Chapter VI

Maternal and Child Care

Chapter-VI: Maternal and Child Care

Adequacy of healthcare services relating to maternal and infant care

6.1 Introduction

India has adopted the 2030 Agenda for Sustainable Development, at the heart of which are 17 Sustainable Development Goals (SDGs). SDG Goal 3 avowed to *"Ensure healthy lives and promote well-being for all at all ages"* while sub-goal 3.1 envisaged to reduce the global maternal mortality ratio to less than 70 *per* 100,000 live births by 2030 and sub-goal SDG 3.2 pledges to end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under five mortality to at least as low as 25 *per* 1,000 live births, by 2030.

6.2 MMR, IMR and TFR (State Level)

The Ministry of Health and Family Welfare, GoI in its document "Framework of Implementation of Mission (2012-17)" has laid down the outcome indicators including Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Total Fertility Rate (TFR) and framed time specific targets for their achievement. Similarly, targets with respect to these outcome indicators have also been specified in the Millennium Development Goals (MDG) outlined by the United Nations in the year 2000. A comparison of these indicators to be achieved in both documents is given below:

Table 6.1: IMR, MMR & TFR Targets

Sl. No.	Framework of Implementation (2012-17)	Millennium Development Goals (2015)
1	Reduce IMR to 25/1,000 live birth	Reduce IMR to 27 per 1,000 live birth
2	Reduce MMR to 100/1,00,000 live births	Reduce MMR to 109 per 1,00,000 live birth
3	Reduce TFR to 2.1	

As against the above targets, the indicators of Sikkim State are shown in following Table:

Table 6.2: Health indicators in Sikkim

IMR	MMR	TFR
12/1000	96[1]/1,00,000	1.2

Source: For IMR and TFR Annual Report (2018-19) of Family Welfare Department, Sikkim, for MMR SRS.

[1] *As per the Sample Registration System (SRS), the MMR of Sikkim was not worked out separately, but the State was clubbed with other NE states. The MMR for the period 2004-06 and 2015-17 is as given in the table below:*

MMR of India and Sikkim for the period 2004-06 to 2015-17

Sl. No.	*Year*	*MMR (India)*	*MMR (Sikkim included among 'other States' constituting small NE States etc.)*
1	*2004-06*	*254*	*206*
2	*2015-17*	*122*	*96*

(Source: Sample Registration System)

The State had been able to meet the national as well as MDG targets set for these indicators.

Audit of sampled two DHs was taken up to assess the condition of Maternal and Child care services. The findings are narrated in the following paragraphs.

6.3 Antenatal Care

Antenatal care is the systemic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus. A proper antenatal check-up provides necessary care to the mother and helps identify any complications of pregnancy such as anaemia, pre-eclampsia, hypertension, etc.

6.3.1 Antenatal Care (ANC) check-up

As per the Maternal Health Division, Ministry of Health and Family Welfare, all pregnant women (PW) are required to be registered and minimum four Antenatal Care (ANC) check-ups are needed to be conducted. Each pregnant woman is given a unique ID while registering her name and details in the Reproductive and Child Health (RCH) Register in the facility, and is given a Mother and Child Protection (MCP) card. All the investigations done and date of visit have to be recorded in the MCP card and the same is required to be updated in the RCH Register. All pregnant women who are registered with MCP card are to be given Iron Folic Acid (IFA) tablets and Calcium tablets compulsorily. IFA tablets (180) have been prescribed for six months during pregnancy and are to be continued for six months post-partum.

During the period 2014-15 to 2018-19, the District Hospitals conducted three / four ANC of registered PWs. The percentage of ANC carried out ranged between 59 to 92 *per cent* of the registered PW in case of Singtam DH and 73 to 122 *per cent* in case of Gyalshing DH, as detailed in the tables below:

Table 6.3: Antenatal Care in Singtam DH

Year	Total PW registered for ANC	Registered within first trimester (12 weeks)	PWs who received three/ four ANC check-ups (percentage)	PWs who received less than three ANC check-ups	No. of PW with severe anaemia
2014-15	291	239	205 (70)	86	7
2015-16	252	213	194 (77)	58	1
2016-17	270	212	205 (76)	65	1
2017-18	305	283	180 (59)	125	42
2018-19	265	243	244 (92)	21	48
Total	**1383**	**1190**	**1028 (74)**	**355**	**99**
Percent		**86**	**74**	**26**	

Source: HMIS data

Table 6.4: Antenatal Care in Gyalshing DH

Year	Total PW registered for ANC	Registered within first trimester (12 weeks)	PWs who received three/ four ANC check-ups (percentage)	PWs who received less than three ANC check-ups	No. of PW with severe anaemia
2014-15	169	165	176 (104)	0	8
2015-16	159	146	194 (122)	0	1
2016-17	161	146	183 (113)	0	1
2017-18	160	136	141 (88)	19	0
2018-19	168	148	122 (73)	46	1
Total	**817**	**741**	**816**	**65**	**11**
Per cent		***91***	***100***	***8***	

Source: HMIS data. Note: The higher number of PWs given ANCs in Gyalshing DH during 2014-17 as compared to the number of PWs actually registered in the DH was due to some PWs registered in adjoining PHCs also being given ANCs in the DH.

Analysis of the data on ANC during 2014-19 reveal the following:

- During the period 2014-19, against 1383 and 817 PWs registered for ANC, 1190 (86 *per cent*) and 741 (91 *per cent*) were registered within the first trimester of pregnancy in Singtam DH and Gyalshing DH respectively. There was shortfall of 14 and 9 *per cent* in registration of PWs in Singtam DH and Gyalshing DH respectively.
- During the period covered by audit, 355 and 65 PW representing 26 and 8 *per cent* did not receive minimum three ANC check ups in Singtam DH and Gyalshing DH respectively during the pregnancy period.
- Out of 1,383 and 817 PW registered for ANC in these two hospitals, 99 and 11 PWs suffered from severe anaemia which was a major cause of maternal and infant mortality as per maternal mortality review.

The Department stated (June 2020) that in few cases pregnancies occur during Lactational Amenorrhea in such cases patient herself may not know that she is pregnant, whereas in some cases of mothers having kids, if they become pregnant, they hesitate to come for the registration/ checkup. Further some patients may come from outside the State also.

6.3.2 Institutional Deliveries

To minimise the Maternal Mortality Rate (MMR), deliveries in hospital and health institutions are encouraged for safe delivery and survival of the child as well as mother. The details of deliveries in Singtam and Gyalshing DHs during the period 2014-19 were as below:

Table 6.5: Status of Institutional Deliveries

Year	Singtam DH		Gyalshing DH		Home delivery attended by trained Skilled Birth Attendant (SBA)		Home delivery attended by non-trained SBA		New born weighing less than standard weight (2.5 kg)	
	Institu-tional	Home	Institu-tional	Home	Sing-tam	Gyal-shing	Sing-tam	Gyal-shing	Sing-tam	Gyal-shing
2014-15	444	11	354	3	0	3	11	0	30	15
2015-16	544	5	334	3	2	1	3	2	32	20
2016-17	527	5	348	2	1	1	4	1	31	15
2017-18	525	5	335	2	4	0	1	2	31	15
2018-19	499	2	361	0	1	0	1	0	32	14
Total	**2,539**	**28 (1%)**	**1,732**	**7 (0.4%)**	**8**	**2**	**20**	**5**	**156 (6%)**	**79 (5%)**

Source: HMIS data

- The institutional deliveries were 99 *per cent* and almost 100 *per cent* in Singtam DH and Gyalsing DH respectively during the period 2014-19. Thus, both DHs were able to restrict deliveries at home within one and less than one *per cent*.

- As compared to total deliveries in DHs, the number of new born babies weighing less than the standard norm of 2.5 kgs during the period 2014-19 were 156 (six *per cent*) and 79 (five *per cent*) in Singtam DH and Gyalshing DH. The number of low birth weight babies was almost static in both DHs during the period covered under audit (2014-19), except in 2015-16 in Gyalshing DH, when it was higher. Though Low Birth Weight (LBW) was one of the major causes of infant mortality in both DHs, no action as envisaged by the Ministry of Health and Family Welfare (GoI) had been initiated by the DHs to minimise the LBW cases.

6.3.3 Distribution of Iron Folic Acid (IFA) and Calcium Tablets

The status of distribution of IFA and Calcium tablets to PW by sampled DHs during the period 2014-15 to 2018-19, is shown in the table below:

Table 6.6: Distribution of IFA and Calcium tablets in sampled DHs

Year	Singtam DH			Gyalshing DH		
	Total PW registered for ANC	PWs provided with		Total PW registered for ANC	PWs provided with	
		IFA tablet	Calcium tablet		IFA tablet	Calcium tablet
2014-15	291	278	NA	169	147	NA
2015-16	252	238	NA	159	129	NA
2016-17	270	238	NA	161	142	NA
2017-18	305	117	234	160	132	138
2018-19	265	540	552	168	168	188
Total	**1383**			**817**		

Source: HMIS data

It can be seen from the above table that:

- Percentage of PW who were given IFA and Calcium tablets ranged from 38 (2017-18) to 204 *per cent* (2018-19) in Singtam DH and 83 (2017-18) to 100 *per cent* (2018-19) in Gyalsing DH during the period from 2014-15 to 2018-19 against the total number of PW registered for ANC.

- During 2017-18, it was seen that IFA tablets were not distributed to 188 PW (62 per cent) which would impact health of new born babies.
- Similarly, percentage of PW who were given Calcium tablets ranged from 77 to 208 *per cent* in DH Singtam DH and 83 to 100 *per cent* in Gyalshing DH as against the total number of PW registered for ANC during the years 2017-18 and 2018-19.
- No data on distribution of Calcium Tablets prior to 2017-18 were available in the HMIS data.

Regarding higher achievement in distribution of IFA and Calcium tablets in 2018-19 by Singtam DH, the hospital authority stated that higher distribution was due to migrant labour and also due to reporting of PW of other health centres in DH as the Singtam DH is located adjacent to border of South District with easy accessibility.

6.3.4 Stillbirth

Stillbirth is the delivery, after the 20th week of pregnancy, of a baby who is born dead. The status of stillbirth cases in the sampled DHs during the period 2014-15 to 2018-19 is given below:

Table 6.7: Incidence of Stillbirth

Year	East District	Singtam DH	West District	Gyalshing DH
2014-15	20	11	22	1
2015-16	20	14	23	11
2016-17	21	14	17	7
2017-18	12	9	21	11
2018-19	13	10	36	16
Total =	**86**	**58 (67%)**	**119**	**46 (39%)**

Source: HIMS data

It was noticed that out of 86 and 119 still births reported in East and West districts respectively, 58 still births (67 *per cent*) occurred in Singtam DH and 46 still births (39 *per cent*) took place in Gyalshing DH during the period covered under audit. Despite high incidence of still birth cases in the DHs, no system of reviewing the still birth cases existed in DHs to minimise the incidence of such cases.

6.4 Intra-partum Care

Intra-partum Care (IPC) includes care of pregnant woman during intra-partum period (the time period spanning between onset of labour and childbirth). Proper care during labour saves not only mothers and their newborn babies, but also prevents stillbirths, neonatal deaths and other complications. The quality of IPC is largely affected by availability of essential resources and clinical efficiency of the medical and paramedical staff.

A summarised position of availability/non-availability of some of the basic facilities in the District Hospitals is given below:

Table 6.8: Availability of *Intra-partum* Care

Basic facilities	District Hospital		Remarks
	Singtam	Gyalshing	
Intensive Care Unit	Not available	Not available	*Only blood storage facility available. Blood Banks operationalised only in August 2019 and October 2019 in these health facilities respectively.
Blood Bank/ Blood Storage Unit	Available*	Available*	
Eclampsia Room	Not available	Available	
Septic room	Available	Available	
Antenatal Care Ward/Post Natal Care Ward	Available	Available	
Triage room	Not available	Not available	
Drinking Water facility	Available	Available	

Source: Physical verification of the District Hospitals

The essential facilities like Intensive Care Units and Triage Rooms were not available in both the DHs, which affected the quality of health services provided by the hospitals. Blood Banks were operationalised in Singtam DH (August 2019) and Gyalshing DH (October 2019), prior to which blood was being procured from STNM Hospital (27 Kms from Singtam DH) and Namchi DH (60 Kms from Gyalshing DH) for treatment of patients.

6.4.1 Caesarean Section (C-Section) Deliveries

The status of C Section deliveries in the two DHs during 2014-19 was as under :

Table 6.9: Proportion of C-Section in District Hospitals

Sl. No	District Hospitals	Year	Institutional deliveries	C-section deliveries	Percentage of C-section delivery out of total institutional deliveries
1	*Singtam*	2014-15 to 18-19	2,539	409	16
2	Gyalshing	2014-15 to 18-19	1,732	49	3

Source: HMIS data

Against the total institutional deliveries of 2,539 and 1,732 babies in Singtam DH and Gyalsing DH respectively, the proportion of C-section deliveries was 16 *per cent* (409) and three *per cent* (49) respectively as compared to total institutional deliveries during the period 2014-19.

Percentage of C-section deliveries in Gyalshing DH was much less than norm (upto 15 *per cent*) of Maternal and Newborn Health (MNH) Toolkit. Low percentage of C-section delivery at Gyalshing DH was due to non-availability/ shortfall in medical personnel in the cadre of surgeon, gynaecologist, anaesthetist, etc.

6.4.2 Referral to Higher Facility

In terms of the IPHS, referral services to higher centres indicate that facilities for treatments are not available in the hospitals concerned. The status of referral of pregnant women during the period 2016-17 to 2018-19 (records prior to 2016-17 were not available) in the DHs is shown in the following Table:

Table 6.10: Referral of Deliveries

Sl. No.	District Hospital	Year	Admission	Referral of PW	Percentage of referral
1	Singtam	2016-17 to 18-19	3,541	976	28
2	Gyalshing	2016-17 to 18-19	3,191	297	9

Source: Information from hospitals

Referral rate relating to pregnant women (delivery cases) was high in Singtam DH representing 28 *per cent* of total admissions of such cases indicating health care facilities were not adequate in the DH. Referral rate of Gyalshing DH was, however, lower at only nine *per cent*. The hospital administration and the DH had not taken effective measures to reduce the high rates of Caesarean section deliveries and to ensure comprehensive services within the DHs concerned for safe deliveries.

6.5 Review of Maternal and Infant Deaths

The Maternal Death Review Guidebook (NHM) stipulates that, at District Hospital, a Committee comprising of Hospital Superintendent, Facility Nodal Officer (FNO) (Obstetrician from the Department), at least two Obstetricians/ MO in Obstetrics and Gynaecology (OBG) department, one Anaesthetist, one Blood Bank MO, nursing representative and one Physician should be formed to review the causes of maternal and child deaths. Maternal and infant death review was being done in both health facilities regularly. In terms of the minutes of meeting of the Maternal and Infant Death Review (MDR) committee of Singtam and Gyalshing DHs, severe anaemia, lack of proper ANC due to hidden pregnancy and delay in referral were the common lapses leading to deaths of four mothers. During the period covered under audit, the status of maternal, infant and still birth cases in Singtam and Gyalshing DHs was as under:

Table 6.11: Maternal and Infant Deaths in District Hospitals

Year	Maternal Death				Infant Death			
	East District	DH Singtam	West District	DH Gyal-shing	East District	DH Singtam	West District	DH Gyal-shing
2014-15	1	0	1	0	5	5	31	9
2015-16	1	1	2	1	7	2	16	4
2016-17	1	0	3	0	3	0	14	1
2017-18	2	2	1	0	7	0	22	5
2018-19	0	0	0	0	13	2	26	5
Total	**5**	**3 (60%)**	**7**	**1 (14%)**	**35**	**9 (26%)**	**109**	**24 (22%)**

Source: HMIS data

As can be seen from table above, the high proportion of infant death in sampled Singtam DH and Gyalshing DH of 26 and 22 *per cent* respectively as compared to total infant death in respective districts, was a matter of concern.

6.5.1 Maternal Death Review

As per the IPHS guideline, all mortality in the hospital should be reviewed on fortnightly basis.

During audit of the two District Hospitals, the following was noticed:

Table 6.12: Status of Maternal Death Review

Sl. No.	Name of the District Hospital	Whether Maternal Death Review Committee formed	Minutes of the Death Review Committee	Total death of PW during the period 2014-15 to 2018-19	Total no. of death review of PW done
1	Singtam	Yes	Yes	3	3
2	Gyalshing	Yes	Yes	1	1

Source: Hospitals records

Audit scrutiny revealed that in Singtam DH and Gyalshing DH, three and one maternal death had occurred respectively during the period 2014-19. As compared to total delivery (Singtam: 2,567 and Gyalshing: 1,739) in these two DHs during the period from 2014-15 to 2018-19, proportion of maternal death was less than one *per cent*. The causes of death were due to severe hypertension, anaemia, bleeding, etc.

6.6 Child and Infant Health Care

Infant Mortality Rate (IMR), which is widely accepted as an indicator of the overall health scenario of a country or a region, is defined as the infant deaths (less than one year) per thousand live births in a given time period and for a given region.

The position of Infant Mortality Rate (IMR) for the country as a whole and Sikkim is given in the table below:

Table 6.13: IMR of Sikkim vis-à-vis India

Year	IMR of India	IMR of Sikkim
2014	40	19
2015	37	18
2016	34	16
2017	33	12

Source: Sample Registration System

As can be seen from the table above, IMR of the State is far less than the national average. The State was able to reduce the IMR from 19 (47 *per cent* lower than national average) to 12 (36 *per cent* lower that national average) over period 2014-15 to 2017-18. Further, the IMR was on a declining trend indicating better health care facilities for infants in the State**.**

6.7 Special Newborn Care Unit Facilities

Special Newborn Care Unit (SNCU) provides care to all sick newborns (except for those requiring assisted ventilation or major surgery). During audit of sampled DHs, it was seen that SNCUs were not available in the DHs. Only Newborn Stabilisation Units

(NBSU) were available in the DHs. The hospital authorities stated that despite non-availability of SNCU in the DHs, most equipment required for SNCU were provided to the DHs. As such all health facilities equivalent to SNCU were being provided to infants.

6.8 Causes of Infant Deaths

The information detailing the causes of deaths of infants in the two DHs is given below:

Table 6.14: Causes of Infant Death

Sl. No.	District Hospital	Birth Asphyxia	Prematurity	Sepsis	Respiratory Distress Syndrome (RDS)	Pneumonia	Low Birth Weight	Others
1	Singtam	0	0	0	0	1	2	6
2	Gyalshing	0	0	0	0	6	1	17

Source: HMIS data

Scrutiny of records revealed that the major causes of infant death were Pneumonia, Low Birth Weight and other reasons. It was seen that out of total 33 deaths in the sample DHs, the reason for death was mentioned as 'Others' in 23 cases (70 *per cent*) in HMIS data. Thus reasons of death in substantial number of cases were not recorded, due to which reviews for remedial action was rendered difficult.

6.9 Zero Day Immunisation and Vaccination

Under this programme, newborns are to be administered doses of three vaccines viz. OPV, BCG and Hepatitis 'B' on the day of birth. OPV vaccine is given for immunisation against Polio, BCG vaccine to prevent Tuberculosis and Hepatitis-B vaccine is given against Hepatitis-B.

Scrutiny of records of sampled DHs, it was observed that some of the newborns were not administered zero day vaccination as can be seen from the following table.

Table 6.15: Immunisation of Infants

Sl. No.	District Hospital	New Born (Live birth)	New born given BCG vaccine *(per cent)*	New born given OPV vaccine *(per cent)*	New born given Hepatitis-B vaccine *(per cent)*
1	Singtam	2523	97	97	94
2	Gyalshing	1713	99	99	93

Source: HIMS data

Percentage of immunisation given to newborns ranged from 94 to 97 *per cent* in Singtam DH and 93 to 99 *per cent* in Gyalshing DH during the period 2014-15 to 2018-19. Gyalshing DH had performed better than Singtam DH in administering BCG and OPV vaccines.

6.10 Implementation of Institutional Delivery Promoting Scheme (Coverage under JSY)

Under NHM, a trained female community health worker called Accredited Social Health Activist (ASHA) is to be provided in each village in the ratio of one per 1,000 population (or less, for large isolated habitations). ASHA were to mobilize the community and facilitate people's access to health and health related services available at the village and health centres, such as immunization, ANC, PNC, sanitation and other services.

Janani Suraksha Yojana (JSY) commenced in the country in April 2005, encourages institutional delivery among pregnant women by providing conditional cash assistance. Cash assistance to the mothers in High Performing States (HPS) were ₹ 700 in rural areas and ₹ 600 in urban areas. The cash assistance was to be provided to the mother in one go at the health centre immediately on arrival and registration for delivery. In case of home delivery, disbursement was to be done at the time of delivery or around seven days before the delivery by ANM/ASHA/any other link worker. The state of Sikkim was categorised as HPS where the benefit is admissible to the mothers belonging ST/ SC and BPL population. The DHs had not maintained category-wise information of PWs, therefore it was not possible to ascertain whether benefits were extended to eligible beneficiaries. The number of beneficiaries receiving payment against total number of deliveries in the two DHs is shown below:

Table 6.16: Year-wise JSY Beneficiaries

Year	Singtam DH		Gyalshing DH	
	Total delivery	Number of Beneficiaries (*per cent*)	Total delivery	Number of Beneficiaries (*per cent*)
2014-15	444	120 (27)	354	46(13)
2015-16	544	133(24)	334	35(10)
2016-17	527	96(18)	348	46(13)
2017-18	525	120(23)	335	35(10)
2018-19	499	151(30)	361	64 (18)
Total	**2539**	**620 (24)**	**1732**	**226 (13)**

Source: HMIS data

During the period 2014-15 to 2018-19, only 24 *per cent* and 13 *per cent* mothers in Singtam DHs and Gyalshing DH respectively were given cash assistance under Janani Suraksha Yojana. In this regard, it is significant that as per Census 2011, proportion of combined population of SCs and STs in East District and West district were 33.06 *per cent* and 46.73 *per cent* respectively. Therefore, the scheme coverage needed to be reviewed and implemented more aggressively.

The reasons for low coverage were attributed to mothers not having AADHAR number for bank account or some places having no nationalized bank as the JSY payments were to be made through DBT-AADHAR from January 2013. The Department may take steps to facilitate the implementation as per the conditions mentioned.

6.11 Janani Shishu Suraksha Karyakram (JSSK)

JSSK was launched in November 2011 with an initiative to assure free services to all PWs and sick neonates accessing public health institutions. The scheme envisages free and cashless services to PW including the cases of normal as well as Cesarean Section deliveries and also for the treatment of sick new-born (up to 30 days after birth) in all Government health institutions across the State. The JSSK scheme envisaged referral facilities for the PWs as well as free medicines/drugs to those who have given birth in hospitals. During the period from 2016-17 to 2018-19, the status of JSSK services availed by PW under Singtam and Gyalshing DHs was as under:

Table 6.17: JSSK Beneficiaries in Singtam DH

Year	Free drugs and consumables		Free Diet	Free Diagnostics	Referral vehicles		
	Mother	Child			Home to health institution	To higher health facilities	Drop back home
2016-17	522	225	178	178	88	303	107
2017-18	526	243	111	74	107	302	107
2018-19	607	365	82	45	90	333	84
Total	**1,655**	**833**	**371**	**297**	**285**	**938**	**298**

Source: Information from hospital

Table 6.18: JSSK Beneficiaries in Gyalshing DH

Year	Free drugs and consumables		Free Diet	Free Diagnostics	Referral vehicles		
	Mother	Child			Home to health institution	To higher health facilities	Drop back home
2016-17	955	443	4	0	264	0	0
2017-18	553	218	0	0	206	0	0
2018-19	777	336	0	0	208	0	0
Total	**2,285**	**997**	**4**	**0**	**678**	**0**	**0**

Source: Information from hospital

Thus, in Singtam DH, number of beneficiaries receiving free drugs and consumables, diets and diagnostic services were 1655, 833 and 297 respectively during the period 2016-17 to 2018-19 while 1521 beneficiaries got free referral transport facilities from home to health institution and back. Similarly, in Gyalshing DH, 2,285, 997 and four beneficiaries got free drugs & consumables and free diet while 678 beneficiaries got free transport services under the JSSK during the period. No case of denial of free services under JSSK was found in the two DHs.

Conclusion

State had been able to meet the national as well as Millennium Development Goals of United Nations for MMR and IMR. They were able to reduce the IMR from 19 (47 *per cent* lower than national average) to 12 (36 *per cent* lower that national average) over period 2014-15 to 2017-18, indicating better health care facilities as well as creation of health awareness for mothers and infants in the State**.**

During the period 2014-15 to 2018-19, the District Hospitals conducted three / four ANC of registered PWs. The percentage of ANC carried out ranged between 59 to 92 *per cent* of the registered PW in case of Singtam DH and 73 to 122 *per cent* in case

of Gyalshing DH, which was commendable. Both DHs were able to restrict the home delivery within one and less than one *per cent* during the period from 2014-19. Referral rate relating to pregnant women (delivery cases) was high in Singtam DH (28 *per cent)* while in Gyalshing DH, it was nine *per cent*.

The sampled DHs did not have facilities of ICU and Triage rooms in context of maternal services.

The immunisation given to newborns ranged from 94 to 97 *per cent* in Singtam DH and 93 to 99 *per cent* in Gyalshing DH during the period.

During 2014-15 to 2018-19, only 24 *per cent* and 13 *per cent* mothers in Singtam DH and Gyalshing DH respectively, of the eligible population were given cash assistance under Janani Suraksha Yojana.

Recommendations

- *The Government may ensure that the hospitals are equipped completely with all the essential equipment for child deliveries and new born baby care.*
- *The Hospitals may prepare and maintain category-wise information of PWs, to extend the benefits of the various Schemes to eligible beneficiaries.*
- *The Janani Suraksha Yojana needed to be implemented more aggressively in the State due to the insufficient coverage.*