

Internship Training  
at  
Youth Foundation, Rudraprayag

Service Readiness and Utilization of Reproductive and Child Health Services at Public  
Health Center of Ukhimath, District Rudraprayag, Uttarakhand

By

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Enroll No. PG/17/006

Under the Guidance of  
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Post Graduate Diploma in Hospital and Health Management  
2017- 19



International Institute of Health Management Research  
New Delhi

The certificate is awarded to

**Col Aman Negi**

in recognition of having successfully completed his  
Internship at

**Youth Foundation, Uttarakhand**

and has successfully completed his Project on

**Service Readiness and Utilization of Reproductive and Child Health Services at Public  
Health Center of Ukhimath, District Rudraprayag, Uttarakhand**

**10 Feb - 15 May 19**

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

We wish him all the best for future endeavours.

Col Vivek Bhatt  
Trustee and President  
Youth Foundation Uttarakhand  
Dehradun

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Col Aman Negi**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at Youth Foundation, Uttarakhand from 10 Feb 19 to 15 May 2019

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

The internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavours.

Dr.Pradeep K Panda  
Dean Academics and Student Affairs  
IIHMR, New Delhi

Dr.Anandhi Ramachandran  
Associate Professor  
IIHMR, New Delhi

## CERTIFICATE OF APPROVAL

The following dissertation titled '**Service Readiness and Utilization of Reproductive and Child Health Services at Public Health Center of Ukhimath, District Rudraprayag, Uttarakhand**' is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned does not necessarily endorse or approve any statement made opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

**Name**

**Signature**

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## **Certificate from Dissertation Advisory Committee**

This is to certify that Col Aman Negi, a student of the Post Graduate Diploma in Health and Hospital Management, has worked under our guidance and supervision. He is submitting this dissertation titled '**Service Readiness and Utilization of Reproductive and Child Health Services at Public Health Center of Ukhimath, District Rudraprayag, Uttrakhand**' in partial fulfillment of the requirements for the award of the Post Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge, no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr. Anandhi Ramachandran  
Associate Professor  
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Col Vivek Bhatt  
Trustee and President  
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Date-

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,**  
**NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled '**Service Readiness and Utilization of Reproductive and Child Health Services at Public Health Center of Ukhimath, District Rudraprayag, Uttarakhand**' and submitted by Col Aman Negi, Enrollment No. PG/17/006 under the supervision of Dr. Anandhi Ramachandran for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from 10 Feb to 15 May 19 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

## **FEEDBACK FORM**

**Name of the Student** : Col Aman Negi

**Summer Internship Institution** : Youth Foundation, Uttarakhand

**Area of Dissertation** : Understanding healthcare service readiness to provide RCH services and their existing utilization at PHC Ukhimath, under CHC Agustmuni in Rudraprayag District of Uttarakhand

**Attendance** : Feb 19 - May 19

**Objectives met** : All Objectives met

**Deliverables** : Assessment report of the services related to RCH and recommendations to close the gaps identified

**Strengths** : Dedication to the study, perseverance to get the interviews done and understanding of the subject

**Suggestions for Improvement:** Community samples to be increased. The study could have included all services

**Date:** **Signature of the Officer-in-Charge (Internship)**

**Place:**

## Acknowledgment

It is my prime priority to seek the blessings of Lord Shiva the 'Lord of Kedar Khand'

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**‘Service Readiness and Utilization of Reproductive and Child Health Services at  
Public Health Center of Ukhimath, District Rudraprayag, Uttarakhand**

**Abstract.** Motherhood is the most important phase of a woman’s life; it is essential that all pregnant women across the country have access to high-quality obstetric care. This descriptive study is based on Mix Method Approach and utilises Facility Survey through structured Questionnaires/Checklist for assessment (IPHS Guideline) by collecting responses of Doctors/ANMs at PHC, four SADs and eight Sub-centers, interviews/FGDs/exit interviews with ten Doctors/Pharmacists, 15 ANMs/ ASHAs and 28 community members (Pregnant women & mothers with children < age 2 years). This allowed identification of existing gaps in health care services provided at the PHC and Sub-centers, coverage of RCH services, the extent of ANMs and ASHAs involvement, barriers and challenges faced by them, use of technology and provide recommendations that address these gaps. The study found Inadequacy of human resource and infrastructure, non availability of residential quarters, transport and communication facilities for the ANMs. At Sub-centers, only 87% of ANMs and 25% of MHW were posted. Only 14 % of the Sub-centers had a labour room. The study highlighted that ASHAs/ANMs are the main support system for the provision of RCH services and have done a commendable job to provide ANC and PNC within available resources. Youth Foundation, Uttarakhand was effectively using Skype to get people treated at Hospitals in Delhi. The study recommends that physical and human infrastructure at PHCs and Sub-centers should be upgraded as per IPHS norms. Posting of Gynecologist at the PHC/CHC is a priority. Portable Ultrasounds need to be made available. Dormitory facilities need to be created at sub-centers for expectant mothers from inaccessible areas for safe and institutionalized deliveries. Facility for Telemedicine needs to be established in the region.

**Keywords:** PHC, Sub-centers, SADs, ANC, Maternal health

## Abbreviations

1. ANM : Auxillary Nursing Midwife
2. ASHA : Accredited Social Health Activists
3. CHC : Community Health Center
4. FGDs : Focus Group Discussions
5. IPHS : Indian Public Health Standards
6. IMR : Infant Mortality Rate
7. IDSP : Disease Surveillance, Integrated Disease Surveillance Project
8. JSSK : Janani Shishu Suraksha Karyakaram
9. JSY : Janani Suraksha Yojana
- 10.MHW : Male Health worker
- 11.MMR : Maternal Mortality Ratio
- 12.NHM : National Health Mission
- 13.PHC : Primary Health Centre
- 14.SAD : State Allopathic Dispensary
- 15.UIP : Universal Immunization Programme
- 16.VHND : Village Health and Nutrition Day

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**‘Service Readiness and Utilization of Reproductive and Child Health Services at  
Public Health Center of Ukhimath, District Rudraprayag, Uttarakhand**

**Introduction**

Motherhood is the most important phase a woman can have in her life; however it can be a life-threatening event, it is essential that all pregnant women across the country have access to high-quality obstetric care throughout their pregnancies. As per Sample Registration System (SRS), 2013 reports published by Registrar General of India the IMR of India is 40 per 1000 live births and MMR is 167 per 1,00,000 live births in the Country. Under NHM, major interventions being implemented to reduce IMR and MMR are Promotion of institutional deliveries through JSY, Operationalization of sub-centers, PHCs, CHCs and District Hospitals for providing 24x7 basic and comprehensive obstetric care services, Antenatal, intranatal and postnatal care to pregnant women, engagement of ASHAs to generate demand and facilitate accessing of health care services by the community, Village Health and Nutrition Days in rural areas, Adolescent Reproductive Sexual Health Programme (ARSH), Janani Shishu Suraksha Karyakaram (JSSK), Universal Immunization Programme (UIP).

Healthcare in India has two big challenges which revolve around accessibility and affordability for most of its population. To address these issues, the Indian government has made a bold commitment to achieve Universal Health Coverage (UHC) through Ayushman Bharat. Also, technologies have evolved and converged significantly to address the gaps in accessibility and affordability of Health Care services. Emerging technologies can be utilised to Provide real-time patient information, consultations and conduct surgeries remotely (thus bringing healthcare to remote areas with no access to basic healthcare facilities), wearable medical devices, Digitization of patient health records and EMRs and AI which can assist caregivers in the early detection of diseases based on certain triggers in vitals.

Further, Ayushman Bharat is also an umbrella of two major health initiatives i.e Health and Wellness Center (HWCs) and Pradhan Mantri Jan Arogya Yojna (PMJAY). RCH services at Ayushman Bharat HWC will be care during pregnancy and child-birth, Neonatal and infant health care services, Childhood and adolescent health care services, Family planning, Contraceptive services and other Reproductive Health Care services.

### **Purpose**

The purpose of the current study is to understand the current situation related to RCH service preparedness, the readiness to provide services and their existing utilization at PHC Ukhimath, under CHC Agustmuni in Rudraprayag District of Uttarakhand.

### **Rationale**

Uttarakhand in the Himalayas can be termed as most disaster prone state in the country and is vulnerable to earthquakes, landslides, avalanches, flash floods, forest fire and cloudbursts. On 16-17 June 2013, multi-day cloudbursts caused devastating floods and landslides becoming the country's worst natural disaster since the 2004 tsunami killing more than 6000 people and many missing. The floods in June 2015 resulted in the loss of lives, property and livelihood and many were cut off from the emergency medical aid services. Buildings were destroyed due to flash floods that included health center also. In addition, heavy population migration has taken place from the region due to non-availability of roads, infrastructure, health facilities and education. Hence, it becomes important to assess the readiness of the healthcare facilities and availability of the resources in such disaster prone areas. It is also very important to analyze the voices of the beneficiaries regarding access and utilization of health care facilities as it will further provide pointers to strengthen the health system.

With country-wide Government initiatives like e-parchi, e-aushadi, e-raktakosh, e-attendance, 108 services for provision of healthcare services it would further provide insight to understand the extent of use of technology and to explore further possibilities to provide digital intervention to address the gaps identified.

The study has been carried out at PHC Ukhimath and its subcenters, under CHC Agustmuni in Rudraprayag District of Uttarakhand. Total Population catered for by PHC

Ukhimath is 52,280 (Year 2019). It has one PHC at Ukhimath, and 11 sub-centers at Mansoona, Jaggibhagwan, Ransi, Daira, Makkumath, Paldwari, Parkandi, Phata, Kalimath, Guptkashi, and Gaurikund. It also has Seven SADs (State Allopathic Dispensaries) at Gaurikund, Kalimath, Guptkashi, Parakandi, Daira, Mansoona and Kedarnath ( only operational during pilgrim season). PHC Ukhimath has been selected for the study since it is one of the most disaster-prone regions in Uttrakhand and also has a number of religious places which attract a large number of pilgrims from across the country.

### **Objective**

To evaluate the Readiness of PHC Ukhimath and its associate Health centers ( SC and SADs) to provide RCH services, their utilization and provide recommendations to improve the availability and provision of RCH services.

### **Specific Objectives:-**

- (a) To identify the existing gaps in healthcare services provided at PHC and Sub-centers i.e carry out a Facility Survey to assess health Sub-centers for the availability of physical and human infrastructure, investigative services with respect to IPHS.
- (b) To evaluate the existing coverage of RCH services related to antenatal checkups, immunization services, Institutional/safe deliveries, and JSY Beneficiaries.
- (c) To understand the extent of ANMs and ASHAs involvement in the provision of healthcare services and the barriers and challenges faced by them.
- (d) To learn about the existing scenario of use of technology in the provision of services and also from best practices adopted by non-Public Health centers in the area.
- (e) Based on the above provide possible recommendations that address the gaps in healthcare services and also suggest a plausible framework for the use of technology.

### **Literature Review**

Assessing Indian Public Health Standards for 24 × 7 Primary Health Centers: A case study with special reference to newborn care service by Prahlad Rai Sodani, Kalpa

Sharma, Professor & Dean (Training), Institute of Health Management Research, Knowledge Management Officer, Save the Children, Jaipur, Rajasthan, India. The main objective of the study was to identify the existing gap with respect to Indian Public Health Standards (IPHS) for the availability of infrastructure, human resources, investigative services and essential newborn care services at 24 × 7 primary health centers (PHCs) of Bharatpur district of Rajasthan state.

Workload Assessment of Auxillary Nurse Midwives and Infrastructure Assessment of Subcenters in Selected High and Non-High Priority Districts of Uttar Pradesh by International Institute of Health Management Research, New Delhi. The objectives of the study were 1) Estimate average time the ANM spends to perform the duties in line with their job description 2) Find out the difference in workload vis-a-vis time allocation in higher priority and non high priority districts 3) Assess the existing infrastructure at the sub-centers to find out the gaps against IPHS norms. Two districts (one high priority and one non high priority from each of the four socio-cultural regions of the state were selected. The details and learning from the paper have been amply utilized in the identification of gaps in sub-centers vis-à-vis the IPHS standards. The study is still under finalization.

Quality of maternal healthcare in India: Has the National Rural Health Mission made a difference? By Harish Nair, Rajmohan Panda, Centre for Population Health Sciences and Global Health Academy, University of Edinburgh, Scotland, UK. The Paper highlights that despite a five-decade old Family Welfare program, India still continues to contribute almost a quarter of the global estimates of maternal morbidity and mortality. Using a review of available data sources and published literature, this paper aims to examine the scenario of quality of care in maternal health over the last decade and the impact of NRHM initiatives on the same. While NRHM has made efforts to address lacunae associated with quality of maternal care in the public health system, there is much scope for improvement.

<http://rchiips.org/PRCH-3.html> The Ministry of Health and Family Welfare (MoHFW), Government of India has designated the International Institute for Population Sciences (IIPS), Mumbai as the nodal agency for conducting the District Level Household and Facility Survey (DLHS). The DLHS-3 is designed to provide information on family planning, maternal and child health, reproductive health of ever-married women and adolescent girls, utilization of maternal and child healthcare services at the district level for India. In addition, DLHS-3 also provides information on new-born care, post-natal care within 48 hours, the role of ASHA in enhancing the reproductive and child health care and coverage of Janani Suraksha Yojana (JSY). An important component of DLHS-3 is the integration of the Facility Survey of health institution (Sub-center, Primary Health Centre, Community Health Centre and District Hospital) accessible to the sampled villages. The focus of DLHS-3 is to provide health care and utilization indicators at the district level for the enhancement of the activities under the National Rural Health Mission (NRHM). **Questionnaires from the site have been duly modified ( to meet the need of the Study) to collect the Data from the Women on ANC and also on facilities existing at PHCs.**

Perceived Barriers to Utilization of Maternal Health and Child Health Services: Qualitative Insights from Rural Uttar Pradesh, India by Neelanjana Pandey, International Institute for Population Sciences, India. In the study, he tries to understand the perceptions of the community and individuals that influence women's behaviours and utilization of maternal and child health care (MCH) provided by the government. An investigation of barriers and facilitating factors has been done, through 48 semi-structured in-depth interviews with women and 26 semi-structured in-depth interviews with providers at a different level of rural health care facilities in selected villages of Lucknow district, Uttar Pradesh, India. Components of antenatal, delivery and postnatal care have been stressed upon in the Study.

Components of antenatal, delivery and postnatal care are given as Table 1 below;-

**Table 1: Components of antenatal, delivery and postnatal care**

<b>Antenatal Care</b>	
Focused ANC Visits and referral:	<ul style="list-style-type: none"> <li>• 1st visit: before 16 weeks of gestation</li> <li>• 2nd visit: from 20 to 24 weeks of gestation</li> <li>• 3rd visit: from 28 to 32 weeks of gestation</li> <li>• 4th visit: from 36 to 40 weeks of gestation</li> <li>• referral and followup pregnant women with complications.</li> </ul>
Early detection and diagnosis of disease/abnormality	<ul style="list-style-type: none"> <li>• quick check, history taking, physical examination, laboratory investigation &amp; decision making</li> </ul>
Components of ANC includes	<ul style="list-style-type: none"> <li>• Weight measured, Height measured, Blood pressure checked, Blood tested, Urine tested, Abdomen examined, Breast examined, Sonography/ultrasound need to be examined.</li> <li>• At least 2 doses of tetanus toxoid vaccination, consumption of at least 100+ iron-folic acid (tablets/syrup).</li> </ul>
Counseling on health promotion:	<ul style="list-style-type: none"> <li>• personal hygiene, diet and nutrition, danger signs</li> </ul>
<b>Delivery Care</b>	
Birth and emergency preparedness	<ul style="list-style-type: none"> <li>• Institutional Delivery, safe delivery with help of skilled ANM, ASHA or Doctor at home.</li> <li>• Identify place of birth, preparing essential items, identify danger sign of delivery</li> </ul>
<b>Postnatal Care</b>	
<ul style="list-style-type: none"> <li>• Promotion of healthy behaviours, danger sign recognition, and family planning</li> <li>• Promotion of healthy behaviours – hygiene, warmth, breastfeeding, danger sign recognition, and immunizations</li> <li>• Extra care for low birth weight babies or babies born to HIV-positive mothers and babies with other special needs.</li> <li>• Check up by doctors within 48 hours of delivery</li> </ul>	

### Methodology

**Study Design:** Descriptive study based on Mix Method Approach

**Sample Units:** PHC Ukhimath; its eight Sub-centers and four SADs located at Kalimath, Mansoona, Parkandi, Guptkashi, Jaggibhagwan, Makkumath, Ransi, Phata and Diara. The rationale for selection of these Sub-centers/SADs is based on their accessibility,

distance and road condition from the PHC, Ukhimath. Details are given in Table 2 below:-

**Table 2: Rationale for selecting Sub-centers/SADs for study**

Sub-center/SAD	Distance ( Km)			Popula- tion	Reasons for selection	Surveyed for
	PHC	CHC	Distri- ct Ho- spital			
PHC	-	25	44	52,280	PHC	Infrastructure and MCH
Kalimath*	22	31	21	4141	Pilgrim and poor accessibility	-do-
Mansoona*	7.5	32	52	4016	at Hilltop	- do-
Jaggibha- rgwan	21	40	60	2139	Inaccessible	-do-
Parkandi	19	20	38	1812	Closest in Proximity	-do-
Makku	29	29	48	1816	On Gopeshwar access	-do-
Guptkashi*	20	30	24		Main route to Kedarnath	MCH Only
Ransi	20	44	64	2013	Furtherest	Infrastructure only
Diara*	12	34	35	3622	No Road and SC washed away	-do-
Phata	27	39	28	6130		-do-

\* Locations having a SAD and a Subcenter colocated

**Target Population:** ANMs, ASHAs, CMO, Pharmacist, Center in Charge (Dr) and community (Pregnant women & mothers with children < age 2 years).

Exclusion Criteria: Mothers whose child died during delivery.

**Sample Size:** As under:-

(a) **Stakeholders:** Total 10. Seven Doctors ( three from PHC and four from SADs) , Two Pharmacists (one from PHC and one from Sub-center) and one lab assistant.

(b) **ASHA & ANMs:** Total 15. ( eight ANMs and Seven ASHAs) based on their availability during the survey.

(c) **Community:** Total 28. (Pregnant women & mothers with children < age 2 years) , approximately 2 to 6 each center.

**Data Type & Data Collection Method:** As under:-

**Primary Data:** Quantitative - Facility Survey to assess health Sub-centers in terms of Population served, existing physical and human infrastructure, the status of drugs through Structure Questionnaire and Checklist for service assessment (IPHS Guideline).

**Qualitative:** Interviews/ Focused Group Discussions (FGDs) and Exit Interviews of relevant Stakeholders ( Health providers and Community i.e ANMs, ASHAs and Community as given above).

**Secondary Data:** Literature Review and Registers.

**Tools:** Questionnaires ( as given at Appendices 'A', 'B', 'C' and 'D').

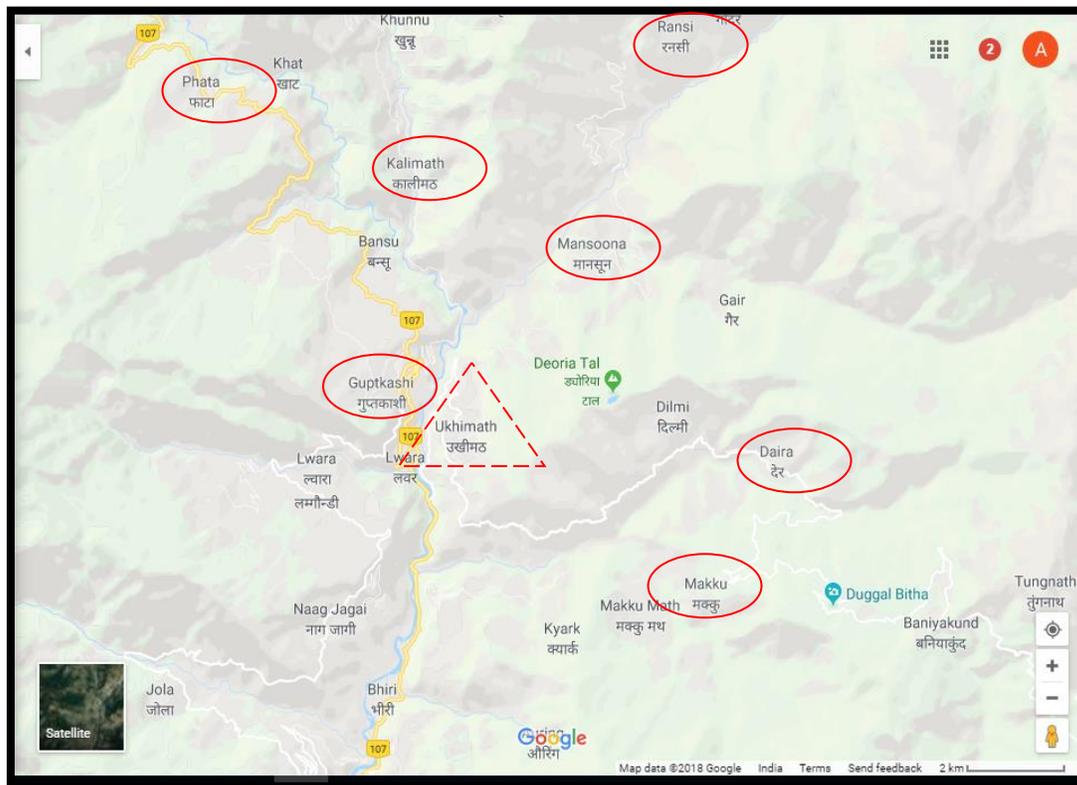
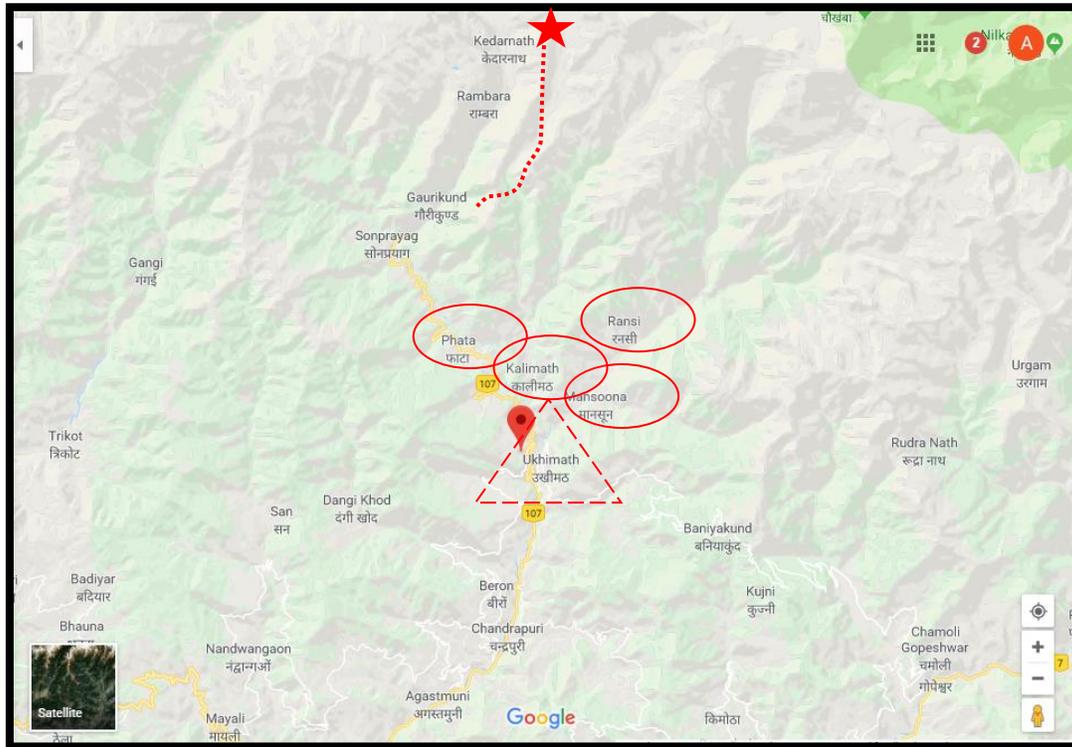
**Ethical consideration:** The study was conducted with due permission from the CMO of District Rudraprayag, and following ethical considerations were adhered to during the study:-

- (a) Informed consent was taken before carrying out any interview and observations. Participants were informed about the purpose and process of the study. Recording of interviews and concerned photographs were taken with due permission.
- (b) The participants were informed that they could withdraw from the study at any point in time.
- (c) Confidentiality of participants was ensured.
- (d) Data was kept confidential and accessible to the conducting officer only.

**Limitation of the study**

- (a) Due to time constraints, all ANMs from all sub-centers could not be interviewed. Since few ANMs were not available at the sub-center for various reasons, telephonic interview was carried out.
- (b) Few ANMs and respondents from the community were uncomfortable in answering a few questions which have been left blank. In some cases, a telephonic interview was also carried out with few respondents.
- (c) Since the study was conducted in the month of February to May, the shrine at Kedarnath was closed and therefore, inputs from SADs Kedarnath have not been included in the study.

## Map Locations of PHC, Sub-centers and Kedar route



## Results

### Demographic and Health profile

Uttarakhand also called the “Abode of Gods” is the 27th state of the Republic of India and was carved out of Uttar Pradesh on 9th November 2000. It is spread over an area of 55,845 sq. km and has two divisions (Garhwal and Kumaon), 13 districts, 16,826 inhabited villages and 86 small towns. It has only five cities with a population over one lakh. 93 percent State is hilly and 63 percent of it is covered with forests. Uttarakhand has thousands of small villages with 89 % of the villages having less than 500 people.

**Demographic and Health profile of Uttarakhand State compared to India is as given in Table 3 below:-**

*Table 3: Demographic and Health profile*

Ser	Indicator	Uttarakhand	India
1.	Total population (in millions)	10.3	12.11
2.	Rural population (% Census 2001)	74	68.88
3.	Population density	158	382
4.	Crude Birth Rate (SRS 2011)	18.6	22.1
5.	Crude Death Rate (SRS Statistical 2011)	6.6	7.2
6.	Total Fertility Rate (NFHS-III)	2.55	2.5
7.	Institutional deliveries (% of total -NFHS III)	40.8	36
8.	Infant Mortality Rate (SRS 2011) per 1000	38	47
9.	Maternal Mortality Ratio (SRS 2011) 100/100000 /live births	188	212
10.	Sex Ratio (Census 2001)	962	942
11.	Complete Immunisation (%NFHS- III)	62.99	43.5

Uttarakhand is ahead of the country as a whole on several socio-economic and health indicators.

Availability of health care infrastructure and human resources for delivering health services at three levels in rural areas as compared to the number required is as given in Table 4 below:-

**Table 4:** Availability of health care infrastructure and human resources

Particulars	Required	In position	Shortfall
Sub-centre	1294	1765	-
Primary Health Centre	214	239	-
Community Health Centre	53	55	-
Multipurpose worker (Female)/ANM at Sub Center & PHCs	2004	1903	101
Health Worker (Male) MPW(M) at Sub Center	1765	616	1149
Health Assistant (Female)/LHV at PHCs	239	340	-
Health Assistant (Male) at PHCs	239	417	-
Doctor at PHCs	239	866	-
Obstetricians & Gynaecologists at CHCs	55	30	25
Physicians at CHCs	55	4	51
Paediatricians at CHCs	55	18	37
Total specialists at CHCs	220	67	153
Radiographers	55	30	20
Pharmacist	294	294	-
Laboratory Technicians	294	132	162
Nurse/Midwife	624	292	332

(Source: RHS Bulletin, March 2008, Ministry of Health & F.W, GOI)

## **Service Readiness and Utilization for Reproductive and Child Health Programme:**

### **PHC Ukhimath**

To identify the existing gap in health care services provided in PHC and Sub-centers i.e Facility Survey to assess PHC/Sub-centers for the availability of physical and human infrastructure, investigative services with respect to Indian Public Health Standards (IPHS).

#### **Infrastructure at PHC at Ukhimath ( Details are given as per Appendix E)**

- (a) Building and associated Infrastructure: Adequate
- (b) Facilities available: (New Structure, very well laid out with all Charts)
- (c) Staff: Staff of 19 Persons
- (d) Communication Facilities and Internet: Inadequate
- (e) Training Conducted: Pulse Polio, Malaria, Measles, Rubella, IDSP and MMR(under WHO), Training has also been organized in the PHC for ASHAs/ANMs/MHW and Integrated skill development training for 12 days has been conducted as part of RCH1. Immunisation training has also been conducted.
- (f) Special Skill training conducted: Management of Obstetric complications BEmOC ( Basic emergency Obstetric Care), RTI/STI training has been conducted at the PHC.
- (g) Training not conducted: Cesarean, Medical Termination of Pregnancy (Only normal deliveries are carried out ), IMNCI ( Integrated Management of Neonatal and Childhood Illness ) and Minilap training has also not been conducted at the PHC.

#### **MCH Services**

- (a) IUD Insertions are carried out.
- (b) Normal Deliveries are conducted. All complicated deliveries are referred to the District Hospital at Rudraprayag.
- (c) No equipment vacuum-assisted deliveries are carried out.
- (d) Cold Chain equipment is held to include Deep freezers, cold boxes and vaccine carriers.
- (e) Required drugs as per the questionnaire are held at the PHC.
- (f) Number of children treated for Diarrhoea - Nil

**Utilization of MCH Services ( Last One Year): Table 5**

*Table 5: MCH Services ( Last One Year)*

Case	Numbers
Number of cases provided with ANC services	350
Number of Deliveries performed	180
If deliveries performed, beneficiaries of Janani Suraksha Yojana	180
Complicated pregnancies/ delivery cases referred	24 (18 High-Risk ANC ( before delivery) and 6 High-Risk PNC ( after delivery))
Women provided with PNC services	224
Number of newborn care provided	224
Number of children treated for Acute Respiratory Tract Infection (ARI)	2
Number of infants and children immunized	224

**Utilization of Family Planning and Contraception/Other Services: Table 6**

*Table 6: Planning and Contraception/Other Services*

Type	Numbers
No. of oral pills users	50
No. of condom users	400
No. of women given EC pills	300
No. of IUD insertion cases	300
Number of Sterilization cases	Males – 10 ( All of them are from the village of Trigunnarayan) Females - 60

### **Availability of Specific Services**

- (a) There is a fixed immunization day
- (b) Vaccines are distributed to Sub-centers in vaccine carriers.
- (c) No outbreak of Diarrhea, Diphtheria, Measles, jaundice, and fever has taken place during the last three months.
- (d) Dental OPDs are being carried out with provisions of Tooth Extraction, Tooth restoration and Oral Prophylaxis (tooth cleaning)

### **Monitoring and Supervision**

- (a) Rogi Kalyan Samitee (RKS) has been constituted.
- (b) Untied fund for the previous financial year has been received and utilized.

### **Lab facilities:** Table 7

*Table 7: Lab facilities*

Testing is carried out at the PHC	<ul style="list-style-type: none"><li>(a) Chemical for Hb estimation and Reagent strips for urine albumin.</li><li>(b) urine sugar analysis.</li><li>(c) Reagents for peripheral blood smear</li><li>(d) examination for MP.</li><li>(e) Blood grouping for Pregnant ladies and rapid pregnancy tests.</li><li>(f) sputum testing for TB</li></ul>
PHC does not have facility for carrying out	<ul style="list-style-type: none"><li>(a) Haemogram (TLC/DLC)</li><li>(b) Rapid Plasma Reagin (RPR) for syphilis.</li></ul>

Centrifuge, Light Microscope, and Binocular Microscope are held at PHC.

### **Observations**

- (a) Approximately 30-40 Patients come to PHC on a daily basis.
- (b) 180 deliveries in a year at PHC indicates under utilisation of services.
- (c) PHC has high standards of Cleanliness and Hygiene.
- (d) ECG and Pulse reader and Autoclave either not available or under repair.
- (e) The generator was found to be defective.

## Service Readiness and Utilization for Reproductive and Child Health

### Programme: Facility Survey of Sub-centers

Facility Survey of Eight Sub-centers/SADs to assess health Sub-centers for the availability of physical and human infrastructure, investigative services with respect to Indian Public Health Standards (IPHS) was carried out. A comprehensive tool was developed with a checklist for the same. Additional information about sanitation and Hygiene, communication, equipment, and availability of drugs was also collected under the RCH. In depth interview was conducted of the following stakeholders:-

- (a) Seven Doctors ( three from PHC and four from SADs).
- (b) Eight ANMs ( from each sub-center) and Seven ASHAs.
- (c) Two Pharmacists (one from PHC and one from Sub-center) Qualitative methods were utilised to facilitate factors which affected the functioning of the Doctors and ANMs.
- (d) One Lab Assistant at PHC.

The same is summarized as given in Table 8 given below:-

**Table 8:** Summarised view of Sub-centers for study

Items	Kal- imath	Jaggi- bhagw an	Park- andi	Makku	Mans- oona	Ransi	Dai- ra	Ph- ata
Population	4141	2139	1812	1816	4016	2013	3622	6130
Distance from PHC ( Kms)	22	21 (8 km trek )	19	29	7.5	20	12	27
Distance from CHC	31	40	20	29	32	44	34	39
Labour Room Facilities	✗	✗	✗	✗	✗	✗	✗	✓(SAD)
Family Planning	✓	✓	✓	✓	✓	✓	✓	✓
Field Visits	✓	✓	✓	✓	✓	✓	✓	✓
Own Bldg	✗	✗	✗	✓	✓	✓	✓	✓
Manpower	AN	-	ANM	ANM	ANM(	ANM	AN	ANM*

held	M			& Pharmacist	2 Sub-centers)	& Pharmacist	M	
Facility for ANM to Stay at Sub-centers	x	x	x	x	x	✓	✓	✓
ANM Staying at Sub-centers	x	x	x	x	x	✓	x	✓
Location(Inside)	✓	x	✓	✓	x	✓	x	✓
Accessibility	✓	x	✓	✓	x	✓	x	✓
Building	Old	-	SAD	Old	Old	Old	New	Old
Water	x	x	✓	x	x	x	✓	✓
Electricity	✓	x	✓	x	x	✓	x	✓
Availability of Medicines	x	x	x	x	x	x	x	x
Conduct of Immunisation	✓	✓	✓	✓	✓	✓	✓	✓

Details of Facility Survey of Eight Sub-centers/SADs to assess health Sub-centers for availability of physical and human infrastructure, investigative services with respect to Indian Public Health Standards (IPHS) have been elaborated (to include Infrastructure Available at the Subcentre/SAD, Staff, and Interaction with ANM/Observations) is attached as per **Appendix ‘F’**.

**Background Characteristics of Selected sub-centers:**

**Population Coverage:**

The population of the eight selected Sub-centers is given in the table above. It was observed that 2 (28%) of the Sub-centers covers a population less than 2000. About 3(42%) of the Sub-centers cater to the population between 2001 to 4000, 2 (28%) sub-centers cater to the population between 4001 to 5000 and only 1(14%) of the Sub-centers cater for a population more than 5000. Details of Population coverage are given as Table 9 below:-

*Table 9: Population Coverage*

Population Covered by Sub-centers ( Nos)	Number of Sub-centers ( N=8)
2000 and less	2 ( 28%)
2001- 4000	3 (42%)
4001 – 5000	2 (28%)
>5000	1 (14%)

### Availability of services in the sub-center

Table 10 presents the availability of services in the sub-center. Maternal and child health care, availability of Labour rooms, promotion of sanitation, field visits and home care, as well as national health programs, were reported to be provided by all (100%) Sub-centers. Labour facilities were available only in 1 (12.5%) of the surveyed sub-centers. The reasons quoted for not conducting the deliveries were the poor infrastructural facilities, which included the absence of delivery tables and no provision of electricity and water.

*Table 10: Availability of services in the sub-center*

Services	Number of Sub-centers ( N=8)
Nonavailability of ANM	1 (14%)
Availability of Labour room	1 (14%)
Family planning and Field Visits	8 ( 100%)
National Health programs	8 ( 100%)

### Existing Human Resources at the Sub-centers

Table 11 denotes the existing availability of human resource in the selected sub-centers. The regular ANM was in-position, one of the sub-center does not have an ANM posted. Pharmacists, Health worker male, and housekeeping staff were not in place in almost all the selected sub-centers. Male health workers are not in position in almost all the sub-center studied.

*Table 11: Existing Human Resources at the Sub-centers*

Human Resource as per IPHS	As per IPHS (for 8 Sub-centers)	Available
ANMs	8	7 ( 87%)
Pharmacists/ MHW	8	2 (25%)
Housekeeping Staff( Parttime/fulltime)	8	-

## **Physical Infrastructure and utilities**

### **Location**

Majority of the Sub-centers (62%) were located within the village and were located at the Road Head itself. Few villages under the Sub-Center were located in inaccessible areas, which involved movement by foot to reach the villages. The travel time to the remotest villages was up to a few hours depending on its geographical location and terrain to be negotiated. In terms of distance from PHCs, about 87.5% of the sub-center were located more than 10 kms away from the PHCs and almost 100% were situated more than 20 kms away from the CHCs. It needs to be remembered that the planned upgradation norms of distance for Health and Wellness centers are such that the centers are accessible to the population covered from every location within 30 minutes of walking time. The majority (63%) of the sub-centers buildings were owned by the government. None of the Sub-centers had an area as per the IPHS. As per the standard design of IPHS (2012), a type A sub center should have an area of 915 square feet, 700 sq. feet for labour room and a ward of 2 to 4 beds as well as a residential area of 1345 sq feet for the ANMs.

*Table 12: Distance of the Sub-centers from PHC, CHC and District Hospital*

Distance in Kms	PHC	CHC	District Hospital
> 10	7 (87%)	8(100%)	8(100%)
10 to 20	4 (50%)	8(100%)	8(100%)
20 to 30	2 (25%)	2 (25%)	2 (25%)
>30	1 (13%)	3 (75%)	3 (75%)

### **Maintenance and upkeep of the building and surroundings**

As given at Table 13, only 75% of the sub center had a building, which was regarded as intact or in good condition. 25 % of the sub-centers did not have a building since they were damaged heavily during the earthquakes. While 12.5% of the sub-centers had complete fencing. Only 37% of the sub center had walls and ceiling in good condition and only about 37% had floors in good condition.

Table 13: Maintenance and upkeep of the building and surroundings

<b>State of Building</b>	<b>No of sub-centers (N=8)</b>
Building in good condition	6 (75%)
Building in bad condition	2 (25%)
Building Floor, Ceiling and walls broken at places	6 (75%)
<b>Boundary wall</b>	
Complete	1 (12.5%)
Partial	3 (37%)
Not there	4 (50%)
<b>Condition of Plaster, Ceiling, and walls</b>	
Good	3 (37%)
Coming out at few places	3 (37%)
Very poor condition	2 (25%)
<b>Condition of Floor</b>	
Good	3 (37%)
Coming out at few places	4 (50%)
Very poor condition	1 (12.5%)

#### **Patient utilities, Water and Electricity**

As depicted at table 14, all sub-centers had display boards. 12% of the sub-centers had toilet facilities; however none had a separate toilet for males and females. Water and electricity was only available in 37% and 50% of the sub-centers respectively. 87% had a Suggestion/complaint box.

Table 14: Patient utilities, Water and Electricity

<b>Utilities Available</b>	<b>No of sub-centers (N=8)</b>
Display Boards	8 (100%)
Toilets	1( 12%)
Toilets ( Separate for males and females)	0
Water	3 (37%)
Electricity	4 (50%)
Suggestion/complaint box	7 (87%)
Ambulance	0

#### **Facilities for staff**

As depicted in the table 15 below, 50% of the sub centers had residential facilities for ANMs, however only 37 % ANMs were staying at the Sub-centers for various reasons. None of the sub-centers had residence facility for the male health worker. No telephone

facilities have been provided to the ANMs, till last year CUG connection was provided to all ANMs of the area, however, this year it was not operational. No ANM at the sub-center has been provided transport facilities for fieldwork.

*Table 15: Facilities for staff*

<b>Facilities for staff</b>	<b>No of sub-centers (N=8)</b>
Residence for ANM	4 (50%)
ANMs staying at Sub-center	3 (37%)
Residence for MHW	0
Telephone provided by the department	Nil ( earlier had a CUG)
Transport for fieldwork	0

### **Medicines and materials**

Majority of the sub centers had IFA tablets. Vitamin A syrup, family planning materials, registers as applicable and RCH Registers. However, overall the medicines were in short supply.

### **Utilization Of Reproductive And Child Health Services: PHC, Ukhimath, Rudrapravag District, Uttrakhand**

To evaluate the existing coverage of RCH services related to antenatal checkups, immunization services, Institutional/safe deliveries and JSY Beneficiaries and to understand the extent of ANMs and ASHA's involvement in provision of care and the barriers and challenges faced by them Sub-centers/SADs at Kalimath, Jaggibhagwan, Mansoona, Parkandi, Guptkashi, and Makkumath were selected for Focused Group Discussions( FGDs) and Exit Interviews with two to six Stakeholders each from the Community (Pregnant women & mothers with children < age 2 years). These were organized at these Sub-centers to maintain the confidentiality of the individuals. A total of 24 responses have been taken as per the Tool developed separately for Pregnant women & for mothers with children < age 2 years. Respondents Characteristics are given as in Table 16 below:-

Table 16: Respondents Characteristics

	Mothers with children < age 2 years	Presently Pregnant women	Total	%
<b>Present Age of Respondents</b>				
20 – 25	6	9	15	62
26 – 30	2	4	6	25
> 30	2	1	3	12.5
<b>Age at marriage</b>				
18 – 20	5	8	13	54
21– 23	2	5	7	29
24 – 25	2	1	3	12.5
Did not tell	1	-	1	4
<b>Age of first pregnancy</b>				
18 – 20	2	3	5	21
21– 23	7	7	14	58
24 – 25	1	4	5	21
<b>Age of Husband</b>				
20 – 25	1	1	2	8
26 – 30	7	10	17	71
> 30	2	3	5	21
<b>Self-education qualification</b>				
Class 5 <sup>th</sup> – 8 <sup>th</sup>	1	1	2	8
Class 8 <sup>th</sup> to 10 <sup>th</sup>	3	3	6	25
Class 10 <sup>th</sup> to Class 12	3	9	12	50
Graduate	2	1	3	12.5
Post Graduate	1	-	1	4
<b>Husbands education qualification</b>				
Class 5 <sup>th</sup> to 8 <sup>th</sup>	-	1	1	4
Class 8 <sup>th</sup> – 10 <sup>th</sup>	2	2	4	17
Class 10 <sup>th</sup> to Class 12	5	8	13	54
Graduate	3	3	6	25
<b>Does your Husband stay with you</b>				
Yes	9	13	22	92
No	1	1	2	8

## Antenatal, Natal and Post Natal Care : Table 17

Table 17: Antenatal, Natal and Post Natal Care

	Mothers with children < age 2 years	Pregnant women	Total	%
<b>ANC received at</b>				
Subcentre	7	12	19	79
PHC	1	-	1	4
CHC	-	1	1	4
Dist Hospital	1	1	2	8
Home	1	-	1	4
<b>Pregnancy registered at</b>				
Subcentre	6	12	18	75
Anganwadi	1	1	2	8
Dist Hospital	3	1	4	17
<b>No of IFA tablets received</b>				
360	2	4	6	25
180	-	6	6	25
100	4	2	6	25
60	1	-	1	4
30	2	1	3	12.5
12	1	-	1	4
Yet to get	-	1	1	4
<b>No of IFA tablets received from</b>				
Sub-center	7	12	19	79
Hospital	3	1	4	17
Yet to get	-	1	1	4
<b>Tetanus Injection Given</b>				
Yes	9	12	21	88
Yet to get	-	1	1	4
Don't know	1	1	2	8
<b>Motivated by whom for ANC</b>				
ANM/ASHA	5	9	14	58
ANM	5	4	9	37.5
ASHA	-	1	1	4
<b>Delivery conducted by</b>				
Doctor	2	NA	2	20
ANM	6	NA	6	60
Staff Nurse	1	NA	1	10

DAI	1	NA	1	10
<b>Mode of Transport taken to reach the Delivery location</b>				
Ambulance	6	NA	6	60
Jeep	2	NA	2	20
At home	2	NA	2	20
<b>Transport arranged by</b>				
ASHA	6	NA	6	60
Family	2	NA	2	20
At Home	2	NA	2	20
<b>Amount incurred on transport</b>				
Rs 1000-4000	2	NA	2	20
No money given	6	NA	6	60
At home	2	NA	2	20
<b>Received Govt Financial assistance ( JSY)</b>				
Yes	7	NA	7	70
Not received	2	NA	2	20
Don't know	1	NA	1	10
<b>Know danger signs of new born, received checkup within 48 hrs of delivery, child check up within 24 hrs, all checks carried out</b>				
Yes	10	NA	10	100
<b>No of days after which Checkup took place</b>				
After 1 day	9	NA	9	90
On 3 <sup>rd</sup> day	1	NA	1	10
<b>First, check up of child at</b>				
PHC	6	NA	6	60
CHC	1	NA	1	10
Hospital	2	NA	2	20
Home	1	NA	1	10
<b>Exclusive breast feeding for</b>				
6 months	9	NA	9	90
3 months	1	NA	1	10
<b>Vaccination carried out</b>				
Complete	10	NA	10	10

### **Result from coverage of RCH services**

- (a) **Trend of early marriages and Pregnancy:** A total of 15 (62%) of 24 respondents in the study were in the age bracket of 20 to 25. The sample has been taken out which has been drawn out of convenience sampling (respondents were present at the Sub-center). 13(54%) out of 24 respondents were married in ages between 18 – 20 years. By age of 23, 20 (82 %) were married and 19(79%) were pregnant with first child.
- (b) **Educational Qualification:** Out of 24 respondents, 8 (33%) were educated only till class 10<sup>th</sup>, 12 (50 %) from class 10<sup>th</sup> to class 12<sup>th</sup> and only 4 (17%) were graduates and postgraduates. As far as the husbands were concerned, 5 (21%) were educated till class 10<sup>th</sup>, 13 (54%) from class 10<sup>th</sup> to class 12<sup>th</sup> and only 6 (25%) were graduates.
- (c) **Occupation:** All the respondents practiced Agriculture as Occupation, out of the 24 respondents, 22 (92%) stayed with their husband and only 2 (8%) had their husbands away. This speaks of the reasons for migration from the hills was job opportunities since occupations other than farming are nonexistent.
- (d) **ANC Care and Pregnancy Registration:** Out of 24 respondents, 19 (79%) received ANC care at Sub-center, followed by 2 (8%) at District Hospital and 1 (4%) each at PHC, CHC and at Home. Accordingly, maximum of the Pregnancies 18 (75%) have been registered at sub-center.
- (e) **IFA Tablets and Tetanus Injection:** Out of 24 respondents, 19 (79%) have received IFA tablets from the Sub-center itself. 21 (88%) respondents had received two tetanus injections, 2(8%) were not aware if they were given Tetanus and 1(4%) was yet to receive it.
- (f) **Delivery conducted by:** Out of 10 respondents, 6 (60%) deliveries have been conducted by ANMs, 2 (20 %) by Doctors and 1 (10%) each by Staff Nurse and DAI.
- (g) **Mode of Transport:** Out of 10 respondents, 6 (60%) have used Ambulance (free service) arranged by ASHA and 2 (20%) have used a Jeep (Paid service) arranged by the family to reach the Delivery center, while 2 (20%) delivered at home itself.
- (h) **Financial Assistance under JSY:** Out of 10 respondents, 7 (70%) have received assistance as per JSY, while 2 (20%) have not received JSY as delivered at home. 1 (10%) is not aware if she has received JSY.

- (i) **First Check up of Child:** Out of 10 respondents, 6(60%) checkups have taken place at PHC, 2(20%) at District hospital and 1 (10%) each at CHC and at Home.
- (j) **Breast feeding:** Out of 10 respondents, 9 (90%) have breast fed for the entire 6 months and 1 (10%) has breast fed for 3 months only.
- (k) **All the cases have reported that they:-**
- i. Came to know about the pregnancy within three months
  - ii. Underwent urine testing
  - iii. Registered their pregnancy
  - iv. Received antenatal check four times, except one case who was not aware
  - v. Underwent required checks during ANC
  - vi. Educated about signs of Pregnancy complications
  - vii. Advised on MCH activities
  - viii. Received two Tetanus Injections, except one case who said ‘ Don’t know’
  - ix. The newborn child was examined within 24 hrs of birth.
  - x. Are aware of care to be given to the newborn child.

**Use of Technology in Provision of Services and from Best Practices Adopted by  
Non-Public Health Centers in the Area**

At the time of **Kedarnath tragedy**, the state government understood quite soon that restoration of the affected and adjoining areas and routes was not an easy task and it required a strict taskmaster, who has never been prone to bureaucracy or red-tapism. **Colonel Kothiyal**, Founder **Youth Foundation Uttarakhand** was invited to take charge of the restoration at **Kedarnath**, to which he readily agreed while taking the tough challenge. Rest, the restoration of **Kedarnath valley** is a history in itself and has been covered and documented by various media interfaces across the world.

Further, Youth Foundation Uttarakhand been endeavouring to take on fighting larger issues of the rural world apart from demographic imbalance, like medical facilities, education, environment conservation, to name a few. It was seen that the effort put on by

them has been tremendous in providing assistance to the poor and needy. During the visit at Youth Foundation, Uttarakhand at Gaurikund, it was briefed that Youth Foundation has taken an initiative of providing rehabilitative care for Patients who probably suffer from lifelong diseases/injuries and have been provided with dedicated care with an attendant each.



These patients were initially sent to Lady Harding, New Delhi. Follow up is now carried out using Skype, where they are examined on a regular basis by Doctors at Lady Harding. So far, approx 110 patients have been treated by Youth Foundation Uttarakhand, out of which 53 Patients have been treated through various Hospitals at New Delhi. Youth Foundation is supporting them in terms of reimbursing their medicine bills. Some Yatris coming to Gaurikund have helped Youth Foundation with monetary assistance to meet the medical expenses of their Patients.

Youth Foundation Uttarakhand has also invited Students from IIHMR, New Delhi to carry out their internship in the area under their support and assistance. They look forward new ideas which can contribute towards combating challenges and barriers in provisions of effective Health Services in remote areas of Uttarakhand.

### **Good Practices**

- (a) Skype usage by Youth Foundation, as a tool to monitor progress is a innovative step and not only helps in routine and regular progress of Patients health but is also economical.
- (b) ANMs under PHC Ukhimath have experience at least of more than 25 years, they, therefore, they know each family residing in the villages under their sub-centers which helps in close monitoring of Healthcare services.

### **Recommendations**

Health profile of Uttarakhand State is much better if compared to India as a whole. MCH as indicators i.e Infant Mortality Rate, Maternal Mortality Ratio, Institutional Deliveries, Sex ratio, and Immunisation coverage also exceed the national averages. However, there is still a lot of scope to further improvement in these indicators to meet the goals set in the third National Health Policy, 2017 on 15th March 2017.

The Sub-centers in Uttarakhand though serve a smaller Population against the norm of 5000, however, the geography and terrain of the area is a huge challenge in the delivery of Health services since the villages are widely dispersed, sparsely populated, some areas even inaccessible by road. These challenges are further compounded due to non availability of required human and physical Infrastructure, interrupted supplies, poor siting of Sub-centers / SADs, lack of residential quarters for Health staff, non availability of communication and Transport facilities etc. For efficient delivery of Health services by PHC/ Sub-centers, it is imperative that doctors and ANMs have to reside at the PHC/Sub-center, Electric and Water supplies have to be made available, the support staff has to be ensured along with the provisions of all amenities. With upgradation of Sub-centers to Health and Wellness centers, additional ANMs will also be required.

Recommendations based on the results of the study are given as under:-

- (a) **Physical Infrastructure** Sub-center buildings need to be renovated and upgraded as per the IPHS standards including residences for the ANMs must be built from the NHM funds. Also, residential quarters for the staff at PHC need to

be repaired/ built since the accommodation is very poorly maintained and the entire accommodation is affected by seepage.

(b) **Shortage of staff.** Shortages of staff i.e. doctors, ANMs, MHWs in sub centers and PHC need to be made up as per IPHS guidelines in a phased manner. Priority to far-flung sub-centers away from the PHC and district hospital to be given priority. ANMs and MHW must be posted to Sub-centers which do not have an ANM/MHW at present. Housekeeping (contractual/posted) must be provided to all sub-centers as per the IPHS norms.

(c) **Provision for water and electricity.** All sub-centers must be provided with facilities of water and electricity so that better health services can be provided. 24 hour water supply for services like deliveries is inescapable and has to be provided on priority.

(d) **Provision of communication and transport facilities for Sub-centers.** ANMs posted at sub-centers must be provided with transport and communication facilities so that they can carry out uninterrupted field visits to distant villages. Mobility of ANMs to reach remote areas for field work will help in saving time and energy for providing health services.

(e) **MCH Services.** ASHAs have been carrying out a commendable job at the grassroots level for the delivery of health services. A strong case needs to be taken up with the ministry of health to make the ASHAs a formal part of health service delivery. It has been seen that the gynecologists are only posted at the district hospital, Rudraprayag and no ultrasound machines are available below District hospital. The gynecologist should be posted to CHC Agustmuni and PHC Ukhimath so that the pregnant women do not have to travel to the district hospital for the same.

(f) **Accessibility of Health Institutions.** Due deliberation needs to be taken whenever a new health facility is planned to be built so that it can be utilized optimally by the community.

(g) **Use of technology** has been done by Youth Foundation, Uttarakhand needs to be adopted by ANMs sub center/PHC. Telemedicine with usage of technology (internet over VOIP Skype) will assist in providing health service to the people

without having to travel large distances. Emerging technologies can be utilised to Provide real-time patient information, consultations and conduct surgeries remotely (thus bringing healthcare to remote areas with no access to basic healthcare facilities)

(h) **Reverse innovation products like portable ultrasound machines** need to be introduced in Uttarakhand region to cater for MCH services. Portable Ultrasound machines made by GE are already operational in remote areas of China which have same terrain and geography as Uttarakhand..

(i) **Dormitories/ Living facilities** to women in the last phase of their pregnancy must be provided at the sub-center to encourage institutional deliveries. Lot of women are not able to reach a health facility due to non availability of roads in their villages. All sub-centers must be provided with transport facilities so the ANMs can provide health services to the needy in the shortest time frame.

(j) **Male sterilisations** must be incentivized, since it is less complicated than female sterilisation.

### **Suggestion from ANMs**

(a) BCG and Measles Vaccines should come in a smaller number of doses per vaccine. BCG and Measles Vaccines come in a lot of 10 doses in one vaccine. It becomes very difficult to find 10 children during each visit and this leads to wastage since BCG Vaccine has to be utilised within one hour of opening.

(b) One of the ANM says, she has an additional task of looking after one more sub-center which can only be reached after a trek of 8 Kms from the Road Head, during last one year there were 32 women pregnant from villages ( which are further dispersed in the mountains) under that sub-center. Now, most of the deliveries here, fait accompli have to be carried out at home. It was suggested that for such inaccessible areas, facility in terms of accommodation for women in the last stage of pregnancy should be made either at PHC/ CHC or SC which are located at the Road Head. This would encourage Institutional deliveries. It is suggested that Health and Wellness centers may cater for such cases as part of JSY.

## **Conclusion**

One of the central issues of human resource planning is the challenge of getting skilled professionals to join in public health systems in rural areas and agree to stay and work in rural and remote areas. Since most doctors come from an urban middle class, the economic loss and professional and social isolation of rural service deter them from public health service. It is recommended that to deal the issue of human resources at PHCs/SADs/Sub-centers, measures like Financial incentives such as pay-for-performance linked to the health outcomes and non-financial incentives such as a preference for post-graduation, promotion, nomination in training programs, for working at remote areas.

## **References**

1. Indian Public Health Standards for Primary Health Centers (Revised Draft 2012). New Delhi: Ministry of Health and Family Welfare. Government of India; 2012.
2. District Level Household and Facility Survey (DLHS-3).
3. Study Report on Nursing Services, Uttrakhand under Human Resources Division, National Health System Resource Center, NRHM
4. Park K. Park's Text Book of Preventive and Social Medicine.
5. Paper on Workload Assessment of Auxillary Nurse Midwives and Infrastructure Assessment of Sub-centers in Selected High and Non-High Priority Districts of Uttar Pradesh by International Institute of Health Management Research, New Delhi
6. Assessing IPHS for 24 × 7 PHCs: A case study with special reference to newborn care services by Prahlad Rai Sodani and Kalpa Sharma
7. Perceived Barriers to Utilization of Maternal Health and Child Health Services: Qualitative Insights from Rural Uttar Pradesh, India by Neelanjana Pandey

8. Ministry of Health and Family Welfare, Government of India. National Rural Health Mission (2005-2012): Mission Document. 2005.
9. Hill K, Thomas K, AbouZahr C, Walker N, Say L, Inoue M, et al. Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data. Lancet. 2007.
10. Ministry of Health and Family Welfare. Rural Health Statistics in India. New Delhi: Ministry of Health and Family Welfare; 2010.
11. World Health Organization. Global Burden of Disease 2004 update. Geneva, Switzerland: Health Statistics and Informatics Department, WHO, 2008. Available at: <http://www.who.int/evidence/bod>. Accessed: 10 March 2011.
12. Government of India. Child Health Programme in India. New Delhi: Government of India, 2004. Available from: <http://mohfw.nic.in/showfile.php?lid>

**FACILITY SURVEY UNDER REPRODUCTIVE AND CHILD HEALTH  
PROJECT (RCH) : PRIMARY HEALTH CENTRE (PHC) UKHIMATH**

<b>State</b>	
<b>District</b>	
<b>Tehsil/ Taluk/ Community Development Block /Mandal</b>	
<b>Primary Health Centre</b>	
<b>Community Health Centre</b>	
<b>Location of PHC</b>	<b>Rural Urban</b>
<b>Number Of Subcenters Catered By the PHC</b>	
<b>Population covered by the PHC (latest) year</b>	
<b>Whether the PHC functions 24 hours</b>	<b>Yes  No</b>
<b>Distance (In Km) between CHC and PHC</b>	
<b>Date</b>	
<b>Designation Of The Respondent</b>	
<b>Question 1. Availability Of Human Resources</b>	
Medical Officer	Yes/No Since how many Months
Lady Medical Officer	Yes/No Since how many Months
Ayush Medical Officer	Yes/No Since how many Months
Medical Officer Contractual	Yes/No Since how many Months
Pharmacist	Yes/No Since how many Months
Staff Nurse	Yes/No Since how many Months
LHV/Health Assistant	Yes/No Since how many Months
Male Health Assistant	Yes/No Since how many Months
Laboratory Technician	Yes/No Since how many Months
ANM/ Female Health Worker	Yes/No Since how many Months
Additional Staff Nurse/ANM( On Contract)	Yes/No Since how many Months
Class IV Employee	Yes/No Since how many Months
Any Other ( Specify)	Yes/No Since how many Months

## Question 2. Training

2.1	Whether any training programme was organized at PHC last year?		
2.1b	If YES, What were the trainings organized?	A. Pulse Polio Training Yes/No B. Training Of Asha Yes/No C. Training for ANM /Male Health Worker Yes/No D. Any Other _____ (SPECIFY)	
<b>Training received by any Medical Officer during Last Five Years/ Ever (If Training Not received in The Last Five Years was it received ever)</b>			
<b>Type Of Training</b>		<b>Last 5 Year</b>	<b>Ever</b>
2.2	Integrated skill development training for 12 days as part of RCH 1	Yes/No	Yes/No
2.3	Vector Borne Disease Control Programme (VBDCP) training	Yes/No	Yes/No
2.4	Directly Observed Treatment- Short Course (DOTS) training	Yes/No	Yes/No
2.5	Immunization training	Yes/No	Yes/No
<b>Special Skill Training</b>			
2.6	Non Scalpel Vasectomy training (NSV)	Yes/No	Yes/No
2.7	Medical Termination of Pregnancy training(MTP)	Yes/No	Yes/No
2.8	Minilap training	Yes/No	Yes/No
2.9	Reproductive Tract Infection/Sexually Transmitted Infection(RTI/STI) training	Yes/No	
2.10	Management of obstetric complications (BEmOCBasic Emergency Obstetric Care) training	Yes/No	Yes/No
2.11	IMNCI- Integrated Management of Neonatal and Childhood Illnesses training	Yes/No	Yes/No
2.12	Skilled Birth Attendant training	Yes/No	Yes/No
2.13	Any other training	Yes/No	Yes/No

**Question 3. DETAILS OF ALL SUB-CENTRE VILLAGES COVERED BY THE PHC**

SUB- CENTRES UNDER PHC					
Question No	NAME OF THE SC VILLAGES  (HIGHLIGHT THE VILLAGES COVERED)	CONNECTIVITY OF PHC			
		DISTANCE TO PHC IN KMS	CONNECTED WITH PUCCA ROAD  YES /NO	BUS//PVT. VEHICLE AVAILABLE  YES /NO	ACCESSIBLE THROUGHOUT THE YEAR  YES /NO
3.1					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

**PHYSICAL INFRASTRUCTURE**

BUILDING	
3.2	Is a designated government building available for the PHC?
3.3	IF NO, where is PHC located?  Rented building Rent free/ Panchayat/ Voluntary Society building Others
3.4	Since when this PHC is functioning from this building?  Year

3.5	What is the type of PHC building? (Record By Observation)	Kachha Semi-Pucca Pucca
3.6	What is the present condition of the existing building? (Record By Observation)	Good/ Satisfactory/ Needs repair
3.7	Rate the Cleanliness (Record By Observation)	PREMISES : Good/ Fair / Poor WARDS: Good/ Fair / Poor OPD: Good/ Fair / Poor
<b>WATER SUPPLY</b>		
3.8	What is the main source of water supply?	Piped Bore well/ Tube well Hand pump Well No water supply Other_____specify
3.9	Is there water supply for 24 hours in PHC	Yes No
<b>ELECTRICITY</b>		
3.10	Is power supply available	Regular Power Supply Occasional Power Supply Power cut in summer only Regular power cut No electricity connection
3.11	Is standby facility of generator/inventor available in working condition? (Recorded By Observation)	Yes No
<b>TOILET FACILITIES</b>		
3.12	Is functional toilet facility available?	Yes No
3.13	Is separate toilet facility for males and females	Yes No Common
<b>COMMUNICATION FACILITIES</b>		
3.14	Is telephone facility available in the PHC?	Yes (Contact No) No
3.15	Whether Personal Computer available or not	Yes No
3.16	Is connectivity to NIC terminal available at PHC	Yes No

3.17	Is asses to Internet facility available at PHC?	Yes No
3.18	Are you outsourcing for data compilation and tabulation work	Yes No
3.19	Whether PHC has vehicle on road?	Yes No
3.20	Does PHC has access to vehicle for transporting patients during emergencies?	Yes No
3.21	Is there any complaint box/suggestion box kept at PHC?	Yes No
<b>WASTE DISPOSAL</b>		
3.22	How is the Biomedical waste disposed ?	Bury in pit Thrown in common/ public Disposal pit Other _____(specify)
3.23	Is biomedical waste segregated and treated before disposal?	Yes No
3.24	Whether using different dustbins for biomedical waste?	Yes No

<b>QUARTERS</b>				
	Residential Staff Quarter for PHC	Available	Whether Residing	Quarter is available and not residing what are the reasons:
3.25a	Medical Officer	Yes No	Yes No	Poor condition of PHC quarters No water supply No electricity facility Spouse staying in another place PHC quarter outside village Education of children Security Others specify
3.25b	Pharmacist	Yes No	Yes No	Poor condition of PHC quarters No water supply No electricity facility Spouse staying in another place PHC quarter outside village Education of children Security Others specify

3.25c	LHV	Yes No	Yes No	Poor condition of PHC quarters No water supply No electricity facility Spouse staying in another place PHC quarter outside village Education of children Security Others specify
3.25d	Staff Nurse	Yes No	Yes No	Poor condition of PHC quarters No water supply No electricity facility Spouse staying in another place PHC quarter outside village Education of children Security Others specify
<b>LABOUR ROOM AND OPERATION THEATRE</b>				
3.26a	Facility	Available Separately	Currently in use	If no then give reasons
3.26b	Labour Room	Yes No	Yes No	Non-availability of doctors/Staff Lack of Equipments Poor Physical State No Power Supply Any other
3.26c	Operation Theatre	Yes No	Yes No	Non-availability of doctors/Staff Lack of Equipments Poor Physical State No Power Supply Any other
3.26d	Whether operation theater has Boyles apparatus and enough Anesthetic Medicines?		Boyles Apparatus Anesthetic medicines	Yes/No  Yes/No

<b>PHYSICAL FACILITIES</b>		
3.27	How many beds are there in the PHC?	No Of Beds
3.28	Whether PHC has separate room for drug storage?	Yes No

3.19	If NO, where are drugs stored	Yes No	
3.30	Is there separate waiting area for the patients in the OPD of PHC?	Yes No	
<b>Question 4. AVAILABILITY OF SELECTED FURNITURE/INSTRUMENT (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)</b>			
4.1	Examination Table	Availability	Functionality
4.2	Delivery Table	Yes No	Yes No
4.3	OT Table	Yes No	Yes No
4.4	Bed Side Screen	Yes No	Yes No
4.5	Footstep	Yes No	Yes No
4.6	Shadowless lamp light for OT/Labour room	Yes No	Yes No
4.7	Macintosh for labour & OT table	Yes No	Yes No
4.8	Oxygen trolley with cylinder and flow meter plus mask	Yes No	Yes No
4.9	Instrument trolley	Yes No	Yes No
4.10	Sterilization Instrument	Yes No	Yes No
4.11	Instrument cabinet	Yes No	Yes No
4.12	Blood / Saline stand	Yes No	Yes No
4.13	Stretcher on trolley	Yes No	Yes No
4.14	Wheel chair	Yes No	Yes No
4.15	Separate dustbin for biomedical waste	Yes No	Yes No
<b>Question 5. AVAILABILITY OF EQUIPMENTS (RECORD FROM REGISTER AND ASK ABOUT FUNCTIONALITY IF ITEMS ARE AVAILABLE)</b>			
5.1	IUD Insertion	Yes No	Yes No
5.2	Normal Delivery Kit	Yes No	Yes No
5.3	Equipment for assisted vacuum delivery	Yes No	Yes No

5.4	Equipment for assisted forceps delivery	Yes No	Yes No
5.5	Equipment for New Born Care and Neonatal Resuscitation	Yes No	Yes No
5.6	Standard Surgical Set (for minor procedures like episiotomies stitching)	Yes No	Yes No
5.7	Equipment for Manual Vacuum Aspiration	Yes No	Yes No
5.8	Baby warmer/incubator	Yes No	Yes No
<b>COLD CHAIN EQUIPMENT</b>			
5.9	Ice Lined Refrigerator (Large)	Yes No	Yes No
5.10	Ice Lined Refrigerator (Small)	Yes No	Yes No
5.11	Deep Freezer Large	Yes No	Yes No
5.12	Deep Freezer Small	Yes No	Yes No
5.13	Cold Box	Yes No	Yes No
5.14	Vaccine Carrier	Yes No	Yes No
<b>REQUIREMENTS OF THE LAB</b>			
5.15	Chemical for Hb estimation	Yes No	Yes No
5.16	Reagent strips for urine albumin and urine sugar analysis	Yes No	Yes No
5.17	Rapid Plasma Reagin (RPR) test kits for syphilis	Yes No	Yes No
5.18	Reagents for peripheral blood smear examination for MP	Yes No	Yes No
5.19	Residual chlorine in drinking water testing strips	Yes No	Yes No
5.20	Centrifuge	Yes No	Yes No
5.21	Light Microscope	Yes No	Yes No
5.22	Binocular Microscope	Yes No	Yes No

<b>Question 6. AVAILABILITY OF ESSENTIAL DRUGS IN THE PHC (RECORD FROM REGISTER)</b>			
	Essential drugs	Available on the day of survey	Out of stock for more than ten days during last one month
6.1	Antiallergics and drugs used in Anaphylaxis	Yes No	Yes No
6.2	Anti Hypertensives	Yes No	Yes No
6.3	Anti Protozoal	Yes No	Yes No
6.4	Anti Anginal	Yes No	Yes No
6.5	Anti Diabetics	Yes No	Yes No
6.6	Anti Tubercular	Yes No	Yes No
6.7	Anti Leprosy	Yes No	Yes No
6.8	Anti Filarials	Yes No	Yes No
6.9	Anti Bacterials	Yes No	Yes No
6.10	Antidots (Antisnake Venom	Yes No	Yes No
6.11	Anti Helminthic	Yes No	Yes No
6.12	Solutions correcting water and electrolyte imbalance	Yes No	Yes No
6.13	Essential Obstetric Care drugs	Yes No	Yes No
6.14	<b>RTI/STI DRUGS</b>		
6.14a	Tab Norfloxaline	Yes No	Yes No
6.14b	Doxycycline Hydrochloride Capsules	Yes No	Yes No
6.14c	Benzathine Penicillin Injection	Yes No	Yes No
6.14d	Tab Metronidozale	Yes No	Yes No
6.15e	Tab Fluconazale	Yes No	Yes No

<b>Question 7. ESSENTIAL LABORATORY TEST (DURING LAST ONE MONTH)</b>			
	<b>Services</b>	<b>No of Tests Done</b>	
7.1	Haemogram (TLC/DLC)		
7.2	Blood grouping		
7.3	Sputum testing for TB		
7.4	Diagnosis of RTIs/STDs with wet mounting, grams stain, etc.		
7.5	Blood smear examination for Malaria Parasite		
7.6	Urine (Routine culture/sensitivity/Microscopy )		
7.7	Rapid tests for pregnancy		
7.8	Rapid Plasma Reagin (RPR) test for Syphilis		
7.9	Others		
<b>Question 8. ESSENTIAL SERVICES PROVIDED</b>			
8.1	OPD Patients	No of Males	No of Female
8.2	In-patient Admissions	No of Males	No of Female
8.3	Number of cases referred for serious ailments from PHC to Higher centre.	No of Males	No of Female

<b>Question 9. SERVICES PROVIDED( Last One Year)</b>		
9.1	Number of cases provided with antenatal care services	
9.2	Number of Deliveries performed	
9.3	If deliveries performed, how many were beneficiaries of Janani Suraksha Yojana	
9.4	Number of complicated pregnancies/ delivery cases referred	
9.5	Number of women provided with postnatal care services	
9.6	Number of newborn care provided	
9.7	Number of children treated for Diarrhoea	
9.8	Number of children treated for Acute Respiratory Tract Infection (ARI)	
9.9	Number of infants and children immunized	

9.10	Number of MTPs performed		
9.11	No. of Manual Vacuum Aspirations done (One of the method for abortion)		
<b>FAMILY PLANNING AND CONTRACEPTION/OHTER SERVICES</b>			
9.12	No. of oral pills users		
9.13	No. of condom users		
9.14	No. of women given EC pills		
9.15	No. of IUD insertion cases		
9.16	Number of Sterilization Cases	Males	Females
9.17	Number of RTI/STI cases provided services		
9.18	Number of school health check-ups organized		
9.19	Number of eligible couples		
<b>AVAILABILITY OF SPECIFIC SERVICES</b>			
9.20	Is there a fixed immunization day?	Yes / No	
9.21	How vaccines are distributed to SC's?		
9.22	Has any outbreak of Diarrhea, Diphtheria, Measles, jaundice and fever took place during last three month?	Diarrhea	Yes / No
		Diphtheria	Yes / No
		Measles,	Yes / No
		Jaundice	Yes / No
		Fever	Yes / No
	Does the PHC collects and reports vital events?	Yes / No	
<b>MONITORING AND SUPERVISION</b>			
9.23	Has Rogi Kalyan Samitee (RKS) been constituted?	Yes / No	
9.24	Have you received the untied fund for previous financial year?	Yes / No	
9.25	Have you utilized the untied fund?	Fully utilised Partially utilised Not utilised	

**THANKS FOR GIVING YOUR PRECIOUS TIME**

उत्तर प्रदेश के अक्सिजनी नर्स सिडवाइज (ए एन एम) के विभिन्न कार्यों में लगने वाले समय का आकलन

उप- केन्द्रों के इन्फोस्ट्रक्चर आकलन ( आईपीएचएस के अनुसार) हेतु चेकलिस्ट

अनुभाग एक

डेटा संग्रह की तिथि:

		20	
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दिन महीना वर्ष

1.1: पहचान

जिला: \_\_\_\_\_

तहसील / तालुका / ब्लॉक : \_\_\_\_\_

उप केन्द्र का नाम: \_\_\_\_\_

गाँव का नाम : \_\_\_\_\_

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f. चारदीवारी या बाड़ की स्थिति ?

- चारों ओर
- आंशिक
- कोई भी नहीं

g. उपकेन्द्र विकलांगों, आसक्त व वृद्धों के लिए उपयुक्त है या नहीं?      हाँ / नहीं

(ट्रॉली, व्हीलचेयर और उसके उपयोग के लिए रैप की उपलब्धता देखने के बाद लिखें)

h. दीवारों पर प्लास्टर और पेंट किस तरह का है:

- अच्छी तरह से हर जगह
- प्लास्टर बहुत जगह से उखड़ रहा है
- प्लास्टर कुछ जगह से उखड़ रहा है
- कोई प्लास्टर नहीं

i. फर्श की स्थिति कैसी है ?

- फर्श अच्छी हालत में है
- फर्श कई स्थानों से उखड़ रहा है
- फर्श कुछ स्थानों से उखड़ रहा है
- कच्चा फर्श है (पक्का फर्श नहीं है)

j. सफाई की स्थिति पर टिप्पणी करें ?

- अच्छा
- खराब
- ठीक ठाक

k. उपकेन्द्र के आस पास देखें कि निम्नलिखित में से कोई हैं की नहीं

- कचरे का ढेर : हाँ / नहीं
- रुका हुआ पानी या गड्ढा: हाँ / नहीं
- पशु शैड : हाँ / नहीं
- औद्योगिक प्रदूषण: हाँ / नहीं

### 2.2.3 साइन बोर्ड

a. क्या आसानी से दिखने वाला डिस्प्ले बोर्ड हैं ( स्थानीय भाषा में ) सुविधा की पहचान के लिए उपलब्ध है ? हाँ / नहीं

### 2.2.4 प्रसाधन (शौचालय) सुविधा

Study of Primary Health Delivery under PHC Ukhimath, Uttarakhand : Col Aman Negi, IIMR, New Delhi

- a. उप-केंद्र में शौचालय/प्रसाधन सुविधाएं उपलब्ध हैं?      हाँ / नहीं
- b. यदि हाँ, तो वहाँ पुरुषों और महिलाओं के लिए अलग अलग है?      हाँ / नहीं

**2.2.5 शिकायत/ सुझाव सम्बन्धी व्यवस्था**

- a. क्या उप-केंद्र में कोई सुझाव या शिकायत पेटी उपलब्ध है?      हाँ / नहीं

**2.3 रोगियों के लिए उपचार सुव्यवस्थाएँ**

**2.3.1 प्रसव की सुविधा**

- a. उप-केंद्र में, प्रसव की सुविधा उपलब्ध है?      हाँ / नहीं
- b. यदि हाँ, तो वहाँ लेबर रूम उपलब्ध है?      हाँ / नहीं
- c. यदि उपलब्ध है, तो कितना बड़ा है? (वर्ग फुट /वर्ग मीटर/ वर्ग गज जैसे बताएं वैसे लिख लें. लम्बाई और चौड़ाई भी जरूर लिखें):

क्षेत्रफल:                      लम्बाई:                      चौड़ाई :

- d. यदि लेबर रूम उपलब्ध है, तो पिछले 30 दिनों में किए गए प्रसवों की संख्या लिखें:

\_\_\_\_\_

- e. यदि लेबर रूम उपलब्ध है, लेकिन प्रसव नहीं कराये जा रहे हैं तो कारण क्या है?

- उप-केंद्र में कर्मचारी नहीं रहते                      • कोई                      अन्य                      लिखें
- लेबर रूम की स्थिति खराब खराब                      \_\_\_\_\_
- लेबर रूम में बिजली की आपूर्ति नहीं है

**2.3.2 ओपीडी**

- a. मरीज की गोपनीयता सुनिश्चित करने के लिए क्या व्यवस्था है? लिखें

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2.3.3 रोमी रेफरल सिस्टम

- a. क्या एम्बुलेंस की सुविधा उपलब्ध है?                      हाँ / नहीं
- b. डिस्चार्ज के लिए निकटतम रेफरल सेंटर कौन सा है? यह कितनी दूर है? कृपया लिखें
- \_\_\_\_\_

### 2.4 जल आपूर्ति

- a. उपकेन्द्र में पानी का स्रोत क्या है?
- पाइप/वाटर सप्लाय
  - कुआ
  - हैंड पंप / ट्यूब वेल
  - अन्य, कृपया लिखें
- b. उपकेन्द्र पर ओवर हेड टैंक हैं?                      हाँ / नहीं
- c. यदि ओवर हेड टैंक हैं तो क्या इसकी क्षमता पर्याप्त है?                      हाँ / नहीं
- d. यदि ओवरहेड टैंक मौजूद है, तो क्या यह काम कर रहा है?                      हाँ / नहीं
- e. यदि 2.4 बी, 2.4 सी, 2.4 डी का जवाब 'नहीं' है, तो हाथ धोने के लिए क्या व्यवस्था क्या? यदि कोई हो, \_\_\_\_\_

### 2.5 वेस्ट डिस्पोजल

- a. वायो मेडिकल वेस्ट का प्रबंधन कैसे करते हैं? लिखें

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### 2.6 बिजली / संचार / परिवहन

- a. नियमित बिजली की आपूर्ति उपलब्ध है?      हाँ / नहीं
- b. बैकअप जनरेटर / इन्वर्टर उपलब्ध है?      हाँ / नहीं
- c. क्या टेलीफोन लैण्डलाइन उपलब्ध है?      हाँ / नहीं
- d. कर्मचारियों की आवाजाही के लिए परिवहन सुविधा क्या है?      लिखें

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.7 कर्मचारियों के लिए आवासीय सुविधा

- a. आवासीय सुविधा स्वास्थ्य कार्यकर्ता (महिला) - रेगुलर के लिए उपलब्ध है?      हाँ / नहीं
- b. आवासीय सुविधा स्वास्थ्य कार्यकर्ता (महिला) - मंविदा के लिए उपलब्ध है?      हाँ / नहीं
- c. क्या स्वास्थ्य कर्मचारी (पुरुष) उप-केंद्र में उपलब्ध है?      हाँ / नहीं
- d. यदि हाँ, तो क्या वह उप-केंद्र में रहता है?      हाँ / नहीं

**PRESENTLY PREGNANT**  
**SECTION I : WOMAN'S CHARACTERISTICS**

Question No	Question	Reply
1.	What is your age? आपकी उम्र क्या है ?	
2.	How old is your husband? आपके पति की उम्र क्या है?	
3.	Are you living with your husband now, or is he staying elsewhere? क्या आप अपने पति के साथ रह रही हैं? अगर नहीं तो आपके पति कहाँ हैं?	
4.	What is the highest standard you have passed? आप ने कोनसा उच्चतम शिक्षा प्राप्त की है?	Less than Class 5 <sup>th</sup> Class 5 <sup>th</sup> -8 <sup>th</sup> Class 8 <sup>th</sup> to 10 <sup>th</sup> Class 10 <sup>th</sup> to Class 12 Graduate Post Graduate
5.	What is/was the highest standard he has completed? आपके पति ने कोनसा उच्चतम शिक्षा प्राप्त की है?	Less than Class 5 <sup>th</sup> Class 5 <sup>th</sup> -8 <sup>th</sup> Class 8 <sup>th</sup> to 10 <sup>th</sup> Class 10 <sup>th</sup> to Class 12 Graduate Post Graduate
6.	What is/was your occupation, that is, what kind of work you mainly do? आपका व्यवसाय क्या है? आप किस प्रकार का काम करती हैं?	
7.	How old were you at the time of your marriage विवाह के समय आपकी उम्र क्या थी?	
8.	Now I Would Like to ask about all the Pregancies that You have had till now ? अब मैं आपसे गर्भव्यास्था के बारे में कुछ जानना चाहता हूँ?	Yes हाँ / No नह
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9.	Have you ever given birth to a boy or a girl who was born alive but later died? क्या आपके कोई ऐसे बच्चे थे जिन्हें आपने जन्म दिया, लेकिन वह जीवित नहीं हैं?	Yes हाँ / No नहीं  If yes, cause of their death ? अगर हाँ, तो उनकी मृत्यु का कारण ?
10.	Did you have any pregnancy, which terminated in still birth? क्या आपका किसी गर्भव्यस्था की समाप्ति मृत्यु जन्म से हुई?	Yes हाँ / No नहीं
11.	Did any of your pregnancy terminate in spontaneous or induced abortion  क्या आपका किसी गर्भव्यस्था की समाप्ति स्वयं या प्रेरित गर्भपात से हुई?	Yes हाँ / No नहीं , <b>if no skip to Q.14</b>  If yes, how many months pregnant you were at that time? अगर हाँ तो आपका गर्भ उस समय कितने महीने का था?
12.	At any time before (last) induced abortion did you have an ultrasound test?  आपको प्रेरित गर्भपात से पूर्व आपका अल्ट्रासाउंड हुआ था?	Yes हाँ  No नहीं  If yes, who advised you for termination of Pregnancy? अगर हाँ, आपको किसने गर्भपात के लिए सलाह दी ?
13.	Where was the last induced abortion performed?  आपने गर्भपात कहाँ करवाया गया था?	

**SECTION II**  
**ANTE-NATAL, NATAL AND POST-NATAL CARE**  
**प्रसवपूर्व , प्रसव के दौरान था प्रसवोत्तर देखरेख**

Question No	Question	Reply
14.	During which month did you come to know about present pregnancy? आपको वर्तमान गर्भव्यस्था के बारे में किस महीने में पता चला ?	Within three Months तीन महीने के अंदर  After Three Months / तीन महीने के बाद

Question No	Question	Reply
15.	Did you undergo Pregnancy confirmation test (urine test) during the present pregnancy ? क्या आपने वर्तमान गर्भावस्था की जाँच( मूत्र परिक्षण) करवाई थी?	Yes हाँ No नहीं
16.	Did you register your present last pregnancy? क्या आपने वर्तमान गर्भावस्था की पूंजीकरण करवाई थी ?	Yes हाँ/ No नहीं
17.	Pregnancy was registered with whom? यदि हाँ तो गर्भावस्था किसके द्वारा पूंजीकरण की गयी थी?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
18.	Did you receive antenatal care? क्या आप प्रसवपूर्ण जाँच करवाई थी?	Yes हाँ if yes skip to Q 20 No नहीं,,
<b>19. Answer only if answer to Q 18 is No, and close the Interview</b>	Why did you not go for an antenatal checkup आप प्रसवपूर्व जाँच के लिए क्यों नहीं गयी थी?	Not Necessary जरूरी नहीं  Cost Too Much जायदा खर्चा  Too Far/No Transport बहुत दूर/ जाने का साधन नहीं  Poor Quality Service सेवा ठीक नहीं  Lack Of Knowledge जानकारी नहीं  No Time To Go जाने का समाया नहीं  Other अन्य

Question No	Question	Reply
20.	After how many months of present did you receive first antenatal care? वर्तमान गर्भावस्था के दौरान जब आपको पहली बार प्रसवपूर्ण देखभाल मिली , तब आप कितने महीने से गर्भवती थी?	Months महीने Don't Know पता नहीं
21.	How many times you received antenatal check up during present pregnancy? वर्तमान गर्भावस्था के दौरान आपको कितनी बार प्रसवपूर्ण देखभाल मिली ?	No of Times कितनी बार Dont know पता नहीं
22.	Where did you receive antenatal care for present pregnancy? वर्तमान गर्भावस्था के दौरान आपको प्रसवपूर्व देखभाल कहाँ मिली?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
23.	As part of your antenatal care during present pregnancy, were any of the following done at least once वर्तमान गर्भ के दौरान आपको प्रसवपूर्व देखभाल के समय , क्या इनमे से कोई भी जाँच कम से कम एक बार की गयी ?	
A	Weight measured वजन लिया ?	Yes हाँ/ No नहीं
B	Height measured कद नापा?	Yes हाँ/ No नहीं
C	Blood pressure checked रक्तदाब की जाँच?	Yes हाँ/ No नहीं
D	Blood tested खून की जाँच?	Yes हाँ/ No नहीं
E	Urine tested पेशाब की जाँच?	Yes हाँ/ No नहीं
F	Abdomen examined पेट की जाँच?	Yes हाँ/ No नहीं

Question No	Question	Reply
G	Breast examined स्तन की जाँच?	Yes हाँ/ No नहीं
H	Sonogram or Ultrasound done सोनोग्राम या अल्ट्रासाउंड ?	Yes हाँ/ No नहीं
J	Delivery date told प्रसव की तारिक?	Yes हाँ/ No नहीं
K	Delivery advice given प्रसव की सलाह?	Yes हाँ/ No नहीं
L	Nutrition advice given खुराक की सलाह?	Yes हाँ/ No नहीं
24.	During (any of) your antenatal care visit (s), did any one tell you about the following signs of pregnancy complications? आपको किसी भी प्रसवपूर्व देखभाल के दौरान, क्या आपको गर्भावस्था की जटिल लक्षण के बारे में बताया गया था?	
A	Vaginal bleeding योनि से खून आना	Yes हाँ/ No नहीं
B	Convulsions ऐठन	Yes हाँ/ No नहीं
C	Prolonged labour लम्बी अवधी की प्रसव पीड़ा	Yes हाँ/ No नहीं
25.	Did any one tell you where to go (health facility) if you have any pregnancy complications? आपको किसी ने बताया की गर्भावस्था की जटिल स्थिति में कहां (स्वास्थ्य केंद्र) जाना है?	Yes हाँ/ No नहीं
26.	During (any of) your antenatal visit (s), did you receive advice on the following at least once? आपको किसी भी प्रसवपूर्व देखभाल मुलाकात के दौरान, क्या आपको इन विषयों पर कम से कम एक बार सलाह दी गयी थी ?	Yes हाँ/ No नहीं
A	Breastfeeding स्तनपान?	Yes हाँ/ No नहीं
B	Keeping the baby warm? शिशु को गरम रखना?	Yes हाँ/ No नहीं

Question No	Question	Reply
C	The need for cleanliness at the time of delivery? प्रसव के समय साफ़ सफ़ाई की आवश्यकता ?	Yes हाँ/ No नहीं
D	Family planning for spacing? बच्चे में अंतर रखने के लिए परिवार नियोजन ?	Yes हाँ/ No नहीं
E	Family planning for limiting? सिमिति रखने के लिए परिवार नियोजन ?	Yes हाँ/ No नहीं
F	Better nutrition for mother and child? माता और बच्चे के लिए बेहतर पोषण?	Yes हाँ/ No नहीं
G	Need for Institutional Delivery ? अस्पताल में प्रसव की आवश्यकता?	Yes हाँ/ No नहीं
27	How many IFA tablets/ bottles did you receive/ purchase during the present pregnancy?  वर्तमान के दौरान आपको आयरन फोलिक एसिड की कितनी गोलियां या सिरप की बोतल मिली थी या खरीदी थी ?	No of Tablets गोलियों की संख्यां  No of bottles बोतलो की संख्यां  Did not get यदि कोई नहीं
28	From where did you get Iron Folic Acid (IFA) tablets/syrup?  आपको आयरन फोलिक एसिड की गोलियां या सिरप कहाँ प्राप्त हुआ?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic
29	During the present pregnancy, for how many days and how much did you take the Iron Folic Acid (IFA) Tablets/Syrup bottles?  वर्तमान के दौरान आपको कितने दिनों की आयरन फोलिक एसिड या सिरप की बोतल मिली थी ?	No of Tablets गोलियों की संख्यां  No of bottles बोतलो की संख्यां  Did not get यदि कोई नहीं
30.	Were you given an injection during present pregnancy to prevent Tetanus?  क्या आपको वर्तमान गर्भवस्था के दौरान कितनी बार टिटनेस का टिका लगाया गया था?	Number of Times कितनी बार  Don't know मालूम नहीं
31.	Who facilitated or motivated you to avail antenatal	Doctor डाक्टर

	<p>care</p> <p>प्रसवपूर्व जाँच के लिए आपको किसने सुविधा उपलब्ध कराया या प्रोत्साहित किया ?</p>	<p>ANM</p> <p>स्वस्थ कार्यकर्ता</p> <p>आंगनवाड़ी कार्यकर्ता</p> <p>ASHA आशा</p> <p>NGO</p> <p>Family परीवर( पति/ सास/माँ )</p> <p>Self स्वयं</p> <p>Others अन्य</p>
32	<p>Did you receive any Govt. financial assistance for delivery care under the Janani Suraksha Yojana (JSY) / State Specific Scheme?</p> <p>क्या आपको जननी सुरक्षा योजना द्वारा कोई आर्थिक लाभ मिला?</p>	<p>Yes हाँ/ No नहीं</p>
33	<p>Do you know the danger signs of new born?</p> <p>क्या आप जानती है की नवजात शिशु को क्या क्या कठनाई ( खतरनाक लक्षण) होते हैं?</p>	
A	<p>Blue tongue &amp; lips जीभ और होठ निले परना</p>	<p>Yes हाँ/ No नहीं</p>
B	<p>Difficulty in breathing सांस में तकलीफ</p>	<p>Yes हाँ/ No नहीं</p>
C	<p>Cold/ hot to touch छूने से गरम/ ठंडा लगना</p>	<p>Yes हाँ/ No नहीं</p>
D	<p>Develop yellow staining of palm and soles हथेली पर पीले धब्बे</p>	<p>Yes हाँ/ No नहीं</p>

**THANKS FOR GIVING YOUR PRECIOUS TIME**

**WOMEN WITH CHILD < 2yrs**  
**SECTION I : WOMAN'S CHARACTERISTICS**

Question No	Question	Reply
1.	What is your age? आपकी उम्र क्या है ?	
2.	How old is your husband? आपके पति की उम्र क्या है?	
3.	Are you living with your husband now, or is he staying elsewhere? क्या आप अपने पति के साथ रह रही है? अगर नहीं तो आपके पतों कहाँ है?	
4.	What is the highest standard you have passed? आप ने कोनसा उच्चतम शिक्षा प्राप्त की है?	Less than Class 5 <sup>th</sup> Class 5 <sup>th</sup> -8 <sup>th</sup> Class 8 <sup>th</sup> to 10 <sup>th</sup> Class 10 <sup>th</sup> to Class 12 Graduate Post Graduate
5.	What is/was the highest standard he has completed? आपके पति ने कोनसा उच्चतम शिक्षा प्राप्त की है?	Less than Class 5 <sup>th</sup> Class 5 <sup>th</sup> -8 <sup>th</sup> Class 8 <sup>th</sup> to 10 <sup>th</sup> Class 10 <sup>th</sup> to Class 12 Graduate Post Graduate
6.	What is/was your occupation, that is, what kind of work you mainly do? आपका व्यवसाय क्या है? आप किस प्रकार का काम करती हैं?	
7.	How old were you at the time of your marriage विवाह के समय आपकी उम्र क्या थी?	
8.	Now I Would Like to ask about all the Pregancies That You have had till now अब मैं आपसे गर्भव्यास्था के बारे में कुछ जानना चाहता हूँ?	Yes हाँ / No नहीं
9.	How old were you at the time when your first child was born? जब आपने प्रथम बच्चे को जन्म दिया उस समय आपकी उम्र क्या थी?	
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Question No	Question	Reply
10.	How many children do you have? आपके कितने बच्चे हैं?	
11.	How many sons do you have? आपके कितने बेटे हैं?	
12.	And how many daughters do you have? आपके कितनी बेटी हैं?	
13.	Have you ever given birth to a boy or a girl who was born alive but later died? क्या आपके कोई ऐसे बच्चे थे जिन्हें आपने जन्म दिया, लेकिन वह जीवित नहीं हैं?	Yes हाँ / No नहीं  If yes, cause of their death ? अगर हाँ, तोह उनकी मृत्यु का कारण ?
14.	Did you have any pregnancy, which terminated in still birth? क्या आपका किसी गर्भव्यस्था की समाप्ति मृत्यु जन्म से हुई?	Yes हाँ / No नहीं
15.	Did any of your pregnancy terminate in spontaneous or induced abortion  क्या आपका किसी गर्भव्यस्था की समाप्ति स्वयं या प्रेरित गर्भपात से हुई?	Yes हाँ / No नहीं  If yes, how many months pregnant you were at that time? अगर हाँ तो आपका गर्भ उस समय कितने महीने का था?
16.	At any time before (last) induced abortion did you have an ultrasound test?  आपको प्रेरित गर्भपात से पूर्व आपका अल्ट्रासाउंड हुआ था?	Yes हाँ  No नहीं  If yes, who advised you for termination of Pregnancy? अगर हाँ, आपको किसने गर्भपात के लिए सलाह दी ?
17.	Where was the last induced abortion performed? आपने गर्भपात कहाँ करवाया गया था?	
18.	How many children do you have?  आपके अभी कितने बच्चे हैं?	Boys लड़के / Name नाम/ Age उम्र  Girls लड़कियाँ / Name नाम/ Age उम्र

**ANTE-NATAL, NATAL AND POST-NATAL CARE**  
**प्रसवपूर्व , प्रसव के दौरान था प्रसवोत्तर देखरेख**

Question No	Question	Reply
19.	During which month did you come to know about last pregnancy? आपको पिछली गर्भावस्था के बारे में किस महीने में पता चला ?	Within three Months तीन मिहिने के अंदर After Three Months / तीन महीने के बाद
20.	Did you undergo Pregnancy confirmation test (urine test) during the last pregnancy ? क्या आपने पिछली गर्भावस्था की जाँच( मूत्र परिक्षण) करवाई थी?	Yes हाँ No नहीं
21.	Did you register your last pregnancy? क्या आपने पिछली गर्भावस्था की पूंजीकरण करवाई थी ?	Yes हाँ/ No नहीं
22.	Pregnancy was registered with whom? यदि हाँ तो गर्भावस्था किसके द्वारा पूंजीकरण की गयी थी?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
23.	When you were pregnant did you receive antenatal care? जब आप गर्भवती थी तो क्या आप प्रसवपूर्ण जाँच करवाई थी?	Yes हाँ  <b>No नहीं. If no skip to Q 36 and 41</b>
24.	After how many months of last pregnancy did you receive first antenatal care? पिछली गर्भावस्था के दौरान जब आपको पहली बार प्रसवपूर्ण देखभाल मिली , तब आप कितने महीने से गर्भवती थी?	Months महीने Don't Know पता नहीं

Question No	Question	Reply
25.	How many times you received antenatal check up during last pregnancy?  पिछली गर्भावस्था के दौरान आपको कितनी बार प्रसवपूर्ण देखभाल मिली ?	No of Times कितनी बार  Dont know पता नहीं
26.	Where did you receive antenatal care for last pregnancy?  पिछली गर्भावस्था के दौरान आपको प्रसवपूर्व देखभाल कहाँ मिली?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
27.	As part of your antenatal care during last pregnancy, were any of the following done at least once पिछली गर्भ के दौरान आपको प्रसवपूर्व देखभाल के समय , क्या इनमे से कोई भी जाँच कम से कम एक बार की गयी थी?	
A	Weight measured वजन लिया ?	Yes हाँ/ No नहीं
B	Height measured कद नापा?	Yes हाँ/ No नहीं
C	Blood pressure checked रक्तदाब की जाँच?	Yes हाँ/ No नहीं
D	Blood tested खून की जाँच?	Yes हाँ/ No नहीं
E	Urine tested पेशाब की जाँच?	Yes हाँ/ No नहीं
F	Abdomen examined पेट की जाँच?	Yes हाँ/ No नहीं
G	Breast examined स्तन की जाँच?	Yes हाँ/ No नहीं
H	Sonogram or Ultrasound done सोनोग्राम या अल्ट्रासाउंड ?	Yes हाँ/ No नहीं

Question No	Question	Reply
J	Delivery date told प्रसव की तारीक?	Yes हाँ/ No नहीं
K	Delivery advice given प्रसव की सलाह?	Yes हाँ/ No नहीं
L	Nutrition advice given खुराक की सलाह?	Yes हाँ/ No नहीं
28.	<p>During (any of) your antenatal care visit (s), did any one tell you about the following signs of pregnancy complications?</p> <p>आपको किसी भी प्रसवपूर्व देखभाल के दौरान , क्या आपको गर्भावस्था की जटिल लक्षण के बारे में बताया गया था?</p>	
A	Vaginal bleeding योनि से खून आना	Yes हाँ/ No नहीं
B	Convulsions ऐठन	Yes हाँ/ No नहीं
C	Prolonged labour लम्बी अवधी की प्रसव पीड़ा	Yes हाँ/ No नहीं
29.	<p>Did any one tell you where to go (health facility) if you have any pregnancy complications?</p> <p>आपको किसी ने बताया की गर्भावस्था की जटिल स्थिति में कहां ( स्वास्थ्य केंद्र) जाना है?</p>	Yes हाँ/ No नहीं
30	<p>During (any of) your antenatal visit (s), did you receive advice on the following at least once?</p> <p>आपको किसी भी प्रसवपूर्व देखभाल मुलाकात के दौरान , क्या आपको इन विषयों पर कम से कम एक बार सलाह दी गयी थी ?</p>	Yes हाँ/ No नहीं
A	Breastfeeding स्तनपान?	Yes हाँ/ No नहीं
B	Keeping the baby warm? शिशु को गरम रखना?	Yes हाँ/ No नहीं
C	The need for cleanliness at the time of delivery? प्रसव के समय साफ़ सफाई की आवश्यकता ?	Yes हाँ/ No नहीं
D	Family planning for spacing? बच्चे में अंतर रखने के लिए परिवार नियोजन ?	Yes हाँ/ No नहीं

Question No	Question	Reply
E	Family planning for limiting? सिमिति रखने के लिए परिवार नियोजन ?	Yes हाँ/ No नहीं
F	Better nutrition for mother and child? माता और बच्चे के लिए बेहतर पोषण?	Yes हाँ/ No नहीं
G	Need for Institutional Delivery ?अस्पताल में प्रसव की आवश्यकता?	Yes हाँ/ No नहीं
32	How many IFA tablets/ bottles did you receive/ purchase during last pregnancy?  पिछली के दौरान आपको आयरन फोलिक एसिड की कितनी गोलियां या सिरप की बोतल मिली थी या खरीदी थी ?	No of Tablets गोलियों की संख्यां  No of bottles बोतलो की संख्यां  Did not get यदि कोई नहीं
33	From where did you get Iron Folic Acid (IFA) tablets/syrup?  आपको आयरन फोलिक एसिड की गोलियां या सिरप कहाँ प्राप्त हुआ?	Govt गवर्नमेंट: अस्पताल दवाखाना CHC PHC SubCenter आंगनवाड़ी आयुष अस्पताल SAD NGO Clinic  Private : Hospital /अस्पताल Clinic
34	During the last pregnancy, for how many days and how much did you take the Iron Folic Acid (IFA) Tablets/Syrup bottles?  पिछली के दौरान आपको कितने दिनों की आयरन फोलिक एसिड या सिरप की बोतल मिली थी ?	No of Tablets गोलियों की संख्यां  No of bottles बोतलो की संख्यां  Did not get यदि कोई नहीं
35	Were you given an injection during last pregnancy to prevent Tetanus?  क्या आपको पिछली गर्भवस्था के दौरान कितनी बार टिटनेस का टिका लगाया गया था?	Number of Times कितनी बार  Don't know मालूम नहीं

Question No	Question	Reply
36 Answer only if answer to Q 23 is no	Why did you not go for an antenatal checkup आप प्रसवपूर्व जाँच के लिए क्यों नहीं गयी थी?	Not Necessary जरूरी नहीं Cost Too Much जायदा खर्चा Too Far/No Transport बहुत दूर/ जाने का साधन नहीं Poor Quality Service सेवा ठीक नहीं Lack Of Knowledge जानकारी नहीं No Time To Go जाने का समाया नहीं Other अन्य
37	Who facilitated or motivated you to avail antenatal care? प्रसवपूर्व जाँच के लिए आपको किसने सुविधा उपलब्ध कराया या प्रोत्साहित किया ?	Doctor डाक्टर ANM स्वस्थ कार्यकर्ता आंगनवाड़ी कार्यकर्ता ASHA आशा NGO Family परीवर( पति/ सास/माँ ) Self स्वयं Others अन्य
38	Was the delivery normal or caesarean or assisted? क्या आपका प्रसव सामान्य रूप से, ऑपरेशन से या औजार के सहायता से हुआ था?	Normal सामान्य Operation ऑपरेशन Assisted औजार से

Question No	Question	Reply
39	Where did your last delivery take place? आपकी पिछला प्रसव कहाँ पर हुआ था?	Govt गवर्नमेंट: अस्पताल/ दवाखाना/ CHC PHC / SubCenter / आंगनवाड़ी/ आयुष अस्पताल/ SAD/ NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
40	Who conducted your last delivery? आपका पिछले प्रसव किसने कराया?	Doctor डॉक्टर  ANM  DAI  Relatives परीवर ( पति/ सास/माँ )  Others अन्य  None कोई नहीं
41 <b>Answer only if answer to Q 23 is no</b>	What are the reasons for not going to health facility for delivery? किन कारणों से आप प्रसव के लिए स्वस्थ केंद्र पर नहीं गयी?	Not Necessary जरूरी नहीं  Cost Too Much जायदा खर्चा  Too Far/No Transport बहुत दूर/ जाने का साधन नहीं  Poor Quality Service सेवा ठीक नहीं  Lack Of Knowledge जानकारी नहीं  No Time To Go जाने का समाया नहीं

Question No	Question	Reply
42	<p>What was the main mode of transportation used by you to reach the health facility for delivery?</p> <p>प्रसव हेतु स्वस्थ केंद्र जाने के लिए आपने क्या यातायात का इस्तेमाल किया ?</p>	<p>Ambulance एम्बुलेंस</p> <p>Jeep जीप</p> <p>Motor Cycle मोटरसाइकिल/स्कूटर</p> <p>Walking पेडल</p> <p>Others अन्य</p>
43.	<p>Who arranged the transportation to take you to the health facility for delivery?</p> <p>प्रसव हेतु स्वस्थ केंद्र जाने के लिए किसने यातायात की व्यवस्था की?</p>	<p>Doctor डाक्टर</p> <p>ANM</p> <p>स्वस्थ कार्यकर्ता</p> <p>आंगनवाड़ी कार्यकर्ता</p> <p>ASHA आशा</p> <p>NGO</p> <p>Family परीवर( पति/ सास/माँ )</p> <p>Self स्वयं</p> <p>Others अन्य</p>
44	<p>How much it cost you for the transportation to the health facility for delivery?</p> <p>प्रसव हेतु स्वस्थ केंद्र जाने के लिए यातायात पर कितना खर्च आया ?</p>	<p>Rupees रूपये</p> <p>No money given कोई पैसे नहीं दिए</p> <p>Don't know पता नहीं</p>
45	<p>How much cost you incurred for delivery excluding transport cost?</p> <p>यातायात के अलावा, प्रसव के लिए आपका कितना खर्च हुआ ?</p>	<p>Rupees रूपये</p> <p>No money given कोई पैसे नहीं दिए</p> <p>Don't know पता नहीं</p>

Question No	Question	Reply
46	Did you receive any Govt. financial assistance for delivery care under the Janani Suraksha Yojana (JSY) / State Specific Scheme?  क्या आपको जननी सुरक्षा योजना द्वारा कोई आर्थिक लाभ मिला?	Yes हाँ/ No नहीं
47	Do you know the danger signs of new born?  क्या आप जानती है की नवजात शिशु को क्या क्या कठनाई ( खतरनाक लक्षण) होते हैं?	Yes हाँ/ No नहीं
A	Blue tongue & lips जीभ और होठ निले परना	Yes हाँ/ No नहीं
B	Difficulty in breathing सांस में तकलीफ	Yes हाँ/ No नहीं
C	Cold/ hot to touch छूने से गरम/ ठंडा लगना	Yes हाँ/ No नहीं
D	Develop yellow staining of palm and soles हथेली पर पीले धब्बे	Yes हाँ/ No नहीं
E	Abnormal movement असामान्य तरीके से हिलना	Yes हाँ/ No नहीं
	Poor sucking of breast स्तनपान में कठनाई	Yes हाँ/ No नहीं
F	Baby did not Do you know the danger signs of new born शिशु का ना रोना	Yes हाँ/ No नहीं
48	Did you have any check-up within 48 hours after delivery क्या प्रसव के ४८ घंटे के अंदर आपकी जाँच हुई?	Yes हाँ/ No नहीं

Question No	Question	Reply
49	How many days after delivery did the first check-up take place? प्रसव के कितने दिनों के बाद आपकी पहली बार जाँच हुई?	Days दिन No check up बिलकुल जाँच नहीं हुई Don't know पता नहीं
50	Where did the first check-up take place? पहली जाँच कहाँ पर हुई?	Govt गवर्नमेंट: अस्पताल/ दवाखाना/ CHC PHC / SubCenter / आंगनवाड़ी/ आयुष अस्पताल/ SAD/ NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
51	Did any of the following happen when you had the check-up? क्या आपकी जाँच के समय यह सब हुआ?	
A	Was your abdomen examined पेट की जाँच	Yes हाँ/ No नहीं
B	Did you receive advice on breastfeeding स्तनपान की सलाह	Yes हाँ/ No नहीं
C	Did you receive advice on baby care बच्चे की देख रेख की सलाह	Yes हाँ/ No नहीं
D	Did you receive advice on family planning? परिवार नियोजन की सलाह	Yes हाँ/ No नहीं
52	During the first 6 weeks after delivery did you experience any of the following health problem? प्रसव के 6 सप्ताह के दौरान क्या आपको कोई स्वस्थ समस्या का अनुभव हुआ?	

Question No	Question	Reply
A	high fever? तेज बुखार	Yes हाँ/ No नहीं
B	lower abdominal pain पेट में दर्द	Yes हाँ/ No नहीं
C	excessive bleeding अतियाधिक रक्तरसाव	Yes हाँ/ No नहीं
D	convulsions शरीर का ऐठना	Yes हाँ/ No नहीं
E	severe headache सर में दर्द	Yes हाँ/ No नहीं
53	Did you consult anyone or seek treatment for these health problems? आपने क्या इनका इलाज कराया?	Yes हाँ/ No नहीं
54	If yes where अगर हाँ तो कहाँ?	Govt गवर्नमेंट: अस्पताल/ दवाखाना/ CHC PHC / SubCenter / आंगनवाड़ी/ आयुष अस्पताल/ SAD/ NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
55	Did your child have any check-up after delivery within 24 hours of birth? प्रसव के बाद, जन्म के २४ घंटे के अंदर आपके बच्चे की कोई जाँच हुई?	Yes हाँ/ No नहीं /बचा जीवित नहीं रहा
56	How many check-ups take place within 10 days of his/her birth? प्रसव के बाद, १० दिनों के अंदर आपके बच्चे की कितनी बार जाँच हुई?	No of times कितनी बार  No checkup कोई जाँच नहीं हुई  Don't know मालूम नहीं

Question No	Question	Reply
57	Where did first check-up take place for your child? आपके बच्चे की पहली जाँच कहाँ पर हुई थी?	Govt गवर्नमेंट: अस्पताल/ दवाखाना/ CHC PHC / SubCenter / आंगनवाड़ी/ आयुष अस्पताल/ SAD/ NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
58	Did you feed milk "colostrum / khees" (yellowish thick milk) secreted during the first few days after child birth?  क्या आपने बच्चे के जनम के बाद अपना पहला दूध पिलाया था, जिसमे कोलोस्ट्रोएम होता है? पिले रंग का गाढ़ा दूध?	Yes हाँ/ No नहीं
59	When did you first breastfeed your child?  आपने कब बच्चे कोई पहली बार स्तनपान कराया?	Immediately तुरंत/ एक घंटे के दौरान  Within 24 hrs २४ घंटे के भीतर 2 yo 3 days २ से ३ दिन After 3 days ३ दिन के बाद Never कभी नहीं
60	Are you still breastfeeding the child? क्या आप अभी भी अपने बच्चे को स्तन पान करा रही हैं?	Yes हाँ/ No नहीं
61	How many days/ months did you exclusively breastfeed the child?  कितने दिनों तक आपने अपने बच्चे को केवल स्तनपान कराया? (माँ के दूध के अलावा कुछ नहीं)	Days/Months दिन/ महीने  Still continuing अभी भी
62	Do/did you give water to the baby before completion of six months?  क्या आपने शिशु को ६ महीने के पहले पानी दिया था?	Yes हाँ/ No नहीं

Question No	Question	Reply
63	<p>At what age/month you have started giving baby other fluids, semisolid, and solid foods?</p> <p>बच्चे को किस उम्र में आपने दूसरा तरल पदार्त , अर्ध ठोस और ठोस पदार्त देना आरम्भ किया?</p>	<p>दूसरा तरल पदार्त: महीने</p> <p>अर्ध ठोस : महीने</p> <p>ठोस पदार्त: महीने</p> <p>अभी तक नहीं</p>
64	<p>Do you know what to do when child gets Diarrhoea?</p> <p>क्या आपको जानकारी है की बच्चे को दस्त हो जाये तो क्या करना चाहिए ?</p>	<p>ORS देना चाहिए</p> <p>Salt /Sugar water नमक और चीनी का पानी</p> <p>Fluids तरल पदार्त</p> <p>Normal Food नियमित आहार</p> <p>Breast feeding स्तनपान</p> <p>Others अन्य</p> <p>Don't know पता नहीं</p>
65	<p>Do you know what are the danger signs of Pneumonia?</p> <p>क्या आपको pneumonia के लक्षण के बारे में पता है?</p>	<p>Difficulty In Breathing सांस लेने में तकलीफ</p> <p>Not Able To Drink Or Take A Feed खाने पीने में तकलीफ</p> <p>Excessively Drowsy And Difficult To Keep Awake नींद आना</p> <p>Pain In Chest छाती में दर्द</p> <p>Wheezing/Whistling सांड लेते वक्त आवाज आना</p> <p>Rapid Breathing तेज सांस लेना</p> <p>Running Nose नाक बहाना</p>

### SECTION-III

#### IMMUNIZATION AND CHILD CARE

#### टिकाकरण था बच्चों की देखभाल

Question No	Question	Reply
	Now I would like to ask you some questions about the health of your last two surviving children प्रत्येक बच्चे के बारे में अलग अलग से बातचीत करेंगे	
67	Name of Child बच्चे का नाम	
68	Sex of the child बच्चे का लिंग	Boy लड़का Girl लड़की
69	Date of Birth जनम की तिथि	
70	Do you have a card where (Name's) vaccination details are written down? क्या आप के पास कोई ऐसा कार्ड है जिस में टिककों का विवरण है?	Yes हाँ/ No नहीं
71	COPY OF Vaccination Card	Date
A	BCG	
B	POLIO '0'	
C	DPT 1	
D	DPT 2	
E	DPT 3	
F	POLIO 1	
G	POLIO 2	
H	POLIO 3	
J	MEASLES	
K	VITAMIN-A (FIRST DOSE) (EXCLUDING PULSE POLIO	
72	Has (NAME) received any vaccinations that are not recorded on this card? क्या आपने बच्चे के कोई ऐसे टिकके लगवाए हैं, जिनकी जानकारी इस कार्ड में दर्ज नहीं है?	

73	Why (Name) was not given any vaccination? कोई भी टिक्का न लगवाने का कोई कारण?	बच्चा टिकाकरण के लिए बहुत छोटा है टिक्ककरण के महत्व की जानकारी नहीं है टिकाकरण की जगह की जानकारी नहीं है टिकाकरण के समय की जानकारी नहीं है हानिकारक प्रभाव टिक्ककरण पर विश्वास नहीं ANM की अनुउपोस्थि टिक्ककरण की जगह बहुत दूर दवाई का न होना अन्य ( specify )
74	Where did (NAME) receive his/her vaccinations? नाम को ज्यादातर टिकके कहाँ लगवाए गए	Govt गवर्नमेंट: अस्पताल/ दवाखाना/ CHC PHC / SubCenter / आंगनवाड़ी/ आयुष अस्पताल/ SAD/ NGO Clinic  Private : Hospital /अस्पताल Clinic  Home/ आपके घर पे
75	Was HEPATITIS-B Injection given to the child? क्या हेपेटाटिस बी का टिक्का बच्चे को दिया गया	Yes हाँ/ No नहीं / Don't Know
76	Has (NAME) ever received a VITAMIN A dose? क्या विटामिन ए का टिक्का बच्चे को दिया गया	Yes हाँ/ No नहीं / Don't Know
77	Has (NAME) taken any drug to get rid of intestinal worms in the past 6 months? क्या पिछले ६ महीने में कोई आंत के कीड़ा की दवाई बच्चे को दिया गया	Yes हाँ/ No नहीं / Don't Know

**THANKS FOR GIVING YOUR PRECIOUS TIME**

**Building and associated Infrastructure**

- (a) PHC, Ukhimath has been functioning in this Government Building since 2014-15. The staff has been given accommodation near the PHC, however, the accommodation is very poorly maintained and the entire accommodation is affected by seepage. Though the PHC building has been recently constructed however the residential area is quite old.
- (b) Water and Electric Supply are provisioned adequately.
- (c) Toilets ( Separate for Males and Females) is present
- (d) One ambulance is held by the PHC and 108 Ambulance facility is also available. However, a 50-meter road to the PHC connecting the PHC to the main road is still under construction.
- (e) All required Furniture and Equipment are held as per the questionnaire.

**Facilities Available: New Structure, very well laid out with all Charts.**

- (a) Emergency room ( Two Bed)
- (b) General Ward (Two Beds)
- (c) Examination room
- (d) X-Ray room
- (e) Dental Facility
- (f) Cold Chain
- (g) Pathology Lab
- (h) Eye Checkup Facility
- (i) Labour room
- (j) Separate toilets for Male and Female.
- (k) Room for separate storage for Drugs

**Staff . PHC has a staff of 19 Persons**

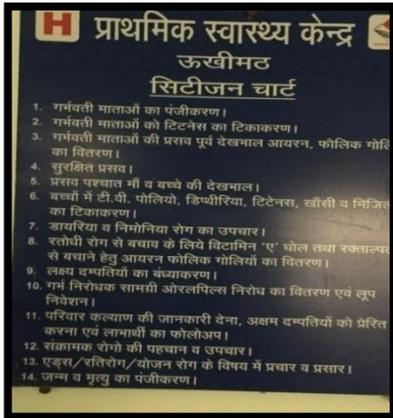
- (a) Doctors : 03
- (b) ANMs : 03
- (c) Pharmacists : 02
- (d) Registration Staff : 01
- (e) Dental Assistant : 01

(f)	Ophtho Technician	:	01
(g)	X-ray technician	:	01
(h)	Ward Aaya	:	01
(i)	Ward Boy	:	01
(j)	Store Keeper	:	01
(k)	Helper	:	01
(l)	Hygiene Caretaker	:	01
(m)	Driver	:	01

### **Communication Facilities**

- (a) Communication Facilities - NoTelephone facilities.
- (b) No Computers and NIC terminal.
- (c) No access to the internet.

### **PHC Building**



**PHC Building**

**Labour Room**



**X-RAY Room**

**Dental Room**

**FEW BOARDs AT PHC**



**Subcentre/SAD at Kalimath**

**Infrastructure Available at the Subcentre/SAD**

- (a) Subcentre (old rented building) is located around 100 meters from the temple in the Village itself.
- (b) ANM does not stay in the Subcentre and operates from Ukhimath every day.
- (c) Subcentre was visited and it had 2 rooms and had a good display of all the relevant charts/posters and signboards.
- (d) Subcentre has provision for Electricity but no Water connection.
- (e) State Allopathic Dispensary (SAD) is also colocated with the subcentre. at Kalimath. It has 4 x rooms, one for the doctor who visits at times, one examination room, storeroom, and one ward. SAD was established in the year 1982, but electricity has only been restored last year.
- (f) Not many visitors come to SAD and shortages of medicines was informed. SAD is manned by a Dental doctor and he sees 5 - 15 patients approximately every day.
- (g) Generally, deliveries are conducted at PHC Ukhimath.
- (h) All cases which require reference are referred to PHC at Ukhimath or District Hospital, Rudraprayag.

**Staff.** The subcentre has only one ANM.

**Interaction with ANM/Observations**

- (a) ANM heavily loaded with the responsibility of 12 villages. Chaumasi is the furthestmost village at a distance of 12 Kms.
- (b) ANM informed that on an average 60-65 Deliveries take place in her Subcentre annually, out of which approximately 20 deliveries were not institutional since the villages are geographically dispersed, however, all such deliveries are assisted by DAIs/ASHAs/ANMs.
- (c) Only a few basic medicines are available with the ANM.
- (d) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages.
- (e) Anganwadi is also colocated which has been made with assistance of Paramilitary forces.

### Photographs of SAD/Subcentre at Kalimath



### Sub-centre Kalimath



### SAD Kalimath

#### Subcentre/SAD at Mansoona ( Population- 4016)

Not many visitors come to SAD and shortages of medicines was informed. SAD is manned by a Dental doctor and on sees 10 - 15 patients a day.

#### Infrastructure Available at the Subcentre/SAD

- (a) Subcentre (old building) is located around 1.5 Kms away from the Village at a hill top. It is accessible through a broken gradient track and difficult to reach especially for old, woman and children.
- (b) ANM was visited in her own house and it was informed that there have been few incidents of housebreaking in the Subcentre since it is in a secluded place. ANM has dedicated one room in her own house located in the village for Subcentre activities.

- (c) Subcentre was visited and it was seen that there are no sign boards and only one poster which was stuck on to one of the doors. Subcentre was locked but should have around 2 rooms.
- (d) SAD has three beds. Generally, emergencies do not report, as per the Doctor at SAD, she had only seen 2 emergencies in last one year.
- (e) No provision for Water and Electricity at the Subcentre.

**Staff** The subcentre had only one ANM, further, she also had the charge and responsibility of another Subcentre at Jaggibhagwan located at a distance of nearly 10 km from Mansoona.

**Interaction with ANM/Observations**

- (a) ANM heavily loaded with the responsibility of two Subcentres.
- (b) Only a few basic medicines are available with the ANM.
- (c) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages.
- (d) ANM reports that villagers are apprehensive about getting their children immunized; ANMs have to really convince the villagers, the same happened with immunization for Measles and Rubella.

**Photographs of Sub-centre at Mansoona**



Subcentre is located further beyond the building which is seen. The broken track leading to the Subcentre is visible, which make it difficult to reach the Subcentre



Subcentre Mansoona, no sign boards and only on elone poster is seen of HIV AIDS. There is no one to maintain the Subcentre and is very difficult for the responsible ANM to maintain Subcentre Mansoon and Subcentre Jaggibhagwan, which is across the mountains seen

## **Sub-centre at Phata**

### **Infrastructure Available at the Subcentre**

- (a) Subcentre (old building) is located in the village itself. The building is in a poor state and needs repairs. It has two rooms. One room for subcentre activities and another for ANM to stay. One has to walk down around 20 meters from the road to reach the Subcentre. It is easily accessible.
- (b) State Allopathic Dispensary (SAD) is also located at Phata at a distance of 40-50 meters from the subcentre. ANM utilizes the facilities at SAD for delivery in case required. The Dispensary has a staff of 4 persons ( Doctor, Pharmacist, Ward boy, and a Hygiene Keeper).
- (c) Subcentre was visited and it was seen that there are adequate sign boards and relevant poster/charts.
- (d) Subcentre has provision for Electricity but no Water connection.

**Staff** The subcentre has only one ANM, she is assisted at time by a Dai ( temporary worker) during Vaccination pgmes.

### **Interaction with ANM/Observations**

- (a) ANM heavily loaded with responsibility of two Subcentres.
- (b) Only a few basic medicines are available with the ANM.
- (c) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages.

### **Photographs of Sub-centre at Phata**



## **SAD/ Subcentre at Parkandi (Population : 1812**

### **Infrastructure Available at the Subcentre**

- (a) Subcentre is co-located with SAD and. During the Kedarnath disaster in 2013, the school at Parkandi has swept away in the floods. Thereafter, Rudraprayag subcentre building was handed over to the school.
- (b) 2 rooms from SAD were given to the ANM for Subcentre activity. SAD has 5 Rooms.
- (c) There are 2 beds in SAD. Subcentre does have a Delivery table but since it is broken, all delivery case is either sent to Subcentre Paldwari ( 6 Kms away), CHC, Agustmuni or to District Hospital Rudraprayag.
- (d) Approximately 25-30 deliveries take place annually and institutional deliveries are taking place, except for emergent cases. No death of mother or child has been reported from the subcenter.
- (e) Subcentre has adequate signboards and relevant poster/charts.
- (f) Subcentre has provision for electricity but not for water.
- (g) Medicines are in short supply.

**Staff.** The subcentre has only one ANM. During vaccination, children collect at one village/Anganwadi. Though, SAD has a Pharmacist and a ward boy, but does not have a doctor, as of now one Doctor is officiating. Villagers have been protesting for the doctor to be posted at Parkandi permanently. ANM resides close to the Subcentre.

### **Interaction with ANM/Observations**

- (a) ANM heavily loaded with responsibility.
- (b) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages
- (c) ANM is not able to carry out Deliveries at Subcentre since the delivery table is broken.
- (d) Nonavailability of the doctor affects curative services under the subcenter

## Photographs of Sub-centre at Parkandi



### Subcentre/SAD at Daira (Population: 3622)

Subcentre at Daira falls under PHC Ukhimath and CHC Agustmuni. It is located on Ukhimath to Gopeshwar Road. Subcentre has six Gram Sabhas and 18 Villages. Interaction with Doctor at SAD and ANM (ANM for last 34 Years) was carried out.

### Infrastructure Available at the Subcentre/SAD

- (a) Subcentre building had been entirely swept off during Kedarnath disaster in 2013. Subcentre has again been reconstructed co-located with SAD with 4 Rooms. It is away from the Village and a path through the Jungle leads to the Subcentre. It is also inhabited by wild bears and Leopards. Therefore, the present location of the Subcentre is not ideal for visits by the Villagers.
- (b) SAD and Subcenter are located 3 Kms away from the road head ( Mastura) and one has to walk 3 km to reach the SAD/Subcenter.
- (c) Subcentre has adequate signboards and relevant poster/charts.
- (d) Subcentre has provision for electricity but not for water. For SAD there is no provision for electric and water supply.

**Staff.** The subcentre has only one ANM. During vaccination, children collect at one village/Anganwadi. ANM resides at Ukhimath and comes to the center on a daily basis since the location of the sub center is at an isolated location. She carries out Vaccination for the Villages on every Saturday and is also called at the PHC at Ukhimath for vaccination on Wednesdays. SAD has only a doctor and a Safai Karamchari and Ayush wing have a Pharmacist.

### **Interaction with ANM/Observations**

- (a) ANM heavily loaded with responsibility.
- (b) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages.
- (c) No deliveries can be undertaken due to location and non availability of water at the Sub center. All deliveries are carried out at PHC, Ukhimath
- (d) Earlier the sub center used to receive the medicines, however, as of now, the medicines are hardly given to the sub center.
- (e) Due to location of the SAD, very few patients come to the SAD and no patient suffering from Joint pain.
- (f) SAD/Sub center has been reconstructed again at the same location in spite of it being distant from the road head.
- (g) No proper chair for the MO IC and benches for the Patients have been provided.
- (h) Saline is being used by doctors to wash hands. For and after dressing.
- (i) No facility for transport.
- (j) No boundary wall and floor in a depleted state.

### **Subcenter/SAD at Guptkashi**

Subcenter/SAD at Guptkashi was visited. The interaction was carried out with MO IC and ANM. The infrastructure at the PHC was found to be new and it was well laid out.

### **Infrastructure Available( Old Structure)**

- (a) Registration and OPD Room
- (b) Four bed Hospital
- (c) Examination room
- (d) Dressing Room
- (e) Female ward
- (f) Male ward
- (g) Doctors Room

**Staff** . SAD has a staff of 06 Persons

(a) Doctors	:	02
(b) Pharmacist	:	01
(c) Staff Nurse	:	01
(d) Ward Boy	:	01
(e) Hygiene Caretaker	:	0



### **Interaction with ANM/Observations**

- (a) Road leading to SAD was appropriate for only one way traffic. Accessibility was constrained.
- (b) Hospital poorly maintained. No Patient was admitted
- (c) SAD has 4 beds ( including one for emergency). Labour room has 2 beds and one delivery table.
- (d) Number of OPDs per day was 50-70 since the SAD is located at Guptkashi itself.
- (e) SAD was in a process to convert into a PHC. It has lab facilities, cold chain. It is the most upgraded SAD in the region.
- (f) Approximately 10-15 deliveries take place every month.
- (g) Nearest referral center for Pregnant women is District Hospital Rudraprayag since Gynecologist is only available there.



### **State Allopathic Dispensary at Guptkashi**

### **Subcentre at Makkumath (Population: 1816)**

Subcentre at Makkumath falls under PHC Ukhimath and CHC Agustmuni. The Subcentre has 2 Gram Sabhas and 10 Villages. The subcentre is under ANM (ANM for the last 30 years).

### **Infrastructure Available at the Subcentre**

- (a) Subcentre is located within the village, 500 meters from the Road.
- (b) It has 2 rooms however the roof has heavy seepage.
- (c) No facility for deliveries.
- (d) Subcentre has adequate signboards and relevant poster/charts.
- (e) Subcentre does provision for electricity and water. The ANM has been given solar lantern. Water is likely to be provided by this year end.
- (f) 108 Ambulance services are available, which come till the road head.

**Staff.** The subcentre has only one ANM and one Pharmacist. During vaccination, children collect at one village/Anganwadi.

### **Interaction with ANM and Observations**

- (a) ANM heavily loaded with responsibility.
- (b) Approximately 25-30 deliveries take place annually in villages under the Subcenter. Deliveries take place at CHC, Agustmuni and PHC, Ukhimath. No death of mother or child has been reported from the subcenter.
- (c) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages
- (d) Most of the Medicines are available as informed by the ANM and the Pharmacist.
- (e) As in case of every other Subcentre, the villages are sparsely populated and most of the villages are distant and difficult to reach due to non availability of roads and the hilly terrain

## Photographs of Sub-centre at Makkumath



### Subcentre at Ransi

Sub-centre at Ransi falls under PHC Ukhimath and CHC Agustmuni. Sub-centre has three Gram Sabhas and 18 Villages. Interaction was carried out with ANM, (ANM for last 17 Years).

### Infrastructure Available at the Subcentre

- (a) Sub-centre building is of 2006 vintage and is located approximately 500 meters from the village. The building suffered major damages ( walls are broken down) during the Kedarnath Disaster in 2013. Major repairs were carried out and the building has now been restored. It has two rooms, one room for sub-center activities and another for ANM to stay.
- (b) Sub-centre has adequate sign boards and relevant poster/charts.
- (c) Sub-centre has provision for electricity but no water.

**Staff** The sub-center has only one ANM and One Pharmacist. During vaccination, children collect at one village/Anganwadi.

### Interaction with ANM/Observations

- (a) ANM heavily loaded with responsibility.
- (b) ANM has been carrying out Immunisation/ Tikka karan meticulously and is appreciative of the ASHAs in the villages

**Photographs of Subcentre at Ransi**



**Subcentre at Ransi**