

**Monitoring and Evaluation of Programme Implementation Plan 2018-19  
Ahmednagar District, Maharashtra**

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## Monitoring and Evaluation of Programme Implementation Plan, 2018-19

### Ahmednagar District, Maharashtra

#### 1. Executive Summary

- As directed by MOHFW, the monitoring and evaluation of PIP (2018-19) of Ahmednagar District were carried during the period September 3 - 6, 2018. Primary data were collected using the semi-structured questionnaire from the District Programme Management Unit. The data were also collected from District Hospital, 1 Sub Divisional Hospital, 1 Rural Hospital, 1 PHC and 1 SC.
- a) Key Observations and Findings
  - Ahmednagar is geographically a large district of the state of Maharashtra, with 96 PHCs with 555 Sub Center's catering health services to 45 lakh population.
  - Shortage of manpower is one of the major hindrances in providing health services. Two senior positions are vacant in DHO office, which hampers overall supervision.
  - Among regular sanctioned post in Ahmednagar district, five CI-I medical officers positions are vacant of 20 sanctioned posts and four posts of Class-II MO is vacant as against the sanctioned post of 213. As well, 315 Health Worker male and 13 Health Assistant male positions are vacant of sanctioned post 562 and 130 respectively. As well, 426 female Health Worker and 9 positions of health assistant female are vacant against sanctioned post of 976 and 103 respectively.
  - Ahmednagar district at DHO side total 2286 regular positions are sanctioned. Whereas 831 positions are vacant. Thirty eight percent of positions are vacant to total sanctioned posts. Huge vacancy is big trouble in providing health services as the district is geographically largest district in the state of Maharashtra.
  - Considering contractual posts, out of the total sanctioned posts of 915, 106 posts are vacant in the district. Total numbers of 3091 positions of ASHAs are sanctioned and 3061 are filled.
  - In terms of sanctioned and filled in position under Civil Surgeon side 19 CI-I MO positions are sanctioned and 11 are vacant, whereas 35 CI-II positions are sanctioned of which 1 is vacant. Pertaining to nursing cadre 156 posts are sanctioned and 10 posts are vacant. Overall 352 positions are sanctioned and 44 are vacant.
  - During the reference period April to August 2018, 585 personnel were trained in various categories.
  - The Blood Bank Unit is placed in the district hospital Ahmednagar. Besides this Blood Storage Units are available at SDH Karjat and Pathardi, CHC Kopergaon, Sangamenr, Newase, Akole, Rahta. CHC Shevgaon BSU work is under process. Except for Shevgaon all of them are functional. Blood bank at DH Ahmednagar is fully equipped and has all kinds of necessary machinery for the separation of blood components, with the storage capacity of 200 blood bags. On the day of the visit, 75 blood bags were available at DH Ahmednagar. During reference period 592 blood transfusions were done in the facility alone and in other hospitals

52 blood transfusions were conducted. During April to August 2018 1453 blood component issued. There were 36 blood collection camps organised.

- AYUSH facilities are provided in 8 health facilities. There are 15 AYUSH MOs post are sanctioned of different pathies i.e Ayurvedic, Homeopathy and Unani and all of them are filled. They are member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.
- During the period of April to August 2018, total 127054 OPD patients and 40559 IPD patients have benefited from AYUSH in the district, of which, 37162, 55590, 28438 and 5864 are OPD patients of AYURVEDA, HOMEOPATHY, UNANI AND YOGA respectively.
- During the reference period, Ahmednagar district reported 17543 institutional deliveries. Out of which 4035 were C-section deliveries and all C-section deliveries were provided EmOC facilities.
- There were 7 maternal deaths occur during the reference period in the district. All of them were reviewed.
- There is a functional SNCU in district hospital. Total 12 beds are sanctioned. As the occupancy rate of admission on a daily basis are, on an average, 42 babies in SNCU, the district administration utilized the present limited resources and upgraded the bed strength upto 25 beds.
- All the health facilities including services providers, ANMs and ASHAs have been provided with necessary information for optimal utilization of SNCU services.
- During the reference period, 1006 infants have been admitted, of which 748 are inborn and 260 are outborn. 722 infants are cured and discharged and 45 are referred to higher facility, 132 left without medical advice and 46 died.
- NRC was established in District Hospital and is functioning with necessary equipment's and trained manpower. Total 3 positions are sanctioned and are filled. During April to August, 2018, 16 children were admitted out of which 13 were discharged, LAMA was 3. RBSK team referred 7 cases.
- All the newborn delivered in health facilities get a birth dose of immunization. All the facilities provide immunization mainly on schedule immunization sessions. The schedule of immunization sessions is available in DPMU.
- The dedicated Immunization officer is in place in the district. Cold chain Mechanics are in place for the maintenance of cold chain machines in the district.
- Under RBSK, 63 team units are currently working in the district. All of them are having vehicles, necessary equipment's, and medicines and all staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM constitute one unit. At present 57 male MOs; 57 female MOs; 59 ANMs and 58 Pharmacists are available in the district for RBSK. These units examine school as well as Anganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs. children.
- During the reference period, from 4240 Anganwadies 245873 children's were screened. Total 9250 children were treated for minor injuries /diseases in the age group of 0 to 6 years. From 768 schools 55851 children were screened and 2556 were treated for minor injuries /diseases in the age group of 6 to 18 years.

- During the reference period, 4635 women undergone abdominal Tubectomy, 5608 women opted laparoscopy and 1499 PPIUCD has been conducted while 386029 Condoms and 55949 Oral pill packets have been distributed. IEC materials were available and both types of IUCD (375 and 380) were available in the district. ASHAs are involved in the social marketing of all these family planning services to the population.
- During the visit to the facilities, the PRC team found except Pathardi SDH no other facilities displayed EDL in the public domain. The PRC team took up this matter and discussed with DHO and CS and suggested necessary actions.

**District authorities facing following problems**

- Vacancies are the major problem at both DHO and CS side
- Mobility support is very less for NHM staff
- As the district hospital building is 50 years old there are multiple problems as there is no ventilation to the wards; drainage system is outdated.
- Medicine supply is not proper
- SNCU bed strength needs to be increased as the SNCU of DH is 12 bedded but occupancy is about 42.
- RBSK team suggested that some of the minor surgeries can be done at CHC level, if surgeons are being provided. Accreditation can be given at the district level as for some of the surgeries parents are not willing to go to Pune or Aurangabad.

**The PRC team suggested the following points at the time of visiting the facilities**

- PRC team had interaction with RBSK team at SDH Pathardi and CHC Shevgaon and discuss with them on various issues like the involvement of ASHAs in RBSK visits, home visits to neonates, the motivation of parents of SAM children for admission of the child in NRC for treatment. Sharing of their ATP with ANM of Sub Center.
- Suggested to DPM to increase the visits of DAM and block accounts manager in the periphery.

## **1. Introduction**

In keeping with the goals of the National Health Mission, the Programme Implementation Plan (PIP) 2018-19 has been designed and submitted to the Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the roadmap is given for PIP. In order to assess the implementation and progress of the PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. Ahmednagar was assigned the evaluation study of the PIP of Maharashtra for the year 2018-19.

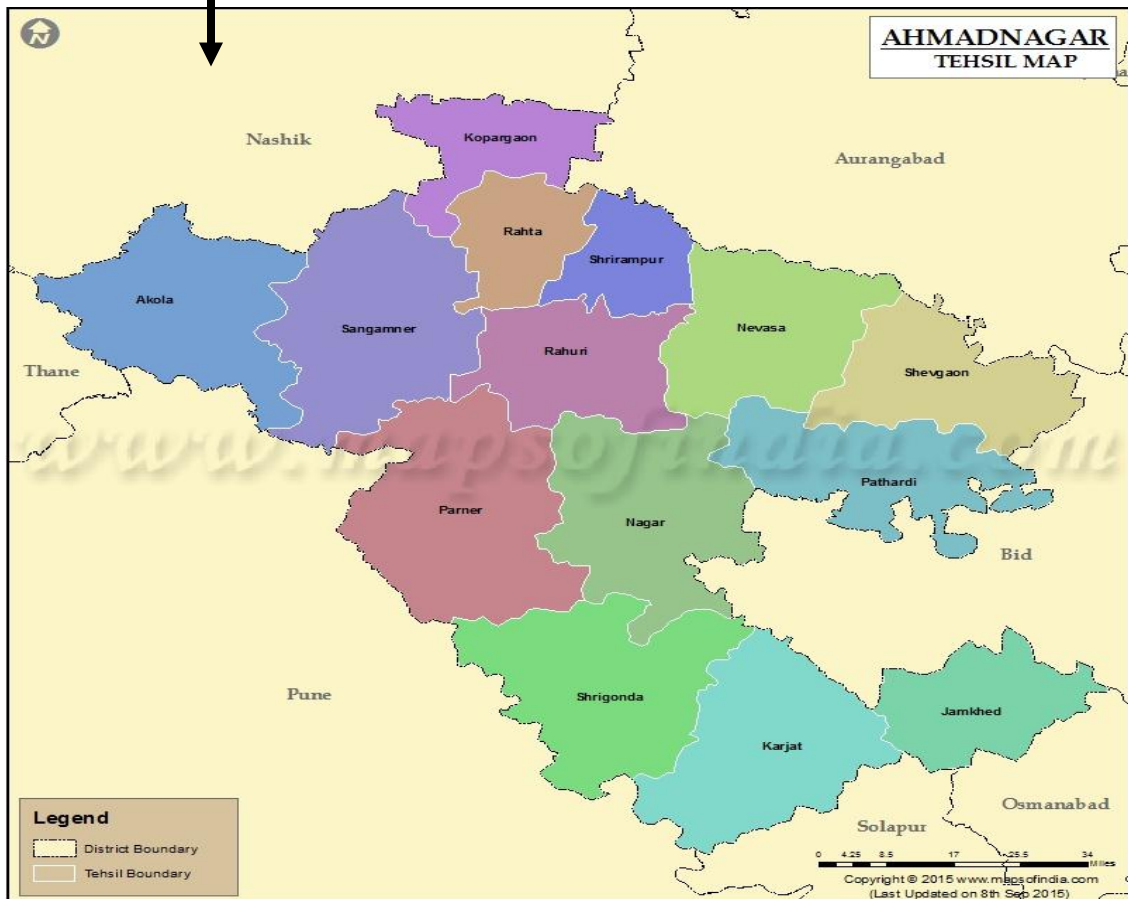
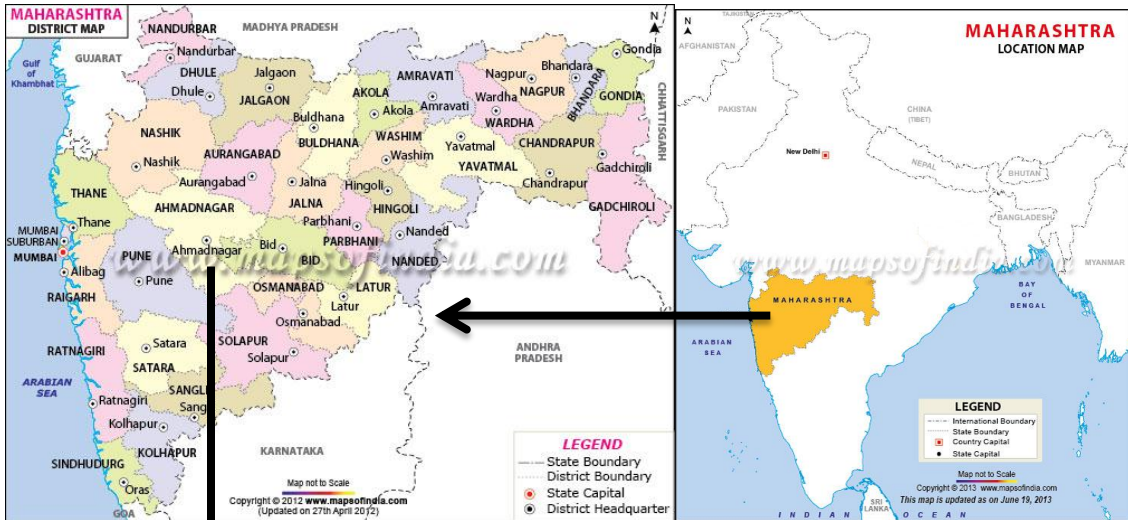
As directed by MOHFW, the monitoring and evaluation of PIP 2018-19 for Ahmednagar District was carried during the period September 3 – 6, 2018. In order to carry out quality monitoring and evaluation of the important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

The report is prepared in consultation with DHO; DRCHO; MS; MOs; LHVs; ANM; DPM and IPHS coordinator. Accordingly, the District Health Office, SDH Pathardi, CHC Shevgaon, PHC Kolgaon and SC Ghargaon were visited for the purpose of PIP monitoring in the district. District M&E and IPHS coordinator, accompanied the PRC team to visit the above-mentioned facilities. The team received cooperation from the district officials and all the staff of the facilities visited. This report discusses in detail the implementation of PIP in Ahmednagar district as observed by the PRC team during the field visit.

## **2. State and District profile**

As per census, 2011 population of the district is 4543159 consisting of 2342825 Males and 2200334 Females. The percentage growth rate of population 2001-2011 is 12.43. Ahmednagar has an average literacy rate of 79%, higher than the national average of 76.89%, with male literacy at 86.82%, and female literacy at 82.87%. For every 1000 males for age 6 and older, there were 939 females but it is 852 females in the age group 0-6 years. Ahmednagar district has total 14 blocks, 5 towns and 1576 villages in its administrative area.

### Map of India, Maharashtra State, and Ahmednagar District



### Key Health and Service Delivery Indicators

Sr. No.	Items	Values
1	No. of Blocks	14
2	No. of Villages	1604
3	Population (2011)	4543159
4	Population - Males (2011)	2342825
5	Population - Females (2011)	2200334
6	Literacy Rate (2011)	76.89
7	Literacy Rate - Males (2011)	86.82
8	Literacy Rate - Females (2011)	82.87
9	Sex Ratio (2011)	939
10	Child Sex Ratio (2011)	852
11	Density of Population (2011)	266
12	Percent Urban (2011)	20.09
13	Percent SC Population (2011)	12.62
14	Percent ST Population (2011)	8.32

Items	DLHS 4	
	Maharashtra	Ahmednagar
Mothers registered in the first trimester (%)	67.9	63.8
Mothers who had at least 3 ANC visits (%)	77.9	76.1
Mothers who got at least One TT injection (%)	90.6	94.8
Institutional Delivery (%)	92.0	93.7
Home deliveries assisted by SBA (%)	4.0	3.3
Children (12-23 months) fully Immunized (%)	66.2	57.7
Using any modern method for family planning (%)	65.7	64.7
Total Unmet need for FP (%)	19.0	20.2
Unmet need for spacing (%)	10.8	11.3
Unmet need for limiting (%)	8.2	8.9



## 2. Information from District Health Office (DHO)

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. The results of the information collected from the Programme management Unit, health officials and staff associated with various heads of PIP are as follows:

### a) Programme Management

- District Programme Unit (DPMU) at the district level and Block Programme Management Unit (BPMU) at the block level are established in all the development blocks of the district, and they are fully functional. Meeting of District Health Society (both governing and executive) takes place regularly.
- Regular monitoring of PMU staffs at various levels is conducted on a yearly basis.
- HMIS data are regularly used to review the performance of the district. RCH officer is the Nodal person responsible for monitoring and supportive supervision in the district. **Health Infrastructure in Ahmednagar District**

Name of the facility	Number	No. of Beds
District Hospital	1	280
SDH	2	50
Rural Hospitals	23	30
Primary Health Centers	96	6
Sub Centers	555	--
AYUSH facilities (Ayurvedic)	8	--
AYUSH facilities (Homeopathy)	8	--
AYUSH facilities (Unani)	8	--

### Ahmednagar District: Key Service Utilization Parameters (April 2018 to August 2018)

Service Utilization Parameter	District Hospital	SDH Pathardi	CHC Shevgaon	PHC Kolgaon	SC Ghargaon
OPD	76699	20560	15268	6430	Data not available
IPD	12481	684	838	73	--
Expected number of pregnancies	--	160	--	42	139
MCTS entry on percentage of women registered in the first trimester (in percent)	--	66%	--	33%	--
No. of pregnant women given IFA	1185	74	485	225	62
Total deliveries conducted	1903	143	105	42	1
Number of Deliveries conducted at home	--	--	--	--	--

No. of assisted deliveries( Ventouse/ Forceps)	10	34	--	--	--
No. of C section conducted	683	9	--	--	--
Number of obstetric complications managed	146	9	4	7	--
No. of neonates initiated breast feeding within one hour	1781	142	99	42	1
Number of children screened for Defects at birth under RBSK	--	--	--	--	--
RTI/STI Treated	1295	13	--	28	--
No of admissions in NBSUs/ SNCU, whichever available (NICU)	1018	18	18	--	--
Inborn	758	18	18	--	--
Outborn	260	0	--	--	--
No. of children admitted with SAM	16	0	--	--	--
No. of sick children referred	34	6	--	9	--
No. of pregnant women referred	--	145	106	--	--
ANC1 registration	124	74	261	225	47
ANC 3 Coverage	199	40	55	200	--
ANC 4 Coverage	130	33	38	206	42
No. of IUCD Insertions	801	49	71	73	--
No. of Tubectomy	455	40	207	124	--
No. of Vasectomy	2	0	--	--	--
No. of Minilap	455	40	207	34	--
No. of children fully immunized	398	192	Only Zero dozes are being given at facility. As PHC is in the same town immunisation is done by	204	32
Measles coverage	398	192		204	32
No. of children given ORS + Zinc	--	46		--	--
No. of children given Vitamin A (Non availability of stock in WH.)	953	186		200	--
No. of Children given IFA syrup	--	40		--	--
No. of women who accepted post-partum FP	196	2		9	--

			PHC		
No. of MTPs conducted in first trimester	123	0	159	11	--
No. of MTPs conducted in second trimester	3	373	--	--	--
Number of Adolescents attending ARSH clinic	1132	0	--	--	--
Maternal deaths, if any	7	1	--	--	--
Still births, if any	50	0	1	--	--
Neonatal deaths, if any	39	0	--	--	1
Infant deaths, if any	34	0	--	2	--
Number of VHNDs attended	--	--	--	--	--
Number of VHNSC meeting attended	--	--	--	--	4
Service delivery data submitted for MCTS updation	--	--	--	--	--
Zero dose, Polio, BCG	--	--	--	--	--

**b) Planning-**

The allocation of funds to Bocks under NHM is mainly on the basis of performance and requirement. The departments of Health and Family Welfare are integrated with AYUSH. Adequate cooperation is received from the department of Women and Child Development, PHE (Drinking Water supply), Rural Sanitation, Municipalities/local bodies, Education and Rural development for addressing health determinants.

**c) Human Resource:**

Among regular sanctioned post in Ahmednagar district, five CI-I medical officers positions are vacant of 20 sanctioned posts and four posts of Class-II MO are vacant as against the sanctioned post of 213. As well, 288 Health Worker male and 13 Health Assistant male positions are vacant of sanction positions 562 and 130 respectively. As well 426 female Health Worker and 9 positions of health assistant female are vacant against sanction positions of 976 and 103 respectively.

Total 2286 regular positions are sanctioned in the district at DHO side of which 831 positions are vacant. Thirty eight percent of positions are vacant creates problems in service delivery, as the district is geographically largest in the state of Maharashtra. Pertaining to NHM staff 106 posts are vacant against 915.

**Regular Staff under District Health Officer (DHO)**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	District Media Officer	1	0	1
3	Additional District Health Officer CI- I	1	1	0
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	District Epidemiologist CI- I	1	1	0
7	Administrative Officer CI- II	1	1	0
8	Taluka Health Officer Group A	14	12	2
9	MO Group A	213	209	4
10	Statistical Officer	1	0	1
11	Statistical Super wiser	1	1	0
12	Statistical Investigator	1	1	0
13	Painter and Photographer	1	0	1
14	District Coordinator	1	0	1
15	Cold Chain Technician	1	1	0
16	Section Officer	1	0	1
17	Office Superintendent	3	3	0
18	Asst. Accountant	1	1	0
19	Jr. Accountant	1	1	0
20	Sr.Accounts Asst.	1	0	1
21	Sr. Asst.	4	3	1
22	Jr. Asst.	10	10	0
23	Jr.Accounts Asst.	1	1	0
24	Stenographer	1	1	0
25	Extension Officer (Stat.)	1	0	1
26	Public Health Nurse	2	2	0
27	Driver	7	6	1
28	Attendant	9	9	0
29	Health Worker (Male)	562	274	288
30	Health Assistant (Male)	130	117	13
31	Health Worker (Female)	976	550	426
32	Health Assistant (Female)	103	94	9
33	Pharmacists	102	90	12
34	Health Supervisor	19	13	6
35	Leprosy Technician	1	1	0
36	Laboratory Technician	14	10	4
37	Sweeper	96	41	55
38	Watchmen	1	0	1
	<b>Total</b>	<b>2286</b>	<b>1455</b>	<b>831</b>

### Regular Staff at DH

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	19	8	11
2	MO General Physician CL-II	35	34	1
3	Nursing Cadre	142	132	10
4	Class III and IV	156	134	22
	<b>Total</b>	<b>352</b>	<b>308</b>	<b>44</b>

- In terms of sanctioned and filled in position under Civil Surgeon side 19 Cl-I MO positions are sanctioned and 11 are vacant, whereas 35 Cl-II positions are sanctioned of which 1 is vacant. Pertaining to nursing cadre 156 posts are sanctioned and 10 posts are vacant. Overall 352 positions are sanctioned and 44 are vacant.

**Contractual staff appointed under NHM in District Programme Management Unit (DPMU)**

Name of Program	Approved No. of Post	Filled Posts	Vacant Posts
AH/RKSK	1	1	0
ASHA	15	14	1
AYUSH	19	18	1
DEIC	1	0	1
EMS	1	1	0
FMG	19	17	2
Hematology	6	5	1
IDSP	3	3	0
IDW	5	5	0
IPHS	39	25	14
FRU	16	16	0
Blood Storage Unit	10	1	9
NBSU	18	11	7
Mental Health	7	7	0
MMU	4	4	0
NTCP	4	4	0
NOHP	3	3	0
NPCDCS	6		
NPHCE	1	1	0
NPCB	1	1	0
NPCB	2	2	0
NRC	12	6	6
Nursing School	7	7	0
Nursing Staff	278	273	5
PCPNDT	1	1	0
Quality Assurance	2	1	1
RBSK	254	235	19
RI	1	1	0
RKS	1	1	0
RNTCP	57	49	8
SNCU	30	18	12
DPMU	8	5	3
BPMU	14	13	1
Telemedicine	3	3	0
Training	2	2	0
Urban RCH	7	6	1
Warehouse	2	1	1
MMU	2	2	0
Referral Transport	4	2	2
IFM	5	4	1
PMMVY	2	2	0
NUHM	42	32	10
Total	<b>915</b>	<b>803</b>	<b>106</b>

- **Considering contractual posts, total sanctioned posts are 915 and 106 posts are vacant in the district. Total numbers of 3091 positions of ASHAs are sanctioned and 3061 are filled.**
- The CEO has the power to recruit contractual staff under NHM. To ensure the transparent selection process, official guidelines are followed for recruitment and advertised through the local newspaper. The presence of a local candidate is considered only in case of recruitments of ANMs. For rational development, contracts of the contractual staff under NHM is renewed based on their performance report, which is prepared in stages by DPM, RCH, DHO and CEO.

**d) Training**

- During the reference period April to August 2018, total 98 Medical Officers (MO); 43 Staff Nurses (SN), 386 ANMs/LHVs and 58 ASHAs are trained under the various programme in the district. Training given to health personnel of Ahmednagar district at District Training Team under various Programmes

S.N.	Type of Training	MO	ANM/LHV	SN	HA	MPW	ASHA
1	SAB	--	24	16	--	--	--
2	BEmOC	9	--	--	--	--	--
3	F-IMNCI	9	--	24	--	--	--
4	Routine Immunization	17	88	--	--	--	--
5	RTI/STI	--	16	--	--	--	--
6	NSSK Trg.	4	61	19	--	--	--
7	MTP/MVA	6	--	--	--	--	--
8	CAC	3	--	--	--	--	--
9	CTC	10	--	--	--	--	--
10	IYCN	15	73	--	--	--	--
11	Minilap	6	--	--	--	--	--
12	PPIUCD	19	63	--	--	--	--
13	Cold Chain	--	85	--	--	--	--
14	ASHA HBNC I <sup>st</sup> Phase	--	--	--	--	--	15
15	ASHA HBNC III <sup>rd</sup> Phase	--	--	--	--	--	19
16	ASHA HBNC IV <sup>th</sup> Phase	--	--	--	--	--	24
	<b>Total</b>	<b>98</b>	<b>386</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>58</b>

### 3. Other Health System Inputs

#### a) Availability of Drugs, Diagnostics, and Equipment

- Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under National Health Mission to strengthen the health system, including the supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.
- Provision of free EDs is available in the district. EDL is available at all visited facilities, but except SDH Pathardi none of the visited facility has displayed it public domain. They have just taken a printout of the list and pasted it in the OPD.

#### b) Blood Bank /Blood storage Unit

The Blood Bank Unit is placed in the district hospital Ahmednagar. Besides this Blood Storage Units are available at SDH Karjat and Pathardi, CHC Kopergaon, Sangamenr, Newase, Akole, Rahta. CHC Shevgaon BSU work is under process. Except for Shevgaon all of them are functional. Blood bank at DH Ahmednagar is fully equipped and has all kinds of necessary machinery for the separation of blood components, with the storage capacity of 200 blood bags. On the day of the visit, 75 blood bags were available at DH Ahmednagar. During reference period 592 blood transfusions were done in the facility alone and in other hospitals 52 blood transfusions were conducted. During April to August 2018 1453 blood component issued. There were 36 blood collection camps organised.

#### c) AYUSH

- AYUSH facilities are provided in 8 health facilities. There are 15 AYUSH MOs post are sanctioned of different pathies i.e. Ayurvedic, Homeopathy and Unani and all positions are filled. They are member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.
- During the period of April and August 2018, total 127054 OPD patients and 40559 IPD patients have benefited from AYUSH in the district. Out of, 37162, 55590, 28438 and 5864 are OPD patients of AYURVEDA, HOMEOPATHY, UNANI AND YOGA respectively.

#### HR AYUSH

Name of the post	Sanctioned	Filled
Medical Officer Ayurveda	04	04
Medical Officer (Homeopathy)	07	07
Medical Officer (Unani)	04	04
Pharmacist	01	01
Yoga Teacher	01	01
Massagist	02	02
Total	19	19



**d) Untied Funds/RKS/AMG**

- The district has a functional District Health Society and has constituted RKSs/VHSCs at the facilities. Audit of UF/RKS/AMG funds takes place regularly. Committee members of RKS and VHSNCs have been given training. The general body meeting of RKS is held biannually whereas the Executive Committee meeting is held on average of every month. A total fund received to the district is 465.85 lakhs and 31.21 lakhs is the expenditure during the reference period.

**i. ANC and PNC**

- Maternal Health is an essential component of Reproductive & the Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2016-17.
- ii. During the reference period, April to August 2018 the total ANC registrations in the district was 3378, of which first-trimester registration was 25051. Among total ANC registration, 1138 pregnant women were line listed for severely anaemic condition and 328 Hypertensive pregnant women were identified. In addition, 25148 pregnant women were provided with TT in both rural and urban areas, while 100 IFA tablets were provided to 33162 women.

**iii. Institutional Delivery**

- During the reference period, Ahmednagar district reported 17543 institutional deliveries. Out of which 4035 were C-section deliveries and all C-section deliveries were provided EmOC facilities.

**iv. Maternal Death Review**

There were 7 maternal deaths occur during the reference period in the district. All of them were reviewed.

**v. JSSK**

- Free referral transport is available for all pregnant women and sick neonates. The Call Centre is located in the District Hospital premises for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick newborn children are given free transport, medicine, diagnostics and meals. All the health facilities in the district use this facility.
- Universal toll free number of 102 and 108 are operational for availing free transport. The response time of Ambulance reaching the patients is about 20-30 minutes on average.
- All the vehicles under NHM carry the NHM logo. The ambulances are fitted with GPS.
- All the facilities in the district also provide free transport for delivery and sick neonates under JSSK. The facility-wise records of vehicles use are made available to the team, 102 and 108 vehicles from different facilities are providing the free transport facilities for expectant mothers and sick neonates.

e) The total number of women provided with free transport home to institute is 4261, institute to institute is 857 and drop back institute to home is 3755. In the case of sick neonates, free transport provided home to institute is 768, institute to institute is 70 and drop back institute to home is 811.

**f) JSY**

- JSY guidelines are normally followed in the district. Payment is done through the Public Finance Management System and given to the beneficiaries after getting discharged from the facilities. The total JSY beneficiaries during the reference period in the district were 4850. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries.

**g) Child health**

**i. SNCU**

- There is a functional SNCU in district hospital. Total 12 beds are sanctioned. As the occupancy rate of admission on a daily basis are, on an average, 42 babies in SNCU, the district administration utilized the present limited resources and upgraded the bed strength upto 25 beds.
- All the health facilities including services providers, ANMs and ASHAs have been provided with necessary information for optimal utilization of SNCU services are there.
- ii. During April to August 2018, 1006 infants were admitted, of which 748 are inborn and 260 are outborn. 722 infants were cured and discharged. 45 infants referred to higher facility, 132 left without medical advice and 46 have died.

**NRCs**

- NRC was established in District Hospital and is functioning with necessary equipment's and trained manpower. Total 3 positions are sanctioned and are filled  
During the reference period 16 children were admitted out of which 13 were discharged, LAMA were 3. RBSK team referred 7 cases.

**ii. Immunization**

- All the newborn delivered in health facilities get a birth dose of immunization. All the facilities are provided immunization mainly on schedule immunization sessions. The schedule of immunization sessions is available in DPMU.
- The dedicated Immunization officer is in place in the district. Cold chain Mechanics are in place for the maintenance of cold chain machines in the district.

**Number of children provided vaccinations (April to August 2018)**

<b>Actual Immunization doses provided during the reference period</b>	<b>Total District</b>
BCG	24463
DPT1/Penta1	25607
DPT2.Penta2	24799
DPT3/Penta3	24607
Polio0	17002
Polio1	25564
Polio2	24743
Polio3	24633
Hep0	8098
Hep 1	0
Hep 2	0
Hep 30	0
Measles1	24625
Measles2	20411
DPT booster	22306
Polio Booster	22488
<b>No. of fully vaccine children</b>	24515
<b>No. of immunisation sessions planned</b>	10588
<b>No. of immunisation sessions held</b>	10571

**h) RBSK**

- Under RBSK, 63 team units are currently working in the district. All of them are having vehicles, necessary equipment's, and medicines and all staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM constitute one unit. At present are 57 male MOs; 57 female MOs; 59 ANMs and 58 Pharmacists are available in the district for RBSK. These units examine school as well as Aganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs. children.
- During the reference period, from 4240 Aganwadies 245873 children's were screened. Total 9250 children were treated for minor injuries /diseases in the age group of 0 to 6 years. From 768 schools 55851 children were screened and 2556 were treated for minor injuries /diseases in the age group of 6 to 18 years.

**i) Family Planning Services**

- During the reference period, 4635 women undergone abdominal Tubectomy, 5608 women opted laparoscopy and 1499 PPIUCD has been conducted while 386029 Condoms and 55949 Oral pill packets have been distributed. IEC materials were available and both types of IUCD (375

and 380) were available in the district. ASHAs are involved in the social marketing of all these family planning services to the population.

**j) Adolescent Health (ARSH Clinic)**

- ARSH clinics are functioning in 5 institutes, including DH; 2 SDH Pathardi and Karjat; 2CHCs Sangamenr and Kopergaon. Place & time is fixed for ARSH clinic. Trained manpower is available at ARSH clinics. Equipments are available as well as medicines are available to adolescent. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counselling, as well as promotive, preventive, curative, referral and other services, are provided to 10-19 years adolescents.

The number of adolescents attended ARSH clinic during the reference period, were 4314.

**k) Referral Transport and MMUs**

- There is one MMU working in the district under NHM. It is run by Dr. Vikhe Patil Foundation, Ahmednagar. It is serving 44 villages from 2 blocks of the district, i.e. Parner and Rahuri.
- Health staff at MMU consists one each of MO, SN, LT and Pharmacy Officer and 2 Driver cum support staff.
- During the period April to August 2018, 16684 OPD patients have utilized MMU services. The microplan is prepared and performance monitoring is done on a monthly basis.

**l) Community Participation**

**a) ASHA**

- During the period April to August 2018, 3061 ASHAs are available as against the sanctioned post of 3091 ASHAs in the district. Total 3061 ASHAs trained in induction training and module 6 & 7 for the implementation of home based neonatal care services. Payments are disbursed on time to ASHAs by PFMS.

**b) Communicable Disease**

- **Malaria:** During the reference period 6385 blood samples was collected in the district, a single case is detected through blood examination. Rapid Diagnostic Kits are available in the district. All positions are filled and payments are made in time.
- **RNTCP:** During the reference period, total numbers of 2264 positive cases were found in the district. At present all of them are under the treatment.
- **NLEP:** During the last 12 months 199 cases are detected under the programme and all of them under treatment.

**c) Non Communicable Disease:** NCD programme is being implemented in the district. During the reference period the total number of 87429 patients screened for various problems.

**L) HMIS and MCTS**

- There is separate cell for the monitoring of data and its quality. M & E officer and two statistical investigators are available. The data quality is good, timeliness are also maintained, and completeness and consistency is there. Data validation committees are there at all facilities in the district.

**M) Good Practices**

- Increment for regular Specialists – In a bid to attract new specialists and retain the ones already working, the state launched a 3 stage salary increment and 6 stage salary increment policy for PG diploma holders and PG degree holders respectively.
- Some facilities they are utilizing the solar power for power backup in order to save the fuel and to maintain the environment clean.
- Some acute diseases are cured through the leach treatment under the AYUSH programme.

**4. Finance**

Though the PIP for the year 2018-19 has been approved, and funds are received. Following are the details of the grant received and expenditure.

Available Grant	Expenditure up to July 2018	% AS PER PIP
<b>5109.81</b>	<b>632.92</b>	12.39

## Observations from the Health Facilities Visited by the PRC Team

### 7.1 District Hospital Ahmednagar

District Hospital Ahmednagar is based at Ahmednagar district headquarters. On the day of the PRC team visit to DH, all staff was present for duty. Civil Surgeon has given all the information. The bed strength of the hospital is 280. The hospital is located in a government building. The building is in good condition. Quarters are not available. Electricity is available with power back up of generator. Running water is available. Toilets are available in the wards and are partially clean, toilet attached to the Labour room is available and partially clean. It is well accessible from the main road. Functional SNCU is available. Separate room for ARSH clinic is available. Waste management is available and outsourced. Suggestion and complaint box are available.

#### Human Resource (Regular)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	19	8	11
2	MO General Physician CL-II	35	34	1
3	Nursing Cadre	142	132	10
4	Class III and IV	156	134	22
	<b>Total</b>	<b>352</b>	<b>308</b>	<b>43</b>

- The District Hospital is 280bedded and it is located in a government building.
- Recently renovated building is in good condition.
- The health facility is easily accessible from the nearest road.
- Various 352 positions are sanctioned and 308 positions are filled.
- DH has electricity with power back up with generator. Running 24\*7 water supplies, separate toilets are there for males and females in the ward and are partially clean. Hospital premise is not clean.
- Separate room for ARSH clinic is available.
- Complain or suggestion box is available.
- Segregation of waste in colour coded bins is done in the entire facility. The mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at the District Hospital. All operation theatre and laboratory related equipment are available.
- Essential drug list and essential consumable list are available in the drug store, but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.

- Blood bank is available.
- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System in beneficiaries account, on production of necessary documents.
- Diet is being provided to the patients free of cost.
- During the reference period, under JSSK, 1650 women have received home to facility pick up service, 91 women have received inter-facility vehicle services, and 1648 women have received a drop back facility. In the case of sick infants, only 720 have received home to facility pick up service, 33 have received inter-facility vehicle services and 768 have received drop back facility by government vehicle.
- There is a provision of management of high-risk pregnancies, sick neonates and infants.
- Partograph is being used.
  - Vaccination is done properly.
  - IMEP protocol is followed.
  - MDR is done on time.
  - All-important registers are available for maintenance of records.
  - Information about JSY and JSSK is displayed. Citizen charter is displayed.
  - Regular Fogging is being done. Laundry/washing services are outsourced. Dietary services, drug storage facilities, Equipment maintenance and repair mechanism are available.

### **7.2 Sub District Hospital: Pathardi**

Pathardi Sub District Hospital is in Pathardi Block and about 65 km from district headquarters. On the day of the PRC team visit to SDH, all staff was present for duty. In charge, Medical Superintendent has given all the information. The bed strength of the hospital is 50. The hospital is located in a government building. 20 Quarters are available for all categories of the staff as per SDH pattern. Electricity backup is available with generator, 24\*7 running water is available. Separate toilets are there for male and female wards and partially clean, Labour room is clean. The facility is well accessible from the main road. Functional New Born Sick and Stabilization Unit is available with 3 warmers and 2 phototherapy units.

**Human Resource (Regular)**

<b>Sr. No.</b>	<b>Name of the post</b>	<b>Sanctioned</b>	<b>Filled</b>	<b>Vacant</b>
1	Medical Superintendent	1	0	1
2	Medical officer CI-II	7	7	0
4	Asst. Superintendent	1	1	0
5	Matron	1	1	0
6	In Charge Nurse	2	2	0
7	Staff Nurse	12	12	0
8	X-Ray Technician CI-III	1	1	0
9	Ophthalmic Officer	1	1	0
10	Pharmacist	3	2	1
11	Lab Technician	1	1	0
12	Lab Asst.	1	1	0
13	Sr. Clerk	1	0	1
14	Jr. Clerk	2	2	0
15	Peon	3	3	0
16	OT Attendant	1	1	0
17	Ward Boy	7	7	0
18	Sweeper	2	1	1
	<b>Total</b>	<b>47</b>	<b>43</b>	<b>4</b>



- All the essential equipment is available at SDH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available.
- The essential drug list is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers were advised to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System of beneficiaries' accounts on the production of necessary documents. Diet is being provided to the patients free of cost.
- Diet is being provided to the JSSK patients free of cost.
- All high risk pregnancies are managed at the facility.
- In connection with the new-born and sick neonates care stabilization unit is there in the facility.
- The Partograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is done and it is outsourced. The facility adheres to IMEP protocols.
- All-important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Proper recording of various grants received by the facility like JSY, JSSK, Untie grant, RKS and AMG.
- During the reference period, under JSSK, 54 women have received home to facility pick up service, 141 women have received inter facility vehicle services, and 104 women have received drop back facility, by government vehicle.
- Approach roads have directions to the health facility.
- Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in the ANC and PNC Clinics.
- Regular fumigation is being done in the facility.
- Laundry/washing service and dietary services are outsourced, proper drug storage facilities, and equipment maintenance and repair mechanism are available.

#### **7.4 Community Health Centre: Shevgaon**

- Shevgaon Rural Hospital is in Shevgaon Block and is about 60 km away from district headquarters. On the day of the PRC team visit to CHC, Medical Superintendent has given all the information. It is 30 bedded hospitals and is located in a government building. The building is in good condition. 23 Quarters are available for various staff of the hospital 12 of them are not in living condition. Electricity is available with power back with inverter, 24\*7 running water is available. Separate

toilets are there for male and female wards and toilets are attached to labour room and are partially clean. It is well accessible from the main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book are available.

**Human Resource (Regular) CHC Shevgaon**

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	1	1	0
2	Medical officer CI-II	2	2	0
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	1	1
6	Staff Nurse	7	6	1
8	X-Ray Technician	1	1	0
9	Pharmacist	1	1	0
10	Lab Tech	1	1	0
11	Lab Asst.	1	1	0
12	Dental Asst.	1	0	1
13	Driver	1	1	0
14	Peon	1	1	0
15	Ward Boy	4	4	0
16	Sweeper	2	2	0
	<b>Total</b>	<b>26</b>	<b>23</b>	<b>3</b>

- All the essential equipment is available at the CHC. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is available. Lab tests kits and chemicals are available.
- The essential drug list is available but not displayed in the OPD. Computerised inventory management is available. IFA tablet blue is not being supplied.
- All listed lab tests are being done except Liver function test.

- All mothers have initiated breast feeding within one hour of normal delivery. Immunisation is done at the facility. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is usually made after discharge, transfer through Public Finance Management System in beneficiaries account, on the production of necessary documents. Diet is being provided to the JSSK patients free of cost.
- Most of the high risk pregnancy is managed at the facility. All essential new-born and sick neonates care are available. The Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is outsourced.
- All-important registers are available for the purpose of verification to the PRC team. It was told to the team that medical superintendent is having all the registers in his custody and he was not available at the time of our visit. Partograph is maintained.
- Most of the IEC material is displayed.
- During the reference period, under JSSK, 63 women have received home to facility pick up service, 97 women have received inter facility vehicle services, and 50 women have received drop back facility, by government vehicle. In case of sick infant during the reference period, under JSSK, only 4 sick infants have received drop back facility, by government vehicle.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Diet is being provided to JSSK beneficiary.
- Regular Fumigation is being done. The last fumigation is done on 3/8/2018. Laundry/washing service is outsourced. Drug storage facilities, equipment maintenance and repair mechanism.

### **7.5 Primary Health Centre: Kolgaon**

PHC Kolgaon is about 35 km from the district headquarter in Shrigonda block, catering 39226 populations from 13 villages in the periphery. PHC Kolgaon is easily accessible from the nearest road. PHC is functioning in a government building, but B & C department has given condemnation certificate to the facility. Staff quarter for 2 MOs and 4 for other staff and are occupied. PHC has electricity with power back up of the solar system, running 24\*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is available. No separate wards for male and female are available. BioMedical Waste is being disposed of in a deep burial pit in the premises of the facility.

### Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	1	1
2	ANM	2	2	0
3	LHV	1	1	0
4	Pharmacist	1	1	0
5	Health Asst. Male	1	1	0
6	ANM	1	1	0
7	Staff Nurse	2	2	0
	<b>Total</b>	<b>10</b>	<b>9</b>	<b>1</b>

- All the essential equipment is available at PHC. The essential drug list is available but not displayed. IFA syrup with dispenser is for paediatrics is available. Vit A is available in capsule form.
- All diagnostic tests are available at the facility for HB, CBC, Urine albumin, Blood sugar, Malaria, HIV Sickle Cell and RPR are done at the facility.
- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery.
- Usually, JSY payment is made after discharge, transfer through the Public Finance Management System in the beneficiaries account, on the production of necessary documents.
- Diet is being provided to the JSSK patients free of cost.
  - During the reference period, under JSSK, 0 women have received home to facility pick up service, 1 woman, 42 women has received drop back facility by government vehicle.
  - Most of the high risk pregnancies are managed at the facility. Thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion is done correctly. Wastes are segregated in colour coded bins. IMEP protocols are followed.
  - All-important registers are available for maintenance of records. All required IEC materials are displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed.
  - Fumigation is done on a regular basis. Laundry services are outsourced. The Grievance redressal mechanism is in place. Records are maintained for JSSK services.
  - Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.

## 7.6 Sub Centre Ghargaon

Ghargaon Sub Centre comes under PHC Kolgaon. Catchment population is 5740 covering 02 villages. SC is 6 Km. from PHC. The majority of the beneficiaries are coming from the rural community. Sub Centre is located in the main habitation and is functioning in a government old building which is not in good condition. Power backup is not available in the facility, no 24\*7 running water is available; no other source of water supply available in sub centre. ANM is residing at headquarters. In the SC Labor room is available with a toilet, but water is not available in the labor room. There is no functional NBCC. The facility is clean, but complaint/suggestion box is not available. Bio medical waste management is done in a deep burial pit in the SC.

All the essential equipment's and colour coded bins are available at SC; except blood sugar testing toolkits. Essential drug such as IFA syrup, and Misoprostol tablets, Inj. Magnesium Sulphate, Inj. Oxytocin are not available in SC.

Essential supplies are available except OCPs, and EC pills.

Records are maintained of following services such as VHSNC meeting, village register, stock register, RBSK lists, and JSY payment register are not updated.

ANM has the essential skills and knowledge required for quality parameters. ANM has knowledge and skill about adherence to IMEP protocol and segregation of waste in bags.

Approach road has no direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen Charter, the timing of the SC are not displayed, SBA protocols, and immunization schedule are displayed in SC.

## 8. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advice
LHV	Lady Health Visitor
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio

MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission