Summer Training at
National Health Mission, Government of Gujarat, Anand
(April 3 to June 2, 2017)

Assessment of Anemia in Pregnant and Lactating Women in Anand District, Gujarat

By
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MBA Hospital & Health Management
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Dr. Insu Maurya** has undergone summer training in **NHM, Gujarat** from **3rd April to 2nd June 2017**.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

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Letter No. Health/Certi/EC/621/2017 Dt. 02/06/2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Miss.Insu Maurya student of M.B.A – H.M, I.I.H.M.R University, Jaipur. She has undergone summer training for two months at N.H.M Gujarat. During the period of her Intenship Programme with us she was found punctual hardworking and inquisitive.

We wish her good luck for all future endeavours.

Place:- Anand
Dt.02/06/2017

District Panchayat Anand

Chief District Health Officer
District Panchayat,Anand

ACKNOWLEDGEMENT

At first, I would like to thank Government of Gujarat who was munificent enough to allow me to carry out my Summer Training.

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I would also like to thank the staff of the District health Office, Taluka health office, ICDS, CHC, PHC, SC, and Anganwadi for enabling me to visit their offices to observe their daily operations.

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My Special thanks to my Mentor Dr. Nutan Mam, for her professional guidance and Valuable support

PREFACE

Summer training is an inherent part of the MBA curriculum. As it is a part of the management, Student of the 1st year is placed at an Organization to get insight into various branch of an organization and grab comprehension of the health care delivery system. The significance of the summer training can be appreciated from the fact that it is an opportunity for the students. They can put their theoretical knowledge into practice which is learned during 1st year.

The major objectives of the summer training are as follows:

- To better understand the existing health delivery system including public and private sectors.
- To observe the implementation of various National Health Programmes at District level.
- To understand various functions of the health systems by the interactions with key stakeholders, program manager.
- To identify the gaps in human resource, service delivery quality, data collection.
- To work on the project during summer training in Organization.

PART 1

PART 2

ABBREVIATION

ANC	Anti Natal Care
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health activist
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga, and Naturopathy, Unani, Siddha and Homeopathy
BHO	Block Health Officer
BCC	Behavior Change Communication
CDHO	Chief District Health Officer
CMTC	Child Malnutrition Centre
CHC	Community Health Centre
DPC	District programme coordinator
F-ASHA	Facilitator- Accredited Social Health activist
FHS	Female Health Supervisor
FHW	Female Health Worker
IEC	Information Education Communication
JSY	Janani Suraksha Yojana
JSSK	Janani Shishu Shuraksha Karyakaram
KPSY	Kasturba Poshad Sahay Yojana
LHA	Lady Health Advisor
MAY	Ma-Yojana
MNY	Mukhya Mantri Nidan Yojana
MO	Medical Officer
MPHW	Multipurpose Health Worker
NHM	National Health Mission
NQAS	National Quality Assurance Standard
PNC	Post- Natal Care
PHC	Primary Health Centre
RCHO	Reproductive Child Health Officer
SC	Sub Centre

INTRODUCTION:

National Health Mission(NHM):

NHM has created a wide web to provide primary, secondary, tertiary facilities at the door step of citizen. Focusing major concern on BPL family and weaker divisions in rural and urban areas and has 2 Sub missions (NRHM and NUHM). NHM has increased the access of health services, quality of health and strengthen the public health system. It consists of Reproductive and Child Health project, National Disease Control Program and Integrated Disease Surveillance Program. NHM has also started the Arogya Setu conducted by AYUSH Medical Officer in all PHC.

Profile of Anand District:

- Anand District is an administrative district of Gujarat state in Western India and is popularly known as *charotar*. Anand is the administrative headquarters of the district.
- According to the 2011 census, Anand district has a population of 2090276 (with total Males 1,088,253 and total Females 1,002,023). This gives it a ranking of 219th in India.

  Male- 1,088,253

  Female- 1,002,023

- Population density of the District is 711 inhabitants per square kilometer (1,840/sq mi).
- Population growth rate over the decade 2001- 2011 was 12.5%.
- Anand has a sex ratio of 921 females for every 1000 males.
- Literacy rate of 85.79% (Males 93.23% and females 77.76%).

ADMINISTRATIVE DIVISIONS:

Health Facility Information:

Table 1: No. of health care organization in Anand District

S.No.	Organization Name	No.
1	District Hospital	1
2	Taluka health office	8
3	CHC	11
4	PHC	52
5	SC	271

Table 2: Timeline of the study (April 3-June 2, 2017)

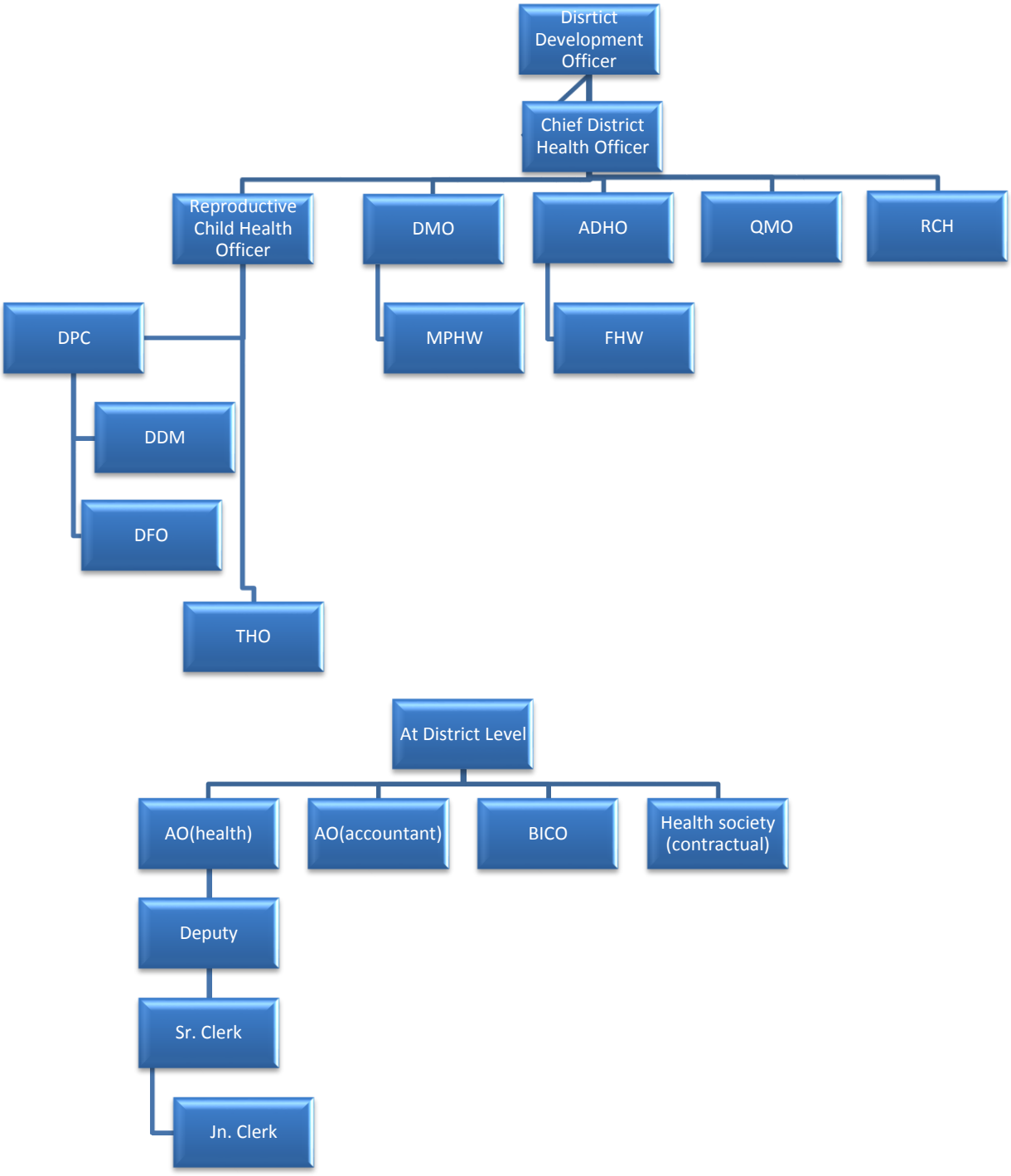
Duration	Task		Key learning
6th April -9th April	Document study and Familiarizing with organization		Read articles on RMNCH and observed the departments in District Office
10th April - 11th April	Development and testing of tools		
12th April	Field visit to	Chikhodara PHC	Questionnaire testing
12th April		Navali PHC and Napad SC	Questionnaire testing
13th April		Chikhodara PHC and Vadhasi SC	Observation and interviewing
17th April		Vadod PHC	Observation and interviewing
18th April		Sarsa CHC	About organization and activities of different departments, CMTC center, Tapovan Centre
19th April		Gamadi SC	Observation, learning about organization structure
24th April		Bakrol PHC	Observation and interviewing
25th April		Chikhodara PHC	ASHA meeting
26th April		Rasnol PHC and Khambolaj SC	Observation and interviewing
27th April		Bakrol PHC	Observation and interviewing
28th April		District	Observation
1st May		District	Observation
2nd May		Karamsad PHC	Observation and interviewing
3rd May		Boriavi PHC	Observation and interviewing
4th May		Adas PHC	Observation and interviewing
5th May		Ajarpura PHC	Observation and interviewing
8th May		Kunjarav PHC	Observation and interviewing
9th May		Verakhadi PHC and Rajpura Anganwadi	Proper vaccination, disposal, distribution of cooked food for children.
10th May		District HQ	Attended Meeting in district and learned about strategies they were making.
12th May		Khadol PHC	Observation and interviewing
15th May		Napa PHC and Dedarada SC	Observation and interviewing
16th May		Morad PHC	Observation and interviewing
17th May		Boriavi PHC and Lambhavel SC	Observation and interviewing
18th May		Bhalej PHC	Learned about NQAS
19th May		Piplav PHC	Newly constructed
22nd May		Taluka Health Office	Observed the different department and how they work.
23rd May -30th May	Data analysis		

26th May	ICDS	Learned about the ICDS programs and fortified food
31st May- 1st Jun	Report writing	---

Part 1
OBSERVATIONAL LEARNING

DISTRICT LEVEL:

Organogram of District Office



Key learnings:

PROGRAMMES:

- **Vaidkiya Sahay**:
  This scheme is for the people who have either BPL or APL card but income having less than 1,20000.
- **Janani Suraksha Yojana(JSY)-**
  It is for the BPL category people, they get □700 after normal or Cesarean delivery in government hospital.
- **Janani Shishu Suraksha Yojana(JSSY)-**
  In JSSY, Beneficiary get food, transportation, Blood transfer, staying facility in free during Delivery.
- **Kasturba Poshan Sahay Yojana(KPSY)-**
  Beneficiary get □6000 in their account (in three stages):
  - Early registration
  - After delivery
  - After full vaccination of a child

But KPSY is closed from April, as Ma card serves the same facility.

- **National Iron Plus Initiative (NIPI)-**
  They distribute Iron Tablets to beneficiary in 5 ways:
  - 6month to 5-year child – 1ml IFS Syrup, by Anganwadi worker
  - 1 to 5 standard students- Small IFA Tab. (Every Wednesday), by teacher
  - 6 to 12 standard students- Large IFA Tab. (Every Wednesday), by teacher
  - Pregnant and lactating women, (during Mamta Day), by ASHA
  - Women in reproductive Age, (during field visit), by ASHA
- **Ma Yojana**
  Government has issued □2Lakh for 3 years in Ma card per family. They can go for treatment in private hospital who has merger with government. Beneficiary can renew Ma card after 3 years.
  - Ma Amrutam Yojana- is for the BPL category
  - Ma Vatsalya Yojana- is for APL category but yearly income should be less than □1.2lakh.
- **Chiranjeevi Yojana**
  BPL category beneficiary get free treatment in hospital.
- **Bal Sakha Yojana**
  In this Scheme, 0 to 1 year child gets all treatment (surgeries, etc.) free in hospital.
- **Family Planning:**
  DRCHO manage family planning program for targeted couple and registration group. They do counseling, play, debate etc., to enhance the knowledge about condoms and other spacing methods.

- **Immunization Schedule:**

At birth	BCG, OPV0, Hep-B0
6 weeks	Pentavalent 1 and Oral Polio Vaccine1
10 weeks	Pentavalent 2 and Oral Polio Vaccine2
14 weeks	Pentavalent 3, Oral Polio Vaccine3 and IPV
9months	1st dose of Measles and 1st dose of Vitamin A
16- 24 months	DPT booster 1, OPV booster, measles 2, Vitamin A 2(after every 6 months)
5 years	DPT booster 2
10 years	TT
16 years	TT

Additional work:

- Hotel License:
  After checking the quality of food, supply of water, hygienic condition by inspector, they give them license.

Medical officer meeting at district level:

Conducted by:

- CDHO
- RCHO
- DMO

Board of Members:

- MO-MBBS
- MO-AYUSH
- DPM (all program)
- Assistant
- Health workers

Key objectives of meeting:

- Discussion on Handwashing, Diarrhea, JODI tab.
- Making plan for survey
- Discussion about new instrument and dry day.
- Suggestions for improvement
- Educate ANM, ASHA, AWW about Jodi tab.

There were 5 presentations presented by MO:

- **Hand washing**:

- Presenter explains the techniques of hand washing and each step is about 20 sec.

  RCHO has instructed them-
- They should do Infection, prevention and control (IPC) activity on sanitation and hygiene, along with management of diarrhea as Diarrhea root cause is hand washing.
- To give demonstration of handwashing technique to all ASHA, ANM, and Anganwadi worker and asked them to show hand washing technique in primary and mid school.
- They must talk to the professional bodies (pediatrician etc.) via them you can consult with family members.
- Use of IEC materials (posters, paintings, Banner, Road plays, competition in schools) to educate people regarding handwashing and advantage of handwashing over health.
- They can include media, as IEC cannot work at all places.

➢ **Dehydration**:
- They talked about the stages of dehydration and how they can be treated and by whom. Mild can be treated by ANM; cases of moderate and severe can be refer to PHC.
- Symptoms of dehydration (how stool pattern and consistency get change)

➢ **JODI tablet (ORS and Zinc**):
- They have started giving zinc with ORS because it's a psychology of patient that if they give ORS alone, they think that doctor has not given them any medication for dehydration, so now it is necessary to give both in JODI.

  Advantages of Zinc with ORS are-
- Fast recovery from dehydration.
- Appetite of child is also good.
- Strength is maintained.
- They explain the quantity of ORS and Zinc they should mix in water and consume (acc. to weight and age of a child). If child is suffering from dehydration and no sign of diarrhea, child can be treated at home by ORS and Zinc. They also explained the diet for children during dehydration (ORS, rice water, vegetable soup, plain water, coconut water and avoid all sugary food or drink.)
- They are instructed to make micro plan for survey regarding no. of malnourished child, distribution of ORS and Zinc and workshop for medicine and provide facility corner near house. Weekly reporting after survey and workshop is necessary in district office.

➢ **Genetic Defect in newborn**:

- They explained about the genetic defects and not about treatment or main causes of these defects.

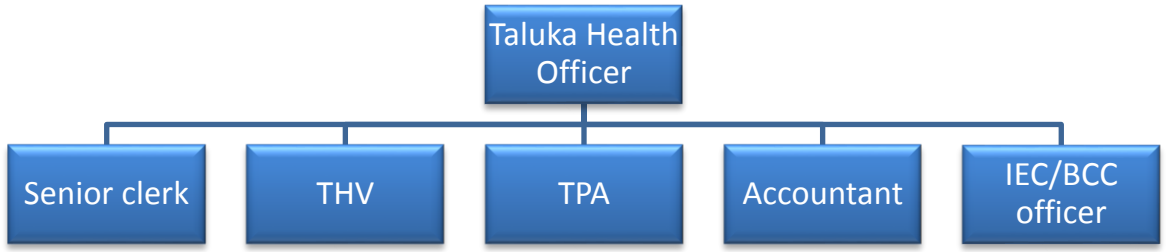
- CDHO was not impressed by his presentation, because He hasn't presented any new information about genetic defect.
- **SAM (Severely acute Malnourished)**
  - Child is called malnourished when she/he has score card less than MUAC (mid upper arm circumference) score <11.5 and SD score <-3sd.
  - SAM child is treated by Cmam methodology.
  - First Anganwadi worker measures height, weight and MUAC according to growth and health chart and then child must pass the appetite test (Bal Amrutam) and according to that they have given **Rutf** (ready to use therapeutic food) and Amox kit and albendazole tablet.
  - Follow up should be done.
- **Malaria free Gujarat**
  - On Dry Day (every Tuesday) mapping should be done on intradomestic, breeding and peridomestic places. And spray pesticides at every place where mosquito can breed.
  - 104 new HELPLINES for malaria in case of emergency.

Key learnings:

Sitting area in the Conference room was arranged in 'U' shape and was large enough for the Board of members. All have presented well and explained how to solve that problem. Head of board has observed the presentation carefully and has given the suggestions for their mistakes. MO has given the demo for hand wash technique. Talked about new instrument (spray for mosquito) delivered from state that must be distributed on each PHC to decrease the breeding point of mosquito. Other members were taking notes on their note pad and they asked questions regarding topic.

TALUKA HEALTH OFFICE:

Organogram of THO:



Key learnings:

Table showing department wise observations:

Taluka Health Officer has control over 11PHC, 4UHC, 3CHC. In the Administrative Office, there are-

Table 3: Number of Human Resource at Taluka Office.

Taluka health Officer	1
Senior clerk	2
Taluka Health Visitor	1
Taluka Programme Assistant	1
Taluka Accountant	1
IEC/ BCC officer	1
Receptionist	1

- Senior Clerk has control over the salary of Medical Officer, Female Health worker, Female Health Supervisor, MPHW/MPHS, Pharmacist, Sanitary Inspector, Ward Boy.
- Taluka Health Visitor's main work is to crosscheck all the programs and schemes that is going under the supervision of Female Health Supervisor and Female Health Worker during field visit.
- Taluka Programme Assistant (Amdad Khan Pathan) Check the reports of all programs (Kasturba Poshan Sahay Yojana, Chiranjeevi Yojana, Bal Sakha Yojana, Ma Yojana,

Polio, Malaria, etc.) which comes from all PHC. After checking he compiles all the data and monitor the report and send it to the district office.

- Taluka Accountant (Samir Gaura) do time to time audit.
  Budget is divided into 4 Head:
  - Reproductive and Child Health(RCH)
    - JSY
    - JSSK
    - Family Planning
    - Salary of contractual staff
    - CMTC
  - NHM
    - ASHA training (module training, module induction, refresher training)
    - ASHA facilitator
    - ASHA incentive
    - Untide fund
    - AYUSH officer
    - IEC
  - Immunization
    - Mamta Day
    - Vaccination and Delivery
    - ASHA incentives
  - Other Programmes
- IEC/ BCC Officer check how much grand has to be delivered from the state and he has to decide that how much grand will be distributed.
  - There are different types of IEC methods like; Poster, sticker, Flip card, play, Arogya Mela, Work shop, exhibition etc. They do Publicity via Durdarshan, Akashwadi, Mahiti Graham, Bharat Sarkar, Dainik Bhaskar.
  - Before Implementing IEC method, they do survey, collect all raw material, prepare map, Index, and all indicator.
  - They also motivate Anganwadi worker, ASHA to work with enthusiasm. There is a question Box in program center for public so that they can ask problems they are facing.
  - In Kutum Kalyan Karyakaram, there are two groups target couple group (who use condom) and registration group (who don't use any method). They select both group according to the Family Health Survey and discuss about family planning.
  - In Garib Kalyan Mela, they communicate with the community about schemes and disease via IEC.

CHC LEVEL:

CHC is being maintained by the government, it is managed by Medical Specialist, paramedical and other staffs. and has 30 beds in department but requirement for beds are more.

Table 5: department wise observations in CHC:

Human resource:	
MBBS doctor	3
Full time gynecologist	1
Staff nurse	7
Permanent class II (???)	4
Out sourced staff ()	5
Guard	1
Cleaner	1

Unit at CHC:	
General wards	3
Lobby	1
laboratory	2
X-ray room	1
Sonography room	1
Special room	9
General OPD	1
Dental room	1
Physiotherapist room	1
Medical store	1
Cold room	1
Consultancy room	1
Dressing room	1
Blood storage room	1
Oxygen line	1
OT	1
Labor room	1
Vaccination room	1
Post mortem room	1

Key learnings:

24 *7 Emergency services available, including emergency services. Daily OPD of Outdoor Patients are 150 per day and Indoor patients are 45 to 50 per day. Outdoor patient 150 per day and indoor patient 45-50 per day. 110 to 150 deliveries per month, 25-35 cesarean, 10-15 other operation. 30 beds are available, but requirement is more**.** Good infrastructure but for the maintenance, they don't have enough human resource. Blood storage facility is non-functional. Labor room available with all facilities. All diagnostic tests are done in laboratory. 24 hours electricity and water supply available.

- **CMTC** (Child Malnutrition Center):

  Key learnings:

  - In CMTC center severely malnourished children with her/his mother are admitted for 14 days. There is Nutrition assistant, Staff nurse, Cook Ben, Aya Ben. They take Pre and Post pictures of children and record every detail of the child (weight, height). In 3 Phases and according to weight, Height, MUAC they provide fortified food, Boiled Tomato and apple juice etc. cooked in coconut oil to malnourished child and mother. They also provide them medicine according to child weight (Iron, Zinc, Multivitamin, Potassium, Antibiotic etc.) in syrup form. After 14 days patient get □1400 and for the follow up they get □300. There is lack of space in CMTC center. When more children are admitted, there are no space for sleeping and playing.

Area for sleeping and playing for children and mother, fortified food for child, pre- and post pictures of children, records they have maintained in CMTC center.

PHC LEVEL:

It is the first point of contact between Doctor and community. As it provides preventive and curative health care to Rural and Urban population. It acts as referral unit for Sub centers.

Key learnings:

- **ASHAs Meeting:**
  - ASHA meeting is all about sharing the information, solving the problems of ASHA's, learning new Government Schemes and talking about depth of the Disease. This meeting held on April 25, 2017, at Chikhodara Primary Health Centre, 11 AM.

    Conducted by:

    MO-MBBS
    MO-AYUSH
    MPHW
    FHA
    ANM

  - They talked on these topics
    - Female sterilization form
    - Blood slide and Sputum collection
    - KBSY and JSY form
    - Documents to make Adhar card.
    - HBNC (Home based neonatal care)
    - CMAM
    - Tuberculosis
    - Malaria

Table 6: Observations between NQAS PHC and non NQAS PHC:

S.No.	SERVICES	PHC 1 (Napa- Non- NQAS accredited)	SERVICES	PHC 2 (Bhalej- NQAS accredited)
SERVICE DELIVERY				
1	Emergency services	24 hrs. services not available	Emergency services	Doctor and 24 hrs. service both available
2	Beds	6	Beds	8
3	Water and Sanitation	available	Water and Sanitation	available
4	Transport	108 available	Transport	108 available
5	Referral Services	They refer to Petlad civil and Baroda	Referral Services	They refer to CHC Sarsa and Dakol
6	Oxygen cylinder	Unavailable	Oxygen cylinder	Available
7	minor surgery	No	minor surgery	Minor surgery is performed under MBBS doctor
8	Normal Delivery	YES	Delivery	YES
9	Cesarean	No	Cesarean	Yes, MBBS doctor do cesarean.
10	MTP	No	MTP	yes
11	MTP suction Machine	Unavailable	MTP suction Machine	Available
12	Baby Incubator	unavailable	Baby Incubator	Available
13	Tubectomy		Tubectomy	
HUMAN RESOURCES				
1	MO-MBBS	1 Available	MO-MBBS	1 Available
2	MO-AYUSH	1 Available	MO-AYUSH	Vacant
3	MO-RBSK	1 Available	MO-RBSK	2 Available
4	Pharmacist	1 Available	Pharmacist	1 Available
5	FHW	5 Available	FHW	5 Available
6	MPHW	6 Available	MPHW	3 Available, 1 Vacant
7	ANM	1 Available	ANM	1 Available
8	Lab Technician	1 Available	Lab Technician	1 Available
9	Accountant	1 Available	Accountant	1 Available
INFRASTRUCTURE				
1	Doctor room	Available	Doctor room	Available
2	IT room	Available	IT room	Available
3	Pharmacist room	Available	Pharmacist room	Available
4	male supervisor room	Unavailable	male supervisor room	Available

5	Immunization room	Available	Immunization room	Available
6	labor room	Available	labor room	Available
7	OT room	Available	OT room	Available
8	Store room	Available	Store room	Available

Key learnings:

Above figure shows different departments in the Bhalej PHC.

In Anand District, there are 3 NQAS accredited PHC. Bhalej has got NQAS certificate because of quality in work. For NQAS, PHC should score 70% or more than that. For this there are 2 process-

- PEER assessment – In this Taluka health officer and Medical officer from another PHC of the same district visit to PHC for quality check with checklist.
- External assessment- In this Taluka health officer and medical officer from another district visit to PHC which has passed the PEER assessment process and ready to go under External assessment.
- Taluka Health Officer give scores based on checklist and for PEER and External assessment they have same guidelines.

1 OPD
2 LABOUR ROOM
3 IPD
4 LABORATORY
5 NATIONAL HEALTH PROGRAMS
6 GENERAL

Area Wise Score in NQAS:

Service Provision

- Facility provides primary level curative services
- The facility provides RMNCHA Services
- The Facility provides Diagnostic Services, Para-clinical & support services.

Patient's Right

- The facility provides the information to care seekers, attendants & community about the available services and their modalities
- Services are delivered in a manner that is sensitive to gender, religious and cultural needs, and there is no barrier on account of physical, economic, cultural or social status.
- The facility maintains privacy, confidentiality & dignity of patient, and has a system for guarding patient related information.
- The facility ensures that there is no financial barrier to access, and that there is financial protection given from the cost of hospital services.

Input

- The facility has infrastructure for delivery of assured services, and available infrastructure meets the prevalent norms
- The facility ensures the physical safety including fire safety of the infrastructure.
- The facility has adequate qualified and trained staff, required for providing the assured services to the current case load
- The facility provides drugs and consumables required for assured services.
- The facility has equipment & instruments required for assured list of services.

Support Services

- The facility has a established Facility Management Program for Maintenance & Upkeep of Equipment & Infrastructure to provide safe & Secure environment to staff & Users
- The facility has defined procedures for storage, inventory management and dispensing of drugs in pharmacy and patient care areas

Clinical Services

- The facility has defined procedures for registration, consultation and admission of patients.
- The facility has procedures for continuity of care of patient.
- The facility has defined & follows procedure for drug administration, and standard treatment guidelines, as defined by the government
- The facility has defined and established procedures for maintaining, updating of patients' clinical records and their storage
- The facility has defined and established procedures for Emergency Services and Disaster Management
- The facility has defined and established procedures for diagnostic services

➢ Maternal & Child Health Services

- The facility has established procedures for Antenatal care as per guidelines
- The facility has established procedures for care of new born, infant and child as per guidelines
- The facility has established procedures for abortion and family planning as per government guidelines and law
- The facility provides Adolescent Reproductive and Sexual Health services as per guidelines

Infection Control

- The facility has defined and Implemented procedures for ensuring hand hygiene practices and antisepsis
- The facility ensures availability of material for personal protection, and facility staff follow standard precaution for personal protection.
- The facility has standard procedures for decontamination, disinfection & sterilization of equipment and instruments
- Physical layout and environmental control of the patient care areas ensures infection prevention
- The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio Medical and hazardous Waste.

Quality Management

- The facility has established system for patient and employee satisfaction
- The facility has established system for assuring and improving quality of Clinical & support services by internal & external program.
- The facility has established, documented implemented and maintained Standard Operating Procedures for all key processes and support services.

Outcome

- The facility measures Productivity Indicators and ensures compliance with State/National benchmarks

- The facility measures Efficiency Indicators and ensure to reach State/National Benchmark
- The facility measures Clinical Care & Safety Indicators and tries to reach State/National benchmark

- **Meeting related to Dengue:**

Key learnings:

- I have attended this meeting in Morad PHC. Meeting was conducted by
  - MO-MBBS
  - MO-AYUSH
  - RBSK
  - MPHW
  - FHA
- They were addressing the patients and their family about Dengue and ill effects of Dengue on Pregnant women and children.
- They talked about-

  How, mosquitos spread their larva in water and how they affect you. They advised to fill stagnant/still water with soil as it's a breeding point for the mosquitoes.

  Deposition of water- They requested them to empty the containers filled with waste water, rainy water. Always close the lid of the container filled with water and don't forget to clean the pots and don't overfill the pots. If you see any pothole filled with water, put some dry sand over it. Invert any outdoor containers which are not being used by community.

  Use of Mosquito Net-They advised to sleep in mosquito net, so that pregnant women are far away from mosquito. Put Ebet, Kerosine, Neem oil- put these oil into pothole or in any container that is filled with water. It kills the larva of mosquito.

  Blood test-If you are feeling sick, or see any symptoms of dengue, visit to see the doctor and go for blood test.

  Mosquito Spray- It is used to spray in open drainage, any potholes near road and standing water.

Medical Officer, RBSK, AYUSH officer, MPHW, FHS are addressing to public regarding dengue.

SUB- CENTRE LEVEL:

Table 7: Observations in SCs:

S.No.	Services	SC (Gamadi)	SC(Lambhavel)	SC(Khambolaj)	SC (Napad)
HUMAN RESOURCE					
1	FHW	1	1	1	2
2	F-ASHA	1	0	1	1
3	MPHW	1	1	1	1
4	Lab technician	2	0	1	2
5	ASHA	11	4	12	12
6	worker	1	0	1	2
INRASTRUCTURE					
1	Waiting area	Available	Available	Available	Available
2	Labor room	Unavailable	Unavailable	Unavailable	Unavailable
3	OPD room	Available	Unavailable	Available	Available
4	Lab Technician room	Available	Unavailable	Available	No separate Lab technician room was available
5	Vaccination room	Available	Available	Available	No Separate Vaccination Room was there
6	Weight and height measuring room	Available	Unavailable	Unavailable	Available
7	Wash room	Available	Unavailable	Unavailable	Available
8	Wash basin	Available	Available	Available	Broken, not working
SUPPLY					
1	Electricity	Available	Available	Available	Available
2	Water supply	Available	Available	Available	Available
WORK					
	Vaccination	Yes	Yes	Yes	Yes
	Counseling	Yes	Yes	Yes	Yes
	Weight checking	Yes	Yes	Yes	Yes
	Height checking	Yes	Yes	Yes	Yes
	Hb test	Yes	Yes	Yes	Yes
	BP measuring	Yes	Yes	Yes	Yes
	Blood-glucose test	Yes	No	Yes	Yes
	Slide for malaria	Yes	Yes	Yes	No
INSTRUMENT					
	Separate weight	Yes	Yes	Yes	Yes

	measuring for infant, child, and mother				
	Height measuring	Yes	Yes	Yes	Yes
	Hemoglobin meter	Yes	Yes	Yes	Yes
	sphygmomanometer	non-digital	non-digital	non-digital	non-digital
	Blood glucose meter	Yes	No	Yes	Yes
RECORDS					
	OPD register	Yes	Yes	Yes	Yes
	Birth register	Yes	Yes	Yes	Yes
	death register	Yes	Yes	Yes	Yes
	weight of child register	Yes	Yes	Yes	Yes
	ANC register	Yes	Yes	Yes	Yes
	PNC register	Yes	Yes	Yes	Yes
	Mamta Day register	Yes	Yes	Yes	Yes
	Duplicate record Book	Yes	No	Yes	No
Hygiene					
	Separate Colored Dustbin	Yes	Yes	Yes	Yes
	Liquid soap	Yes	No	Yes	Yes
	cleanness	Yes	No	Yes	Yes
IEC Material					
	Display of Posters	Yes	Yes	Yes	Yes
	Did they explain via Poster	No	No	No	No

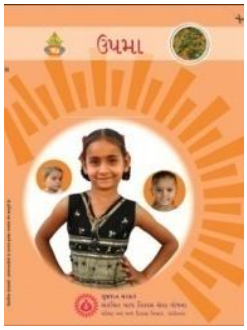
ICDS DEPARTMENT:

Key learnings:

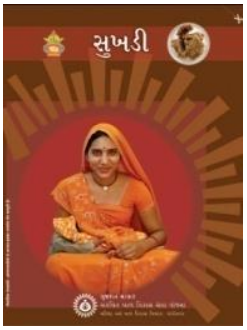
Table 4: shows number of Human resource in ICDS department

Program Officer (Daksha ben)	1
District program coordinator	1
DPC (ECCE)	1
DPC (MIS)	1
DPC (Finance)	1

- Anganwadi worker repot to ICDS department.
- 0 to 5 years children come under ICDS.
  They provide fortified food to-
  - 0 to 3 months children at their house as they don't come to Anganwadi center.
  - 3 months to 5-year child at Anganwadi center. They are also responsible for pre-schooling for children as they don't have money.
- Balbhog to 6months to 3 years children.
- Lactating women(Shira), pregnant women(Sukhadi), and (upma) to adolescent girl.



Upma



Sukhadi

Balbhog

Shira

- Programmes are running under ICDS:
  - Kishori Shakti Yojana(KSY)
  - Supplementary nutrition program
  - Health- checkup and vaccination
  - Pre- school education
  - Health nutrition education

District program coordinator go for field visit for crosschecking the data and whether Anganwadi worker doing their job correctly or not.

ANGANWADI LEVEL:

Key learnings:

Table 8: Observations in Anganwadi:

S. No	Services	Anganwadi Rajupura	Remarks
Human resource			
1	ANM	1	All were doing their job as told by the ANM. Proper checkup and Vaccination is completed under the supervision of Female health supervisor.
2	FHS	1	
3	ASHA	2	
4	Anganwadi worker	1	
5	Helper	1	
Infrastructure			
1	OPD Room	Available	There was only 1 hall, in that all activities were taking place, but separate room for the kitchen.
2	Vaccination room	Unavailable	
3	Kitchen	Available	
4	Wash area	Unavailable	
Instrument			
1	Weight measuring (Separate for Infant, child and mother)	Available	neat, clean and in working condition.
2	Height measuring	Available	
3	Malaria Slide	Available	
4	Sphygmometer	Available	
Records			
1	Birth register	Available	They all have maintained their register separately as required and data was up to date.
2	death register	Available	
3	Mother register	Available	
4	Child register	Available	
5	Neonatal register	Available	
6	Early neonatal register	Available	
7	Late-neonatal register	Available	
8	Post-neonatal register	Available	
Hygiene maintenance			
1	Cleanness	Yes	neat and clean area
2	Wash basin	Unavailable	wash area was in the kitchen
Facility			
1	Cooked-Food	Available	Fortifies food is available to children
2	Electricity	Available	Not all the time
3	Water supply	Available	all the time
IEC			
1	Display of Posters	Yes	But it’s just for the display, nobody even cares to read it. FHW and ASHA don’t explain them via poster.

MAMTA DAY:

Key learnings:

It is a program of Gujarat Government, organized at each PHC, SC, and Anganwadi centre. They have fixed day for Mamta Session. On Every Monday at PHC centre and On Every Wednesday at SC and Anganwadi.



In Fig.1 FHW, is doing vaccination

In Fig.2 F-ASHA and all ASHA get new Mamta dairy.

In Fig.3 They are discussing about immunization and maintain record.

Services on Mamta Day:

- Vaccination for Infant, (6 weeks to 14 weeks child), (6 months to 18 months child), (2 years to 12 years), ANC and PNC.
- **Table 9: shows Availability of Human resource on the day of MAMTA DAY:**

MO- AYUSH	Available only at PHC
FHW	Available only at SC
FHA	Available at PHC, Anganwadi
MPHW	Available at PHC and SC
F-ASHA	Available at SC
ASHA	Available at SC and Anganwadi
ANM	Available at Anganwadi
Lab Technician	Available at PHC and SC
Helper	Available at PHC, SC, Anganwadi

- General checkup and Laboratory Test:
  - Weight measuring
  - Height measuring
  - BP measuring
  - Blood-glucose test
  - Hb. measuring

- Slides for malaria
- Supply of
    - Folic Tab. for up to 3 months pregnant women
    - IFA Tab. for Pregnant and Lactating women
    - Calcium Tab. for Pregnant and Lactating women
    - ORS
    - Anti- Tb drug
    - Pregnancy test
    - Balbhog for malnourished and normal child.
    - Distribution of condoms to all eligible couple.

Counseling with Pregnant Women and Lactating women:

- Regular checkup
- Time to time vaccination
- Special diet (milk, green vegetables, fortified food, fruits etc.)
- Cleanness
- Breast feeding
- Kangaroo care
- Use of methods for spacing
- Account
- Adhar card

Discussion after every session:

- Disadvantages of not taking vaccination
- Registration of JSY
- Cracking of nipple after 1st pregnancy.
- Malaria slide
- Sputum collection for TB
- Sterilization
- Cu-T
- Discuss Work for all ASHA

Arrangement for the Mamta session:

- They have separate room for Mamta session. All chairs were well arranged. Table for General Examination:
  - Checkup of Infant, Child, Pregnant and Lactating women
- **Table 10: Availability of Instruments during MAMTA SESSION:**

Weight measuring	Available	Separate weighing machine for Infant, child, mothers and pregnant women
Height measuring	Available	There is instrument as well as sticker for height measurement on the wall.
BP measuring	Available	Normal/ digital available
Blood-glucose test	Available	Digital available
Hb. measuring	Available	Not every place it is available
Slides for malaria	Available	It is necessary for every ASHA to make slides.

- They have separate dustbin with colorful polybags and they put every item in separate bag as provided. Vaccination kit, Try, Medicine, records were arranged systematically and they all do counseling of each patient as. Facility of regular water and electricity was available.

Part 2

PROJECT REPORT

(An Assessment of
Anemia in pregnant and lactating women
in Anand District, Gujarat)

INTRODUCTION:

- Anemia is a condition in which the number and size of red blood cells, or the hemoglobin concentration, falls below and estimated cut-off value, consequently impairing the capacity of the blood to transport oxygen around the body. It is an indicator of both poor nutrition and health. According to WHO, in anemia Hb. concentration in Female is <120 g/l and its symptoms are shortness of breath, decreased in energy, angina, fatigue, Dizziness in severely anemic patient. WHO has estimated that approx. 50% of all anemic people can be attributed to Iron deficiency.
- As we all know prevalence of anemia from 1995 to 2011 fell by 12% (In the age-group 15 to 49 year, the percentage fall in women is from 33% to 29 % and in pregnant women it is 43% to 38%. And according to my study these two are highly anemic people and there are many factors affecting them. And WHO has also said that further actions are required to reduce 50% anemia in women of reproductive age by 2025.
- According to Global Nutrition report 2016, India is ranked 170th due to anemia. There is increased risk of maternal death, Infant death, low birth weight baby, preterm birth and perinatal mortality etc. due to severe anaemia. The negative consequences of severe anemia are not only on pregnant or lactating women, it is also on development of children physically and mentally. Anemia is a public health problem; small progress has been done to reduce anemia from country.
- It is therefore urgent that countries review national policies, infrastructure and resources and act to implement strategies for the prevention and control of anemia.
- In Gujarat, Percentage of Severe anemia (Hb<7) treated against reported ANC registration is 1.6%. 246 (0.6%) ANC women have reported having severe anemia (Hb<7) treated at institution. 100 IFA Tablet is distributed to pregnant women against ANC registration is 96%. 11% New born has weighed less than 2.5 Kg.
- In Anand District, Percentage of Severe anemia (Hb<7) treated against reported ANC registration is 0.6%. 23296 (1.6%)ANC women have reported having severe anemia (Hb<7) treated at institution. 100 IFA Tablet is distributed to pregnant women against ANC registration is 100%. 10% New born weighted less than 2.5 Kg.

LITERATURE REVIEW:

- It is a global problem, mainly affecting poor people in developing countries. Pregnant and lactating females, growing children and elderly people with some underlying disease-causing blood loss are at more risk as compared to other groups of population. (Cook JD. Iron deficiency anemia. Baillieres Clin Hematol 1994;787-804)
- Achieving a 50% reduction in prevalence of anaemia among women of reproductive age by 2025 will require a relative reduction in the prevalence of anemia in this group of 6.1% per year. Recognizing the complexity of anemia can lead to the establishment of effectiveness strategies, and integrated, multifactorial and multisectorial approach id required to achieve this global target. (World Health Organization and United Nations Children's fund. Focusing on anemia. Towards an integrate approach for effective anemia control. Geneva World Health Organization;2004 http://whqlibdoc.who.int/hq/2004/anaemiastatement.pdf?ua=1, accessed 21 October 2014)
- A programme of weekly iron-folic acid supplementation for adolescent girls was piloted in 52 districts in 13states. The programme reached both school- attending girls aged 10-19 years evaluation of the pilot programmes indicated a 24% reduction in the prevalence of anemia after 1 year of Implementation. For Example in Gujarat, Implementation of intermittent weekly iron-folic acid supplementation to over .2 million adolescent girls led to reduction in the prevalence of anemia, from 74.2% to 53.5% within 1 year, with estimated compliance of over 90%. The cost of the programme was estimated at US$ 0.58 per adolescent per year. The project was expanded to cover 11 estates by the end of 2011. In 2013, the Government of India introduced national Implementation of weekly Iron and Folic Acid supplementation to approximately 120 million adolescent girls.
  (The adolescent girls anaemia control programme. Breaking the intergeneration cycle of under nutrition in India with focus on adolescent girls. New York: United Nations Children's Fund; 2011 http//www.unicef.org/india/14._Adoloscent_anaemia_control_programme_.pdf (accessed 21 October 2014)
- IDA and anemia from any cause are casually related to low birth weight, preterm birth and perinatal mortality. Minimal values for both low birth weight and preterm birth occurred at maternal hemoglobin conc. Below the current cut off value for anemia during pregnancy(110g/l) (http://m.jn.nutrition.org/content/131/2/590S.short)
- Iron deficiency anemia is the commonest type of anemia throughout the world and in one study it has been reported to affect about 50-60% of young children and pregnant females and 20-30% of non-pregnant females in the development countries. (Iron deficiency. Bulletin of the World Health Organization, 1998; 76(Suppl-2):121-123)

PROJECT TITLE:

To assess Anemia in pregnant and lactating women in Anand District, Gujarat.

OBJECTIVES:

- To calculate the percentage of Anemia in Pregnant and lactating women.
- To study the Factors responsible for anemia in pregnant women.
- To study the relationship between mother's hemoglobin level and child birth weight

METHODOLOGY:

The Cross-sectional Study was conducted at the Anand district, Gujarat for 2 months (3rd May 2017 to 2nd Jun 2017). During the Study, I covered 16 PHC, 5 SC, 1 Anganwadi of different Taluka's. My respondent for the study was 141 pregnant women (form 1 month to 9 months of pregnancy) and 118 Lactating women (1-month child to 6 month child) living in that area. The beneficiary was selected according to convince. Total sample was collected after interviewing 259 beneficiaries.

- Mode of data collection-

  Data collected by Interview method
  - Face to face interview: Interview was taken with Pregnant and lactating women at PHC, SC, Anganwadi, and door to door visit.
  - Structured questionnaire: My questionnaire was close ended, and I used it for data collection. Questionnaire includes their personal information, about pregnancy period, diet chart, IFA tab., and about government schemes.
- Data entry-
  - All the answers of the respondent were written in Microsoft Word during interview.
  - Respondents were removed if their responses are not up to date.
  - Checked for the missing observations
  - For data analysis, first of all codes of different respondents were written in the word and then I transferred the codes to excel sheet.

The key learnings from the interview is discussed below.

RESULTS:

This section is presented as per the objectives. It reflects on pregnant and lactating women.

Socio-demographic profile:

Table 11: Percent distribution of pregnant and lactating women (n=259)

		PREGNANT WOMEN (n=141)		LACTATINGWOMEN (n=118)	
INDICATOR		Total	PERCENTAGE	Total	PERCENTAGE
EDUCATION	Illiterate	26	18	22	19
	Primary School	22	16	16	13
	Middle School	47	33	36	30
	Higher School	35	25	35	30
	Graduation	11	8	9	8
Family income less than 6000 per month		101	71	78	66
Religion	Hindu	118	84	90	76
	Muslim	23	16	28	24

Table 12: Percent distribution of pregnant Women's Hemoglobin by Age (n=141)

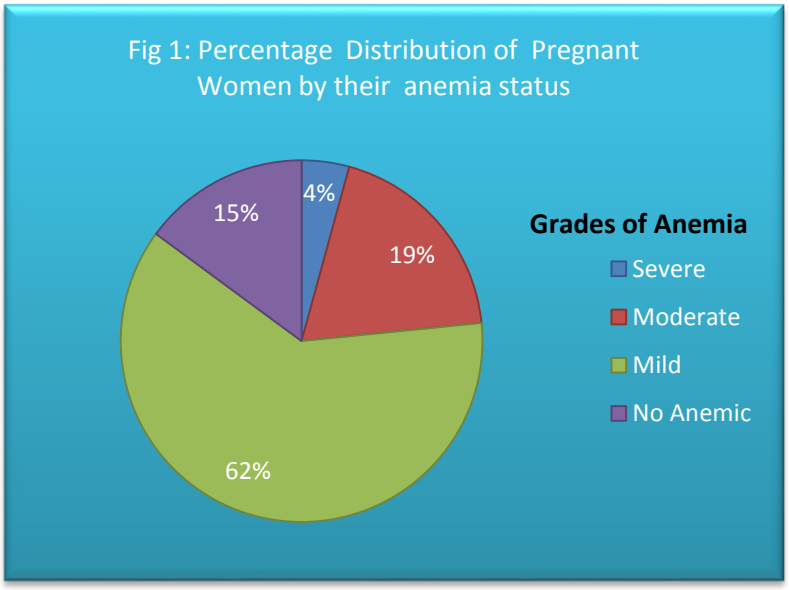
Pregnant Women (n=141)					
Age	Severe	Moderate	Mild	No Anemic	Total
18-19	0	2	6	2	10
20-21	1	8	17	1	27
22-23	4	7	28	5	44
24-25	0	3	14	5	22
26-27	0	3	5	1	9
28-29	0	1	5	3	9
30+	1	3	12	4	20
Total	6	27	87	21	141

Table 13: Percent distribution of Lactating Women's Hemoglobin by Age (n=118)

Age	Severe	Moderate	Mild	No Anemic	Total
18-19	0	0	1	0	1
20-21	0	4	15	3	22
22-23	3	4	19	4	30
24-25	0	5	17	3	25
26-27	1	2	10	2	15
28-29	0	1	4	6	11
30+	0	1	11	2	14
	4	17	77	20	118

Findings on Pregnant Women

Among 141 pregnant women a majority of women were anemic moderate, severe or extremely severe. Among every ten pregnant women, every forth woman was found severe or extremely severe anemia and therefore, were at risk (Fig 1).



Findings on Lactating Women

Among 118 Lactating women a majority of women were anemic moderate, severe or extremely severe. Among every ten pregnant women, every third woman was found severe or extremely severe anemia and therefore, were at risk (Fig 2).

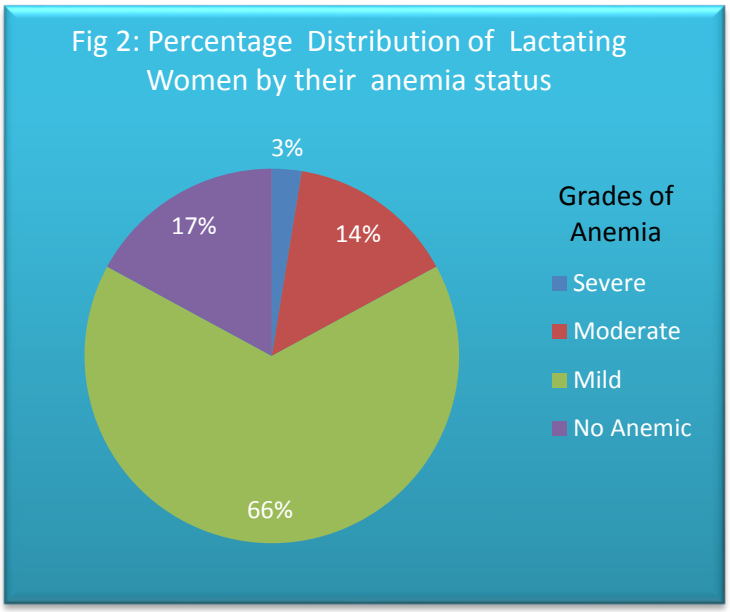


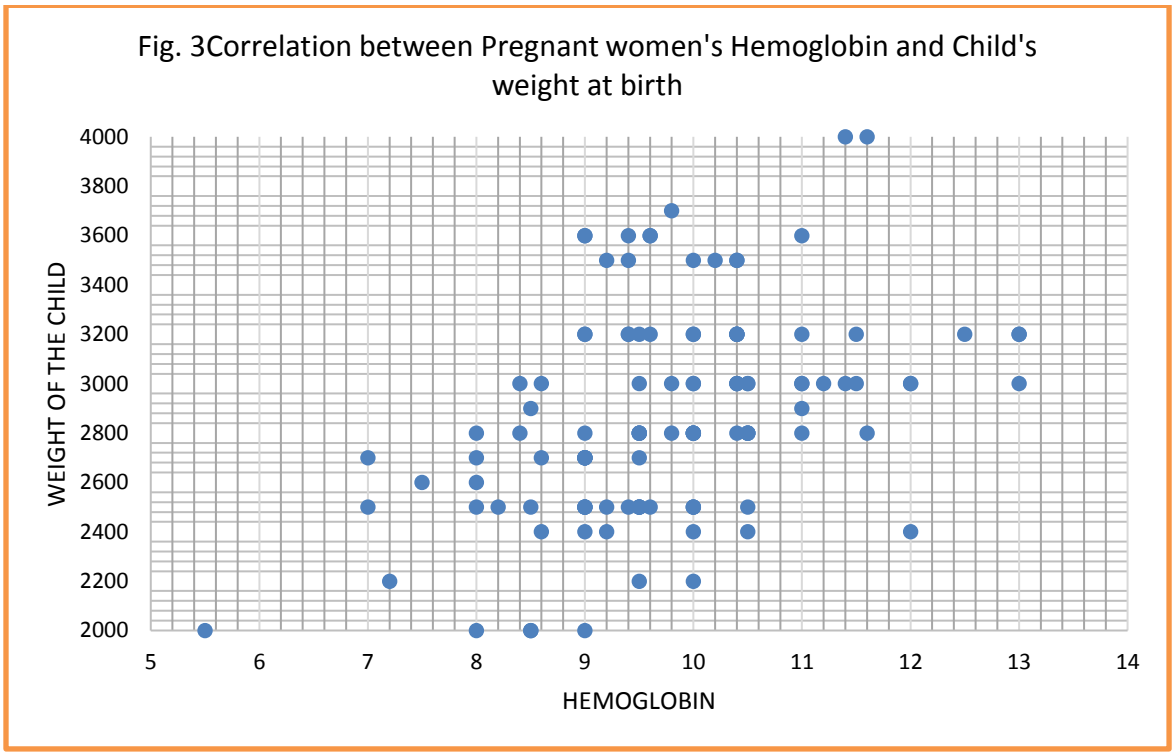
Table 14: Percent distribution of Pregnant and Lactating Women by consumption of Iron, Folic Acid Tablets and food (n=259)

INDICATOR		PREGNANT WOMEN (n=141)		LACTATING WOMEN (n=118)	
		Total	Percentage	Total	Percentage
		n=115 (women 2nd and 3rd trimester)			
Proportion of women Consumed IFA tablets		106	92	63	53
Duration of IFA tablets:	Once a day	43	37	33	28
	Twice a day	63	55	30	25
		n= 34 (women in 1st trimester)			
Proportion of women consumed Folic Acid tablets		28	82		
Proportion of women consumed both Iron and Folic acid tablet		4	4		
Diet	Nutritional	91	65	63	53
	Unhealthy	50	35	55	47

Anemia in Pregnant women is commonly considering a risk factor for low birth weight babies (LBW) and many studies have shown strong association between low hemoglobin and child birth weight. However, some have not found a significant association.

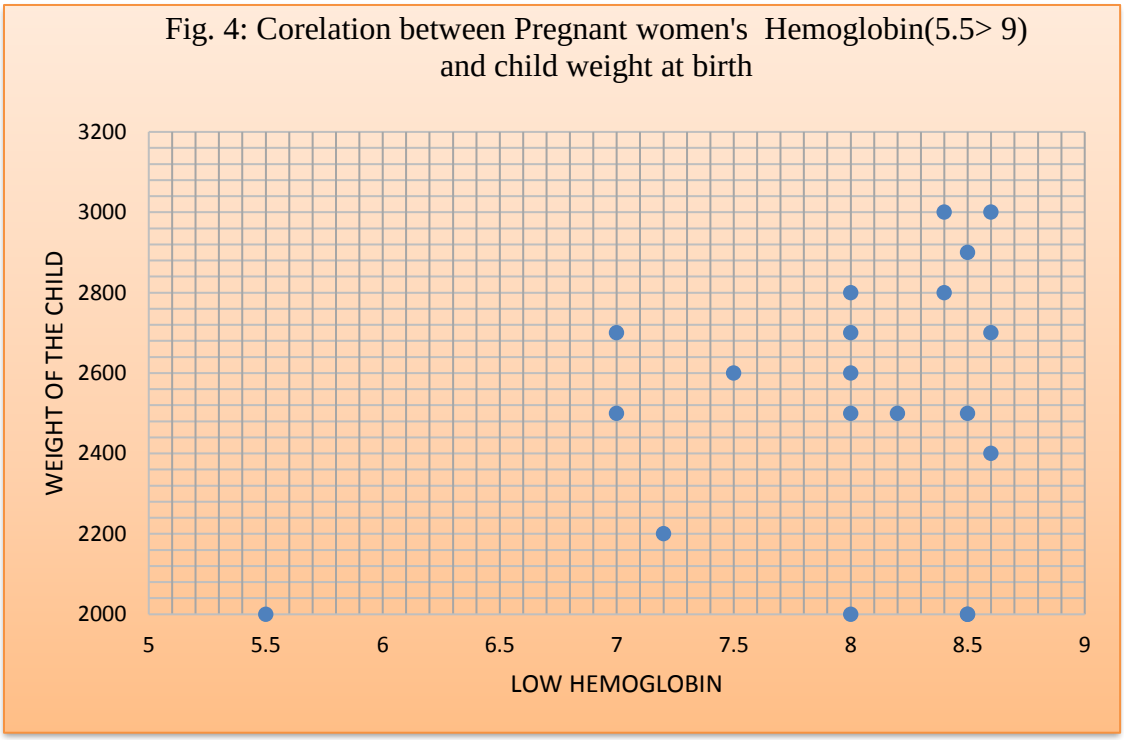
In this study, I have shown the correlation between anemic Pregnant Women with Low birth weight and compared it with Non- Anemic Pregnant women.

The mean age of Lactating women in anemic group was found to be older and have more children than non-anemic group. The proportion of children who were of low birth weight was marginally higher in Pregnant women who has anemia.



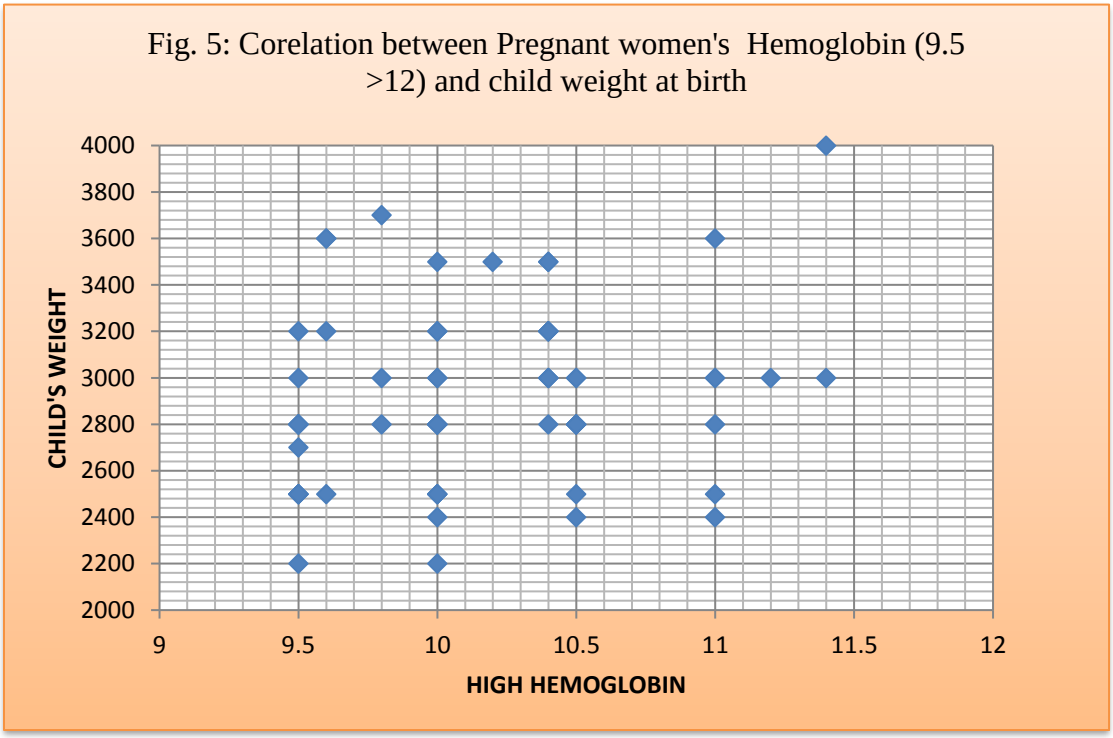
Graph of correlation show +0.60 (0.672629) a strong uphill (positive) relationship. (Fig.4)

Fig. 4: Corelation between Pregnant women's Hemoglobin(5.5> 9) and child weight at birth



Graph of correlation show +0.10 (0.212381) a weak uphill (positive) relationship (Fig. 5).

Fig. 5: Corelation between Pregnant women's Hemoglobin (9.5 >12) and child weight at birth



CONCLUSION:

- There are differences seen between socio demographic profile of Pregnant and Lactating women. Both literate or illiterate people do not consume medicine on time and they know the importance of fortified food, but they neglect their health and don't take proper diet during pregnancy period. Also, women don't pay the visit to PHC at proper timings as suggested by doctors for routine checkup and this again leads to delay in treatment and thus they themselves deteriorate their health, so should be counseled for the same.
- Out of 141, 38% Pregnant Women are anemic and out of 118, 35% Lactating Women are anemic. 4% Pregnant Women are severely anemic and 15% Pregnant Women are suffering from Moderate anemia. 3% Lactating Women are severely anemic and 15% Pregnant Women are suffering from Moderate anemia.
- Among of 120 anemic pregnant women 9 don't consume IFA tablet, out of 98 anemic Lactating women 44 do not consume IFA tablet (11 women haven't visited to doctor for anemia. Among 120 anemic pregnant women 70 consume nutritive food, and among 98 anemic lactating women only 43 consume nutritive food in evening.
- After correlating the graph, severely anemic Lactating women have its impact on Weight of the child and most of them don't consume fortified food, milk, green vegetables, meat, and 1 % don't visit to doctor.

REFERENCES:

- (Cook JD. Iron deficiency anemia. Baillieres Clin Hematol 1994;787-804)
- (World Health Organization and United Nations Children's fund. Focusing on anemia. Towards an integrate approach for effective anemia control. Geneva World Health Organization;2004 http://whqlibdoc.who.int/hq/2004/anaemiastatement.pdf?ua=1, accessed 21 October 2014)
- (The adolescent girls anaemia control programme. Breaking the intergeneration cycle of under nutrition in India with focus on adolescent girls. New York: United Nations Children's Fund; 2011 http//www.unicef.org/india/14._Adoloscent_anaemia_control_programme_.pdf (accessed 21 October 2014)
- http://m.jn.nutrition.org/content/131/2/590S.short
- (Iron deficiency. Bulletin of the World Health Organization, 1998; 76(Suppl-2):121-123)

ANNEXURE:

PHC LEVEL CHECKLIST:

Checklist for Primary health centre

IDENTIFICATION		
1	Name of District	
2	Name of Tehsil/Taluka/Block	
3	Name ofPHC	
4	No. of Sub-Centres under the PHC	
5	Distance of CHC from PHC	
6	Distance of DH from PHC	
7	Is the PHC providing 24 Hours and 7 days delivery facilities? (Yes/No)	
8	Respondents:	
	Date of Data Collection	| | | | | 1

SECTION (I): Services		
1.1	Population Covered(in numbers)	1 1 1 1
1.2	Assured Services Available(yes=1/no=2)	
A	OPD Services	
B	Emergency Services (24 hours)	
C	Referral Services petlad civil and baroda	
D	In- patient Services	
<1.3	Beds	
	Number of beds available mamta ghar 10 bends	
1.4	Average daily OPD attendance	Male 11 | Female 12 |
1.5	Treatment of Specific Cases(Yes=1/No=2)	
A	Is surgery for cataract done in the PHC?	
B	Is the primary management of wounds done at the PHC?	
C	Is the primary management of fracture done at the PHC?	
D	Are minor surgeries like draining of abscess etc done at the PHC?	
E	Is the primary management of cases of poisoning/snake, insect or scorpion bite done at the PHC?	
F	Is the primary management of burns done at the PHC?	
1.6	MCH care including family planning	
1.6.1	Service availability(yes=1/no=2)	
A	Ante-natal care	
B	Intra-natal care (24- hour delivery services both normal and assisted)	
C	Post- natal care	
D	New born care	

E	Child care including immunization
F	Family planning
G	MTP
H	Management of RTI/STI

I	Facilities under Janani Suraksha Yojana	

1.6.2	**Availability of Specific Services (yes=1/No=2)**			
A	Are antenatal clinics organized by the PHC regularly?			
B	Is the facility for normal delivery available in the PHC for 24 hours?			
C	Is the facility for tubectomy and vasectomy available at the PHC? From last 1 yr it is helding in CHC			
D	is the facility for internal examination for gynae? Conditions available at PHC?			
E	Is the treatment for gynecological disorders like leucorrhoea, menstrual disorders available at the PHC?			
F	Is the facility for MTP available at the PHC			
G	Are the low birth weight babies managed at the PHC?			
H	Is there a fixed immunization day?			
J	Is BCG and Measles vaccine given regularly at the PHC?			
K	Is the management of children suffering from the diarrhea with severe dehydration done at the PHC?			
1.7	**Other functions and services performed (yes=1/no=2)**			
A	nutrition services			
B	school health programmes			
C	promotion of safe water supply and basic sanitation			
D	prevention and control of locally endemic diseases			
E	disease surveillance and control of epidemics			
F	collection an reporting of vital statistics			
G	education about health/behavior change communication			
H	national health programmes including HIV/AIDS control programmes			
I	AYUSH services as per as local preference			
1.8	**outbreak of any in the last three year(yes=1/no=2)**			
A	malaria			
B	measles			
C	gastroenteritis			
D	jaundice			
1.9	**is the PHC providing 24 hours and 7days delivery facilities**	yes	1	
		no	2	

Section (II): Human Resources				
	Personnel	recommended	Current availability at PHC	Identified Gaps
2.1	medical officer	2(1 AYUSH and 1 lady doctor)		
2.2	pharmacist	1		
2.3	nurse- midwife(staff nurse)	3(for 24 hrs PHCs; 2 may be contractual)		
2.4	health worker (female)	1		
2.5	health educator	1		

2.6	health assistant(l male and 1 female)	2
2.7	clerks	2
2.8	lab technician	1
2.9	driver	optional; vehicle may be out- sourced
	MPHW	
	LHA	

Section (III): essential laboratory services			
S.No.	Services	Current availability at PHC (yes=1/no=2)	Remarks/ suggestions/identified gaps
3.1	routine urine, stool and blood tests	1	
3.2	blood grouping	1	
3.3	bleeding time, clotting time	1	
3.4	diagnosis of RTI/STDs with wet mounting, gram stains, etc	1	
3.5	sputum testing for TB	1	
3.6	blood smear examination for malaria parasite	1	
3.7	rapid test for pregnancy	1	
3.8	RPR test for syphilis/YAWS surveillance	2	
3.9	rapid test for HIV	1	

Section(IV): infrastructure				
S.No	services	Current availability at PHC		Remarks/ suggestions/identified gaps
4.1	Location			
A	Distance of PHC (in km.) from the farthest village in coverage area	8km		
B	distance of PHC (in Km.) from the district hospital			
4.2	building			
A	Is a designated government building available for the PHC?	Yes	1	
		no	2	
B	Whether the cleanliness is the building is?	Good	1	
		Fair	2	
		poor	3	
C	Prominent displays boards regarding service availability in local language	Yes	1	
		no	2	
4.3	Operation theatre			
A	Operation theatre available	Yes	1	
		no	2	

B	If operation theatre is present, are surgeries carried out in the operation theatre?	Yes	**1**
		no	2
C	If OT is present, but surgeries are not being conducted there, then what are the reasons for the same?	Non- availability of doctors/staff	**1**
		Lack of equipments/poor physical state of the OT	2
		No power supply in the OT	3
		Any other reason(specify)	4
D	OT used for obstetric gynaecological purpose	Yes	**1**
		no	2
4.4	Labour room		
A	Labour room available	Yes	**1**
		no	2
B	If labour room is present, are deliveries carried out in the labour room?	Yes	**1**
		no	2
C	If labour is present, but deliveries are not being conducted there, then what are the reasons for the same?	Non-availability of doctors/staff	**1**
		Lack of equipments/poor physical state of the OT	2
		No power supply in the OT	3
		Any other reason(specify)	4
4.5	laboratory		
A	laboratory	Yes	**1**
		no	2
B	is the laboratory a RNTCP designated microscopy center (DMC) under RNTCP?	Yes	**1**
		no	2
C	are adequate equipment(including function binocular microscope) and chemical reagents available?	yes	**1**
		no	2
4.6	WATER SUPPLY		
A	source of water	piped	**1**
		bore well/hand pump/tubewell	2
		well	3
4.7	sewerage		
A	type of sewerage system	soak pit	**1**
		connected to municipal sewerage	2
4.8	waste disposal		
	How to waste material is being disposed? -sanvedna from baroda. From 2-3 months sanvedna is comming		
4.9	electricity		
A	Is there electric line in all parts of the PHC?	in all parts	**1**
		in some parts	2
		none	3
4.10	communication facilities	telephone	**1**

		E-mail	2

	Fax		13
4.11	vehicles		
	Which one is available? -here it is not available		
4.12	residential facility for the medical officer with all amenities?(yes=1!no=2)		
4.13	user charges		
	any fee for services is charges from the users?	yes	11
		no	12
	if Yes, (Specify)		

SECTION V: QUALITY CONTROL			
S.No	particular	whether functional! available as per norms	remarks
5.1	citizen's character	yes	1
		no	2
5.2	constitution of rajasthan medicare relief society (RMRS) has been constituted at PHC	yes	1
		no	2
5.3	internal monitoring (social audit through panchayat raj institution/ RMRS/ medical audit, technical audit, economic audit, disaster preparedness audit etc (specify)		
5.4	external monitoring! gradation by PRI (Zila parishad) RMRS)	yes	1
		no	2
5.5	availability of standard operating procedures(SOP)	yes	1
	standard treatment protocols (STP) guidelines.	no	2

Checklist for Sub centre

IDENTIFICATION		
1	Name of District	
2	Name of Tehsil/Taluka/Block	
3	Name ofSC	
4	No. of Villages under the PHC	
5	Distance of SC from PHC	
6	Distance of SC from nearest CHC	
7	Is the SC providing 24 Hours and 7 days delivery facilities? (Yes/No)	
8	Respondents:	
	Date of Data Collection	| | | | | | | |

SECTION (I): Services	
1.1	Population Covered(in numbers) | | | | |
1.2	MCH care including FP: services availability
1.2.1	Service availability(yes=1/no=2)
A	Ante-natal care
B	Intra-natal care (24- hour delivery services both normal and assisted)
C	Post- natal care
D	New born care
E	Immunization
F	FP and contraceptive
G	Adolescent Health
H	School health education
I	Janani Suraksha Yojana
J	Treatment of common illness

1.2.2	Availability of Specific Services (yes=1/No=2)
A	Does doctor visit the sub centre at least once in a month?
B	Is the day and the time of his visit is fixed?
C	Are the residents of the village aware of the timing of the doctor's visit?
D	Does the health assistant (male) or LHV visit the sub centre at least once a week?
E	Is the antenatal care (inj.TI/IFA tablets, weight, BP checkup, Hemoglobin, Malaria Slide, and Sputum Collection) provided by those in the sub centre?
F	Is the facility for referral of complicated cases of pregnancy/delivery available at sub centre for 24hrs?
G	Do the ANM/ any trained personnel accompany the women in labor to the referred care facility at the time of referral?
H	Are the immunization services as per government schedule provided by the sub centre?

J	Is there a fixed day for immunization?
K	is the ORS for prevention of diarrhea and dehydration available in the SC?

4
9

L	Is the treatment of minor illness like fever, cough, cold, worm, disinfection etc. available in the SC?
K	is the facility for peripheral blood smear in case of fever for detection available in the SC?
M	Are the contraceptive services like insertion of copper-T, distributing oral contraceptive pills or condom provided by the SC?
N	Is there any DOT centre?
1.3	Other functions and services performed (yes=1/no=2)
A	Disease surveillance
B	control of local endemic disease
C	promotion of sanitation
D	field visit and home care
E	national health programmes including HIV/AIDS control programmes
1.4	Monitoring and supervision activities(YES=1/NO=2)
A	Training of traditional birth attendants and ASHA
B	Monitoring of water quality in village
C	watch over unusual health events
D	Coordinated services with AWWs, ASHA village health and sanitation committee, PRls
E	Coordination and supervision of activities of ASHA
F	Proper maintenance of records and register
G	Is there a village health Plan / Sub centre plan?
H	Is the scheme of ASHA implement in SC?

Section (II): Human Resources				
	Personnel	recommended	Current availability at PHC	Identified Gaps
2.1	health worker (female)	lor 2		
2.2	Health worker (male)	lor a (may be replaced by female health worked)		
2.3	Voluntary work to keep the SC clean and assisting ANM. She is paid by the ANM from her contingency fund D100 per month	1 (optional)		

Section(IV): infrastructure			
S.No	services	If available (area in Sq mts.)	Remarks/ suggestions/identified

			gaps
3.1	Location		
A	Location of SC		
(i)	Distance of SC (in km.) from the farthest village in coverage area		
(ii)	distance of SC (in Km.) from the district hospital	,	

5
0

B	distance of SC from PHC (in km)		
C	distance of SC from CHC (in km)		
3.2	building		
A	Is a designated government building available for the SC?	Yes	1
		no	2
B	Whether the cleanliness is the building is?	Good	1
		Fair	2
		poor	3
C	Prominent displays boards regarding service availability in local language	Yes	1
		no	2
3.3	Availability of Labor room		
A	Labor room available	Yes	1
		no	2
B	If labor room is present, are deliveries carried out in the labor room?	Yes	1
		no	2
C	If labor is present, but deliveries are not being conducted there, then what are the reasons for the same?	Non-availability of doctors/staff	1
		Lack of equipments/poor physical state of the OT	2
		No power supply in the OT	3
		Any other reason(specify)	4
3.4	Clinic room	Yes	1
		no	2
3.5	examination room	Yes	1
		no	2
		no	2
3.6	WATER SUPPLY		
A	source of water	piped	1
		Tap water	2
		bore well/hand pump/tubewell	3
		well	4
3.7	sewerage		
A	type of sewerage system	soak pit	1
		connected to municipal	2

		sewerage	
3.8	waste disposal		
	How to waste material is being disposed?		
3.9	electricity		
A	Is there electric line in all parts of the PHC?	Yes	1
		no	2
4.10	communication facilities	telephone	1
		Personal	2
		Any other	3
4.11	Transport facility	Yes	1
		no	2
4.12	residential facility for the staff	Yes	1
		no	2

4.13	**user charges**
	Any fee for services is charges from the users? yes 11 / no 12
	if Yes, (Specify)

INTERVIEW:

PREGNANT WOMEN

(A) PERSONAL INFORMATION				
1	Name			
2	DOB			
3	Age(complete year)			
4	Blood group			
5	Address			
6	Education			
7	Occupation			
8	Income per month			
9	Marital status	Currently married	1	
		Married gauna not performed	2	
		Divorced	3	
		Widow	4	
		Separated	5	
		Never married	6	
10	Religion	Hindu	1	
		Muslim	2	
		Sikh	3	
		Christian	4	
		Jain	5	
		Other	6	
11	Caste	General	1	
		Scheduled Caste	2	
		Scheduled Tribe	3	
		SCBC	4	

(B) DETAILS OF CENTRES			
1	Name of State		
2	Name of District		
3	Name of Taluka		
4	PHC	Name	
		Place/Code	

(C) FAMILY MEMBERS				
1	Types of family	Nuclear	1	
		Joint	2	
		Extended	3	
2	Total no. of members			
3	Father in-law			
4	Mother in-law			

5	Husband			
	Occupation			
	Income per month			
6	No. of Children		1	
			2	

(D) PREGNANCY DETAILS		
1	Current date	
2	Date of last menstrual period(LMP)	
3	Gestational age (weeks)* Current gestational age	
4	Estimated date of delivery(EDD)	
**(A normal pregnancy range from 38 to 42 weeks)*		
**(Before 37 weeks)- premature*		
**(After 42 weeks)- post mature*		

(E) GENERAL INFORMATION					
1	Do you go for regular checkup?		Yes	1	
			no	2	
1(i)	If no why?				
2	Last when you have gone for Blood Test?				
3	What was your last Hemoglobin report?		g/dl		
4	Do you know the grades of Anemia?		Yes	1	
			no	2	
5	How many times have you visited to centre?				
6	Where you want to deliver a baby-	Government		1	
		Private		2	
		Home		3	
7	If 1/2/3 Why?				

(F) DIET					
1	What do you eat in during pregnancy, any special diet in-	Morning			
		Afternoon			
		Evening	Milk-		
2	Does it include leafy Vegetables /Beans/Milk/ Eggs/ Meat/Nuts?	Yes	1		
		no	2		
2(i)	If no, why?				
3	Do you know the importance of eating them?	Yes	1		
		No	2		
4	Did ANM or ASHA tell you about diet you should follow?	Yes	1		
		No	2		
4(i)	They explain you the diet chart-	Verbally	1		
		Pictorial	2		

(G) ABOUT MEDICINE					
1	Do you take Folic Acid Tablets in pregnancy? (If ANC is 4 months pregnant or more than that skip to question 2)	Yes	1		
		No	2		
1(i)	If no, Why?				
2	Do you take Iron Tablets during pregnancy? (If ANC is 3 months pregnant skip to H)	Yes	1		
		No	2		
2(i)	If no, why?				
3	How frequently you take Iron Supplements?	Once	1		
		Twice	2		
		Thrice	3		
		more	4		
4	You take medicine	Prescribed	1		
		Over the counter	2		
4(i)	If over the counter, Why?				
5	Do you take Iron Tablets with Vitamin C Or with any sour juice-	Yes	1		
		No	2		

5(i)	What is the schedule of taking iron tablets?				
6	Do you take Calcium tablet and Iron Tablet both on the same day?		Yes	1	
			No	2	
6(i)	What is the schedule of taking iron tablets?	Iron			
		Calcium			
7	Did ANM or ASHA tell you about the medicine you are taking?		Yes	1	
			No	2	

(H) ANEMIC WOMEN (If not skip to (I))				
1	Have you visited to doctor for anemia?	Yes	1	
		no	2	
2	What kind of Social barriers you face, that interrupt in taking Iron tablets?	Misconception about its ill effect on Health or Skin or weight of the child	1	
		Leads to miscarriage.	2	
		Unavailability	3	
		Family members	4	
		Causes severe Side effects	5	
3	Other Problems you are facing	No benefit	1	
		Money	2	
		Time	3	
		Vehicle	4	
		Low awareness	5	
4	If yes, course of treatment is -	running	1	
		completed	2	
		Stopped	3	
		Changed	4	

(I) GOVERNMENT SCHEMES				
1	Have you heard of Free Medication Scheme launched by government?	Yes	1	
		no	2	
2	Do you have BPL card?	Yes	1	
		no	2	
3	Do you have Mamta card?	Yes	1	
		no	2	
4(i)	What is the importance of the Mamta card?			
5	Which of the following	Janani Suraksha Yojana (JSY)	1	

	Programmes you know that are launched by the government-	Janani Shishu Suraksha Karyakaram (JSSK)	2	
		Chiranjeevi Yojna	3	
		Kasturba Poshan Sahay Yojana (KPSY)	4	
		Pradhan Mantri Surakshit Matrutava (PMSM)	5	
		Don't Know	6	
6	From where you get to know about these Programmes/Schemes?	ASHA	1	
		Ben	2	
		ANM	3	
		Doctor	4	
		Family members	5	
		Friends	6	
		Posters/Pamphlet	7	
		Television	8	
		Radio	9	
		Internet	10	
		No one	11	
7	Did these programmes have any benefits?			
8	What benefits you have got from these programmes?(If you don't have BPL card skip to 9)			
9	Have you seen any Posters, Pamphlet regarding health issues?			
10	If Yes, What information you have gathered from Poster?			
11	Which of the following IEC methods make you understand better?	poster	1	
		TV	2	
		radio	3	
		play	4	
		newspaper	5	
		Don't know	6	

LECTATING WOMEN

SERIAL NO-

(A) PERSONAL INFORMATION				
1	Name			
2	DOB			
3	Age (compete year)			
4	Blood Group			
5	Address			
6	Education			
7	Occupation			
8	Income per month			
9	Marital status	Currently married	1	
		Married gauna not performed	2	
		Divorced	3	
		Widow	4	
		Separated	5	
		Never married	6	
10	Religion	Hindu	1	
		Muslim	2	
		Sikh	3	
		Christian	4	
		Jain	5	
		Others	6	
11	Caste	General	1	
		Scheduled Caste	2	
		Scheduled Tribe	3	
		SCBC	4	

(B) DETAILS OF CENTRE			
1	Name of State		
2	Name of District		
3	Name of Taluka		
4	PHC	Name	
		Place/Code	

(C) FAMILY MEMBERS				
1	Types of family	Nuclear	1	
		Joint	2	
		Extended	3	
2	Total no. of members			
3	Father in-law			
4	Mother in-law			
5	Husband			

	Occupation			
	Income per month			
6	No of Children		1	
			2	

(D) INFORMATIOM OF BABY				
1	When you have delivered the baby?			
2	Where you have given birth to baby-	Government hospital	1	
		Private hospital	2	
		Home	3	
2(i)	If 1/2/3 Why?			
3	If delivery performed in government, which of the following scheme you got free?	Treatment	1	
		Drugs and consumables	2	
		Provision for food	3	
		Transportation between facilities in case of referral	4	
		Transport from home to institution	5	
		Drop back from institutions to home after 48hrs stay	6	
		Exemption from user charges	7	
		All	8	
		nothing	9	
4	What was the weight of the baby after delivery?			
5	Baby was born after 40 weeks gestation or less than 37 weeks into gestation? 9 month			

(E) GENERAL INFORMATION				
1	Do you go for regular checkup?	Yes	1	
		no	2	
1(i)	If no, why?			
2	Last when you have gone for Blood Test?			
3	What was your last Hemoglobin report?		g/dl	
4	Do you know the grades of Anemia?	Yes	1	
		no	2	

(F) DIET			
1	What do you eat in-	Morning	
		Afternoon	

		Evening			
2	Does it include leafy Vegetables /Beans/Milk/ Eggs/ Meat/Nuts?		Yes	1	
			no	2	
2(i)	If no, why?				
3	Do you know the importance of eating them?		Yes	1	
			no	2	
4	Did ANM or ASHA tell you about diet you should follow?		Yes	1	
			no	2	

(G) ABOUT MEDICINE				
1	Do you take Iron Tablets?	Yes	1	
		no	2	
2(i)	If no, why?			
3	How frequently you take Iron Supplements?	Once	1	
		Twice	2	
		Thrice	3	
		more	4	
4	You take medicine	Prescribed	1	
		Over the counter	2	
4(i)	If over the counter, Why?			
5	Do you take Iron Tablets with Vitamin C Or with any sour juice-	Yes	1	
		no	2	
6	What is the schedule of taking iron tablets?			
7	Have you taken Calcium drug with Iron Tablets?	Yes	1	
		no	2	
8(i)	If yes, what is the schedule of taking both medicines?	Iron		
		Calcium		
	Did ANM or ASHA tell you about medicine you have to take?	Yes	1	
		no	2	

(H) ANEMIC WOMEN (If not skip to (I))				
1	Have you visited to doctor for anemia?	Yes	1	
		no	2	
2	What kind of Social barriers you face, that interrupt in taking Iron tablets?	Misconception about its ill effect on Health or Skin or weight of the child	1	
		Leads to miscarriage.	2	
		Unavailability	3	
		Family members	4	
		Causes severe Side effects	5	
3	Other Problems you are facing	No benefit	1	
		Money	2	
		Time	3	
		Vehicle	4	
		Low awareness	5	
4	If yes, course of treatment is -	running	1	
		completed	2	
		Stopped	3	
		Changed	4	

(I) GOVERNMENT SCHEMES				
1	Have you heard of Free Medication Scheme launched by government?	Yes	1	
		no	2	
2	Do you have BPL card?	Yes	1	
		no	2	
3	Do you have Mamta card?	Yes	1	
		no	2	
4(i)	What is the importance of the Mamta card?			
5	Which of the following Programmes you know that are launched by the government-	Janani Suraksha Yojana (JSY)	1	
		Janani Shishu Suraksha Karyakaram (JSSK)	2	
		Chiranjeevi Yojna	3	
		Kasturba Poshan Sahay Yojana (KPSY)	4	
		Pradhan Mantri Surakshit Matrutava (PMSM)	5	
		Don’t Know	6	
6	From where you get to know	ASHA	1	

	about these Programmes/Schemes?	Ben	2	
		ANM	3	
		Doctor	4	
		Family members	5	
		Friends	6	
		Posters/Pamphlet	7	
		Television	8	
		Radio	9	
		Internet	10	
		No one	11	
7	Did these programmes have any benefits?			
8	What benefits you have got from these programmes? (If you don't have BPL card skip to 9)			
9	Have you seen any Posters, Pamphlet regarding health issues?			
10	If Yes, What information you have gathered from Poster?			
11	Which of the following IEC methods make you understand better?	poster	1	
		TV	2	
		radio	3	
		play	4	
		newspaper	5	
		Don't know	6	