Functional neonatal, Pediatric and Adult Resuscitation kit and half of the PHC's do not have reagents and testing kits. In terms of record maintenance referral linkage record, payment under JSY have gap in nearly half of the facilities.

Coming to sub-centers: Nearly half of the sub-centers have ANM's trained in RI, IMNCI, SBA but the training status for NSSK, IUD, HBNC and RTI was at only two-fifth of the sub-centers. Nearly one-fifth of the sub-centers do not have functional equipments to measure Haemoglobin, Blood pressure instrument and stethoscope, weighing machines at the facilities.

## 21. Essential ingredients for further strengthening

**Supportive supervision-** The current functioning of the programme in District can certainly be improved by providing supportive supervision. With the timely and regular supervision of the higher authority these areas can be improved. Also the referral transport mechanism records, line listing of severe anaemic patients should be properly recorded and maintained at all the level of facility.

**Focus on the gaps:** The gaps in terms of infrastructure, Human resource, essential equipments and drug supply, referral transport mechanism and record maintenance should be focused and improved.

**Refresher trainings:** The trained manpower should be given quarterly refresher training for one or two days in which they can revise the training module and guidelines such as HBNC, NSSK and other training modules.

## 22. Limitation and Scope of Study

The study has made an effort to understand and find the gap in the RMNCH+A program at the facility based level still there are some areas which need in depth analysis of the programme are-

- Because of time limitation, not all percent of the health facilities could be covered.
- Reason behind the short comings at the facility level could be found.
- All the staff could not be covered.

# REFERENCES

Partnership for Maternal, Newborn & Child Health. *The Manila Declaration: Accelerating Progress for Women's and Children's Health in Asia and the Pacific*. Geneva: PMNCH 2012.
http://www.who.int/pmnch/media/press_materials/pr/2012/20120717_asia_pacific_dialogue/en/
index.html (accessed 8 December 2012)

Partnership for Maternal Newborn & Child Health. *A Global Review of the Key Interventions Related to Reproductive, Maternal, Newborn and Child Health (RMNCH)*. Geneva: PMNCH
2011

United Nations Secretary-General. *Global Strategy for Women's and Children's Health*. Geneva:
PMNCH 2010

# Annexure1.

**Demographic, Socio-economic and Health profile of Uttar Pradesh State as compared to India figures**

| Indicator | Uttar Pradesh | India |
|---|---|---|
| Total Population (In Crore) (Census 2011) | 19.96 | 121.01 |
| Decadal Growth (%) (Census 2001) | 20.09 | 17.64 |
| Crude Birth Rate (SRS 2011) | 27.8 | 21.8 |
| Crude Death Rate (SRS 2011) | 7.9 | 7.1 |
| Natural Growth Rate (SRS 2011) | 20.0 | 14.7 |
| Infant Mortality Rate ( SRS 2011) | 57 | 44 |
| Maternal Mortality Rate (SRS 2007-09) | 359 | 212 |
| Total Fertility Rate (SRS 2011) | 3.4 | 2.4 |
| Sex Ratio (Census 2001) | 908 | 940 |
| Child Sex Ratio (Census 2011) | 899 | 914 |
| Schedule Caste population (In Crore) (Census 2001) | 3.51 | 16.67 |
| Schedule Tribe population (in crore) (Census 2001) | 0.01 | 8.43 |
| Total Literacy Rate (%) (Census 2011) | 69.72 | 74.04 |
| Male Literacy Rate (%) (Census 2011) | 79.24 | 82.14 |
| Female Literacy Rate (%) (Census 2011) | 59.26 | 65.46 |

## Health Infrastructure of Uttar Pradesh

| Particulars | Required | In position | shortfall |
|---|---|---|---|
| Sub-centre | 31037 | 20521 | 10516 |
| Primary Health Centre | 5172 | 3692 | 1480 |
| Community Health Centre | 1293 | 515 | 778 |
| Health worker (Female)/ANM at Sub Centers & PHCs | 24213 | 22464 | 1749 |
| Health Worker (Male) at Sub Centers | 20521 | 1729 | 18792 |
| Health Assistant (Female)/LHV at PHCs | 3692 | 2040 | 1652 |
| Health Assistant (Male) at PHCs | 3692 | 4518 | * |
| Doctor at PHCs | 3692 | 2861 | 831 |
| Obstetricians & Gynecologists at CHCs | 515 | 475 | 40 |
| Pediatricians at CHCs | 515 | 547 | * |
| Total specialists at CHCs | 2060 | 1740 | 320 |
| Radiographers at CHCs | 515 | 181 | 334 |
| Pharmacist at PHCs & CHCs | 4207 | 5582 | * |
| Laboratory Technicians at PHCs & CHCs | 4207 | 1836 | 2371 |
| Nursing Staff at PHCs & CHCs | 7297 | 2627 | 4670 |

- **(Source: RHS Bulletin, March 2012, M/O Health & F.W., GOI)**

# Annexure2

## Major Health Profile - Uttar Pradesh

| Sl. No. | Indicator | Year | Uttar Pradesh |
|---|---|---|---|
| 1 | Natural Growth Rate | (2010- SRS) | 20.2 |
| | | Rural | 20.7 |
| | | Urban | 17.9 |
| 2 | Crude Birth Rate | (2010- SRS) | 28.3 |
| | | Rural | 29.2 |
| | | Urban | 24.2 |
| 3 | Crude Death Rate | (2010- SRS) | 8.1 |
| | | Rural | 8.5 |
| | | Urban | 6.3 |
| 4 | Total Fertility Rate (TFR) | N.F.H.S.-I | 4.82 |
| | | N.F.H.S.-II | 4.06 |
| | | N.F.H.S.-III | 3.82 |
| 5 | Contraceptive Prevalence Rate | N.F.H.S.-I | 19.8 |
| | | N.F.H.S.-II | 27.1 |
| | | N.F.H.S.-III | 43.6 |
| 6 | Contraceptive Prevalence Rate (Modern Methods) | N.F.H.S.-I | 18.5 |
| | | N.F.H.S.-II | 20.8 |
| | | N.F.H.S.-III | 29.3 |
| 7 | Contraceptive Prevalence Rate (Modern Methods) Spacing Methods (IUD, Pills and Condom) | N.F.H.S.-I | 5.5 |
| | | N.F.H.S.-II | 6.1 |
| | | N.F.H.S.-III | 11.8 |
| 8 | Women with 2 children Who Want No more Children (%) | N.F.H.S.-I | na |
| | | N.F.H.S.-II | 43.7 |
| | | N.F.H.S.-III | 64.2 |
| 9 | Women with 2 Daughters Who Want No more Children (%) | N.F.H.S.-I | na |
| | | N.F.H.S.-II | 17 |
| | | N.F.H.S.-III | 36 |
| 10 | ANC registration- Antenatal Care (Any)- % of women who received ANC | N.F.H.S.-I | 45 |
| | | N.F.H.S.-II | 35 |
| | | N.F.H.S.-III | 67 |
| 11 | Antenatal Care (3ANC visits)-% of women who | N.F.H.S.-I | na |

| | | | |
|---|---|---|---|
| | received 3 ANC visits | N.F.H.S.-II | 14.6 |
| | | N.F.H.S.-III | 26.3 |
| 12 | Institutional Delivery | N.F.H.S.-I | 11.2 |
| | | N.F.H.S.-II | 15.2 |
| | | N.F.H.S.-III | 22 |
| | | DLHS-III | 24.5 |
| | | 2008-09 HMIS-April-October 2008 | 22.1 |
| 13 | Full Vaccination Coverage | N.F.H.S.-I | 19.8 |
| | | N.F.H.S.-II | 22 |
| | | N.F.H.S.-III | 23 |
| | | CES 2009 | 40.9 |
| 14 | Percentage of Children Age 12-23 Months Received BCG | N.F.H.S.-I | 48.9 |
| | | N.F.H.S.-II | 56.5 |
| | | N.F.H.S.-III | 61 |
| 15 | Percentage of Children Age 12-23 Months Received 3 Polio | N.F.H.S.-I | 37.1 |
| | | N.F.H.S.-II | 41.3 |
| | | N.F.H.S.-III | 87.5 |
| 16 | Percentage of Children Age 12-23 Months Received Measles | N.F.H.S.-I | 26.3 |
| | | N.F.H.S.-II | 33.5 |
| | | N.F.H.S.-III | 37.5 |
| 17 | Percentage of Children Age 12-23 Months Received 3 DPT | N.F.H.S.-I | 34.1 |
| | | N.F.H.S.-II | 32.7 |
| | | N.F.H.S.-III | 30 |
| 18 | Immunization Coverage (% of children age 12-23 months received BCG+3 Polio+DPT+Measles) | N.F.H.S.-I | 19.8 |
| | | N.F.H.S.-II | 20.2 |
| | | N.F.H.S.-III | 22.9 |
| 19 | Trend in Children's Nutritional status [Children age below 3 years who are underweight (%)] | N.F.H.S.-I | 60.4 |
| | | N.F.H.S.-II | 51.8 |
| | | N.F.H.S.-III | 47.3 |
| 20 | Trend in Anaemia among Children [Children age 6-35 months who are anaemic (%)] | N.F.H.S.-I | na |
| | | N.F.H.S.-II | 73.8 |

## Instrument 1

## Sub Centre level Monitoring Checklist

Name of Block: ..... Name of SC: .....
Total Villages: .....

### Section I: Physical Infrastructure:[Y/N]

| S.No | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| **1** | Sub-centre located near a main habitation | | **8** | Functional and clean toilet attached to labour room | |
| **2** | Functioning in Govt. building | | **9** | Functional labour room | |
| **3** | Building in good condition | | **10** | Running 24*7 water supply | |
| **4** | Electricity with functional power back up | | **11** | Availability of complaint/ suggestion box | |
| **5** | ANM quarter available | | **12** | General cleanliness in the facility | |
| **6** | Functional New Born Care Corner(functional radiant warmer with neo-natal ambu bag | | **13** | Availability of deep burial pit for waste Management/ any other mechanism | |
| **7** | ANM residing at SC | | | | |

### Section II: Human Resource:

| S.No. | Human resource | Numbers | Specify the Training received |
|---|---|---|---|
| 1. | ANM | | |
| 2. | 2nd ANM | | |
| 3. | MPW - Male | | |

### Section III: Equipment

| S.No. | Equipment | Available and Functional | Available but non-functional | Not Available |
|---|---|---|---|---|
| 1 | Equipment for Hemoglobin Estimation | | | |
| 2 | Blood sugar testing kits | | | |
| 3 | BP Instrument and Stethoscope | | | |
| 4 | Delivery equipment | | | |
| 5 | Neonatal ambu bag | | | |
| 6 | Adult weighing machine | | | |
| 7 | Infant/New born weighing machine | | | |
| 8 | Needle & Hub Cutter | | | |
| 9 | Color coded bins | | | |
| 10 | RBSK pictorial tool kit | | | |

## Section IV: Essential Drugs[Y/N]:

| S.No | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| 1 | IFA tablets | | 6 | Inj Magnesium Sulphate | |
| 2 | IFA syrup with dispenser | | 7 | Inj Oxytocin | |
| 3 | Vit A syrup | | 8 | Misoprostol tablets | |
| 4 | ORS packets | | 9 | Antibiotics, if any | |
| 5 | Zinc tablets ailments | | 10 | Availability of drugs for common ds | |

## Section V: Essential Supplies [Y/N]:

| S.No | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| 1 | Pregnancy testing Kits | | 4 | EC pills | |
| 2 | Urine albumin and sugar testing kit | | 5 | IUCDs | |
| 3 | OCPs | | 6 | Sanitary napkins | |

## Section VI: Record Maintenance:

| S.No | Record | Available and Upto- date and correctly filled | Available but non-maintained | Not Available |
|---|---|---|---|---|
| **1** | Untied funds expenditure (Rs 10,000) | | | |
| **2** | Annual maintenance grant (Rs 10,000) | | | |
| **3** | Payments under JSY | | | |
| **6** | Eligible couple register | | | |
| **7** | MCH register ( as per GOI) | | | |
| **8** | Delivery Register as per GOI format | | | |
| **9** | Stock register | | | |
| **11** | MCP cards | | | |
| **13** | Referral Registers (In and Out) | | | |
| **15** | Line listing of severely anemic pregnant women | | | |
| **16** | Updated Micro plan | | | |

## Section VII: IEC display (Y/N):

| S.No | Material | Y/N | S.No | Material | Y/N |
|---|---|---|---|---|---|
| 1 | Approach roads have directions to the sub centre | | 6 | SBA Protocol Posters | |
| 2 | Citizen Charter | | 7 | JSSK entitlements | |
| 3 | Timings of the Sub Centre | | 8 | Immunization Schedule | |
| 4 | Visit schedule of "ANMs" | | 9 | JSY entitlements | |
| 5 | Area distribution of the ANMs/ VHND plan | | 10 | Other related IEC material | |

## Instrument 2

## Non-FRU level Monitoring Checklist CHC/PHC

Name of District: .....Name of Block: .....
Name of Non-FRU: .....
Total Villages: ..... Distance from Dist. HQ: .....

## Section I: Physical Infrastructure[Y/N]:

| S.No | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| 1 | Health facility easily accessible from nearest road | | 10 | Functional Newborn Stabilization Unit | |
| 2 | Functioning in Govt building | | 11 | Functional New born care corner | |
| 3 | Building in good condition | | 12 | Clean wards | |
| 4 | Habitable Staff Quarters for MOs | | 13 | Separate Male and Female wards | |
| 5 | Habitable Staff Quarters for SNs | | 14 | Availability of mechanism for BMW | |
| 6 | Functional and clean toilet attached to labour room | | 15 | Functional and clean labour Room | |
| 7 | Electricity with power back up | | 16 | Separate room for ARSH clinic | |
| 8 | Running 24*7 water supply | | 17 | Availability of complaint/suggestion box | |
| 9 | Clean Toilets separate for Male/Female | | 18 | Availability of mechanism if waste management | |

## Section II: Human resource:

| S.No | Category | Numbers | S.No | Category | Numbers |
|---|---|---|---|---|---|
| **1** | MO | | **4** | Laboratory technician | |
| **2** | SN | | **5** | Pharmacist | |
| **3** | ANM | | **6** | Lady health visitor | |

## Section III: Equipments [Y/N]:

| S.No | Equipments | Y/N | S.No | Equipments | Y/N |
|---|---|---|---|---|---|
| **1** | Functional BP Instrument and Stethoscope | | **7** | Functional Facility for Oxygen Administration | |
| **2** | Sterilised delivery sets | | **8** | Functional Autoclave | |
| **3** | Functional Neonatal, Paediatric and Adult Resuscitation kit | | **9** | Emergency Tray with emergency injections | |
| **4** | Functional Weighing Machine | | **10** | Functional Suction apparatus | |
| **5** | Functional Needle Cutter | | **11** | Functional Deep Freezer | |

| | | | | | |
|---|---|---|---|---|---|
| **6** | Functional Radiant Warmer | | **12** | MVA/EVEquipmen t | |
| **LABORATORY Equipments** | | | | | |
| **1** | Functional Microscope | | **4** | Functional Hemoglobinometer | |
| **2** | Functional Centrifuge | | **5** | Functional Semi auto analyzer | |
| **3** | Reagents and Testing Kits | | | | |

## Section IV: Essential Drugs and Supplies[Y/N]:

| S.No | Material | Y/N | S.No | Materials | Y/N |
|---|---|---|---|---|---|
| **1** | EDL available and displayed | | **9** | Vaccine Stock available | |
| **2** | IFA tablets (red) | | **10** | IFA tablets (blue) | |
| **3** | IFA syrup with dispenser | | **11** | Vit A syrup | |
| **4** | ORS packets | | **12** | Zinc tablets | |
| **5** | Inj Magnesium Sulphate | | **13** | Inj Oxytocin | |
| **6** | Misoprostol tablets | | **14** | Mifepristone tablets | |
| **7** | Availability of antibiotics | | **15** | Labelled emergency tray | |
| **8** | Drugs for hypertension, Diabetes, common ailments | | **16** | Computerised inventory management | |

## Section V: Essential Supplies:

| | | | | | |
|---|---|---|---|---|---|
| **1** | Pregnancy testing kits | | **4** | OCPs | |
| **2** | EC pills | | **5** | IUCDs | |
| **3** | Urine albumin and sugar testing kit | | **6** | Sanitary napkins | |
| **OTHER SERVICES** | | | | | |
| **1** | Hemoglobin | | **6** | Urine albumin and sugar | |
| **2** | CBC | | **7** | Blood sugar | |
| **3** | RPR (Rapid Plasma Reagin) test | | **8** | Malaria | |
| **4** | T.B (Sputum for AFB) | | **9** | HIV | |

## Section VI: Record Maintenance:

| S. no | Record | Available and Updated and Correctly filled | Available but Not maintained | Not Available |
|---|---|---|---|---|
| 1 | OPD Register | | | |
| 2 | IPD Register | | | |
| 3 | ANC Register | | | |
| 4 | PNC Register | | | |
| 5 | Indoor bed head ticket | | | |
| 6 | Severely anaemic pregnant women | | | |
| 7 | Labour room register | | | |
| 8 | Partographs | | | |
| 9 | OT Register | | | |
| 10 | FP Register | | | |
| 11 | Immunization Register | | | |

| | | | | |
|---|---|---|---|---|
| 12 | Updated Microplan | | | |
| 13 | Referral Register (In and Out) | | | |
| 14 | Drug Stock Register | | | |
| 15 | Payment under JSY | | | |
| 16 | Untied funds expenditure | | | |

## Section VII: IEC Display:

| S.No | Material | Y/N | S.No | Material | Y/N |
|---|---|---|---|---|---|
| **1** | Approach roads have directions to the health facility | | **4** | Immunization Schedule | |
| **2** | Citizen Charter | | **5** | Timings of the health facility | |
| **3** | JSSK entitlements | | **6** | JSY entitlements | |

## Section VIII: Additional/Support Services:

| | | | | | |
|---|---|---|---|---|---|
| **1** | Regular sterilisation of Labor room | | **4** | Grievances redressal | |
| **2** | Functional Laundry/washing services | | **5** | Equipment maintenance and repair mechanism | |
| **3** | Appropriate drug storage facilities | | **6** | Availability of dietary services | |

# Instrument 3

# FRU level Monitoring Checklist CHC/PHC

Name of District: .....Name of Block: .....
Name of FRU: ..... Total Villages: .....

## Section I: Physical Infrastructure[Y/N]:

| S.No | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| 1 | Health facility easily accessible from nearest road | | 11 | Functional Newborn Stabilization Unit | |
| 2 | Functioning in Govt building | | 12 | Functional SNCU | |
| 3 | Building in good condition | | 13 | Clean wards | |
| 4 | Habitable Staff Quarters for MOs | | 14 | Separate Male and Female wards | |
| 5 | Habitable Staff Quarters for SNs | | 15 | Availability of mechanism for BMW | |
| 6 | Habitable Staff Quarters for other categories | | 16 | Functional and clean toilet attached to labour room | |
| 7 | Electricity with power back up | | 17 | Separate room for ARSH clinic | |
| 8 | Running 24*7 water supply | | 18 | Availability of complaint/suggestion box | |
| 9 | Clean Toilets separate for Male/Female | | 19 | Availability of Nutritional Rehabilitation Centre | |
| 10 | Functional and clean labour Room | | 20 | Functional New born care corner (functional radiant warmer with neo-natal ambu bag) | |

## Section II: Human resource:

| S.No | Category | Numbers | S.No | Category | Numbers |
|---|---|---|---|---|---|
| **1** | OBG | | **8** | Laboratory technician | |
| **2** | Anesthetist | | **9** | Pharmacist | |
| **3** | Pediatrician | | **10** | Lady health visitor | |
| **4** | General Surgeon | | **11** | Radiographer | |
| **5** | Other Specialists | | **12** | RMNCHA+ counselors | |
| **6** | Medical officer | | **13** | ANMs | |
| **7** | Superintendent Nurse | | **14** | Others | |

## Section III: Equipments [Y/N]:

| S. No | Equipments | Y/N | S.No | Equipments | Y/N |
|---|---|---|---|---|---|
| **1** | Functional BP Instrument and Stethoscope | | **8** | Functional Facility for Oxygen Administration | |
| **2** | Sterilised delivery sets | | **9** | Functional Autoclave | |

| | | | | | |
|---|---|---|---|---|---|
| **3** | Functional Neonatal, Paediatric and Adult Resuscitation kit | | **10** | Emergency Tray with emergency injections | |
| **4** | Functional Weighing Machine (Adult and child) | | **11** | Functional phototherapy unit | |
| **5** | Functional Needle Cutter | | **12** | Functional Deep Freezer | |
| **6** | Functional Radiant Warmer | | **13** | MVA/EVA | |
| **7** | Functional Suction apparatus | | | | |

**LABORATORY Equipments**

| | | | | | |
|---|---|---|---|---|---|
| **1** | Functional Microscope | | **4** | Functional Hemoglobinometer | |
| **2** | Functional Centrifuge | | **5** | Functional Semi auto analyzer | |
| **3** | Reagents and Testing Kits | | | | |

## Section IV: Essential Drugs [Y/N]:

| S.No | Material | Y/N | S.No | Materials | Y/N |
|---|---|---|---|---|---|
| **1** | EDL available and displayed | | **9** | Vaccine Stock available | |
| **2** | IFA tablets (red) | | **10** | IFA tablets (blue) | |
| **3** | IFA syrup with dispenser | | **11** | Vit A syrup | |
| **4** | ORS packets | | **12** | Zinc tablets | |
| **5** | Inj Magnesium Sulphate | | **13** | Inj Oxytocin | |
| **6** | Misoprostol tablets | | **14** | Mifepristone tablets | |
| **7** | Availability of antibiotics | | **15** | Labelled emergency tray | |
| **8** | Drugs for hypertension, Diabetes, common ailments | | **16** | Computerised inventory management | |

## Section V: Essential Supplies

| | | | | | |
|---|---|---|---|---|---|
| **1** | Pregnancy testing kits | | **4** | OCPs | |
| **2** | EC pills | | **5** | IUCDs | |
| **3** | Urine albumin and sugar testing kit | | **6** | Sanitary napkins | |

## Section VI: Other Services

| | | | | | |
|---|---|---|---|---|---|
| **1** | Hemoglobin | | **6** | Urine albumin and sugar | |
| **2** | CBC | | **7** | Blood sugar | |
| **3** | RPR (Rapid Plasma Reagin) test | | **8** | Malaria | |
| **4** | T.B (Sputum for AFB) | | **9** | HIV | |
| **5** | Liver function tests(LFT) | | | | |

| S. no | Record | Available and Updated and Correctly filled | Available but Not maintained | Not Available |
|---|---|---|---|---|
| 1 | OPD Register | | | |
| 2 | IPD Register | | | |
| 3 | ANC Register | | | |
| 4 | PNC Register | | | |
| 6 | Severely anaemic pregnant women | | | |
| 7 | Labour room register | | | |
| 8 | Partographs | | | |
| 10 | OT Register | | | |
| 11 | FP Register | | | |
| 12 | Immunization Register | | | |
| 13 | Updated Microplan | | | |
| 14 | Blood Bank stock register | | | |
| 15 | Referral Register (In and Out) | | | |
| 16 | MDR Register | | | |
| 17 | Infant Death Review and | | | |
| 18 | Neonatal Death Review | | | |
| 19 | Drug Stock Register | | | |
| 20 | Payment under JSY | | | |
| 21 | Untied funds expenditure | | | |

## Section VIII: Referral linkages:

| S.No | JSSK | Mode of transport | No. of women transported | No. of sick infants transported | No. of children 1-6 years | Free/Paid |
|---|---|---|---|---|---|---|
| **10.1** | Home to facility | | | | | |
| **10.2** | Inter facility | | | | | |
| **10.3** | Facility to Home | | | | | |

## Section IX: IEC Display:

| S.No | Material | Y/N | S.No | Material | Y/N |
|---|---|---|---|---|---|
| **1** | Approach roads have directions to the health facility | | **6** | Immunization Schedule | |
| **2** | Citizen Charter | | **7** | Timings of the health facility | |
| **3** | List of services available | | **8** | Essential Drug List | |
| **4** | Protocol Posters | | **9** | Other related IEC material | |
| **5** | JSSK entitlements ( Displayed in ANC Clinics/PNC Clinics) | | **10** | JSY entitlements( Displayed in ANC Clinics/PNC Clinics) | |

## Section X: Additional/Support Services:

| | | | | | |
|---|---|---|---|---|---|
| **1** | Regular sterilisation of Labor room | | **4** | Regular sterilisation of OT | |
| **2** | Functional Laundry/washing services | | **5** | Equipment maintenance and repair mechanism | |
| **3** | Appropriate drug storage facilities | | **6** | Availability of dietary services | |

## Section XI: Training Status of HR [PHC/CHC]

| S.No. | Training | No. trained |
|---|---|---|
| 1. | EmOC (emergency obstetric care) | |
| 2. | BeMOC (basic emergency obstetric care) | |
| 3. | SBA (skilled birth attendant) | |
| 4. | MTP/MVA (medical termination of pregnancy) | |
| 5. | SV (scalpel vasectomy) | |
| 6. | F-IMNCI | |
| 7. | NSSK | |
| 8. | Mini Lap-Sterilisations | |
| 9. | Laproscopy-Sterilisations | |
| 10. | IUCD | |
| 11. | PPIUCD | |
| 12. | Blood storage | |
| 13. | IMEP (infection management and environmental plan) | |
| 14. | Immunization and cold chain | |

## Instrument 4

## DH level Monitoring Checklist

Name of District: .....Name of Block: .....
Name of DH: .....Total Villages: .....

## Section I: Physical Infrastructure:

| S.no | Infrastructure | Y/N | S.No | Infrastructure | Y/N |
|---|---|---|---|---|---|
| 1. | Accessible from nearest road head | | 13 | Functional New born care corner | |
| 2. | Functioning in Govt building | | 14 | Functional NSU | |
| 3. | Building in good condition | | 15 | Functional SNCU | |
| 4. | Habitable Staff Quarters for MOs | | 16 | Clean wards | |
| 5. | Habitable Staff Quarters for other categories | | 17 | Separate Male and Female wards | |
| 6. | Habitable Staff Quarters for SNs | | 18 | Availability of Nutritional Rehabilitation Centre | |
| 7. | Electricity with power back up | | 19 | Functional BB/BSU, specify | |
| 8. | Running 24*7 water supply | | 20 | Separate room for ARSH clinic | |
| 9. | Clean Toilets separate for Male/Female | | 21 | Availability of complaint/ suggestion box | |
| 10. | Functional and clean toilet attached to labour room | | 22 | Availability of mechanisms for Biomedical waste management | |
| 11. | Functional and clean labour Room | | 23 | BMW outsourced | |
| 12. | Availability of functional help desk | | | | |

**Section II: Human resource:**

| S.No | Category | Numbers | S.No | Category | Numbers |
|---|---|---|---|---|---|
| 4. | OBG | | 8 | LTs | |
| 5. | Anaesthetist | | 9 | ANMs | |
| 6. | Paediatrician | | 10 | Pharmacist | |
| 7. | General Surgeon | | 11 | LHV | |
| 8. | Other Specialists | | 12 | Radiographer | |
| 9. | MOs | | 13 | RMNCHA+ counsellors | |
| 10. | SNs | | | | |

**Training Status of HR:**

| S.No | Training | No. trained | S.No | Training | No. trained |
|---|---|---|---|---|---|
| 1. | EmOC | | 9 | Mini Lap-Sterilisations | |
| 2. | LSAS | | 10 | Laproscopy-Sterilisations | |

| | | | | | |
|---|---|---|---|---|---|
| 3. | BeMOC | | 11 | IUCD | |
| 4. | SBA | | 12 | PPIUCD | |
| 5. | MTP/MVA | | 13 | Blood storage | |
| 6. | NSV | | 14 | IMEP | |
| 7. | F-IMNCI | | 15 | Immunization and cold chain | |
| 8. | NSSK | | | | |

## Section III: Equipment:

| S.No | Equipment | Y/N | S.No | Equipment | Y/N |
|---|---|---|---|---|---|
| 1. | Functional BP Instrument and Stethoscope | | 9 | Functional Weighing Machine | |
| 2. | Sterilised delivery sets | | 10 | | |
| 3. | Functional Neonatal, Paediatric and Adult Resuscitation kit | | 11 | Emergency Tray with emergency injections | |
| 4. | Functional Needle Cutter | | 12 | Functional Autoclave | |
| 5. | Functional Radiant Warmer | | 13 | Functional ILR and Deep Freezer | |
| 6 | Functional suction apparatus | | 14 | MVA/ EVA Equipment | |
| 7 | Functional Facility for Oxygen Administration | | 15 | Functional phototherapy unit | |
| **S.No** | **Laboratory Equipment** | **Y/N** | | | |
| 1 | Functional Microscope | | 6 | Functional Ultrasound Scanners | |
| 2 | Functional Hemoglobinometer | | 7 | Functional C.T Scanner | |
| 3 | Functional Centrifuge | | 8 | Functional X-ray units | |
| 4 | Functional Semi autoanalyzer | | 9 | Functional ECG machines | |
| 5 | Reagents and Testing Kits | | | | |
| | | | | | |

## Section IV: Essential Drugs

| S.No | Material | Y/N | S.No | Material | Y/N |
|---|---|---|---|---|---|
| | EDL available and displayed | | 9 | Inj Magnesium Sulphate | |
| | ORS packets | | 10 | Inj Oxytocin | |
| | IFA tablets | | 11 | Misoprostol tablets | |
| | IFA tablets (blue) | | 12 | Mifepristone tablets | |
| | IFA syrup with dispenser | | 13 | Availability of antibiotics | |
| | Vit A syrup | | 14 | Labelled emergency tray | |
| | Computerised inventory management | | 15 | Drugs for hypertension, Diabetes, common ailments | |
| | Z inc tablets | | 16 | Vaccine Stock available | |

## Section V: Essential Supplies:

| | | | | | |
|---|---|---|---|---|---|
| 1. | Pregnancy testing kits | | | EC pills | |
| 2. | Urine albumin and sugar testing kit | | | IUCDs | |
| 3. | OCPs | | | Sanitary napkins | |
| **S.No** | **Essential Consumables** | **Y/ N** | **S.No** | **Essential Consumables** | **Y/N** |
| 1 | Gloves | | 3 | bandages, and gauze etc. | |
| 2 | Mckintosh, | | | | |

**Section VI: Other Services:**

| **S.No** | **Material** | **Y/ N** | **S.No** | **Material** | **Y/N** |
|---|---|---|---|---|---|
| 1. | Haemoglobin | | 9 | RPR (Rapid Plasma Reagin) test | |
| 2. | CBC | | 10 | Malaria (PS or RDT) | |
| 3. | Urine albumin and sugar | | 11 | T.B (Sputum for AFB) | |
| 4. | Blood sugar | | 12 | HIV (RDT) | |
| 5 | Liver function tests(LFT) | | 13 | ECG | |
| 6 | Ultrasound scan (Ob.) | | 14 | Endoscopy | |
| 7 | Ultrasound Scan (General) | | 15 | Others , pls specify | |
| 8 | X-ray | | | | |

**Section VII: Record Maintenance:**

| **S. no** | **Record** | **Available and Updated and Correctly filled** | **Available but Not maintained** | **Not Available** |
|---|---|---|---|---|
| 9.1 | OPD Register | | | |
| 9.2 | IPD Register | | | |
| 9.3 | ANC Register | | | |
| 9.4 | PNC Register | | | |
| 9.5 | Indoor bed head ticket | | | |
| 9.6 | Line listing of severely anaemic pregnant women | | | |
| 9.7 | Labour room register | | | |
| 9.8 | Partographs | | | |
| 9.9 | FP-Operation Register (OT) | | | |
| 9.10 | OT Register | | | |
| 9.11 | FP Register | | | |
| 9.12 | Immunisation Register | | | |

| | | | | |
|---|---|---|---|---|
| 9.13 | Updated Microplan | | | |
| 9.14 | Blood Bank stock register | | | |
| 9.15 | Referral Register (In and Out) | | | |
| 9.16 | MDR Register | | | |
| 9.17 | Infant Death Review and Neonatal Death Review | | | |
| 9.18 | Drug Stock Register | | | |
| 9.19 | Payment under JSY | | | |
| 9.20 | Untied funds expenditure | | | |

**Section VIII: Referral Linkages in last two quarters:**

| S.No. | JSSK | Mode of Transport (Specify Govt./ pvt) |
|---|---|---|
| 1. | Home to facility | |
| 2. | Inter facility | |
| 3. | Facility to Home (drop back) | |

**Section IX: IEC Display:**

| S.No | Material | Y/N | S.No | Material | Y/N |
|---|---|---|---|---|---|
| 1 | Approach roads have directions to the sub centre | | 6 | SBA Protocol Posters | |
| 2 | Citizen Charter | | 7 | JSSK entitlements | |
| 3 | Timings of the Sub Centre | | 8 | Immunization Schedule | |
| 4 | Visit schedule of "ANMs" | | 9 | JSY entitlements | |

**Section X: Additional/Support Services:**

| S.No | Material | Y/N |
|---|---|---|
| 1. | Regular Sterilisation –Labour Room (Check Records) | |
| 2. | Regular Sterilisation –OT (Check Records) | |
| 3. | Functional Laundry/washing services | |
| 4. | Availability of dietary services | |
| 5. | Appropriate drug storage facilities | |
| 6. | Equipment maintenance and repair mechanism | |
| 7. | Grievance Redressal mechanisms | |