**Summer Training at**
**UNICEF,**
**Jaipur**

# KAP Analysis on Ante Natal Care in Ahore Block of Jalore District

**By**
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**Under the guidance of**
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**MBA Hospital and Health Management**
**2015-2017**


**The IIHMR University, Jaipur**
**2016**

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

# CERTIFICATE

## TO WHOMSOEVER MAY CONCERN

This is to certify that **Mr. Vikrant Kalal**, student of MBA Hospital and Health Management (MBA-HM) from The IIHMR University, Jaipur has undergone summer training at **State office UNICEF, Jaipur** from **1st April 2016** to **31st May 2016.**

The Candidate has successfully carried out the study designated to him during Summer training and his approach to the study has been sincere, scientific and analytical.

The summer training is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Col(Dr) Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. Suresh Joshi
Professor
The IIHMR University, Jaipur

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www.unicef.org

Date: 21 June 2016

# Certificate

This is to certify that Mr Vikrant B Kalal has undertaken his summer training project at District Jalore from 1st April 2016 to 31st May 2016 with UNICEF. During his summer training he undertook an assessment of the interpersonal communication skills of frontline functionaries on key maternal, newborn and child survival interventions (Specific: Antenatal Care Services) delivered with the aid of an android based application called E – Janswasthya in Ahore Block. During the course of summer training the trainee was also exposed to the functioning of government health system, health centres at various levels as well as community and outreach services at district level.


Dr Apurva Chaturvedi
Health Officer
UNICEF Rajasthan

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UNICEF Office for Rajasthan, India
Goods/Services Received :
21/6/16
Date : Receiving Officer,
Dr. Apurva Chaturvedi Health Officer

Dr Apurva Chaturvedi
Health Officer
UNICEF Rajasthan

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## ACKNOWLEDGEMENTS

I Would like to express my heartfelt gratitude to **Dr. Anil Agarwal**, Health Specialist UNICEF, **Dr. Apurva Chaturvedi** Health Officer UNICEF, hence giving this project to me and hence giving this opportunity to understand the system, functioning and Anta-natal care services provided in the Ahore block, Jalore district.

I am also thankful to my Project Mentor **Mr. Inderpal Arora**, Focus District Coordinator, UNICEF for those timely course correction and friendly guidance throughout the course of my project study, I express my gratitude to all the ANM of SC for giving me micro level detail about the Anta-Natal Care Services in Ahore block, Jalore District of Rajasthan.

I would also like to thanks **Dr. Suresh Joshi**, IIHMR University, my mentor for providing me a support in completing my project successfully as well as giving Insight in to my operational issues which came across during the project.

I would like to thanks my colleagues Mr. Manu Sharma, miss Eti khatri and miss Harshita sharma for being part of my many brains storming session which have been of immense help in successfully completing the project.

Vikrant kalal

HM-20$^{th}$ batch

IIHMR University

## Abbreviation

AHC = Annual Health Survey

ANC = Ante- Natal Care

ANM = Auxiliary Nurse Midwife

ASHA = Accredited Social Health Activist

AWC = Anganwadi Centre

AWW = Anganwadi Worker

BCC = Behavioral Change Communication

BCMO= Block Chief medical officer

CBC = Complete Blood Count

CCE = Continuous and Comprehensive Evaluation

CHC = Community Health Centre

CMHO = Chief Medical Health Officer

DAP = District Action Plan

DCHM = District Child Health Manager

DH = District hospital

DHS = District Health Society

DLHS = District Level Household Survey

DPMU = District Program Management Unit

ECE = Early Childhood Education

FRUs = First Referral Units

GDP = Gross Domestic Production

ICDs = Integrated Child Development Services

ICPS = Integrated Child Protection Scheme

ICU = Intensive Care Unit

IEC = Information, Education and Communication

IGO = Inter-Governmental Organization

IFA = Iron and Folic Acid

IMNCI = Integrated Management of Neonatal and Childhood Illness

IMR = Infant Mortality Rate

IUCD = Intra Uterine Contraceptive Device

JSY = Janani Suraksha Yojana

KMC = Kangaroo mother care

LHV = Lady Health Visitor

MCHN = Maternal and Child Health Nutrition

MCP = Maternal and Child Protection

MIS = Management Information System

MMR = Maternal Mortality Rate

MO = Medical Officer

NFHS = National Family Health Survey

NRHM = National Rural Health Mission

NUHM = National Urban Health Mission

ODK = Open Data Kit

PHC = Primary Health Centre

RCH = Reproductive Child Health

RMNCH+A = Reproductive, Maternal, Newborn, Child+ Adolescent health

SC = Sub-Centre

SIHFW = State Institute of Health and Family Welfare

SNCU = Special Newborn Care Unit

UNICEF = United Nations Children's Fund

WHO = World Health Organization

# INTRODUCTION

## Jalore district profile:

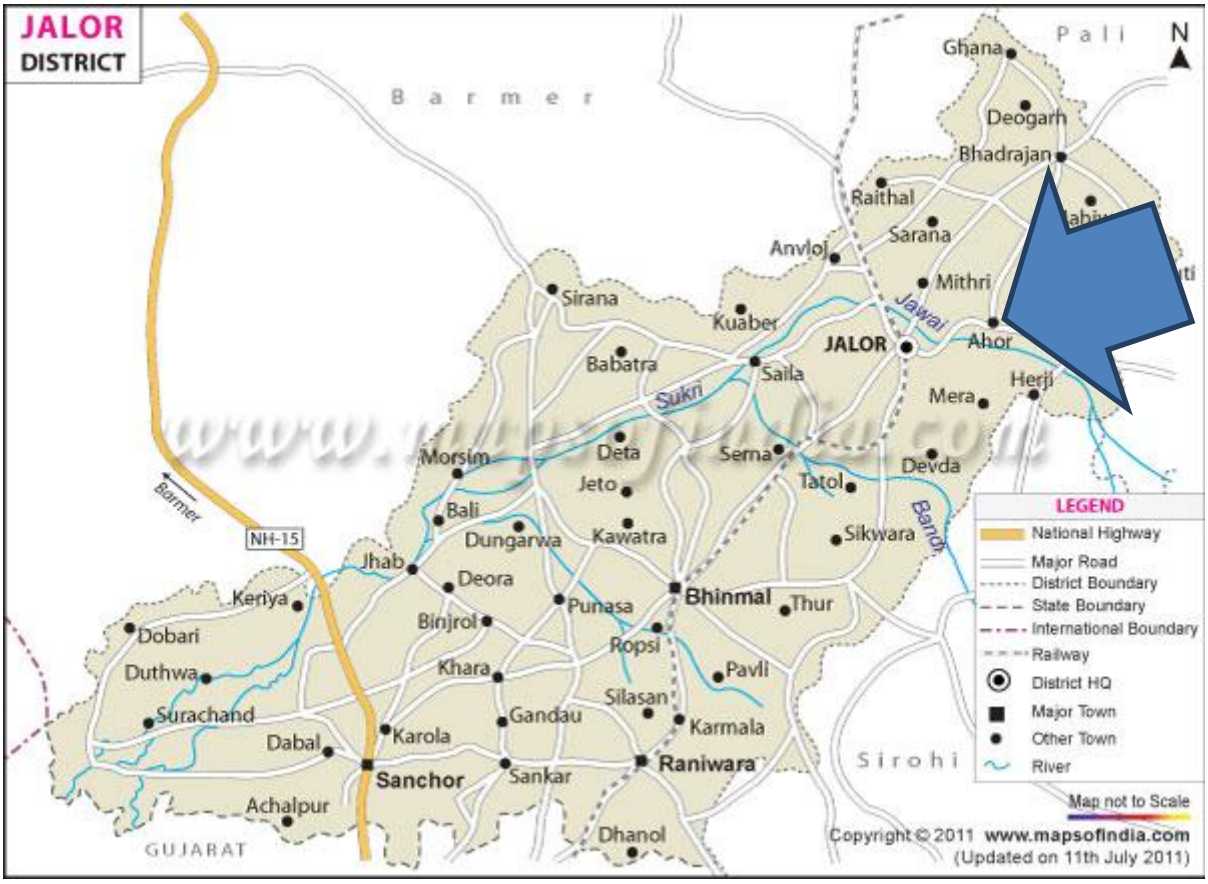
Jalore is located in the western zone of Rajasthan. The district, one amongst 34 districts in the state has a projected population of 1.98 million (year 2015), accounting for about 3% of the state's population. It has an area of 10,640 sq. km. rendering a population density of 183 persons per square kilometers. The district's decentralized governance includes 8 Janpad Panchayat Samitis and 264 Gram Panchayats across 805 revenue villages.

| DEMOGRAPHIC PROFILE & HOUSEHOLD CHARACTERISTICS | | | | |
|---|---|---|---|---|
| Population (Census 2011) | | | | |
| | Total | Male | Female | 0 - 6 Year |
| Jalore | 1828730 | 936634 | 892096 | 313808 |
| Rajasthan | 68621012 | 35620086 | 33000926 | 10504916 |
| District Share | 2.66 | 2.63 | 2.70 | 2.98 |

It is estimated that every year 59, 000 women become pregnant, around 53,000 children are born and as many as 49, 500 nursing mothers of infants below one year require counseling for exclusive breastfeeding up to 6 months, initiation of complementary feeding thereafter with continued breastfeeding well in to and up to 2 years, apart from caring advice on significance of immunization and need to adhere to the schedule of services for the same.

The district has the highest Infant Mortality Rate of 72 in the state, while the state's IMR stands at 55 (Annual Health Survey 2012-13). It is however, notable that female IMR is 12 points higher than that of males at 66. The phenomenon is more pronounced in rural area of the district. Further the neo-natal mortality rate for the district at 52 accounts for 73% of the IMR, thus indicating the direction and efforts which cannot be delayed. It is apprehended that around 3900 children would not survive up to the age of 1 year at this rate in the district during the year 2014-15. As regards the Maternal Mortality Ratio, Jalore AHS 2012-13 records the same at 222, as determined for the region including 5 other districts, namely Jodhpur, Jaisalmer, Barmer, Sirohi and Pali.

There are 1 DH, 10 CHCs, 69 PHCs, 407 SHCs in Jalore District which are giving health services to around 1.98 million people. If we see these institutions in the reference of maternal & Child health services, facility of Ante/Intra/Post Natal care are available as per level of institutions. And these are some indicators on which the performance of institutions is measured.




## Ahore Block profile

Ahor or Ahore is a city in Jalore District of Rajasthan state in India. It is situated 17 km east of the Jalore on Jalore-Sanderao road (SH-16). It is the headquarters of the tehsil by the same name. Population of Ahore is 16,873 according to census 2011. Where male population is 8,602 while female population is 8,271. Ahore is famous for its steel handicraft, Grill, Railing and Steel Designer gate for Temple.

## About the organization

We were given a chance by UNICEF to explore the health care facilities at block level. We were asked to visit one of the high priority district of Rajasthan, Jalore (Ahore Block) under the guidance of Mr. Inderpal Arora, Focus district coordinator, UNICEF. The district has no separate office of UNICEF, the coordinator and other staff works in coordination with NHM staff at CMHO office. The main focus was on RMNCH+A approach. Besides this currently running programme by UNICEF E- Janswasthya, a state initiative to provide tablets to ANMs to digitize data. Timeline of our study was –

**Table (1):-** Timeline of the study

| S.No. | Task | Timeline | Duration |
|---|---|---|---|
| 1) | Exploration of Field | 3rd April' 16 to 9th April' 16 | 1 week |
| 2) | Document study and development of study design and tools | 11th April'16 to 16th April'16 | 1 week |
| 3) | Intervention with the case ANMs for giving live counselling | 18th April'16 to 24th April'16 | 1 week |
| 4) | Field testing of tools, field study and data collection (supervision of Case ANMs and observation of control ANMs) | 26th April'16 to 14th May'16 | 2weeks |
| 5) | Supporting E Janswasthya | 16th May to 24th May' 16 | 8 days |
| 6) | Data analysis | 25th May'16 to 30th May'16 | 1 week |
| 7) | Finalization of Data and presentations | 31th may'16 to 9th June'16 | 10 Days |
| 8) | Presentation | 10th June'16 ` | 1 day |

The United Nations Children's Fund (UNICEF) is a United Nations Program Headquartered in New York City that provide long term humiliation and developmental assistance to children and mothers in developing countries. It is one of the members of the United Nations Development Group and its executive community.

UNICEF was created by the United Nations General Assembly on December 11, 1946 to provide emergency food and healthcare to children in countries that had been devastated by World War II. In 1953UNICEF become a permanent part of United Nations System and its name was Shortened from the original United Nations International Children's Emergency Fund but it has continue to be known by the popular acronym based on this previous title.

Most of UNICEF's work is in the field, with staff and over 190 countries and territories.

UNICEF is an intergovernmental organization (IGO) and UNICEF's salary and benefits package is based on the United Nations Common System. UNICEF is not funded exclusively by voluntary contributions, and the national committee collectively raise around one third of UNICEF's annual income. This comes through contributions from corporations, civil society organization around 6 million individual donors worldwide. They also have many different partners-including the media, national and local government officials, NGO's, Specialists such as Doctors and Lawyers, corporations, schools, young people and general public - on issue related to children rights .

UNICEF in RAJASTHAN

Located in north-western India, Rajasthan is the country's largest state by area. At 342,239 $km^2$, it encompasses 11 per cent of the total geographical area of the country. Along with this large area comes a wide and diverse topography: rolling sand dunes, fertile plains, rocky, undulating regions and even some forested areas.

Rajasthan has been at the forefront of India's economic reforms and is now among the country's six fastest-growing states. Its main economy is agriculture, but industrial sectors such as textiles and vegetable oil and dye production also contribute significantly to the state's GDP. Other private sector industries include steel, cement, ceramics and glassware, electronics, leather and footwear, stone and chemical industries.

The state is home to more than 68 million people, almost 50 per cent of whom are under the age of 18 years (2011 census). It is predominantly rural, with 75 per cent of its population living in villages. More than 30 per cent of its population belongs to scheduled castes (17.8 per cent) and scheduled tribes (13.5 per cent).

Over recent decades, successive Rajasthan governments have shown a commitment to address the state's many development concerns, especially those of children, adolescents and women. They have instituted the Girl Child Policy of 2012, to ensure the survival, growth and development and empowerment of girls, and have taken a lead in child labor programs through a rare initiative to raise the bar on child labor from 14 to 18 years.

UNICEF has been an active partner, supporting government in planning and implementing programs and working to accelerate progress on social development indicators. After large investments in the health sector targeting children through the National Rural Health Mission (NRHM) and Integrated Child Development Services (ICDS) program. These are reflected in the decline in the IMR and improvements in other morbidity and mortality indicators.

However, the improvements have not been adequate and there are several challenges that continue to affect the health status of children, particularly neonatal health. Rajasthan's feudal, strongly patriarchal and caste-centred society has fostered social norms that continue to impede the progress of social development in the state.

# Part I: Observational Learning

## Introduction:

**Aim:** To study the services available at district hospital, CHC, PHC, SC and AWC at Ahore block of Jalore district.

## Objectives:

1. To visit the health facility centers.
2. Compare the facilities and services with the standard.
3. To identify the gaps for the services not available.

## Methodology:

**Study area:** Jalore

**Study respondent:** Medical officer or any senior staff of the center and ANMs and ASHA at SC and AWC level.

**Mode of data collection:** Standardized checklist (See Annexure)

**Sample size:**

| S.no | Health facility centers | No. of facility center studied |
|---|---|---|
| 1. | DH, Jalore | 1 |
| 2. | CHC, Ahore | 1 |
| 3. | PHC (Nosra and Guda balotan) | 2 |
| 4. | SC | 12 |
| 5. | AWC | 4 |

**FINDINGS:**

1. **At district level:**

| S.no | Services | Remarks |
|---|---|---|
| a. | Service delivery | OPD and IPD 600-700.<br>No. of deliveries: 10 to 15 daily. |
| b. | Physical Infrastructure | Health facility easily accessible, functional govt. building, electricity and power back up and running 24*7 water supply, separate washroom for male and female, functional and clean labor room with all facilities but non active new born care corner as child is referred to SNCU which is functional with radiant warmer, proper biomedical waste management, ICU: Two bedded, no machinery was there as such and family members of the patient were having their lunch sitting on the floor. |
| c. | Human resource | 78% post were available and 22% vacant (no other specialist, no adolescent health counselor) |
| d. | Training status of HR | Information could not be obtained. |
| e. | Equipment | All the required equipment was available. |
| f. | Essential drugs and supplies | All sorts of drugs were available. |
| g. | Other services | Hemoglobin check Done by hemoglobin strip which does not provide accurate results. For accuracy CBC has to be done which is performed by cell counter. All testswere performed. Functional blood storage unit. |
| h. | Quality parameters of the facility | Manage high risk pregnancy, provide newborn care, BWM, administer vaccines, updated entry in MCP cards, and manage sick neonates and infants. |
| i. | Record maintenance | Able to see the available records |
| j. | IEC display | The essential IEC materials were available in all the hospital premises. |

| | | |
|---|---|---|
| k. | Admission of the patient | But refuse to accept the highly complicated case and refer to jodhpur. |

Learning – Bhandari district hospital covered almost 51000 populations. OPD & IPD were 600-700/ day and deliveries were conducted 10-15/ day. It was easily accessible to people, functional govt. building, electricity with power back up and running 24*7 water supply with water cooler, separate ward for male and female and in adequate clean condition, functional and clean labor room with all facilities, critical child is referred to SNCU- functional with radiant warmer, 12 bedded (5 newborns were there at that time), proper biomedical waste management, ICU: Two bedded, no machinery was there as such and family members of the patient were having their lunch sitting on the floor of ICU, no ventilator facility was there. All essential IEC material was displayed in all the hospital premises. There was functional blood bank with chart that how many units of which blood group were there at that time, adequate cleaning was there.

Extra activity

**District health society (DHS) –NRHM, Jalore meeting**

All districts held monthly District Health Society meeting that convene the district's administrative leadership. DHS is a meeting taken by collector as chairperson and CMHO as co-chairperson. The DHS will be responsible for planning and managing all health and family welfare programs in the district, both in the rural and urban areas.

Place:-collectorate office, Jalore

Date:-25/04/2016

Chairperson:-District Collectore, Jalore.

Co-chairperson:- CMHO

Members: - RCHO, DPM (NRHM & NUHM), BCMOs, MOs, District Coordinator OF UNICEF & WHO, Nodal Officer of SIHFW.

**Picture caption**: - ANM gave demo on Ejanswasthya application by tablet to district collector in the DHS meeting.

**Picture caption**:- District collector and CMHO see the presentation which was given on the topic of E-janswasthya application.

**Visit to CMHO office.**

Learning :-

Hierarchy

CMHO

⬇

Additional CMHO

(Family welfare)

⬇

Deputy CMHO

(Gazette and non-gazette)

(Integrated disease surveillance program management)

⬇

RCHO

Two officers from national health mission working as DPM under NUHM and NRHM unit. NUHM DPM performs the following functions: Mahila aarogya samiti and analyze sector and organize camps. And

NRHM DPM see to the IEC material (RKSK, RBK)Other than these two there are District ASHA Coordinator and District Nodal Officer.

PCPNDT cell for monitoring sono-graphy. It has separate committee, an operator and a coordinator.

Unit of CMHO:

RMSCL: Rajasthan medical society corporation limited

- Nishulk dava vitran or service yojana monitor
- Send demand by software
- PHC supply to SC and so on.

Programme:

1. JSY (Janani shuraksha yojana): Under this program at the time of delivery mother gets a cheque of rupees 1400 on birth of baby boy and 2100 on birth of girl child.
2. JSSK (Janani shishu shuraksha karyakram): from ANC to after 42 days of delivery all the expenses are bear by government and for baby from birth to one year of age.
3. Shubhlakshmi yojana: JSY+ 2100 Rs on the birth of girl child. After one-year full immunization and again gets 2100 Rs, at the age of five years given 3100 Rs from 1st June 2016 it will be renamed as Rajshri yojana.
4. Sterilization: Female is given 1400 Rs and male is given 2000 Rs and if sterilization is done just after delivery then 2200 Rs is given.
5. Immunization schedule:

   After birth, BCG (one year) + OPV zero (15 days) + hepatitis birth dose zero (within 24 hours)

   After six weeks: Pentavalent 1 + OPV 1

   After 10 weeks: Pentavalent 2 + OPV 2

   After 14 weeks: Pentavalent 3 + OPV 3 + IPV (recently started from 1st April 2016)

   After 9 months: Measles 1st dose + vitamin A 1st dose

   After 16-24 months: DPT booster 1 + OPV booster + measles 2 + vitamin A 2 (after every six months 9 dose total)

   5 years: DPT booster 2

10 years: TT

16 years: TT

Minimum 28-day gap is given between two doses and after third dose for booster six months gap.

**2.At CHC level:**

| S.no | Services | Remarks |
|---|---|---|
| 1. | Services | 24 hours' emergency services. All specialist services available (medicine, surgery, OBG, pediatrics), National health programme, no 24 hrs delivery services available as No gynecologist is there and therefore staff which is there for delivery is available for limited duration, no emergency obstetric care, blood storage facility is non- functional as cases are referred to DH jalore, transportation services available. No. of beds: 80, OPD: 400 |
| 2. | Human Resource | 80% available, 20% vacant |
| 3. | Availability of investing facility | Available (ECG, X-ray, Ultrasound, Pathological tests) |
| 4. | Infrastructure | 18 kms from DH, OT available all surgeries are carried out. Labour room available with all required facilities deliveries carried out. Laboratory available all diagnostic tests are done, 24 hrs water (unfiltered water) and electricity supply, Biomedical waste management, User charges: OPD- 5 rs, IPD- 15 rs and 200 rs for ECG, X ray and blood test and deliveries. |

Learning – Emergency services were there, blood storage facility was there but in non-functional condition, complicated cases were referred to DH, all types of laboratory tests, investing tests were done there, 24*7 water facility but unfiltered and electricity facility with power backup was there. All tests were done free of cost except ECG. Labor room was in adequate condition and attached with Amrit kaksh.

Extra activity

(a) Block meeting:- Block will be the key level for development of decentralized plans so each block will be covered under the DAP( district action plan) and a block level plan will be prepared for each block in each district. Every month block meeting of ANM's is held in the CHC Ahore. In order to strengthen skills and capacities of Nursing staffs, "ANM Samvad" is organized which innovatively uses technology for reaching to ANMs at negligible cost.It was observed during field visits that basic skills of the nursing staffs were poor in the areas of ANC and PNC service, high risk pregnancy identifications and also records were not maintained properly, so block meeting help in this.

Key objectives of block meeting:-

1. Regular planning, review and monitoring
2. Continuous capacity development to improve the knowledge and skills of ANM's.
3. Review the performance monitoring.
4. Discussion on one health topic every month.
5. Problem solving and grievance redress of ANM's.


Picture caption:- ASHA supervisor, FDC of UNICEF and MO's give in depth knowledge of services to ANM's and solve some issues related to services which were ask by ANM's.

Picture caption:- FDC of UNICEF solve tab related issues and sync all the entries which were present in the ANM' tab at the time of block meeting.

**3.AT PHC level:**

| S.no. | Services | PHC 1 Nosra | Remarks | PHC2 Guda balotan | Remarks |
|---|---|---|---|---|---|
| I. | Services delivery | | | | |
| | Emergency services | × | Neither 24 hours staff nor services available | × | Neither 24 hours staff nor services available |
| | Beds | | | | |
| | New born care | × | Only normal delivery takes place and no gynae available so caesarian cases are not taken and therefore referred to CHC or DH. | × | Only normal delivery takes place and no gynae available so caesarian cases are not taken and therefore referred to CHC or DH. |
| | Water and sanitation | ✓ | No filtered water for drinking. | ✓ | No filtered water for drinking. |
| | Transport | × | No services patient manages on their own. Government has not provided the facility till now. | × | No services patient manages on their own. Government has not provided the facility till now. |
| II. | Human resources | | | | |
| | MO | ✓ | Newly appointed | ✓ | Newly appointed |
| | Pharmacist | ✓ | | × | Compounder distributes the drug. |
| | LHV | ✓ | | ✓ | At the age of retirement. |
| | ANM | ✓ | Does not perform her duty well. RCH registers were almost blank. | × | Transferred |
| III. | Infrastructure | | | | |

## 4.At SC level

| S.no | Services | SC | Available | Not available | Remarks |
|---|---|---|---|---|---|
| 1. | Doctor or LHV visiting SC once in a month | Bhenswara | | × | No one is there to supervise it. This is not focused. |
| | | Sanvada | | × | No one is there to supervise it. |
| | | Bithuda | | × | No one is there to supervise it. |
| | | Jogava | | × | No one is there to supervise it. |
| | | Dodiyali | | × | No one is there to supervise it. |
| | | Kamba | | × | No one is there to supervise it. |
| | | Nimbla | | × | No one is there to supervise it. |
| | | Charli | ✓ | | MN2 is present there on regular basis. |
| | | Paota | | × | ANM manages everything. Distance issue. |
| | | Hariyali | | × | No one is there to supervise it. |
| | | Sedariya balotan | | × | No one is there to supervise it. |
| | | Bedana | | × | No one is there to supervise it. |
| 2. | Labor room | Bhenswara | | × | One room SC. ANM not staying there, up down from ahore. Timings for ANM: 9-1 pm. |
| | | Sanvada | ✓ | | Delivery point. Only delivery table is available can have a better infrastructure. Normal deliveries take place. No new born care unit |
| | | Bithuda | ✓ | | ANM stop taking delivery cases because of the age. |
| | | Jogava | ✓ | | 4-5 delivery per year. As CHC ahore is just few kms from SC so people prefer to go there for delivery. |
| | | Dodiyali | | × | No facilities available at SC. Cases are referred to PHC harji or else many migrants live there so they move to Ahmedabad or Deshawar. |
| | | Kamba | ✓ | | No delivery takes place as CHC ahore is few kms away. |
| | | Nimbla | | × | ANM not taking the case as facility is not available. |
| | | Charli | ✓ | | Recently SC is taken care off by Jain community. A day before the visit first delivery took place. |
| | | Paota | | × | Cases are referred |
| | | Hariyali | | × | Cases are referred |
| | | Sedariya balotan | | × | Cases are referred |
| | | Bedana | | × | Cases are referred |
| 3. | Water facility | Bhenswara | | × | ANM no staying there. So no need of water is found. If required packed water bottles are purchased. |
| | | Sanvada | ✓ | | SC and home of the ANM are same. So facility is available. Public tap but water comes alternative day. |
| | | Bithuda | ✓ | | SC and home of the ANM is same. Water comes by tanker. |
| | | Jogava | ✓ | | SC and home of the ANM is same. Tanker |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | as a water source. |
| | | Dodiyali | | × | SC is located in the mid of hills. Timings for ANM 9am-1 pm. ANM not staying at SC. Up down from thanvla. |
| | | Kamba | | × | ANM not staying at SC. Up down from Ahore. |
| | | Nimbla | ✓ | | ANM staying at SC. |
| | | Charli | ✓ | | Supported by Jain community. |
| | | Paota | ✓ | | ANM staying at SC |
| | | Hariyali | ✓ | | ANM staying at SC |
| | | Sedariya balotan | ✓ | | ANM staying at SC |
| | | Bedana | ✓ | | ANM staying at SC. |
| 4. | Electricity | Bhenswara | | × | No connection is provided. |
| | | Sanvada | ✓ | | ANM staying at SC |
| | | Bithuda | ✓ | | ANM staying at SC |
| | | Jogava | ✓ | | ANM staying at SC. So home facilities are connected to SC. But no fan and light available. |
| | | Dodiyali | | × | No fan and light. No electricity connection. |
| | | Kamba | ✓ | | |
| | | Nimbla | | × | ANM stays at SC but the SC room has no electricity connection. |
| | | Charli | ✓ | | Supported by Jain community so all facilities are available. |
| | | Paota | ✓ | | |
| | | Hariyali | ✓ | | |
| | | Sedariya balotan | ✓ | | |
| | | Bedana | ✓ | | |

## 5. At AWC

| S.no | Services | AWC Bhenswara | Remarks | AWC Kamba | Remarks | AWC Nosra | Remarks | AWC Khara | Remark |
|---|---|---|---|---|---|---|---|---|---|
| 1. | Display of IEC material | × | One chart was display and that too was covered with dust. | ✓ | Properly displayed on all sides of wall | × | Damaged walls no material was seen | × | Post of ANM and AWC was vacant so no one was there to look after the center. ANM was appointed newly. |
| 2. | Maintenance of registers | ✓ | RCH register were filled properly | ✓ | RCH register were filled properly | × | ANM not having complete record of any beneficiary | ✓ | RCH register were filled properly |
| 3. | Sanitation and hygiene of children | × | Center was clean but hygiene was not seen. No soap was available for hand washing, no nail cutter, hair was not combed, no washroom, no dish washing bar, no dustbin. | × | Center was clean but hygiene was not seen. No soap was available for hand washing, no nail cutter, hair was not combed, no washroom, no dish washing bar, no dustbin. | × | Center was not clean. No soap was available for hand washing, no nail cutter, hair was not combed, no washroom, no dish washing bar, no dustbin. | × | Center was clean but hygiene was not seen. No soap was available for hand washing, no nail cutter, hair was not combed, no washroom, no dish washing bar, no dustbin. |
| 4. | Weighing machine | ✓ | Only for adult. Baby machine was not there | ✓ | Only for adult. Baby machine was not there | ✓ | Only for adult. Baby machine was not there | ✓ | Only for adult. Baby machine was not there |
| 5. | Poshahar | ✓ | Hot meal is not served. | ✓ | Hot meal is not served. | ✓ | Hot meal is not served. | ✓ | Hot meal is not served. |
| 6. | Water facility | ✓ | Water filled in matka. No filtered water. | ✓ | Water filled in matka. No filtered water. | × | Water filled in matka. No filtered water. | ✓ | Water filled in matka. No filtered water. |
| 7. | Health workers | ✓ | AWC, ASHA, ANM | ✓ | AWC, ASHA, ANM | ✓ | AWC, ANM | ✓ | ANM |

**PROGRAM AT AWC**

**MCHN DAY:** Started in 2004. It is organized on every Thursday at different AWC to improve maternal and child health and provide them nourishment.

## MCHN day

MCHN Day is government of India (started in 2004) initiative organized at each Anganwadi centre (AWC) & sub centre and provide bucket of services to the targeted beneficiaries including health checkup, ante/post natal monitoring and immunization of women and children. Due to non-administration of MCHN Days in most of the AWC these services are out of reach from the community. MCHN day organized once every month preferably on Thursdays.

Picture caption: -These pictures depict services which were provided on the MCHN day by ANM. ANM gave TT injection, measured weight of pregnant lady, hemoglobin test was done, Heartbeatcount of fetus was also done.etc.

| S.no | Services | AWC Bhenswara | Remarks | AWC Kamba | Remarks | AWC Nosra | Remarks | AWC Khara | Remark |
|---|---|---|---|---|---|---|---|---|---|
| 1. | Organized table with stool | ✓ | Stool was not there. | ✓ | | × | AWC was in very poor condition. Only mat was there. | × | Table was organized with all the amenities but that table was examinati on table. |
| 2. | Examination bench | × | Mat was used | ✓ | Was not in use. Waste material was kept on it. And table was very dusty. | × | There was no space to keep foot very conjusted table cannot be kept there. | ✓ | used to keep vaccine kit, medicines , registers etc. |
| 3. | Prepared due list | ✓ | | ✓ | | ✓ | | ✓ | |
| 4. | Mamta card | ✓ | | ✓ | | ✓ | | ✓ | |
| 5. | Weighing machine | ✓ | Adult weighing machine only. Baby machine was not there. Baby was weighed on adult machine | ✓ | Adult weighing machine only. Baby machine was not there. Baby was weighed on adult machine | × | Machine was not working | ✓ | Adult weighing machine only. Baby machine was not there. Baby was weighed on adult machine |
| 6. | BP instrument | ✓ | Without stethoscope | ✓ | Without stethoscope | × | Machine was not working | ✓ | BP machine not functional . |
| 7. | ANC checkups (urine test, hemoglobin) | ✓ | Urine test by Uri strips and Hb by Hb strips | ✓ | Urine test by Uri strips and Hb by Hb strips | × | | ✓ | Urine test by Uri strips and Hb by Hb strips |
| 8. | Vaccine kit | ✓ | Properly covered. Bought from PHC or CHC by health workers. | ✓ | Properly covered. Bought from PHC or CHC by health workers. | ✓ | Properly covered. Bought from PHC or CHC by health workers. | ✓ | Properly covered. Bought from PHC or CHC by health workers. |
| 9. | Tablets and powder | ✓ | | ✓ | | ✓ | Oral pills not available | ✓ | |
| 10. | Counselling | × | Due to time issue for both ANMs and beneficiaries they are able to communicate | × | Due to time issue for both ANMs and beneficiaries they are able to | × | Due to time issue for both ANMs and beneficiaries they are able to communicate | × | Due to time issue for both ANMs and beneficiar ies they |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | properly. And to counsel 25 or more people at a time ANM found it tedious work. | | communicat e properly. And to counsel 25 or more people at a time ANM found it tedious work. | | properly. And to counsel 25 or more people at a time ANM found it tedious work. | | are able to communi cate properly. And to counsel 25 or more people at a time ANM found it tedious work. |
| 11. | Waste bin | × | Only polythene bag was available to throw the waste. No bins according to biomedical waste management. | × | Only polythene bag was available to throw the waste. No bins according to biomedical waste management . | × | Only polythene bag was available to throw the waste. No bins according to biomedical waste management. | × | Only polythene bag was available to throw the waste. No bins according to biomedic al waste managem ent. |
| 12. | Poshahar | ✓ | Hot meal was not served. Once cooked and kept till the session is over. Usually khichdi is provided which gets dry by the time. | ✓ | Hot meal was not served. Once cooked and kept till the session is over. Usually khichdi is provided which gets dry by the time. | × | Hot meal was not served. Once cooked and kept till the session is over. Usually khichdi is provided which gets dry by the time. | ✓ | Hot meal was not served. Once cooked and kept till the session is over. Usually khichdi is provided which gets dry by the time. |
| 13. | Health worker | ✓ | ANM, ASHA and AWW | ✓ | ANM, ASHA and AWW | ✓ | ANM and AWW | × | Only ANM |
| 14. | Dropouts | ✓ | People don't know the importance of immunization Old beliefs and customs, societal myths, females went to farm during the session time, they are | ✓ | People don't know the importance of immunizatio n Old beliefs and customs, females went to farm during the | ✓ | People don't know the importance of immunizatio n Old beliefs and customs, females went to farm during the | ✓ | People don't know the importanc e of immuniza tion Old beliefs and customs, |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | not being informed, unawareness. | | session time, they are not being informed, unawareness | | session time, they are not being informed, unawareness | | females went to farm during the session time, they are not being informed, unawareness |

**Services on MCHN day**

• Registration of all pregnant women

• ANC Services

• Dropouts to be tracked and services provided

• Vaccination

• Vitamin A solution to be given

• Weigh all children & record. Prepare growth monitoring chart also.

• Anti-TB drugs to be given

• Distribution of condoms & OCPs to all eligible couples

• Supplementary nutrition to underweight children

**Issues for discussion**

• Danger signs during pregnancy

• Importance of PNC

• Counseling by different methods

• Registration for JSY

• Counseling for better nutrition

• Exclusive Breastfeeding and signs of breastfeeding

• Weaning & complementary feeding (The weaning process begins the first time your baby takes food from a source other than your breast).

Activities to be performed on MCHN day:

1. Complete immunization of 0-1-year-old child.
2. Three ANC checkups of all the pregnant lady
3. PNC checkups
4. Identification of complicated delivery cases and timely referral
5. Family planning counselling and provision of spacing methods
6. Identify/counsel/treatment and referral of malnourished child
7. Birth and JSY registration

**Learning**

A case of a seven- month old child was seen. She was to given measles vaccination after completion of nine months. But fault in the due list prepared by the ANM bought her to the center for measles vaccination. Not following the immunization schedule. This was bought into notice by checking mamta card of the child which contains all the detail of the child right from the birth date to complete immunization schedule.

The pre preparation of MCHN day is must. So for that due list has to be prepared carefully and seriously. Health workers should go a day before the session to beneficiaries houses to counsel them and tell them the importance of immunization and make them aware so that the chances of dropouts reduce.

NOTE: See annexure for complete detail of health facilities accessible at health facility centers.

# PART II: Project Report

## E Janswasthya an innovative hub

According to the geographical view point, in India's biggest state rajasthan though there is 80% increment in institutionl deliveries but MMR is reducing at very slow rate. The health department with the help of health workers are trying to identify the danger signs of mother and infants but the situation is still not good.

During the ANC checkups of a pregnant lady it is necessary to check Blood pressure, haemoglobin, weight etc. but lack of sources, lack of information among health workers, improper counselling, lack of motivation, manual records such things hinders the overall process.

Therefore, there's a need to ascertain these issues on the right time and timely tracking of each mother and new born. After expenditure of currency on Complex tracking system, dependency on internet and computers, training to workers for motivation etc. still there is lack of improvement.

Keeping in mind the above complications, State institute of health and family welfare with the support of UNICEF developed an android based application "e-janswasthaya'

### Objectives of the program

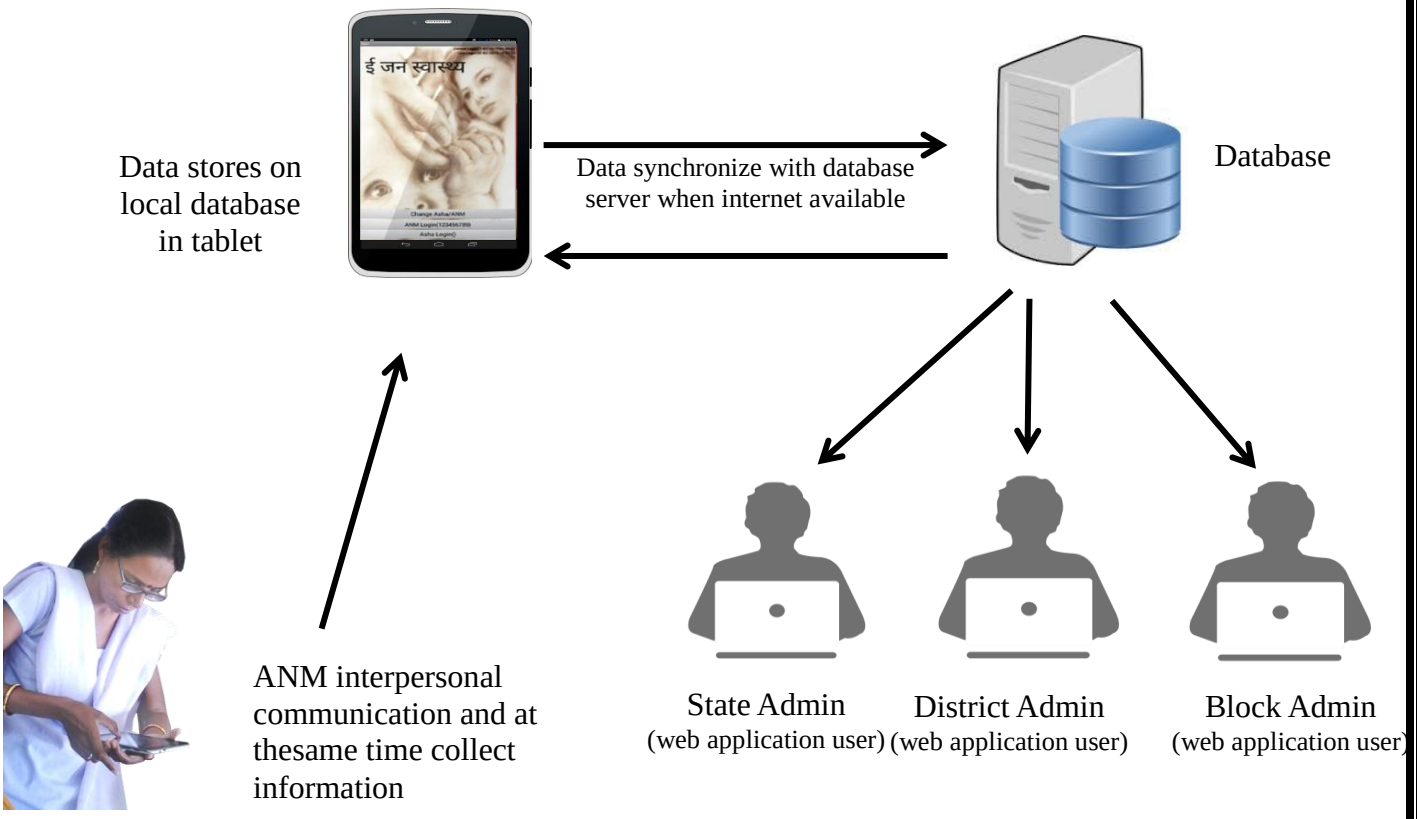
- Facilitate in improving quality of interpersonal communication
- Improving counseling skill through Video.
- Identification of danger signs/ high risk
- Growth monitoring and identification of sick & undernourished children
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Logistics planning
- Quick & seamless reporting
- Actions at local level

### Users of the Application

The use of this application is at the Sub Center level by the health workers. The main users are

1. ANMs
2. ASHA

## Process implementation




## Need of the program (Bottlenecks)

- Interpersonal Communication
- Identification of Danger signs and facilitation of actions at the family level
- Weak memories both users and providers
- Tedious process of planning – Still incomplete
- Data collection multiple registers
- Data computerization/ Quality of data

- Performance monitoring/ transparency/accountability

## Pilot Testing started by

- ASHAs in PHC Jasol (Barmer)
- ANMs in Pali
- Jhalawar district

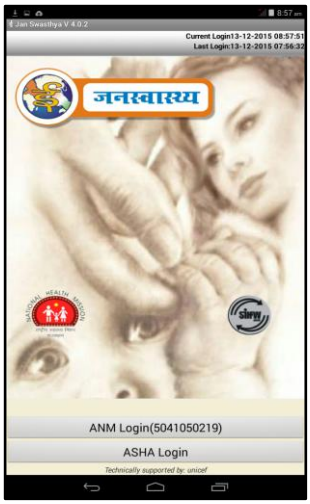
## How many bottlenecks can be addressed?

- Improved interpersonal communication
- Identification of danger signs/ High risk
- Actions at local level
- Real time tracking – RCH Register
- Due list / Evidence based work plan
- Reminders
- Seamless reporting
- Logistics planning
- Growth Monitoring and identification of sick and undernourished children
- Monitoring of time appropriate care

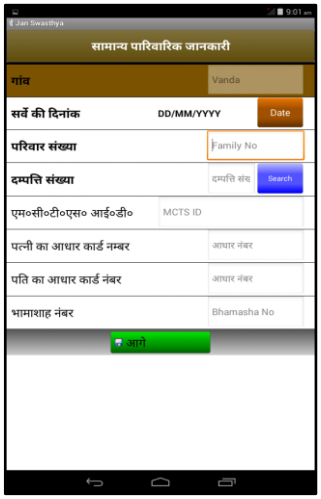
## Application key features

- Less typing work
- Weight & BP through Bluetooth devices
- Registration through photo
- Auto play counselling videos & Message POPUP
- No all-time internet is required
- Hindi language support
- Multilevel monitoring mechanism
- Support all android version

- Location tracking (offline)
- Reminder mechanism (Work plan)








Picture caption: - These are the screenshots of Ejanswasthya application in the tab. In this main screen 4 major parts are: - Eligible couple survey, ANC, PNC and Immunization. So this is the process of filling the entries in the tab.

Work done –

1. Selection of ANM's who are not using tablets frequently.
2. Interaction with them at their subcentre.
3. Making them learn the application and solve small issues regarding tab,
4. Motivate them to use tab in case of counseling of beneficiaries.

.

**Table (9):- Work done in support of E janswasthya programme**

| S.No. | Place | Distance from jalore | Person interacted | Work done |
|---|---|---|---|---|
| 1. | CHC, ahore | 25 kms | Approx. 45 ANM | Synchronization of data in both the block meeting. |
| 2. | CHC, ahore | 25 kms | 20 ANMs | Assist Inderpal Sir in providing training to ANMs regarding app. |
| 3. | PHC, guda balotan | 33 kms | MO and LHV and ANMs during sector meeting | Change the version of application and sync. Data. |
| 4. | SC, Bedana | 40 kms | ANM | Sync data, solve tab related problems ( double entries, entry not shown in ANC, Name of ASHA, AWC problem) |
| 5. | SC, Hariyali | 55 kms | ANM | Solve application related issues ( e- Janswasthya stopped and problem related to ANC & PNC entry) |
| 6. | SC, Sedariya balotara | 66 kms | ANM | Assist ANM in using tablet and application. |
| 7. | SC, Khara | 29 kms | ANM | Synchronise data on the day of data collection and MCHN day. |
| 8. | SC, Charli | 30 kms | ANM | Make ANM learn the tablet and application by doing some entries and then ask her to do. |
| 9. | SC, Paota | 67 kms | ANM | Got tab in last block meeting i.e. 6th may 2016. make her learn using tablet. |
| 10. | Thanvla | 40 kms | ANM | Got tab on last block meeting. Make her learn tab and the application and ask her to do entries. |
| 11. | Madri | 37 kms | ANM | Change the SC and synchronise data. |
| 12. | Ajeetpura | 45 kms | ANM | Change the SC and make her learn application and entries done and sync. |

## Problems and their solution during the use of application

Problem: “Unfortunately E Janswasthya has been stopped”

Solution: Due to poor internet speed. Therefore, off the net connection and then proceed.

Problem: Uploading data to server and no message for error is been shown

Solution: check the internet speed. Open any other browser like google and check internet availability. Still problem with uploading the data then mail the backup file to ejanswasthya@gmail.com.

Problem: While uploading the data, getting the message “unfortunately e Janswasthya has been stopped”

Solution: There can be an issue with the filled data. Therefore, send the backup file to ejanswasthya@gmail.com.

**ODK**

Open Data Kit (ODK) is a free and open-source set of tools which help organizations author, field, and manage mobile data collection solutions. ODK provides an out-of-the-box solution for users to:

1. Build a data collection form or survey (XLS Form is recommended for larger forms)

2. Collect the data on a mobile device and send it to a server

3. Aggregate the collected data on a server and extract it in useful formats.

In addition to socio-economic and health surveys with GPS locations and images, ODK is being used to create decision support for clinicians and for building multimedia-rich nature mapping tools. ODK is supported by a growing community of developers, implementers and users as well as various companies. Open Data Kit (ODK) is an open-source suite of tools that helps organizations author, field, and manage mobile data collection solutions. Our goals are to make open-source and standards-based tools which are easy to try, easy to use, easy to modify and easy to scale.

ODK's core developers are researchers at the University of Washington's Department of Computer Science and Engineering department and active members of Change, a multi-disciplinary group at UW exploring how technology can improve the lives of under-served populations around the world. ODK began as a google.org sponsored sabbatical project under the direction of Gaetano Borriello in April of 2008 at Google's Seattle offices. ODK is funded by a Google Focused Research Award and through donations from users. ODK is supported by a growing community of developers, implementers and users.

The major goals of the ODK Application Designer are:

1. Simplify the form-design process by providing a preview of your form with the same screen geometry as your target Android device. You no longer have to copy each iteration of your form onto your device to see how it will look or fit on a smaller screen.

2. Simplify the design and testing of customized list- and detail- views in ODK Tables, and in the design of graphical representations of data within ODK Tables

3. Simplify the customization of the look-and-feel of your forms through a simple visual theme editor / generator where your modifications can be immediately viewed and the resulting CSS styles or theme can be saved to a file for later incorporation into application deployment.

4. Simplify the conversion of the XLSX file into a form definition by providing a drag-and-drop conversion app running locally on your desktop.

5. Simplify the transition to the use of ODK Survey as a replacement for ODK Collect by generating a stub XML form definition that can be uploaded to ODK Aggregate and used by ODK Survey to submit data into ODK Aggregate's X Forms submission processing and publishing pipeline (the one used by ODK Collect).

## Antenatal care

INTRODUCTION

Antenatal Care (ANC) is the key entry point for pregnant women to receive a broad range of health promotion and prevention services. WHO recommends a minimum of four ANC visits, ideally at 16, 24–28, 32 and 36 weeks and recommends health promotion including nutrition counseling as one of its important components besides others. It has been shown that women attending regular ANC exhibit better knowledge, attitudes and antenatal practices compared to those not availing in several developing countries. Nutrition education and counselling is a widely used strategy to improve the nutritional status of women during pregnancy that significantly influences foetal, infant and maternal health outcomes.

Systematic reviews on impact of antenatal dietary advice, nutrition education and counselling with or without nutrition supplementation report improved dietary intake and weight gain in mothers, reduced risk of anaemia and preterm delivery, increased head circumference and birth weight. In spite of its known merits, Information, Education and Communication (IEC) during ANC along with nutrition and diet education is reported to be poorly executed and ANC is considered as a missed opportunity for IEC.

The availability of, and access to antenatal care is very variable across India with the key determinants being place of residence (urban/rural), socio-economic and several other cultural factors. In the context of rural environment in India, there is a large inequity in access to *quality* ANC services. Economic and logistic barriers put the secondary care and private sector facilities out of reach of most poor urban residents, which could be the reason for most people living in urban poor settlements in India typically accessing the public health facilities for ANC. Public sector rural health delivery system accessed by the underprivileged is far from adequate owing to high population to heath centre ratio, inadequately skilled staff, high staff turnover and absenteeism. The need for strengthening the health education component of care in healthcare delivery system catering to the underprivileged that can engender changes in attitude and practice has been emphasized. In the context of rural health system we could not locate studies in literature that quantify the counselling component provided during ANC at a health care facility.

ANC services with a special focus on counselling, explore factors associated with ANC utilization and describe the nutrient adequacy of the diet consumed by the pregnant and recently delivered women along with their nutritional assessment

Anaemia is highly prevalent in India.Understanding the contribution of these causes to the overall burden of anaemia is crucial to the development of an appropriate anaemia control strategy – unlike for pregnant women, anaemia control for young children is not a cornerstone of the Reproductive and Child Health programme.

We have conducted a community based, cross sectional descriptive study.

## Objective:

To assess the knowledge and practices of beneficiaries regarding antenatal care during pregnancy among current pregnant woman by the following:

1. To note how visual counseling has been communicated and explained by ANMs.
2. To evaluate the understanding of the messages among beneficiaries.
3. To evaluate the retention of the messages among beneficiaries.

**Hypothesis**: Health backwardness and bad indicators of Jalore district (Especially Ahore) can directly attribute to Gapes and Barriers in utilization of antenatal care services

**RESEARCH METHODOLOGY**

This chapter presents the research methodology which is the detailed procedure of the study. The chapter comprises of the following sections: study design, study area, study population, selection criteria, sample size determination, sampling technique, study variables, data collection techniques and instruments, data management, and data analysis.

The following tools were used for carrying out the study; some of the tools were purely used for exploratory research.

**Primary Data:** Primary research is done in form of interview schedule of ANMs and beneficiaries in the allotted block

**Study Type :** Cross-Sectional Descriptive Study

**Sampling Unit :** Ahore block from Jalore District

Jalore in specific was chosen as study area because its Neonatal Mortality Rate is 53 which is highest in Rajasthan as compared to average 40(AHS 2010-2011). Women and children have limited accessibility and affordability to quality healthcare and counselling services due to hardships imposed by life in the lack of infrastructure of health care services. Sources reveal that in the given district, 4 women die due to pregnancy/ Child Birth related complication.

**Study Respondents:** Service Provider: ANM's case (using tablets provided by the UNICEF) and control (not using tablets).

Beneficiaries: currently pregnant women falling under the ANMs case and control.

**Sampling Design:** ANM: ANMs from identified sub centers.

Beneficiaries: women those are currently pregnant and get antenatal care by ANMs.

**Tools and Techniques:** Interview schedule for beneficiaries

Interview schedule for ANMs

**Sampling Size:**

**Table No 1: Total Sample size collected**

| | |
|---|---|
| Interview Schedule | 100 (Beneficiaries) |
| Interview Schedule | 10 (ANMs) |
| Villages survey | 18 |

**Limitations of the Survey:**

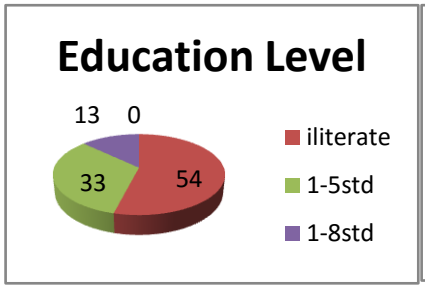
The results of awareness for antenatal care in ahore were entirely dependent on memory of the caregivers to correctly recall the case and correctly define the conditions as specified in this study. Generalizability of the research results will be limited to ahore due to critical limitations such as sampling process. The following limitations of the survey were identified:

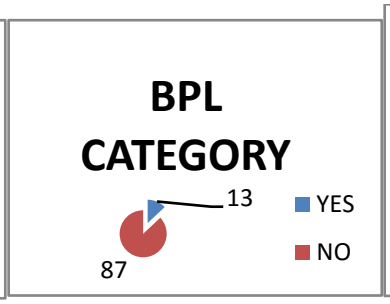
a) Sample sizes were taken was small and the size might not represent the entire universe of the study.
b) There was scope for more in-depth probing of various components making the study more interesting.
c) Time constraints for various activities of the project.
d) Information bias: Information bias is where the caregivers tend to opt for answers they feel the investigator would like to hear, or answers that are pleasing (less humiliating to them). Thus, the data collected might not have been exact or reliable with what was actually happening due to the incorrect responses. This was minimised by use of a standardised structured questionnaire.
e) Selection bias: Selection bias is due to use of non-random method of snow ball for selecting the sample.
f) Response burden This could have been a limitation to the study in such a way that the participants might have gotten tired due to the length of the questionnaire.

## Result analysis& observation:-

The analysis of results mainly covers two parts. First, the percentage increase/decreases over time in the various indicators to be measured. And secondly, to understand and interpret the qualitative information obtained from the in depth interviews and bring them out in support of the quantitative data.

## A) socio-demographic profile:-



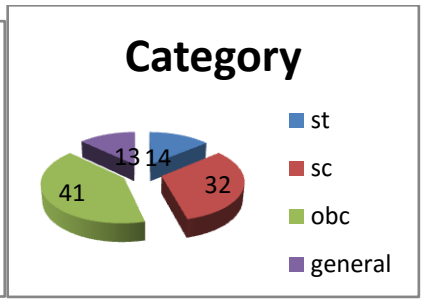




Figure -1 Figure-2 Figure-3

Out of 100 respondents interviewed 54% beneficiaries was found illiterate. Only 33% has obtained primary education while 13% beneficiaries obtained upper primary education.

From the figure of BPL category only 13% beneficiaries fall in BPL category.

Majority of beneficiaries belongs to OBC category that is 41%. While only 13% beneciaries belongs to general category.

## B) Counseling:-

i) When ask question to beneficiaries about interaction to ANMs.

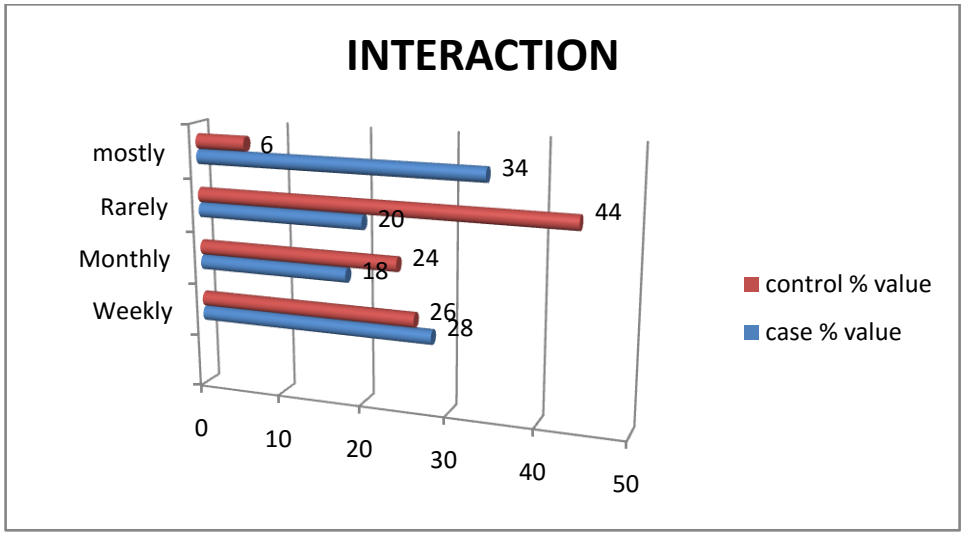



Figure- 4 Interaction between anm and beneficiary as chart shown, 34% case beneficiary mostly interacted with anm while control just 6%. 20% case beneficiaries rarely interacted but in control 44% beneficieries.

Mostly anm staying at subcentre that is the reason behind it to interect more.

ii) When asked to beneficiary about mode of communication.

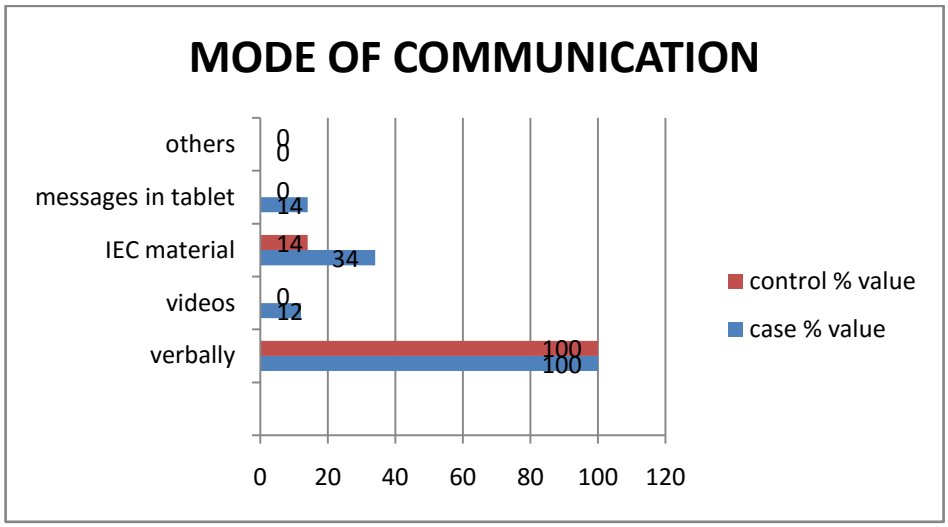



Figure-5 Mode of communication as chart shown both case and control beneficiaries got verbal counseling. But case beneficiaries also got messages& videos counseling by tablet.14% & 12% respectively.

iii) When asked to beneficiaries about counseling got from anm.

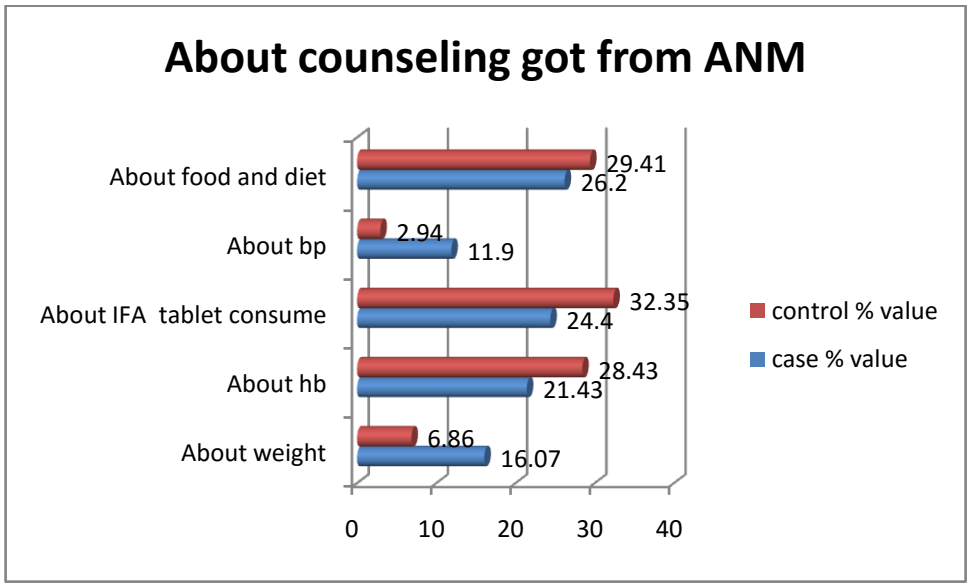


Figure-6Both case and control beneficiaries got counseling about diet(26.2,29.41) and IFA tablet(24.4, 32.35) respectively.But about BP range and weight counseling mostly only case type of beneficiaries got.as result shown in chart case (11.9 &2.94) while Control (16.07&6.86) respectively.

iv) Perception of beneficiaries regarding services provided by ANM.

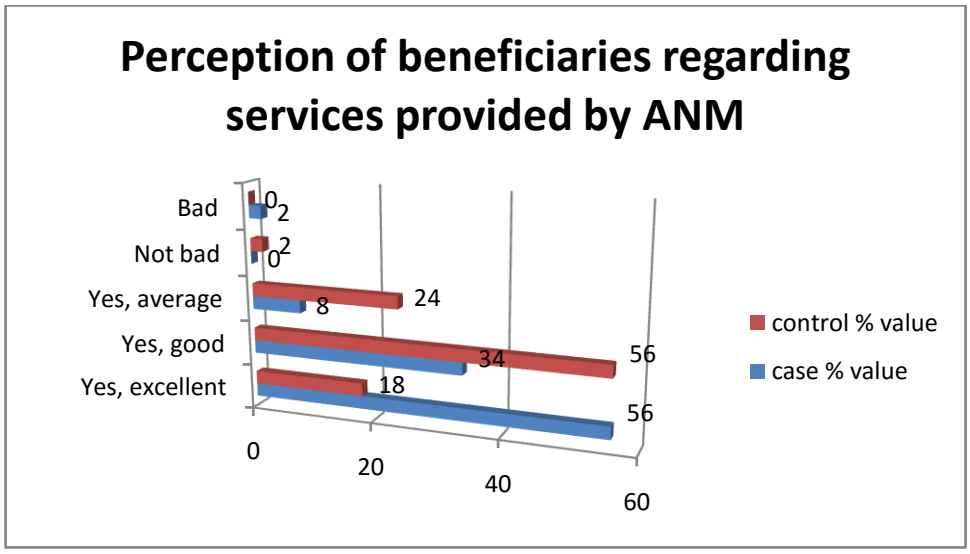



Figure-7 Here also case type of 56% beneficiaries satisfied with excellent anm. And in control 56% beneficiaries satisfied with good anm.

## C) Knowledge:-

i) When ask visit require during anc.

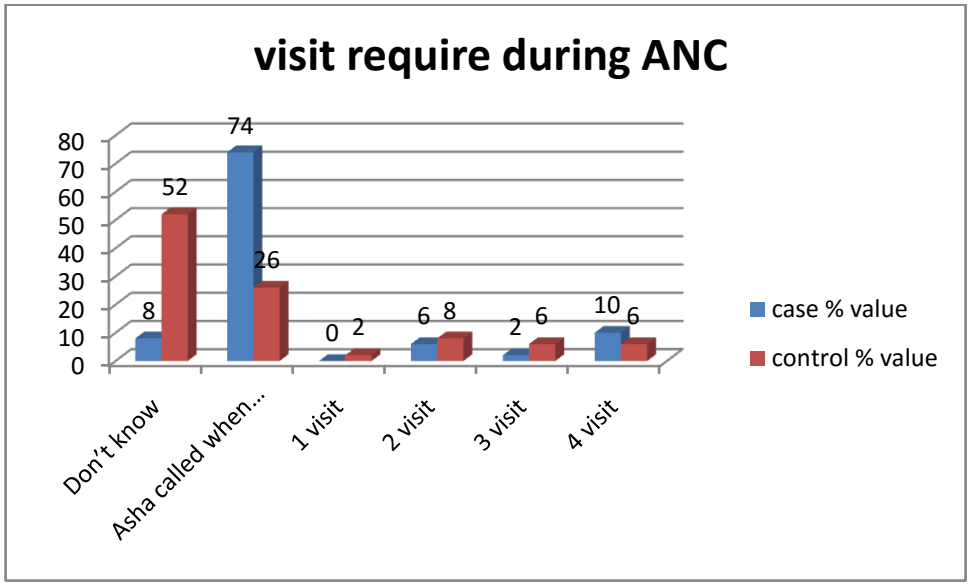



Figure-8 during anc 4 visit is required an only 10% & 6%, case & control beneficiaries know about it. But mostly when anc checkup should be done at subcentre anm prepared a due list and asha called all them by door to door. So here we get answer by mostly beneficiaries, asha called when checkup or visit, case( 74%) and control ( 26 % ). But chart is also shown don't know about visit required 8% and 52%, case and control respectively.

ii) When ask how to consume ifa tablet.

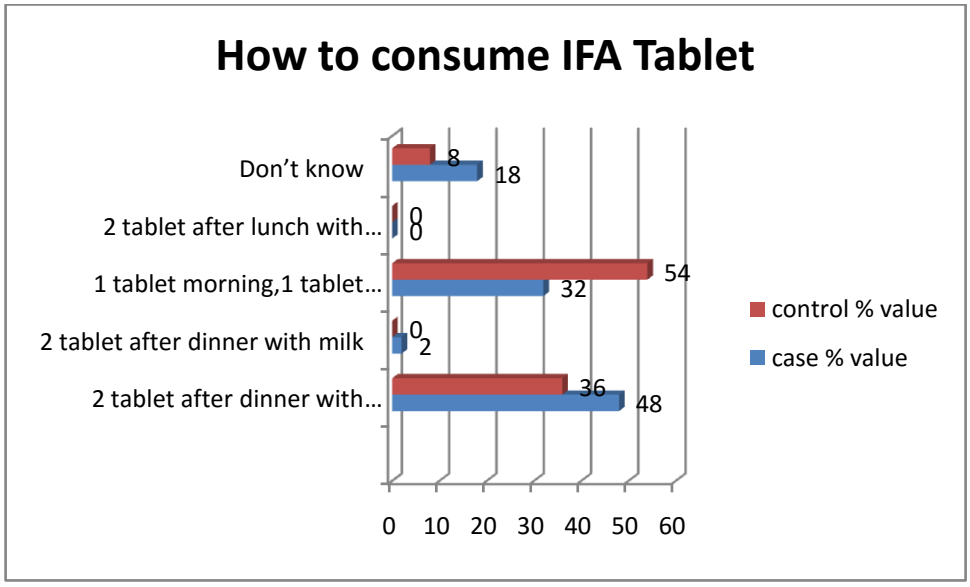



Figure-9As chart shown case and control beneficiaries 48 % and 36 % respectively get 2 IFA tablet after dinner with water. And 32 %, 54% 1 tablet morning, 1 tablet evening with water.

iii) When ask about sleeping hour need.

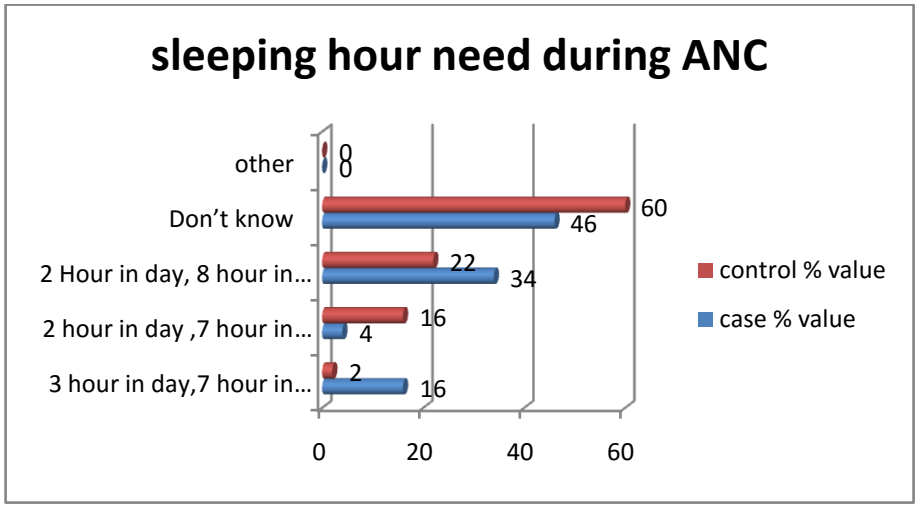



Figure-10 Only 34 % case and 22 % control beneficiaries gave right answer about sleeping hour 2 hour in day, 8 hour in night.

iv) When ask did you get T.T. injection.

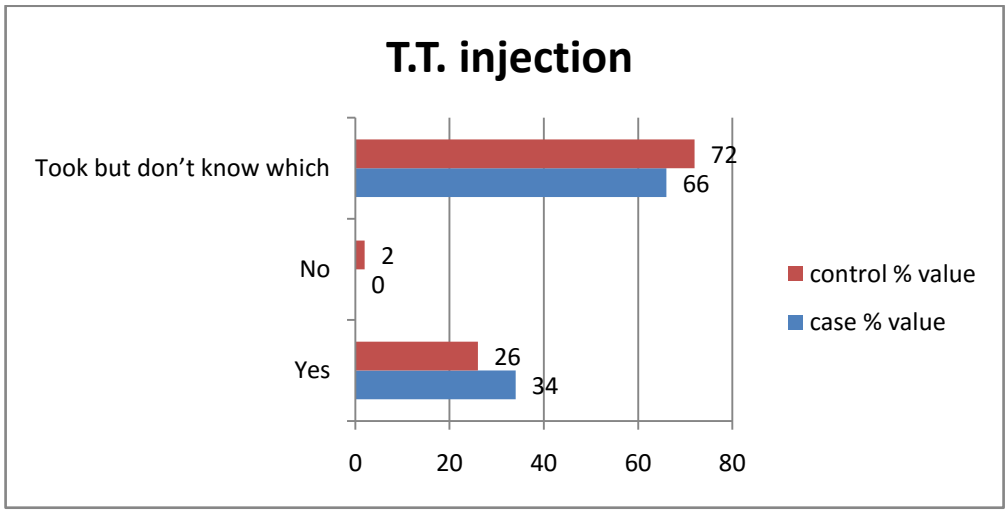



Figure-11Mostly beneficiaries got TT injection but a few those case 34% and control 26 % know that they took TT injection.And 66% case and 72 % control beneficiaries got TT injection but don't know that is TT. Then I confirm to ask them which hand you get injection and they all said lef hand (hath ki bahi bah).

## D) Practice:-

i) When ask about where to plan of delivery.

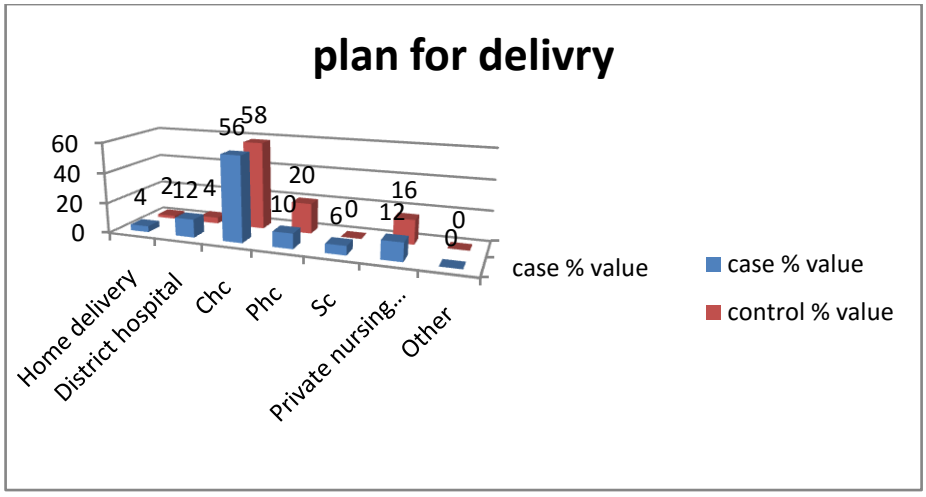



**Figure**-12 As chart shown very few beneficiaries give answer just case 4% and control 2% to deliver at home. That is good to see. Mostly other plan for specific institution.

ii) When ask reason for specific institution.

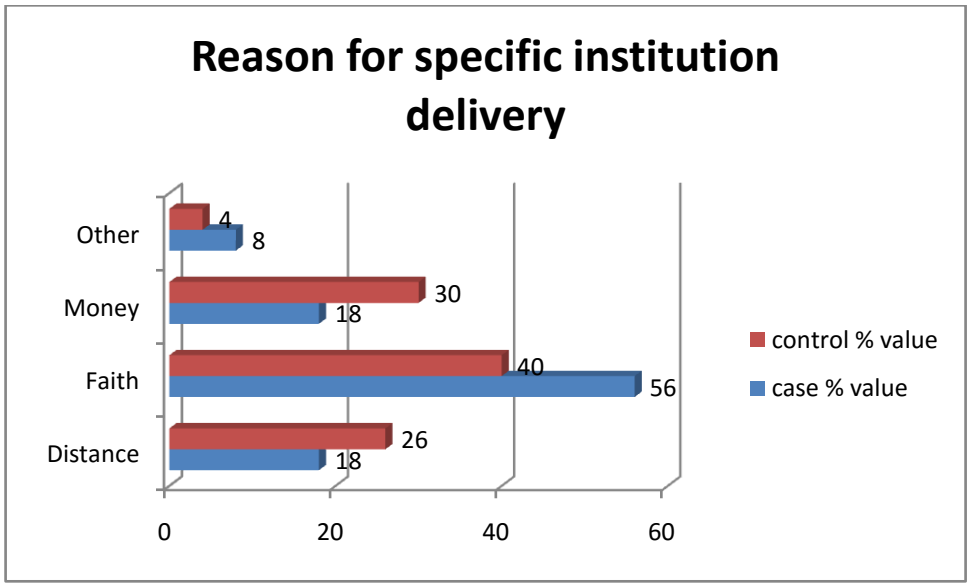



Figure-13Mostly beneficiaries gave answer case 56% and control 40% due to faith they choose specific institution that is good for health system.

## Discussion:-

This study on antenatal care(ANC) was conducted at ahore block, jalore district. Our study found that maternal educational level is a significant factor in determining the knowledge of ANC. In these study found that more than 50% of beneficiaries were illiterate. Knowledge not only transforms, but also empowers women and improves their self-esteem. It is expected that educated women are more likely to be aware about their health status and seek health knowledge.

Poor antenatal care is an important risk factor for adverse pregnancy outcomes among women. In the current study, interaction with ANM is mostly by case type of ANM , reason behind that is out of five case ANM three staying at sub Centre and in control out of five ,two staying at their. Knowledge and practice among current pregnant women for antenatal care depends on counseling given by ANM, here two types of ANM case (use tablet) and control (not use tablet). Both were counsel beneficiaries verbally. But in case ANM also counsel by messages and videos in tablet thus the result about knowledge, more efficient of case beneficiaries as compare to control beneficiaries likewise- about visit during ANC, IFA tablet taken, sleeping hours, and take TT injection.

Counseling by ANM give better health. But practice among beneficiaries during ANC period depends both beneficiary and her family. But in this study it was good result shown very few beneficiaries plan for home delivery. And those whosever plan for specific institution reason behind that is faith that is good for health system.

## Conclusion:-

Knowledge of ANC was found to be adequate in the study area. However, practices of ANC were found to be satisfactory. Knowledge of ANC was found to be also satisfactory but in case type of beneficiaries got good response. To improve community awareness on ANC, information, education and communication activities should be increased on ANC through community campaign and mass media like local television channel, radio and local newspapers. And also need to motivate control type of beneficiaries to use tablet for counseling. There is a need to motivate women to utilize maternal care services which are freely available in all the government health setups

**References**

(a)**http://unicef.in/State/Rajasthan**

(b)**http://unicef.in/StateInfo/Rajasthan/Unicef-In-Action**

(c) Guidelines for community health centre by Indian Public Health Standard, 2012

(d) AHS 2010-2011

**Annexure**

# DH LEVEL MONITORING CHECKLIST

Name of District: ..... Name of Block: ..... Name of DH: .....

Catchment Population: ..... Total Villages: .....

Date of last supervisory visit: .....

Date of visit: ..... Name & designation of monitor: .....

Names of staff not available on the day of visit and reason for absence: .....

## Section I: Physical Infrastructure

| S.No. | Infrastructure | Yes | No | Additional Remarks |
|---|---|---|---|---|
| 1.1 | Health facility easily accessible from nearest road head | Y | N | |
| 1.2 | Functioning in Govt. building | Y | N | |
| 1.3 | Building in good condition | Y | N | |
| 1.4 | Habitable Staff Quarters for MOs | Y | N | |
| 1.5 | Habitable Staff Quarters for SNs | Y | N | |
| 1.6 | Habitable Staff Quarters for other categories | Y | N | |
| 1.7 | Electricity with power back up | Y | N | |
| 1.9 | Running 24*7 water supply | Y | N | |
| 1.10 | Clean Toilets separate for Male/Female | Y | N | |
| 1.11 | Functional and clean labour Room | Y | N | |
| 1.12 | Functional and clean toilet attached to labour room | Y | N | |
| 1.13 | Functional New born care corner (functional radiant warmer with neo-natal ambu bag) | Y | N | |
| 1.14 | Functional Newborn Stabilization Unit | Y | N | |
| 1.16 | Functional SNCU | Y | N | |
| 1.17 | Clean wards | Y | N | |
| 1.18 | Separate Male and Female wards (at least by partitions) | Y | N | |
| 1.19 | Availability of Nutritional Rehabilitation Centre | Y | N | |
| 1.20 | Functional BB/BSU, specify | Y | N | |

| | | | | |
|---|---|---|---|---|
| 1.21 | Separate room for Adolescents Friendly Health Clinic (AFHC) | Y | N | |
| 1.22 | Availability of complaint/suggestion box | Y | N | |
| 1.23 | Availability of mechanisms for Biomedical waste management (BMW)at facility | Y | N | |
| 1.24 | BMW outsourced | Y | N | |
| 1.25 | Availability of ICTC/ PPTCT Centre | Y | N | |
| 1.26 | Availability of functional Help Desk | Y | N | |

## Section II: Human Resource

| S.No. | Category | Numbers | Remarks if any |
|---|---|---|---|
| 2.1 | OBG | | |
| 2.2 | Anaesthetist | | |
| 2.3 | Paediatrician | | |
| 2.4 | General Surgeon | | |
| 2.5 | Other Specialists | | |
| 2.6 | MOs | | |
| 2.7 | SNs | | |
| 2.8 | ANMs | | |
| 2.9 | LTs | | |
| 2.10 | Pharmacist | | |
| 2.11 | LHV | | |
| 2.12 | Radiographer | | |
| 2.13 | RMNCH+A counsellor | | |
| 2.14 | Adolescent Health Counsellor (1 female & 1 male) | | |
| 2.15 | Others | | |

## Section III: Training Status of HR

| S.No. | Training | No. trained | Remarks if any |
|---|---|---|---|
| 3.1 | EmOC | | |
| 3.2 | LSAS | | |

| | | | |
|---|---|---|---|
| 3.3 | BeMOC | | |
| 3.4 | SBA | | |
| 3.5 | MTP/MVA | | |
| 3.6 | NSV | | |
| 3.7 | F-IMNCI | | |
| 3.8 | NSSK | | |
| 3.9 | Mini Lap-Sterilisations | | |
| 3.10 | Laparoscopy-Sterilisations | | |
| 3.11 | IUCD | | |
| 3.12 | PPIUCD | | |
| 3.13 | Blood storage | | |
| 3.14 | IMEP | | |
| 3.15 | Immunization and cold chain | | |
| 3.16 | MO training on Adolescent Health (RKSK) | | |
| 3.17 | ANM/LHV training on Adolescent Health (RKSK) | | |
| 3.18 | Counsellor training on Adolescent Health (RKSK) | | |
| 3.19 | Others | | |

## Section IV: Equipment

| S.No. | Equipment | Yes | No | Remarks |
|---|---|---|---|---|
| 4.1 | Functional BP Instrument and Stethoscope | Y | N | |
| 4.2 | Sterilised delivery sets | Y | N | |
| 4.3 | Functional Neonatal, Paediatric and Adult Resuscitation kit | Y | N | |
| 4.4 | Functional Weighing Machine (Adult and child) | Y | N | |
| 4.5 | Functional Needle Cutter | Y | N | |
| 4.6 | Functional Radiant Warmer | Y | N | |
| 4.7 | Functional Suction apparatus | Y | N | |
| 4.8 | Functional Facility for Oxygen Administration | Y | N | |
| 4.9 | Functional Foetal Doppler/CTG | Y | N | |
| 4.10 | Functional Mobile light | Y | N | |
| 4.11 | Delivery Tables | Y | N | |
| 4.12 | Functional Autoclave | Y | N | |

| | | | | |
|---|---|---|---|---|
| 4.13 | Functional ILR and Deep Freezer | Y | N | |
| 4.14 | Emergency Tray with emergency injections | Y | N | |
| 4.15 | MVA/EVA Equipment | Y | N | |
| 4.16 | Functional phototherapy unit | Y | N | |
| 4.17 | BMI Chart | Y | N | |
| 4.18 | Height Chart | Y | N | |
| 4.19 | Snellen's Chart | Y | N | |
| **S.No.** | **O.T Equipment** | **Yes** | **No** | **Remarks** |
| 4.20 | O.T Tables | Y | N | |
| 4.21 | Functional O.T Lights, ceiling | Y | N | |
| 4.22 | Functional O.T lights, mobile | Y | N | |
| 4.23 | Functional Anaesthesia machines | Y | N | |
| 4.24 | Functional Ventilators | Y | N | |
| 4.25 | Functional Pulse-oximeters | Y | N | |
| 4.26 | Functional Multi-para monitors | Y | N | |
| 4.27 | Functional Surgical Diathermies | Y | N | |
| 4.28 | Functional Laparoscopes | Y | N | |
| 4.29 | Functional C-arm units | Y | N | |
| 4.30 | Functional Autoclaves (H or V) | Y | N | |
| **S.No.** | **Laboratory Equipment** | **Yes** | **No** | **Remarks** |
| 4.1a | Functional Microscope | Y | N | |
| 4.2a | Functional Haemoglobin meter | Y | N | |
| 4.3a | Functional Centrifuge | Y | N | |
| 4.4a | Functional Semi autoanalyzer | Y | N | |
| 4.5a | Reagents and Testing Kits | Y | N | |
| 4.6a | Functional Ultrasound Scanners | Y | N | |
| 4.7a | Functional C.T Scanner | Y | N | |
| 4.8a | Functional X-ray units | Y | N | |
| 4.9a | Functional ECG machines | Y | N | |

## Section V: Essential Drugs and Supplies

| S.No. | Essential Medical Supplies | Yes | No | Remarks |
|---|---|---|---|---|
| 5.1 | EDL available and displayed | Y | N | |
| 5.2 | Computerised inventory management | Y | N | |

| | | | | |
|---|---|---|---|---|
| 5.3 | IFA tablets | Y | N | |
| 5.4 | IFA tablets (blue) | Y | N | |
| 5.5 | IFA syrup with dispenser | Y | N | |
| 5.6 | Vit A syrup | Y | N | |
| 5.7 | ORS packets | Y | N | |
| 5.8 | Zinc tablets | Y | N | |
| 5.9 | Inj Magnesium Sulphate | Y | N | |
| 5.10 | Inj Oxytocin | Y | N | |
| 5.11 | Misoprostol tablets | Y | N | |
| 5.12 | Mifepristone tablets | Y | N | |
| 5.13 | Availability of antibiotics | Y | N | |
| 5.14 | Labelled emergency tray | Y | N | |
| 5.15 | Drugs for hypertension, Diabetes, common ailments e.g. PCM, anti-allergic drugs etc. | Y | N | |
| 5.16 | Vaccine Stock available | Y | N | |
| 5.17 | Tab Albendazaole | Y | N | |
| | **Supplies** | **Yes** | **No** | **Remarks** |
| 5.18 | Pregnancy testing kits | Y | N | |
| 5.19 | Urine albumin and sugar testing kit | Y | N | |
| 5.20 | OCPs | Y | N | |
| 5.21 | EC pills | Y | N | |
| 5.22 | IUCDs | Y | N | |
| 5.23 | Sanitary napkins | Y | N | |
| **S. No** | **Essential Consumables** | **Yes** | **No** | **Remarks** |
| 5.24 | Gloves, Mckintosh, Pads, bandages, and gauze etc. | Y | N | |

*Note: For all drugs and consumables, availability of at least 2-month stock to be observed and noted*

## Section VI: Other Services

| S.No. | Lab Services | Yes | No | Remarks |
|---|---|---|---|---|
| 6.1 | Haemoglobin | Y | N | |
| 6.2 | CBC | Y | N | |
| 6.3 | Urine albumin and sugar | Y | N | |
| 6.4 | Blood sugar | Y | N | |

| | | | | |
|---|---|---|---|---|
| 6.5 | RPR (Rapid Plasma Reagin) test | Y | N | |
| 6.6 | Malaria (PS or RDT) | Y | N | |
| 6.7 | T.B (Sputum for AFB) | Y | N | |
| 6.8 | HIV (RDT) | Y | N | |
| 6.9 | Liver function tests(LFT) | Y | N | |
| 6.10 | Ultrasound scan (Ob.) | Y | N | |
| 6.11 | Ultrasound Scan (General) | Y | N | |
| 6.12 | X-ray | Y | N | |
| 6.13 | ECG | Y | N | |
| 6.14 | Endoscopy | Y | N | |
| 6.15 | Others, pls specify | Y | N | |
| **S.No.** | **Blood bank/Blood Storage Unit** | **Yes** | **No** | **Remarks** |
| 6.16 | Functional blood bag refrigerators with chart for temp. recording | Y | N | |
| 6.17 | Sufficient no. of blood bags available | Y | N | |
| 6.18 | Check register for number of blood bags issued for BT in last quarter | | | |

## Section VII: Service Delivery in last two quarters

| S.No. | Service Utilization Parameter | Q1 | Q2 | Remarks |
|---|---|---|---|---|
| 7.1 | OPD | | | |
| 7.2 | IPD | | | |
| 7.3 | Expected number of pregnancies | | | |
| 7.4 | No. of pregnant women given IFA | | | |
| 7.5 | Total deliveries conducted | | | |
| 7.6 | No. of assisted deliveries (Ventouse/ Forceps) | | | |
| 7.7 | No. of C section conducted | | | |
| 7.8 | Number of obstetric complications managed, pls specify type | | | |
| 7.9 | No. of neonates initiated breast feeding within one hour | | | |
| 7.10 | Number of children screened for Defects at birth under RBSK | | | |
| 7.11 | RTI/STI Treated | | | |

| | | | | |
|---|---|---|---|---|
| 7.12 | No of admissions in NBSUs/ SNCU, whichever available | | | |
| **S.No.** | **Service Utilization Parameter** | **Q1** | **Q2** | **Remarks** |
| 7.13 | No of admissions: Inborn | | | |
| 7.14 | No of admissions: Outborn | | | |
| 7.15 | No. of children admitted with SAM | | | |
| 7.16 | No. of sick children referred | | | |
| 7.17 | No. of pregnant women referred | | | |
| 7.18 | No. of IUCD Insertions | | | |
| 7.19 | No. of Tubectomy | | | |
| 7.20 | No. of Vasectomy | | | |
| 7.21 | No. of Minilap | | | |
| 7.22 | No. of children fully immunized | | | |
| 7.23 | Measles coverage | | | |
| 7.24 | No. of children given ORS + Zinc | | | |
| 7.25 | No. of children given Vitamin A | | | |
| 7.26 | No. of women who accepted post-partum FP services | | | |
| 7.27 | No. of MTPs conducted in first trimester | | | |
| 7.28 | No. of MTPs conducted in second trimester | | | |
| 7.29 | Maternal deaths, if any | | | |
| 7.30 | Still births, if any | | | |
| 7.31 | Neonatal deaths, if any | | | |
| 7.32 | Infant deaths, if any | | | |

## Section VIII: Service delivery in post-natal wards

| S.No. | Parameters | Yes | No | Remarks |
|---|---|---|---|---|
| 8.1 | All mothers initiated breast feeding within one hour of normal delivery | Y | N | |
| 8.2 | Zero dose BCG, Hepatitis B and OPV given | Y | N | |
| 8.3 | Counselling on IYCF done | Y | N | |
| 8.4 | Counselling on Family Planning done | Y | N | |
| 8.5 | Mothers asked to stay for 48 hrs | Y | N | |

| | | | | |
|---|---|---|---|---|
| 8.6 | JSY payment being given before discharge | Y | N | |
| 8.7 | Mode of JSY payment (Cash/ bearer cheque/Account payee cheque/Account Transfer) | | | |
| 8.8 | Any expenditure incurred by Mothers on travel, drugs or diagnostics (Please give details) | Y | N | |
| 8.9 | Diet being provided free of charge | Y | N | |

## Section IX: Adolescent Friendly Health Service

| S No. | Service utilization Parameters | Q1 | Q2 | Remarks |
|---|---|---|---|---|
| 9.1 | No of adolescents attending AFHC | | | |
| 9.2 | No of adolescents counselled at AFHC | | | |
| 9.3 | No of adolescents referred to higher facility | | | |
| 9.4 | Percentage of teenage pregnancy out of total preganancies | | | |
| | **Quality parameters** | **Y** | **N** | **Remarks** |
| 9.5 | Privacy & confidentiality maintained during counselling | | | |

## Section X: Quality parameter of the facility

*Through probing questions and demonstrations assess does the staff know how to…*

| S.No. | Essential Skill Set | Yes | No | Remarks |
|---|---|---|---|---|
| 10.1 | Manage high risk pregnancy | Y | N | |
| 10.2 | Provide essential newborn care (thermoregulation, breastfeeding and asepsis) | Y | N | |
| 10.3 | Manage sick neonates and infants | Y | N | |
| 10.4 | Correctly uses partograph | Y | N | |
| 10.5 | Correctly insert IUCD | Y | N | |
| 10.6 | Correctly administer vaccines | Y | N | |
| 10.7 | Segregation of waste in colour coded bins | Y | N | |
| 10.8 | Adherence to IMEP protocols | Y | N | |

| Sl. No | Record | Available, Updated and correctly filled | Available but Not maintained | Not Available | Remarks/Timeline for completion |
|---|---|---|---|---|---|
| 11.1 | OPD Register | | | | |
| 11.2 | IPD Register | | | | |
| 11.3 | ANC Register | | | | |
| 11.4 | PNC Register | | | | |
| 11.5 | Indoor bed head ticket | | | | |
| 11.6 | Line listing of severely anaemic pregnant women | | | | |
| 11.7 | Labour room register | | | | |
| 11.8 | Partographs | | | | |
| 11.9 | FP-Operation Register (OT) | | | | |
| **Sl. No** | **Record** | **Available, Updated and correctly filled** | **Available but Not maintained** | **Not Available** | **Remarks/Timeline for completion** |
| 11.10 | OT Register | | | | |
| 11.11 | FP Register | | | | |
| 11.12 | Immunisation Register | | | | |
| 11.13 | Updated Microplan | | | | |
| 11.14 | Blood Bank stock register | | | | |
| 11.15 | Referral Register (In and Out) | | | | |
| 11.16 | MDR Register | | | | |
| 11.17 | Infant Death Review and Neonatal Death Review | | | | |
| 11.18 | Drug Stock Register | | | | |
| 11.19 | Payment under JSY | | | | |
| 11.20 | Untied funds expenditure (Check % expenditure) | | | | |
| 11.21 | AMG expenditure (Check % expenditure) | | | | |
| 11.22 | RKS expenditure (Check % expenditure) | | | | |
| 11.23 | AFHC register | | | | |

## Section XII: Referral linkages in last two quarters

| S.No. | JSSk | Mode of Transport (Specify Govt./ pvt) | No. of women transported during ANC/ INC/PNC | No. of sick infants transported | No. of children 1-6years | Free/Paid |
|---|---|---|---|---|---|---|
| 12.1 | Home to facility | | | | | |
| 12.2 | Inter facility | | | | | |
| 12.3 | Facility to Home (drop back) | | | | | |

## Section XIII: IEC display

| S.No. | Material | Yes | No | Remarks |
|---|---|---|---|---|
| 13.1 | Approach roads have directions to the health facility | Y | N | |
| 13.2 | Citizen Charter | Y | N | |
| 13.3 | Timings of the health facility | Y | N | |
| 13.4 | List of services available | Y | N | |
| 13.5 | Essential Drug List | Y | N | |
| 13.6 | Protocol Posters | Y | N | |
| 13.7 | JSSK entitlements (Displayed in ANC Clinics/PNC Clinics) | Y | N | |
| 13.8 | Immunization Schedule | Y | N | |
| 13.9 | JSY entitlements (Displayed in ANC Clinics/PNC Clinics) | Y | N | |
| 13.10 | Other related IEC material | Y | N | |
| | | | | |

# Checklist for Community Health Center

| Identification | |
|---|---|
| Name of District | ..... |
| Name of Tehsil/ Taluka/ Block | ..... |
| Name of CHC | ..... |
| No. of PHC under the CHC | ..... |
| Distance of PHC from CHC | ..... |
| Distance of DH from CHC | ..... |
| Is the CHC providing 24 hours and 7 days delivery facilities? (Yes/No) | ..... |
| Respondents: | |
| Date of Data Collection | ☐☐ Date ☐☐ Month ☐☐☐☐ Year |

| Section I: Services | | |
|---|---|---|
| 1.1 | **Population Covered** (in numbers) ☐☐☐☐☐ | |
| 1.2 | **Specialist Services Available (Yes=1/No=2)** | |
| a | Medicine | |
| b | Surgery | |
| c | OBG | |
| d | Paediatrics | |
| e | National Health Programmes (Specify) | |
| f | Emergency Services (24 Hours) | |
| g | 24-hour delivery services including normal and assisted deliveries | |
| h | Emergency Obstetric Care including surgical interventions like Ceasarean Sections and other medical interventions | |
| i | New-born care | |
| j | Emergency care of sick children | |
| k | Full range of family planning services including Laproscopic Services | |
| l | Safe abortion services | |
| m | Treatment of STI/RTI | |
| n | Essential Laboratory Services (Specify the type of lab tests conducted) | |
| o | Blood storage facility | |
| p | Referral transport service | |
| 1.3 | **Beds** | |
| | Number of beds available | |
| 1.4 | **Average Daily OPD Attendance** | |
| a | Male | |
| b | Female | |
| 1.5 | **Types of Surgeries performed (Specify)** | |
| 1.6 | **Service Availability (Yes=1/No=2)** | |
| a | Ante-natal Clinics | |
| b | Post-natal Clinics | |
| c | Immunization Sessions | |
| | | |

| Section II: Human Resources | | | |
|---|---|---|---|
| S. No. | Personnel | Current Availability at CHC (Indicate Numbers) | Remarks/ Suggestion/ Identified Gaps |
| A. | **Clinical Manpower** | | |
| 2.1 | General Surgeon | | |
| 2.2 | Physician | | |
| 2.3 | Obstetrician/ Gynecologists | | |
| 2.4 | Paediatrics | | |
| 2.5 | Anaesthetist | | On contractual appointment or hiring of services from private sectors on case to case basis |
| 2.6 | Public Health Programme Manager | | On contractual appointment |
| 2.7 | Eye Surgeon | | For every 5 lakh population as per vision 2020 approved Plan of Action |
| 2.8 | Other specialists (if any) | | |
| 2.9 | General duty officers (Medical Officer) | | |
| B. | **Support Manpower** | | |
| 2.10 | Nursing Staff | | 1 ANM and 1 Public Health Nurse for family welfare will be appointed under the ASHA scheme |
| a | Public Health Nurse | | |
| b | ANM | | |
| c | Staff Nurse | | |

| | | | |
|---|---|---|---|
| d | Nurse/ Midwife | | |
| 2.11 | Dresser | | |
| 2.12 | Pharmacist/ Compounder | | |
| 2.13 | Lab Technician | | |
| 2.14 | Radiographer | | |
| 2.15 | Ophthalmic Assistant | | Ophthalmic Assistant may be placed wherever it does not exist through redeployment or contract basis |

| Section III: Availability of Investigating Facilities | | | |
|---|---|---|---|
| **S. No.** | **Services** | **Current Availability at CHC (Yes=1/No=2)** | **Remarks/ Suggestions/ Identified Gaps** |
| 3.1 | ECG | | |
| 3.2 | X-ray | | |
| 3.3 | Ultrasound | | |
| 3.4 | Pathological tests | | |

| Section IV: Infrastructure | | | |
|---|---|---|---|
| S. No. | | Current Availability at CHC | Remarks/ Suggestions/ Identified Gaps |
| 4.1 | **Location** | | |
| | Distance of CHC (in km.) from District Hospital | | |
| 4.2 | **Building** | | |
| a | Is a designated government building available for the CHC? (Yes/No) | | |
| b | Whether the cleanliness in the building is Good/Fair/Poor? (Observe) | | |
| c | Prominent display boards regarding service availability in local language? (Yes/No) | | |
| 4.3 | **Operation Theatre** | | |
| a | Operation Theatre available (Yes/No) | | |
| b | If operation theater is present, are surgeries carried out in the operation theatre? (Yes/No) | | |
| c | If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?<br>Non-availability of doctors/ staff.....1<br>Lack of equipment/ poor physical state of the OT.....2<br>No power supply in the operation theatre.....3<br>Any other reason (specify).....4 | | |
| d | Operation Theatre used for obstetric/ gynaecological purpose | | |
| 4.4 | **Labour Room** | | |
| a | Labour room available? (Yes/No) | | |
| b | If labour room is present, are deliveries carried out in the labour room? (Yes/No) | | |
| c | If labour room is present, but deliveries are not being conducted there, then what are the reasons for the same?<br>• Non-availability of doctors/ staff<br>• Poor condition of the labour room<br>• No power supply in the labour room<br>• Any other reason (specify)..... | | |
| 4.5 | **Laboratory** | | |
| a | Laboratory (Yes/No) | | |
| b | Is the laboratory a RNTCP designated Microscopy Centre (DMC) under RNTCP? (Yes/No) | | |
| c | Are adequate equipment (including function Binocular Microscope) and chemical reagents available? (Yes/No) | | |
| 4.6 | **Cold Chain Facility (Yes/No)** | | |
| 4.7 | **Water Supply** | | |
| | Source of water<br>Piped.....1<br>Bore well/ Hand pump/ Tube well.....2<br>Well.....3 | | |
| 4.8 | **Sewerage** | | |
| | Type of sewerage system<br>Soak pit.....1<br>Connected to Municipal Sewerage.....2 | | |
| 4.9 | **Waste Disposal** | | |
| | How the waste material is being disposed?<br>(Please specify)..... | | |
| 4.10 | **Electricity** | | |
| | Is there electric line in all parts of the CHC?<br>In all parts.....1<br>In some parts.....2<br>None.....3 | | |
| 4.11 | **Communication Facilities** | Yes.....1<br>No.....2 | |
| a | Telephone | | |
| b | E-Mail | | |
| c | Fax | | |
| 4.12 | **Vehicles** | | |
| | Vehicles (jeep/ other vehicle) available? | | |
| 4.13 | **Residential facility for the Medical Officer with all amenities (Yes=1/No=2)** | | |
| 4.14 | **User charges** | | |
| | Any fee for service is charged from the users?<br>Yes.....1<br>No.....2<br>If Yes, (Specify).....3 | | |

| Section VI: Structure of Fees and Charges | | |
|---|---|---|
| S. No. | Particulars | Amount (Rs.) (Give Range) |
| 6.1 | Normal Delivery | |
| 6.2 | Caesarean Section | |
| 6.3 | Major Surgery | |
| 6.4 | ECG | |
| 6.5 | X-ray | |
| 6.6 | Blood Test | |
| 6.7 | Outdoor patient per episode | |
| 6.8 | Indoor patient per hospitalization | |

| Section V: Quality Control | | | |
|---|---|---|---|
| **S. No.** | **Particular** | **Whether functional / available as per norms** | **Remarks** |
| 5.1 | Citizen's charter<br>Yes.....1<br>No.....2 | | |
| 5.2 | Constitution of **RMRS**<br>Yes.....1<br>No.....2 | | |
| 5.3 | Internal monitoring (Social audit through Panchayati Raj Institution/**RMRS**, medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify) | | |
| 5.4 | External monitoring (Gradation by PRI (Zila Parishad) **RMRS** | | |
| 5.5 | Availability of Standard Operating Procedures (SOP)/ Standard Treatment Protocols (STP) Guidelines. | | |

## Checklist for Primary Health Center

| Identification | |
|---|---|
| Name of District | ..... |
| Name of Tehsil/ Taluka/ Block | ..... |
| Name of PHC | ..... |
| No. of Sub-centers under the PHC | ..... |
| District of CHC from PHC | ..... |
| District of DH from PHC | ..... |
| Is the PHC providing 24 hours and 7 days delivery facilities? (Yes/No) | ..... |
| Respondents: | |
| Date of Data Collection | ☐☐ ☐☐ ☐☐☐☐ Date Month Year |



| Section I: Service Delivery | | |
|---|---|---|
| 1.1 | **Population Covered** (in numbers) ☐☐☐☐☐ | |
| 1.2 | **Assured Services Available (Yes=1/No=2)** | |
| a | OPD Services | |
| b | Emergency Services (24 hours) | |
| c | Referral Services | |
| d | In-patient Services | |
| 1.3 | **Beds** | |
| a | Number of beds available | |
| 1.4 | **Average Daily OPD Attendance** | |
| a | Males | |
| b | Females | |
| 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 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? | |
| 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 (abortion) available at the PHC? | |
| g | Are the low birth weight babies managed at the PHC? | |
| h | Is there a fixed immunization day? | |
| i | Is BCG and Measles vaccine given regularly in the PHC? | |
| j | Is the treatment of children with pneumonia available 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 and reporting of vital statistics | |
| g | Education about health/ behaviour change communication | |
| h | National Health Programmes including HIV/AIDS control programmes | |
| i | AYUSH services as per 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 7 days delivery facilities (Yes/No)** | |

| Section II: Human Resources | | | | |
|---|---|---|---|---|
| **S. No.** | **Personnel** | **Recommended** | **Current Availability at PHC (indicate Numbers)** | **Identified Gaps** |
| 2.1 | Medical Officer | 2 (one may be from AYUSH and one other MO preferably a Lady Doctor | | |
| 2.2 | Pharmacist | 1 | | |
| 2.3 | Nurse – Midwife (Staff Nurse) | 3 (for 24 hour PHCs; 2 may be contractual) | | |
| 2.4 | Health Worker (Female) | 1 | | |
| 2.5 | Health Educator | 1 | | |
| 2.6 | Health Assistant (1 Male and 1 Female) | 2 | | |
| 2.7 | Clerks | 2 | | |
| 2.8 | Laboratory Technician | 1 | | |
| 2.9 | Driver | Optional; vehicles may be out-sourced | | |

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| Section III: Essential Laboratory Services | | | |
|---|---|---|---|
| S. No. | Services | Current Availability at PHC Yes=1/No=2) | Identified Gaps |
| 3.1 | Routine urine, stool and blood tests | | |
| 3.2 | Blood grouping | | |
| 3.3 | Bleeding time, clotting time | | |
| 3.4 | Diagnosis of RTI/STDs with wet mounting, grams stains, etc. | | |
| 3.5 | Sputum testing for TB | | |
| 3.6 | Blood smear examination for malaria parasite | | |
| 3.7 | Rapid tests for pregnancy | | |
| 3.8 | RPR test for Syphilis/ YAWS surveillance | | |
| 3.9 | Rapid tests for HIV | | |

| Section IV: Infrastructure | | | |
|---|---|---|---|
| S. No. | | Current Availability at PHC | Identified Gaps |
| 4.1 | **Location** | | |
| a | Distance of PHC (in km.) from the farthest village in coverage area | | |
| b | Distance of PHC (in km.) from District Hospital | | |
| 4.2 | **Building** | | |
| a | Is a designated government building available for the PHC? (Yes/No) | | |
| b | Whether the cleanliness in the building is Good/Fair/Poor? (Observe) | | |
| c | Prominent display boards regarding service availability in local language? (Yes/No) | | |

| | | | |
|---|---|---|---|
| 4.3 | **Operation Theatre** | | |
| a | Operation Theatre available (Yes/No) | | |
| b | If operation theater is present, are surgeries carried out in the operation theatre? (Yes/No) | | |
| c | If operation theatre is present, but surgeries are not being conducted there, then what are the reasons for the same?<br>• Non-availability of doctors/ staff<br>• Lack of equipment/ poor physical state of the OT<br>• No power supply in the operation theatre<br>• Any other reason specify)..... | | |
| d | Operation Theatre used for obstetric/ gynaecological purpose | | |
| 4.4 | **Labour Room** | | |
| a | Labour room available? (Yes/No) | | |
| b | If labour room is present, are deliveries carried out in the labour room? (Yes/No) | | |
| c | If labour room is present, but deliveries are not being conducted there, then what are the reasons for the same?<br>Non-availability of doctors/ staff.....1<br>Poor condition of the labour room.....2<br>No power supply in the labour room.....3<br>Any other reason (specify).....4 | | |
| 4.5 | **Laboratory** | | |
| a | Laboratory (Yes/No) | | |
| b | Is the laboratory a RNTCP designated Microscopy Centre (DMC) under RNTCP? (Yes/No) | | |
| c | Are adequate equipment (including function Binocular Microscope) and chemical reagents available? (Yes/No) | | |


| Section III: Essential Laboratory Services | | | |
|---|---|---|---|
| S. No. | Services | Current Availability at PHC Yes=1/No=2) | Identified Gaps |
| 3.1 | Routine urine, stool and blood tests | | |
| 3.2 | Blood grouping | | |
| 3.3 | Bleeding time, clotting time | | |
| 3.4 | Diagnosis of RTI/STDs with wet mounting, grams stains, etc. | | |
| 3.5 | Sputum testing for TB | | |
| 3.6 | Blood smear examination for malaria parasite | | |
| 3.7 | Rapid tests for pregnancy | | |
| 3.8 | RPR test for Syphilis/ YAWS surveillance | | |
| 3.9 | Rapid tests for HIV | | |

| Section IV: Infrastructure | | | |
|---|---|---|---|
| S. No. | | Current Availability at PHC | Identified Gaps |
| 4.1 | **Location** | | |
| a | Distance of PHC (in km.) from the farthest village in coverage area | | |
| b | Distance of PHC (in km.) from District Hospital | | |
| 4.2 | **Building** | | |
| a | Is a designated government building available for the PHC? (Yes/No) | | |
| b | Whether the cleanliness in the building is Good/Fair/Poor? (Observe) | | |
| c | Prominent display boards regarding service availability in local language? (Yes/No) | | |


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| | | | |
|---|---|---|---|
| 4.6 | **Water Supply** | | |
| | Source of water<br>Piped.....1<br>Bore well/ hand pump/ tube well.....2<br>Well.....3 | | |
| 4.7 | **Sewerage** | | |
| | Type of sewerage system<br>Soak pit.....1<br>Connected to Municipal Sewerage.....2 | | |
| 4.8 | **Waste Disposal** | | |
| | How the waste material is being disposed?<br>(Please specify)..... | | |
| 4.9 | **Electricity** | | |
| | Is there electric line in all parts of the PHC?<br>In all parts.....1<br>In some parts.....2<br>None.....3 | | |
| 4.10 | **Communication Facilities** | Yes.....1<br>No.....2 | |
| a | Telephone | | |
| b | E-Mail | | |
| c | Fax | | |
| 4.11 | **Vehicles** | | |
| | Vehicles (jeep/ other vehicle) available? | | |
| 4.12 | **Residential facility for the Medical Officer with all amenities (Yes=1/No=2)** | | |
| 4.13 | **User charges** | | |
| | Any fee for service is charged from the users?<br>Yes.....1<br>No.....2<br>If Yes, (Specify).....3 | | |

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| Section V: Quality Control | | | |
|---|---|---|---|
| **S. No.** | **Particular** | **Whether functional / available as per norms** | **Remarks** |
| 5.1 | Citizen's charter (Yes/No) | | |
| 5.2 | Constitution of Rajasthan Medicare Relief Society **(RMRS)** has been constituted at PHC? (Yes/No) | | |
| 5.3 | Internal monitoring (Social audit through Panchayati Raj Institution/ **RMRS**/ medical audit, technical audit, economic audit, disaster preparedness audit etc. (Specify) | | |
| 5.4 | External monitoring/ Gradation by PRI (Zila Parishad) **RMRS** | | |
| 5.5 | Availability of Standard Operating Procedures (SOP) Standard Treatment Protocols (STP) guidelines. | | |

## Checklist for Sub-Center

| Identification | |
|---|---|
| Name of District | ..... |
| Name of Tehsil/ Taluka/ Block | ..... |
| Name of Sub-center | ..... |
| No. of Villages under the SC | ..... |
| Distance of SC from PHC | ..... |
| Distance of SC from nearest CHC | ..... |
| Is the SC providing 24 hours and 7 days delivery facilities? (Yes/No) | ..... |
| Respondents: | |
| Date of Data Collection | ☐☐ ☐☐ ☐☐☐☐ Date Month Year |

| Section I: Services | | |
|---|---|---|
| 1.1 | Population Covered (in numbers) | |
| 1.2 | MCH care including FP: Services Availability | |
| 1.2.1 | Services Available **(Yes=1/No=2)** | |
| a | ANC | |
| b | INC | |
| c | PNC | |
| d | Newborn | |
| e | Immunization | |
| f | FP and contraceptive | |
| g | Adolescents health | |
| h | School health education | |
| i | JSY | |
| 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 time of this visit 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.TT/IFA tablets, weight and BP checkup) provided by those in the sub centre? | |
| f | Is the facility for referral of complicated cases of pregnancy/delivery available at sub centre for 24 hours? | |
| g | Do the ANM /any trained personnel accompany the woman 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? | |
| i | Is the ORS for prevention of diarrhea and dehydrations available in the sub centre? | |
| j | Is the treatment for minor illness like fever, cough, cold, worm, disinfestation etc. available in the sub centre? | |

| | | |
|---|---|---|
| k | Is the facility for taking peripheral blood smear in case of fever for detection available in the sub centre? | |
| l | Are the contraceptive services like insertion of copper-T, distributing oral contraceptive pills or condom provided by the sub centre? | |
| m | Is it a DOT centre? | |
| 1.3 | **Other function 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 programme 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 the village | |
| c | Watch over unusual health events | |
| d | Coordinated services with AWWs, ASHA village health and sanitation committee, PRIs | |
| e | Coordination and supervision of activities of ASHA | |
| f | Proper maintenances of records and register | |
| g | Is there a village health plan / sub centre plan? | |
| h | Is the scheme of ASHA implement in sub centre? | |

| Section II: Human Resources | | | | | |
|---|---|---|---|---|---|
| S. No. | Personnel | Existing | Recommended | Present availability at SC | Identified gaps |
| 2.1 | Health worker (Female) | 1 | 1 or 2 (optional) | | |
| 2.2 | Health worker (Male) | 1 | 1 or 0 (optional) may be replaced by female health worked | | |
| 2.3 | Voluntary Worker to keep the sub centre clean and assisting ANM. she is paid by the ANM from her contingency fund @ Rs 100 per month | 1 (optional) | 1 (optional) | | |

| Section III: Physical Structure | | | |
|---|---|---|---|
| S. No. | | If available (area in Sq mts.) | Remarks/ Suggestions/ Identify 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 District Hospital | | |
| 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<br>Good----------1<br>Fair----------2<br>Poor----------3 | | |
| 3.3 | **Availability of Labour Room (Yes=1/No=2)** | | |
| a | If labour room is present are deliveries carried out in the labour room<br>Yes----------1<br>No----------2<br>Sometimes----------3 | | |
| b | If labour room is present ,but deliveries not being conducted there, then what are the reasons for the same:<br>• Staff not staying<br>• Poor condition of the labour room<br>• No power supply in the labour room<br>• Any other (specify) | | |
| 3.4 | **Clinic room (Yes=1/No=2)** | | |
| 3.5 | **Examination Room (Yes=1/No=2)** | | |
| 3.6 | **Water Supply** | | |
| | Tap water----------1<br>Borewell/Handpump/Tubewell----2<br>Well----------3<br>Any other (specify)----------4 | | |

| | | | |
|---|---|---|---|
| 3.7 | **Electricity Facility (Yes=1/No=2)** | | |
| 3.8 | **Communication Facility (Yes=1/No=2)** | | |
| 3.9 | **Transport Facility (Yes=1/No=2)** | | |
| 3.10 | Residential facility for the staff<br>Yes ----------1<br>No----------2 | **If available (area in Sq mts)** | **If available Whether staff staying or not** |
| a | Health worker (Female) | | |
| b | Health worker (Male) | | |
| 3.11 | Whether health worker (male) available in the sub centre? | | |

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**ANGANWADI CENTRE VISIT CHECKLIST TO BE USED BY DISTRICT LEVEL OFFICERS**

Name of the Visiting Officer with designation**:**

Date of Visit:

Name of AWC:

1 Please check whether the following schemes are being implemented properly*

1.1 SNP Morning Snacks, Hot Cook Meal, Take Home Ration

1.2 Mamta

1.3 VHND

1.4 Pustular Diwas referral

1.5 Fix Immunization Day

1.6 AACP

1.7 Sabla / KSY

2 Whether the following Committees are functional, if possible please interact.

2.1 Jaanch Committee

2.2 Mothers Committee

2.3 Self Help Groups

2.4 Gaon KalyanSamiti

3 Fund Flow (whether the following funds are being received regularly)

3.1 SHG Payment (supplying morning snacks)

3.2 Honorarium of AWW and Helper

3.3 SNP funds to joint account

3.4 Mamta Instalments

3.5 Flexi funds

4 Last visit of supervisor / CD PO / PO & action taken

5 Overall remarks

**SUPERVISION CHECKLIST TO BE USED BY PO & CDPO**

Date of Visit: Time of Arrival: Time of Departure:

Name of AWC/Mini AWC: AWC Type: Rural/Urban/Tribal

AWW's Name: Date of Last Visit:

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

1 Display of

| | | | |
|---|---|---|---|
| 1.1 | Entitlement Chart for SNP | Y | N |
| 1.2 | Citizen Charter | Y | N |
| 1.3 | ICDS Calendar | Y | N |
| 1.4 | MAMATA Calendar | Y | N |
| 1.5 | Time Table | Y | N |
| 1.6 | Details of Jaanch Committee Members | Y | N |
| 1.7 | Details of Mothers Committee Members | Y | N |
| 1.8 | AWC Sign Board | Y | N |
| 1.9 | Workers wearing Badge & Uniform | Y | N |
| 1.10 | Pre School Children wearing Uniform | Y | N |

2 Sanitation & Hygiene of Children:

2.1 Availability of Soap:

(Please ask children if they wash hands before eating, you should also inspect their hands).

| | | | |
|---|---|---|---|
| 2.2 | Nails Cut | Y | N |
| 2.3 | Hair Combed | Y | N |
| 2.4 | Face Cleaned | Y | N |

3 Functional Weighing Machine:

| | | | |
|---|---|---|---|
| 3.1 | Salter (hanging for Children) | Y | N |
| 3.2 | Adult (Floor based) | Y | N |

(Please check the correctness of weighing by test check of two children and compare with weight noted in growth register).

4 Register

Which register was not maintained up to

4.1 Which register was not maintained up to date?

5 Feeding:

5.1 Hot Cooked Meal and Morning Snacks given as per weekly menu chart. Y N

5.2 Attendance (Head Count) during spot feeding on the day of visit.

5.3 No. of days Hot Cooked Meal not given last month.

Why? _____

(Check sign of Jaanch Committee Members)

6. When was the last date of Jaanch Committee Visit?

7. When was THR given last?

8. During last THR distribution whether Mothers Committee Members present?

(Verify Signature) Y N

9. Was THR given twice in last 30 days? Y N

If not, why?

10. How many children completed 6 months during last month?

11. When was last Anaplasia conducted?

12. Number of children who have completed one year.

13. Number of children fully immunized.

14. Number of Pregnant/Lactating mothers attended VHND/MAMATA Diwas.

15. Topic discussed in NHED last month.

16. Number of children identified for referral to Pustular Diwas during last month.

17. How many children attended Pustular Diwas?

17.1 How many children have improved from severely malnourished?

18. Preschool:

18.1 Number of Children enrolled in preschool. Y N

18.2 Number of Children present in preschool. Y N

18.3 Number of PWD Children attending preschool. Y N

18.4 Whether preschool kit (toys, materials) available and being used? Y N

19 Whether Nia Arunima module followed? Y N

19.1 Are preschool children wearing uniform on the day of visit? Y N

19.2 Are preschool children using workbook? Y N

19.3 Was Parent-Teacher Meeting held last quarter? Y N

19.4 P.O/CDPO must meet beneficiaries (MAMATA, Jaanch and Mothers Committee member, Mother of New-born, severely under wt.) and write the details.

1 Name of the child _____

Age _____ Weight _____

Issues _____

2 Name of the child _____

Age _____ Weight _____

Issues _____

20 C.D.P.O must weigh at least 2 children among new-born and severely underweight and check plotting.

Was plotting correct? Y N

(If no then AWW should be counselled.)

21 Whether MAMATA Calendar up to date? Y N

22. Whether Kishori Samuha / Balika Mandals are formed? Y N

23. Number of Adolescent Girls consumed IFA last week.

24. Whether Kishori Swasthya Mela organised last quarter? Y N

25 Date of receipt of Flexi Fund.

Date of receipt of Contingency. Y N 26

Last month honoraria received. Y N

27 Last month SNP fund received. Y N

28. Whether Gaon Kalyan Samiti is functioning Y N

29 If G.K.S is functioning specify about utilisation of funds:

30. Overall supportive supervision inputs/on the spot guidance provided by CDPO

(Critical work related to areas that need improvement in the AWC)

1

2

3

Any change since last visit

1

2

3

Visiting Officers Name & Signature Date

CD PO's/PO Signature

**ANGANWADI CENTRE VISIT CHECKLIST TO BE USED BY SUPERVISOR**

Date of Visit: Time of Arrival: Time of Departure:

Name of AWC/Mini AWC: AWC Type: Rural/Urban/Tribal

Name of the AWW: Date of Last Visit:

WOMEN AND CHILD DEVELOPMENT DEPARTMENT

| | | | |
|---|---|---|---|
| 1 | Display of: | | |
| 1.1 | Entitlement Chart for SNP | Y | N |
| 1.2 | Citizen Charter | Y | N |
| 1.3 | ICDS Calendar | Y | N |
| 1.4 | MAMATA Calendar | Y | N |
| 1.5 | Time Table | Y | N |
| 1.6 | Details of Jaanch Committee Members | Y | N |
| 1.7 | Details of Mothers Committee Members | Y | N |
| 1.8 | Sign Board | Y | N |
| 1.9 | Workers wearing Badge & Uniform | Y | N |
| 1.10 | Pre-School Children wearing Uniform | Y | N |

| | | | |
|---|---|---|---|
| 2. | Maintenance of Registers: | | |
| 2.1 | Survey Register | Y | N |
| 2.2 | Pregnancy Register | Y | N |
| 2.3 | Immunization Register | Y | N |

| | | | |
|---|---|---|---|
| 2.4 | Pre School Attendance Register | Y | N |
| 2.5 | T.H.R Receipt & Distribution Register | Y | N |
| 2.6 | S.N.P Hot Cooked Meal Attendance Register | Y | N |
| 2.7 | Procurement Plan Register | Y | N |
| 2.8 | Stock Register of S.N.P | Y | N |
| 2.9 | M.C.P Card | Y | N |
| 2.10 | Growth Monitoring Register | Y | N |

3 Sanitation & Hygiene of Children:

3.1 Availability of Soap:

(Please ask children if they wash hands before eating, you should also inspect their hands).

3.2 Nail Cutter Y N 33 Hair Combed Y N

3.4 Face Cleaned Y N

3.5 Dish washing Detergent Y N

3.6 Foot Wear for Toilet Y N

3.7 Towel Y N

3.8 Dustbin Y N

3.9 Whether keeping the room clean Y N

3.10 Whether Toilet is available Y N

4 Functional Weighing Machine:

4.1 Salter (hanging for Children) Y N

4.2 Adult (Floor based) Y N

(Please check the correctness of weighing by test check of two children and compare with weight noted in growth register).

5 Beneficiary Details:

5.1 Number of Pregnant Women

5.2 Number of Lactating Mothers

5.3 Number of Children below 2 years

5.4 Number of severely Underweight Children

5.5 Number of Adolescent Girls (11-18 years)

5.6 Number of out of school Adolescent Girls (11-18 years)

5.7 Number of Adolescent Girls anemic (After Test)

(Counsel AWW on deworming, HB Test, BMI and IFA)

6. Feeding:

6.1 Hot Cooked Meal and Morning Snacks given as per weekly menu chart. Y N

6.2 Attendance (Head Count) during spot feeding on the day of visit.

6.3 No. of days Hot Cooked Meal not given during last month.

Why? _____

(Check sign of Jaanch Committee Members)

6.4. When was the last date of Jaanch Committee Visit?

6.5. When was THR given last?

6.6 During last THR distribution whether Mothers Committee Members present?

(Verify Signature) Y N

. 6.7 Was THR given twice in last 30 days? Y N

6.8 Whether last month SNP fund received. Y N

If not, why?

7. Preschool:

7.1 Number of Children enrolled in preschool.

7.2 Number of Children present in preschool.

7.3 Number of PWD Children attending preschool.

7.4 Whether preschool kit (toys, materials) available and being used? Y N

7.5 Whether Nia Arunima module followed? Y N

7.6 Are preschool children wearing uniform on the day of visit? Y N

7.7 Are preschool children using workbook? Y N

78 Was Parent-Teacher Meeting held last quarter? Y N

8. Health Check Up.

8.1 Whether Fixed Health Day planned &organised Y N

8.2 Was plotting correct?

8.3 No of severely malnourished Children under 3 yrs. age

8.4 No of severely malnourished children during last month 3-6 yrs.

8.5 No of Children identified for referral to Pustular Diwas during last month

8.6 No of Children attended Pustular Diwas during last month

8.7 How many children have improved from severely malnourished?

8.8 Supervisor must meet beneficiaries (MAMATA, Jaanch and Mothers Committee member, Mother of New-born, severely under wt.) and write the details.

1 Name of the child _____

Age _____ Weight _____

Issues _____

2 Name of the child _____

Age _____ Weight _____

Issues _____

8.9 Supervisor must weigh at least 2 children among new-born and severely underweight and check plotting.

Was plotting correct? Y N

(If no then AWW should be counselled.)

9. MAMATA.

9.1 Whether Pregnancy Survey has been made

9.2 Whether MAMATA Calendar up to date? Y N

9.3 No of Pregnant Women eligible for MAMATA

9.4 Whether AWW copy of MCP Card of Mamta beneficiaries Y N Available

9.5 Whether the ANM is filling the portion marked for her in the MCP Card. Y N

9.6 Whether Mamta Scheme AWC survey register Annexure - A Y N (Part-2 is maintained)

9.7 Whether the Mamta beneficiary Tracker Annexure-C (Part-2 is maintained) Y N

9.8 Mamta Scheme beneficiary tracker is maintained Y N

9.9 Mamta Scheme AWC Monthly Report-Annexure-D Y N

10. . How many children completed 6 months during last month?

11. When was last Anaplasia conducted?

12. Number of children who have completed one year.

13. Number of children fully immunized.

14. Number of Pregnant/Lactating mothers attended VHND/MAMATA Diwas.

15. Topic discussed in NHED last month.

16 Whether Kishori Samuha / Balika Mandals are formed? Y N

17 Number of Adolescent Girls consumed IFA last week.

18 Whether Kishori Swasthya Mela organised last quarter? Y N

19 Date of receipt of Flexi Fund.

20. Date of receipt of Contingency.

21 Last month honorarium received. Y N

22 Whether Gaon Kalyan Samiti is functioning Y N

| मॉनिटरिंग प्रपत्र– एम.सी.एच.एन दिवस | | | | | |
|---|---|---|---|---|---|
| 1 | मॉनिटर का नाम | | 2 | पद | |
| 3 | जिले का नाम | | 4 | दिनांक / दिन | |
| 5 | ब्लॉक का नाम | | 6 | प्रा.स्वा.केन्द्र | |
| 7 | उपकेन्द्र | | 8 | ग्राम पंचायत | |
| 9 | राजस्व गाँव का नाम | | 10 | कुल जनसंख्या | |
| 11 | पिछले 2 माह गाँव में हुए कुल प्रसव | | 12 | इनमें से संस्थागत प्रसव | |
| 13 | एवं घरेलू प्रसव | | 14 | इनमेंसे वर्तमान में जीवित माताओं की | |
| 15 | एवं जीवित शिशुओं की संख्या | | 16 | भ्रमण किये गये क्षेत्र का नाम एवं समय | |
| 17 | सत्र का प्रकार | *A / B / C / D* | 18 | सत्र आयोजित किया गया | *हाँ / नहीं* |
| 19 | क्या आपने सत्र आयोजित होते हुए देखा | *हाँ / नहीं* | 20 | अगर नहीं, कारण दीजिए, नीचे दिये गये कोड डाले | |
| 21 | स्वास्थ्य कार्यकर्ताओं की उपस्थिति (गोला करें एवं नीचे नाम लिखें) | *ए.एन.एम / जी.एन.एम / अति. एएनएम* | 22 | आंगनवाड़ी कार्मिकों की उपस्थिति (गोला करें एवं नीचे नाम लिखें) | *कार्यकर्ता / आशा / सहायिका* |
| 23 | ए.एन.एम का नाम | | 24 | मोबाईल नम्बर | |
| 25 | अति. एएनएम का नाम | | 26 | मोबाईल नम्बर | |
| 27 | आशा का नाम | | 28 | मोबाईल नम्बर | |
| 29 | आंगनवाड़ी कार्यकर्ता का नाम | | 30 | मोबाईल नम्बर | |
| 31 | क्षेत्र पर्यवेक्षक का नाम (स्वास्थ्य) | | 32 | मोबाईल नम्बर | |
| 33 | क्षेत्र पर्यवेक्षक द्वारा किये गये पिछले भ्रमण कि दिनांक | | 34 | आयोजित हुए पिछले सत्र कि दिनांक | |
| 35 | सत्र स्थल | *आंगनवाड़ी / उपकेन्द्र / अन्य.....* | 36 | सत्र माईक्रोप्लान के अनुसार है | *हाँ / नहीं* |
| 37 | उपरोक्त के अलावा कोई कार्मिक उपस्थित है तो उसका नाम | | 38 | कार्मिक का पद | |
| 39 | क्या आशा / मोबिलाइजर के पास लाभार्थियों की सूची उपलब्ध है? | *हाँ / नहीं* | 40 | आशा / मोबिलाइजर लाभार्थियों को सत्र स्थल पर ला रही है | *हाँ / नहीं* |
| **सत्र में आने वाले लाभार्थियों की अपेक्षित संख्या** | | | **सत्र में आये वास्तविक लाभार्थियों की संख्या** | | |
| 41 | गर्भवती महिला नये पंजीकरण | | 42 | गर्भवती महिला नये पंजीकरण | |
| 43 | गर्भवती महिला पूर्व में पंजीकृत | | 44 | गर्भवती महिला पूर्व में पंजीकृत | |
| 45 | बीसीजी | | 46 | बीसीजी | |
| 47 | पेन्टावेलेंट 1 | | 48 | पेन्टावेलेंट 1 | |
| 49 | पेन्टावेलेंट 2 | | 50 | पेन्टावेलेंट 2 | |
| 51 | पेन्टावेलेंट 3 | | 52 | पेन्टावेलेंट 3 | |
| 53 | पोलियो 1 | | 54 | पोलियो 1 | |
| 55 | पोलियो 2 | | 56 | पोलियो 2 | |
| 57 | पोलियो 3 | | 58 | पोलियो 3 | |
| 59 | मीजल्स | | 60 | मीजल्स | |
| 61 | विटामिन ए | | 62 | विटामिन ए | |
| 63 | *1 वर्ष से कम बच्चे कुल* | | 64 | *1 वर्ष से कम बच्चे कुल* | |
| 65 | *डी.पी.टी. बूस्टर 1* | | 66 | *डी.पी.टी. बूस्टर 1* | |
| 67 | *पोलियो बूस्टर 1* | | 68 | *पोलियो बूस्टर 1* | |
| 69 | मीजल्स 2 | | 70 | मीजल्स 2 | |
| 71 | *डी.पी.टी. बूस्टर 2* | | 72 | *डी.पी.टी. बूस्टर 2* | |
| 73 | 0–5 वर्ष तक के कितने बच्चो का वजन लिया जाना है | | 74 | 0–5 वर्ष तक के कितने बच्चो का वजन लिया गया | |
| 75 | कुल कुपोषित बच्चो की संख्या | | 76 | कुल कुपोषित बच्चो की संख्या | |
| 77 | क्या टीकाकरण में छूटे हुए व्यक्तियों के लिये अलग प्रयास हुए | *हाँ / नहीं* | 78 | क्या किसी तरह की आई.ई.सी. दिखाई देती है? | *हाँ / नहीं* |
| 79 | वैक्सीन किसके द्वारा सत्र मे उपलब्ध कराई गई | *"एवीडी" / एएनएम/ सुपरवाईजर/ अन्य .....* | 80 | क्या वैक्सीन कैरियर मे चार आईसपैक के साथ पौलिथीन में है | *हाँ / नहीं* |

| शिशु स्वास्थ्य एवं पोषण सम्बन्धित सेवाएं | | | | | |
|---|---|---|---|---|---|
| 81 | क्या बच्चो का वजन लिया जा रहा है | हाँ / नहीं | 82 | क्या पोषाहार उपलब्ध कराया जा रहा है | हाँ / नहीं |
| 83 | क्या गम्भीर लक्षणो की पहचान की जा रही है | हाँ / नहीं | 84 | क्या गम्भीर लक्षणो का उपचार किया जा रहा है | हाँ / नहीं |
| 85 | क्या टीकाकरण किया जा रहा है | हाँ / नहीं | 86 | सत्र के दौरान कौन–कौन सी वैक्सीन उपलब्ध थी | बी.सी.जी./ डी.पी.टी. / हिप–बी / मिज़ल्स / टी.टी. / पोलियो |
| 87 | वैक्सीन के साथ उपलब्ध डाइलयूएन्ट | बी.सी.जी / मिज़ल्स | 88 | वैयरियल के बिना कौनसी वैक्सीन चाई गई | बी.सी.जी./ डी.पी.टी. / हिप–बी / मिज़ल्स / टी.टी. / पोलियो |
| 89 | क्या कोई वैक्सीन उसी दूई अवस्था में चाई गई | हाँ / नहीं | 90 | यदि हा तो कौनसी | डी.पी.टी. / हिप–बी / टी.टी. / |
| 91 | बी.सी.जी का टीका कहाँ लगाया जा रहा | लाई नॉट /लाई नॉट/ | 92 | मीज़ल्स का टीका कहाँ लगाया जा रहा है | लाई नॉट /लाई नॉट/ |
| 93 | पेन्टावेलेन्ट का टीका कहाँ लगाया जा | लाई नॉट /लाई नॉट/ | 94 | विटामिन ए मिज़ल्स के साथ दिया जारहा | हाँ/नहीं |
| 95 | क्या डीपीटी का टीका लगाने के बाद बुखार की दवा दी गई | हाँ/नहीं | 96 | क्या माता–पिता को 4 महत्वपूर्ण संदेश के बारे में जानकारी दी जा रही है | हाँ/नहीं |
| उपकरण जो सत्र में चालू हालत में पाये गये एवं अन्य आवश्यक सामग्री की उपलब्धता | | | | | |
| 97 | BP machine with Stethoscope | Yes / No | 98 | Weighing machine- Adult | Yes / No |
| 99 | Weighing machine- Baby | Yes / No | 100 | Examination table with Stool | Yes / No |
| 101 | Side Screen | Yes / No | 102 | Hemometer | Yes / No |
| 103 | Syringe Hub Cutter | Yes / No | 104 | Uri-Sticks | Yes / No |
| 105 | MCP Cards sufficient quantity | Yes / No | 106 | Rafarral Slips sufficient quantity | Yes / No |
| 107 | Red/Black Bags | Yes / No | 108 | AD 0.1 ml syringe sufficient | Yes / No |
| 109 | 5 ml syringes for reconstitution | Yes / No | 110 | AD 0.5 ml syringe sufficient | Yes / No |
| 111 | PCM Tab/ Syp | Yes / No | 112 | (Nischay) Pregnancy Test Kits | Yes / No |
| 113 | ORS Packets | Yes / No | 114 | Zink tablets | Yes / No |
| 115 | Cotrimoxazole tablets/syp | Yes / No | 116 | Amoxicilin Cap/syp | Yes / No |
| 117 | Injection Gentamycin | Yes / No | 118 | Jention violet paint | Yes / No |
| प्रसव पूर्व जाँच व परामर्श | | | | | |
| 119 | गर्भवती की उच्चि में गोनेमिमता का ध्यान रखा जा रहा है | हाँ / नहीं | 120 | गर्भवती के पेट का परीक्षण | हाँ / नहीं |
| 121 | गर्भवती की रक्त प्रेशर जांच | हाँ / नहीं | 122 | गर्भवती का वजन | हाँ / नहीं |
| 123 | हीमोग्लोबिन की जांच | हाँ / नहीं | 124 | पेशाब की जांच (एल्बुमिन व शुगर) | हाँ / नहीं |
| 125 | टी.टी. वैक्सीन दी जा रही है | हाँ / नहीं | 126 | आई. ए. एस. दी जा रही है | हाँ / नहीं |
| 127 | आई.एस.ए के बारे में परामर्श | हाँ / नहीं | 128 | पौष्टिक आहार के बारे में परामर्श | हाँ / नहीं |
| 129 | संस्थागत प्रसव के बारे में परामर्श | हाँ / नहीं | 130 | प्रसव पूर्व तैयारी के बारे में परामर्श | हाँ / नहीं |
| 131 | स्तनपान के बारे में परामर्श | हाँ / नहीं | 132 | परिवार नियोजन पर परामर्श | हाँ / नहीं |
| 133 | खतरे के लक्षणों पर परामर्श | हाँ / नहीं | 134 | ममता कार्ड के बारे में संदेश | हाँ / नहीं |
| 135 | जे. एस. एस. के योजना पर जानकारी | हाँ / नहीं | 136 | जुणकल्याणी योजना पर जानकारी | हाँ / नहीं |
| मातृ एवं शिशु स्वास्थ्य सेवाओं का रिकार्ड | | | | | |
| 137 | विगत 3 माह में 7 ग्राम से कम हीमोग्लोबिन वाली महिलाओं कि संख्या | | 138 | विगत 3 माह में 7 ग्राम से कम हीमोग्लोबिन वाली महिलाओं कि संख्या जिन्हे आयरन सुक्रोज 4 dose दिया | |
| 139 | विगत 3 माह खतरे के लक्षण वाली महिलाओं कि संख्या जिन्हे उच्च संस्था पर रैफर किया गया | | 140 | विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या | |
| 141 | विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या जिन्हे ORS/ZINC दिया गया | | 142 | विगत 3 माह मे दस्त से ग्रसित बच्चों संख्या जिन्हे उच्च संस्था पर रैफर किया | |
| 143 | विगत 3 माह मे ARI/Pneumonia से ग्रसित बच्चों संख्या जिनका इलाज किया गया | | 144 | विगत 3 माह मे ARI/Pneumonia से ग्रसित बच्चों संख्या जिन्हे उच्च संस्था पर रैफर किया गया | |
| परिवार नियोजन सेवायें | | | | | |
| 145 | निरोध की उपलब्धता | हाँ / नहीं | 146 | निरोध का वितरण | हाँ / नहीं |
| 147 | ओरल पिल्स की उपलब्धता | हाँ / नहीं | 148 | ओरल पिल्स का वितरण | हाँ / नहीं |
| 149 | ई पिल्स की उपलब्धता | हाँ / नहीं | 150 | ई पिल्स का वितरण | हाँ / नहीं |
| *1.ANM not present, 2. AWC/SC Closed, 3. Vaccine not availbale, 4.Other Reason | | | | | |

## INTERVIEW SCHEDULE FOR ANM

| S.no. | | | | | |
|---|---|---|---|---|---|
| 1. | **Type of health facility** | 1. PHC<br>2. SC<br>3. AWC | | | |
| 2. | **Health worker** | 1. ANM<br>2. ASHA<br>3. AWW | | | |
| 3. | **Age of health worker** | | | | |
| 4. | **Health facility address** | | | | |
| 5. | **Population covered by health facility** | | | | |
| 6. | **SOCIO DEMOGRAPHIC PROFILE** | **Caste** | **Religion** | **Education** | **Experience** |
| | | General 1<br>OBC 2<br>SC 3<br>ST 4<br>Other 5 | Hindu 1<br>Muslim 2<br>Sikh 3<br>Other 4 | 1-5 1<br>5-9 2<br>9-12 3<br>Graduate 4<br>Illiterate 5 | |
| 7. | **Are you using tabs?** | 1. YES<br>2. NO | | | |
| 8. | **If yes, how frequently?** | 1. Daily<br>2. Weekly<br>3. Monthly | | | |
| 9. | **What are your responsibilities?** | 1. Holding weekly meeting with ASHA<br>2. Training to ASHA<br>3. Informing and guiding to ASHA to bring beneficiaries<br>4. Updating EC register<br>5. Counselling<br>6. Motivating pregnant women for coming to SC for checkups<br>7. Guiding, educating and orienting ASHA | | | |
| 10. | **How many parents you have counselled last month and on what issues?** | A. Family planning<br>B. Immunization<br>C. Breast feeding<br>D. Importance of safe delivery<br>E. Complementary feeding<br>F. Contraception<br>G. Child health<br>H. Others | | | |

| | | | |
|---|---|---|---|
| **11.** | **Where do you counsel them?** | A. At home<br>B. Health facility center<br>C. MCHN day<br>D. Others | |
| **12.** | **How do you counsel your beneficiaries?** | A. Verbally<br>B. Audio<br>C. Video<br>D. Messages<br>E. IEC material<br>F. Others | |
| **13.** | **Has the tablets made your life** | 1. Easier<br>2. Average<br>3. Difficult | |
| **14.** | **Whatever is the answer, how** | | |
| **15.** | **Suggestions** | | |