Monitoring and Evaluation of Programme Implementation Plan, 2013-14
Aurangabad District, Maharashtra

Report prepared by

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Monitoring and Evaluation of Programme Implementation Plan 2013-14: Aurangabad District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Aurangabad District was carried during the period 23-27 September, 2013. The District Health Office, SDH Vaijapur, CHC Kannad, PHC Aurala and SC Jehur were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Aurangabad district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

- SDH has functional NBCC, NBSU, NRC, BSU and ICTC/PPTCT. There is no residential quarter for the staffs in SDH. CHC has established linkages with an NGO Hospital, JJ hospital in Mumbai and Shirdi Sai Baba Hospital for providing critical consultation and treatment to the patients. There is no AYUSH facility in the CHC. PHC is easily accessible by road however; the condition of the road is very bad. Management of medical waste is a problem in PHC as the same is openly burned. Although SC is easily accessible from nearest road, the condition of the road is bad. No complain or suggestion box is available in any of the facilities visited.

Human Resources and Training

- In SDH, except for IMEP and NSV trainings, all the other trainings were given to the respective staffs. CHC requires one MO, one LT and three cleaners in Trauma Care Unit. RBSK unit requires two MOs and one pharmacist and IPHS unit requires one Dental Medical Officer as per sanctioned post. PHC requires one ANM.

- Discussion with Medical Officer in-charge of training in DTC indicates a need to complete the training in SAB, BEmOC and RTI/STI (for ANM, LHV and Lab technician). They have yet to receive the new guidelines for IMEP and RI. FIMNCI training (5 days) is not sanctioned in this year's PIP. Although the training rooms are well equipped, there is a shortage of dormitory rooms (only 4 people can be accommodated).

Availability of Drugs, Diagnostics and Equipment

- EDL is available and displayed in SDH and computer inventory is in place. IFA tablets are available; however, IFA (blue) and IFA syrup with dispenser are not available. Although adequate vaccine stocks are available, drugs for hypertension, diabetes, common ailments drugs are not available in OPD, but are available in emergency ward. Except for Ultrasound scan (Obstetrics and General) all types of diagnostics test are available in SDH.

- Due to non-availability of Radiologist in CHC, Ultrasound Scan (Obstetrics and General) is not provided and liver function test and endoscopy tests are also not provided. Except for CBC, all the basic laboratory diagnostics tests are provided in PHC. Except for IFA syrup with dispenser, OCPs, EC, sanitary napkin and all the other essential drugs and equipment's are available in SC.

Maternal Health

- All the essential ANC and PNC services are provided in the facilities visited and record maintenance is found to be satisfactory. Under JSSK, all the services (transport, drugs, diagnostics and diet) for delivery and neo-natal illness are provided free of charge.

- Severely anaemic pregnant women are identified but records/registers of line-listing of severely anaemic women are not done in the facilities. BCG is provided when immunization sessions are held.

Maternal Death Review

- Four maternal deaths were reported in the district during April to September 2013, out of which three deaths were reviewed by the committee. The key causes for these three deaths were labour pneumonia, severe anaemia and HB shock and septicaemia. Out of these three women, one woman belongs to BPL. State/district task force is in place to conduct MDR and the report of which is also published.

JSSK

- Under JSSK, following services are provided free of charge to the beneficiaries in all the facilities visited: delivery, drugs and consumables, diet, essential and desirable diagnostics, transport from home to facility, facility to facility in case of referral, and drop back to home.

Child health

- NBSU units are available in SDH and in two CHCs with necessary equipment and trained manpower. NBCC is available in SDH, CHC, and SC with trained manpower. SNCU units are available in SDH with necessary equipment and trained manpower.

NRCs

- Child Treatment Centre (CTC) is available in CHC with necessary equipment. Three Medical Officers and Staff Nurses are trained in CTC. During April to September 2013, only two malnourished children were admitted. Normally the length of treatment is 28 days but children avail the treatment only for seven days after which they refuse to stay in hospital mainly due to loss of wage of parents. Malnourished children are identified through school visits, and this is done with the help of MOs from PHCs.

Family Planning

- Family planning service is provided in all the facilities. Services of IUCD, condoms and oral pills are provided in CHC and PHC. IUCD 380 and PPIUCD were given except in SC. Counselling services are also available for family planning. ASHAs are involved in social marketing of spacing methods in PHC and SC. IEC materials on family planning are displayed in all the facilities.

Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY and JSSK are provided at various levels of service points.

- Operational difficulties in updating the MCTS data like double counting (mainly in urban areas), runtime entry (due to software and networking problem) and errors resulting in transfer of data should be minimized.

- There is a lack of awareness about MMU among staffs in PHC hence, coordination and communications of health officials about MMU is required.

- Training programmes need to be further strengthened. Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training. Proper accommodation facilities for trainees should be in place. DTC Aurangabad has only dormitory rooms which can accommodate only four people. For the past 3 years, both the ANMs in the SC visited have not received any type of training. None of the staffs received training in IMEP and NSV in SDH and none of the staff received training in BeMOC, NSV, and laparoscopy sterilization in CHC.

- Ultrasound scan (Ob and general) are not available in SDH and CHC. In CHC, Rapid Diagnostic Kits are unavailable. Liver function test and endoscopy are also not available in CHC. Additional LT is required in CHC.

- BCG vaccines are provided during sessions and not at the time of birth in SDH. Women were line-listed for severe anaemia but separate records/registers are not maintained in the facilities.

- None of the ASHA worker received training in Module 6 and 7. Drug replenishment kits are not provided to ASHAs.

- Staff quarters are not available in SDH. IFA tablets are available however; IFA (blue) and IFA syrup with dispenser are not available in SDH. Although adequate vaccine stocks are available,

drugs for hypertension, diabetes, common ailments drugs are not available in OPD but are available in emergency ward in SDH. IFA syrup with dispenser is not available in SC.

- Space for medical staff and patients are inadequate in CHC. Regular fogging is not done in SDH. Grievance redressal mechanism is not in place in CHC. Complaint/suggestion box is not available in any of the facilities visited. Medical wastes are not managed properly in PHC as they are being openly burnt in its premises.

- Three new cases of leprosy were detected in PHC and they are children. PIP does not contain any proposal for non-communicable diseases. Only diagnostics is done in OPD but no separate record is maintained in SDH and CHC non-communicable diseases.

- PHC has initiated a scheme in which birth of two baby girls (only when both first and second birth are baby girls) are provided an amount/incentive of Rs. 500/- and is deposited in bank. This scheme was started when it was noticed that that child sex ratio is constantly declining in the area under PHC.

- CHC is over utilised and is functioning well even with limited infrastructure. The work load of Medical Officers is high in CHC. There is no major problem of funds, equipment and essential drugs in the facilities visited. However, other issues such as roads leading to facilities needs to be repaired which may be a limitation for timely treatment. Referral transport can be further strengthened with GPS technology, good communication and timely payment of salary to drivers.

- To ensure effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation. It is also advisable to ensure the availability of experts and case load at various facilities.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2013-14 has been designed and submitted to 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 road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Aurangabad District was carried during the period 23-27 September 2013. In order to carry out quality monitoring and evaluation of 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.

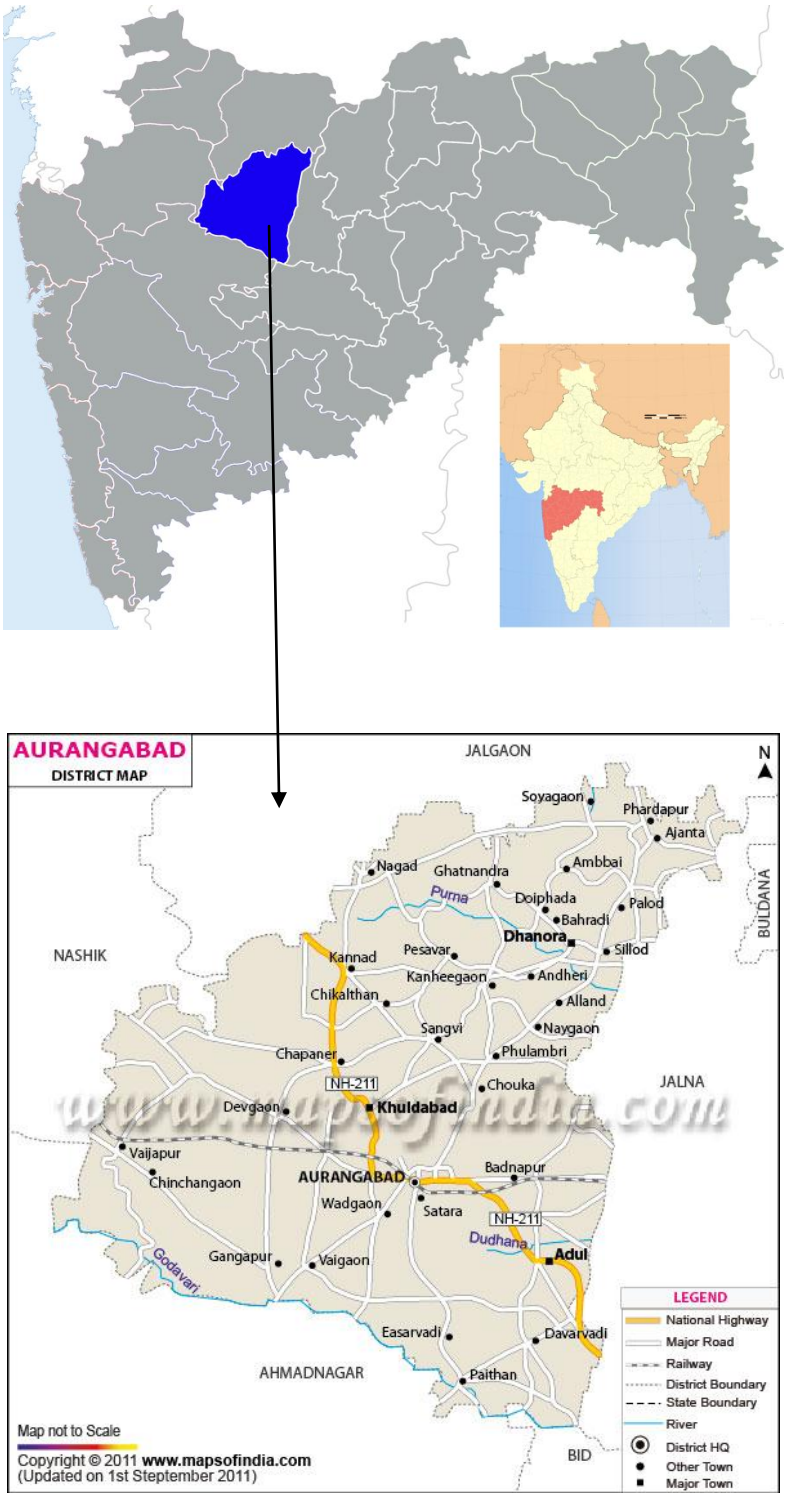
In consultation with DHO, CMO and Nodal Officer in the district, Kannad Block (a relatively backward block) was selected for monitoring of PIP. There is no District Hospital or Women's Hospital in Aurangabad district hence a bigger Sub-Divisional Hospital (SDH 100 bedded) was selected for monitoring. Hence, within the Kannad Block, one each of SDH, CHC, PHC, and SC was selected for monitoring of PIP. Accordingly, the District Health Office, SDH Vaijapur, CHC Kannad, PHC Aurala and SC Jehur were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of the Quality Assurance Cell (QAC), Co-ordinator of IPHS and District Programme Manager have also accompanied with PRC team to visit the above mentioned facilities. The team received full cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Aurangabad district as observed by the PRC team during the field visit.

3. District Profile

Aurangabad District

Aurangabad district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. As per 2011 Census, the total population of the district is 37,01,282 which is 3.3 percent of the total population of the state. The literacy for the district is 68 percent. The child sex ratio in the district is very low at 858 female children per 1000 male children in the age group 0-6. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 14.5 percent and 3.8 percent respectively. Forty-four percent of the population in the district is living in urban areas. The population density of the district is 366 persons per sq/km.

Map of India, Maharashtra State and Aurangabad District



Aurangabad: Key Demographic Indicators (2011)

Indicators	Aurangabad
No. of Blocks	9
No. of Villages	1314
Population –Total	37,01,282
Population – Male	19,24,469
Population – Female	17,76,813
Density of Population/Sq.km	365
Urban Population (%)	44
Scheduled Caste (%)	14.5
Scheduled Tribe (%)	3.8
Literacy Rate – Total (%)	80
Literacy Rate – Male (%)	89
Literacy Rate – Female (%)	70
Sex Ratio (f/m)	917
Child Sex Ratio (f/m)	858

Source: Census of India (2011)

4. Key Health and Service Delivery Indicators

Items	DLHS 2		DLHS 3	
	Maharashtra	Aurangabad	Maharashtra	Aurangabad
Mothers registered in the first trimester (%)	51.7	-	61.6	51.2
Mothers who had at least 3 ANC check-ups (%)	69.2	65.6	74.5	58.0
Mothers who got at least one TT injection (%)	87.6	87	89.6	84.8
Institutional births (%)	57.9	54.8	63.6	65.7
Mothers who received post natal care within 48 hours of Delivery (%)	-	-	75.5	65.9
Children (12-23 months) fully immunized (%)	70.9	65.9	69.1	75.9
Using modern method for family planning (%)	60.8	56.1	62.6	58.0
Unmet need for FP (%)	12.6	14.5	14.2	20.2
Infant Mortality Rate (IMR)*	--	--	25$	35*
Neonatal Mortality Rate (NMR)*	--	--	18$	27*
Maternal Mortality Rate (MMR)*	--	--	87$	130*
OPD cases per 10,000 population#	--	--	4,854@	3,301@
IPD cases per 10,000 population#	--	--	358@	198@

Source: # Analytical Reports, HMIS (2012-13); * District Vision 2020 Report Aurangabad, 2011; $ SRS 2012

5. Health Infrastructure

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	--	--	--	--
Govt Medical College	1	Yes	--	--
Exclusive MCH Hospital	01	Yes	1	1
SDH	03	Yes	3	200
CHC	10	Yes	10	300
PHC	50	47	42	282
SC	279	202	NA	NA
AYUSH facilities (Ayurvedic)	04	No	NA	NA
AYUSH facilities (Unani)	06	04	NA	NA

NA = Not Applicable

SDH Vijapur: The selected Sub District Hospital Vaijapur is a 100 bedded hospital located in a government building which is in a good condition. The health facility is easily accessible from nearest road. SDH has electricity with power back up, running 24*7 water supplies, clean wards, and toilets separately for males and females. Functional NBCC, NBSU, NRC, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic are available. Staff quarters are not available and complain or suggestion box are not available. Biomedical waste is outsourced.

CHC Kannad is relocated to the current place in January 2012. It has well established linkages with NGO Marathwada Gramin Vikas Sanstha for ICTC and other services and with Self-Help Groups for DIET and malnourished children. Through collaboration with NGOs, complicated cases are referred to JJ hospital, Mumbai and in Shirdi Hospital mainly for cataract operation, Glaucoma etc. Also, pregnant women with HIV positive cases are referred from NGO to the hospital for counselling and prevention of transmission of infection to infants. These linkages have resulted in increase of flow of patients. There is no AYUSH facility in the CHC.

PHC Aurala is easily accessible from nearest road although the road is not in a good condition. PHC is functioning in a government building which is in a good condition. Staff quarter for MO, SN and other categories are available. PHC has electricity with power back up, running 24*7 water supplies, clean toilets separately for males and females. Functional clean labour room with clean toilet attached to it, NBCC, NBSU (although space needs further ventilation), and clean wards are available. Waste management is done through burning which is a problem for PHC. No complain or suggestion box are available.

SC Jehur although easily accessible from nearest road, the condition of road is very bad. Sub Centre is located in main habitation and functioning from a government building. The condition of the building is good. Electricity with power back up and running water is available 24*7. Two ANMs (one regular and one under NRHM) are residing in SC. There is a functional labour room with attached clean toilet. Although, there is no functional NBCC all the necessary care and services are provided by ANM's. General cleanliness is good and deep burial pit is available for managing biomedical waste.

6. Human Resources and Training

To collect information on number and types of training in the district, the team visited DTC, Aurangabad. It is observed that, during April to September 2013, the following trainings were conducted at DTC: NSSK and SBA training for ANMs; training on Care for Sick and Severely Malnourished Children, FIMNCI trainings for SN; IYCN trainings for MO, SN, ANM and LHV; Minilap training for MO and SN; BEmOC, MTP, IUD 380A and RI training for MO; Newer CuT sensitization training for MO, ANM and LHV; and ARSH training for ANM and LHV.

Training programmes on EmOC, LSAS, PPIUCD and IMEP were conducted for Medical Officers and training programmes of SBA, NSSK, IMNCI, Immunization and Cold Chain, CTC and STD were

conducted for both staff nurse and medical doctors. However, there was no training conducted in NSV and Laparoscopic Sterilization.

The training load shows 100 percent completeness as per target in training programmes of MTP, Minilap and ASHA induction and more than 100 percent completeness in training programmes of ARSH, WIFS and IYCN. Seventy five percent completeness of training load in SBA, 70 percent completeness of training load in NSSK, 83 percent completeness of training load in IUD 380A for SN, 80 percent completeness of training load in Newer CUT sensitization, 50 percent completeness of training load in ARSH (for LHV), and 41 percent completeness of training load in IUD 380A for MOs.

Discussions with Manager (Medical Officer in-charge) of trainings in DTC suggest a need to fill up the training load in SAB, BEmOC, RTI/STI (for ANM, LHV and Lab technician). The training rooms although well-equipped, accommodation facility is inadequate as per requirement. For accommodation in DTC only dormitory room is available which can accommodate only four persons.

SDH has two MOs, four OBGs and one each of anaesthetist and paediatrician. During the reference period, staffs received training in EmOC, BeMOC, Minilap, PPIUCD, immunization and cold chain, NSSK, FIMNCI and IUCD, LSAS and Blood Storage. None of the staffs received training in IMEP and NSV.

CHC requires one each of MO and LT and three cleaners in Trauma Care Unit. RBSK unit requires two MOs and one pharmacist and IPHS unit requires one Dental Medical Officer. At present, one each of Gynaecologist, Anaesthetist, ENT and three Paediatricians are available and managing. MO and SN received training in EmOC, Minilap, SBA, MTP/MVA, PPIUCD, Immunization and Cold Chain, NSSK, FIMNCI, PPIUCD, IMEP, LSAS and IUCD. None of the staff received training in BeMOC, NSV and laparoscopy sterilisation.

Staffs in PHC consist of MOs, ANMs, LT, pharmacist, and LHV/PHN. There is a requirement of one each of ANM, staff nurse, and MPHW as per sanctioned post. MOs have received training in MTP/MVA, F-IMNCI and Immunization and cold chain. Staff nurses received training in SBA and IUCD. Further, MO and LHV received training in BEmoc. MOs, Staff nurses and LHV received training in RI.

In SC, 2 ANMs (one regular and one contractual under NRHM) were available and they did not receive any training in the past 3 years.

7. Other Health System Inputs

During the reference period, minor surgeries and medicines (in Emergency Ward) were provided in SDHs, CHCs and PHCs. Trauma Care and C-section deliveries were done in only 6 CHCs. Only 4 facilities have ancillary blood services. FP services and mild patient management is provided in all the SDHs, CHCs, 47 PHCs and 202 SCs. OPD medicines were provided only in CHC, PHC and SC.

All the major health services such as OPD, IPD, OT Surgery (major and minor), Medicines, Obstetrics, FP services, Ancillary Services of Blood Bank, Radiology, Pathology, Gynaecology, C-section Deliveries, Cardiology, Emergency, Ophthalmology, ENT, Mild patient management, OPD Medicines and Gynaecology are available in SDH. In CHC, except for Radiology, Cardiology and Blood Bank, all the other services are provided. Services of OPD, IPD, OT Surgery (minor), Medicines, Obstetrics, FP, Mild patient management, OPD Medicines and Gynaecology are provided in PHC. SC provides services of ANC, deliveries, PNC, medicines, IUD insertion, Immunization and Child Care Treatment.

Availability of Drugs and Diagnostics, Equipment

EDLs are available in the district. EDL is available and displayed in SDH, CHC, PHC and SC. EDLs are provided in SDH and also computer inventory is in place. IFA tablets are available. However, IFA (blue) and IFA syrup with dispenser are not available in SDH. Although, adequate vaccine stocks are available, drugs for hypertension, diabetes, common ailments drugs are not provided in OPD. However, they are provided in emergency and IPD wards. All the essential supplies and equipment are available in SDH. Except for Ultrasound Scan (Obs and general) all the other types of diagnostics test are available in SDH. Although Blood bank/blood storage units are available, there was some technical problem in blood storage at the time of our visit and a technician came from Delhi for its repairing.

Except for few, all the major diagnostics test are provided in CHC. Due to non-availability of Radiologist, Ultrasound Scan (OB and General) diagnostics is not done as well as liver function test and endoscopy is also not provided in CHC. Except for Ultrasound and CT scanner, all the equipments are available and are functioning well.

Except for CBC, all the basic laboratory diagnostics tests are provided in PHC. All the essential equipment, except Foetal Doppler/CTG and mobile light are available in PHC.

Except for IFA syrup with dispenser, OCPs, EC and sanitary napkins all the other essential drugs and equipment are available in SC.

AYUSH Services

AYUSH facilities are provided in SDH and CHCs. AYUSH OPDs are integrated with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH MO is not a member of the RKS. AYUSH (only ayurvedic) is provided in the PHC. PHC MO is an ayurvedic doctor. The only medicine available in PHC is ARTHMOVE (1000) tablets mainly for treating joint pains. AYUSH Service is not available in the visited CHC and SC.

User Fees

SDH charges Rs. 10/- for admission and all the other tests are free. In CHC, a user fee of Rs. 10/- for admission, Rs. 15/- for HB and BP test, Rs. 20/- for urine test, Rs. 30/- for X ray and Rs. 50/-for all other tests are charged. In PHC, only a user fee of Rs. 2/- is charged. No user fee is charged in SC.

8. Maternal Health

8.1 ANC and PNC

Maternal Health is an essential component of Reproductive & 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 2013-14.

During the period April to September, 2013 out of the total 24,769 ANC registrations in the district, first trimester registrations were 38, 79, and 71 percent in CHC, PHC, and SC respectively. Pregnant women were line listed for severely anaemic condition. Hypertensive pregnant women were also identified. Pregnant women were provided with TT and IFA tablets. Postnatal visits are also provided.

In SDH, during April to September 2013, 340 women were registered for ANC with 48 percent registration in first trimester. Six women were line listed for severe anaemic condition but separate records/registers are not maintained for such pregnant women. All the Pregnant women are provided with TT1, TT2and IFA tablets. Postnatal visits are also provided to them. All the mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and hepatitis B were provided to the babies. BCG is not provided at birth and is provided at the time of immunization session. Family planning counselling is given and mothers are advised to stay at least 48 hours in the hospital. JSY payments are made through bearer cheque before discharge. Care is taken so that no expenditure is incurred by mothers on travel, drugs, diagnostics and diet.

During the reference period, 321 ANC registrations were done of which 201 were registered in first trimester. SDH is well equipped to manage high-risk pregnancy. Essential New Born Care Unit manages sick neonates and infants. The staffs are well trained to insert IUCD and administer vaccines. Segregation of waste is done in three different colour coded bins. Biomedical waste management is outsourced. Data entry is regularly updated in MCP and MCTS. Women were line listed for severe anaemic condition. Hypertensive pregnant women were identified. Blood, urine, sugar and protein tests are conducted. IFA tablets and TT are also provided.

In PHC, 288 ANCs were registered in the reference period out of which 39 were registered in first trimester. Line listing of severely anaemic women is not done separately. Pregnant women with hypertension are identified. Sugar, blood, urine and protein tests are provided in the PHC. Pregnant women are provided with TT and IFA tablets and postnatal visits are done. Pregnant women with RTI and STI are identified and Obstetric complications are also managed. IUCD insertion and tubectomy

are done in the PHC. MTPs were also conducted. One hundred and thirty four deliveries were conducted during the reference period and all the mothers have initiated the breast-feeding within one hour of normal delivery. Documentation of all the services was found to be satisfactory. In SC, eligible couple register, MCP cards, due list through MCTS portal, referral register and line listing of severely pregnant women are maintained.

Percent of mothers registered in the first trimester was 46.5 in DLHS-2 and 51.2 in DLHS-3 in Aurangabad district. The HMIS data for April-September 2012 and 2013 respectively show that it is 65 and 57 percent respectively, indicating an improvement. Mothers who got 100 IFA tablets when they were pregnant were 64 and 75 percent and pregnant women with severe anaemia were 7 and 3.5 percent in DLHS-2 and DLHS-3 respectively. Mothers who received post natal care within 48 hours of delivery were 61.3 percent in DLHS-2 and 65.9 percent in DLHS-3, whereas in HMIS during April-September 2012 and 2013 were 61.2 and 66.3 percent respectively.

8.2 Institutional Deliveries

During April to September 2013, district as a whole recorded 9,240 institutional deliveries, out of which 3,594 deliveries were in CHC, 2,984 deliveries were in PHC, 1,602 deliveries were in SC, and 1060 deliveries in private facilities. Total numbers of home deliveries recorded during this period were 454.

During April to September 2013, the facilities visited recorded 514 deliveries in SDH, 528 deliveries in CHC, 134 deliveries in PHC and 24 deliveries in SC.

Institutional births in the district saw an increase from 54.8 percent in DLHS-2 to 65.7 percent in DLHS-3. Delivery at home assisted by a doctor/nurse/LHV/ANM was 12.8 percent in DLHS-2 and 29.6 percent in DLHS-3.

8.3 Maternal Death Review

Four maternal deaths were reported in the district during the reference period out of which three deaths were reviewed. As one of the deaths was on roadside, MDR was not conducted. The key causes for these three deaths were labour pneumonia, severe anaemic and HB shock and septicaemia. Out of these three women, one belongs to BPL. State/district task force is formed to conduct MDR the report of which is published. There was no case of maternal death reported in SDH, PHC and SC visited.

8.4 JSSK

Under JSSK, free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital and drop back to home are provided to all the beneficiaries.

In SDH, 685 beneficiaries were provided with free transport from home to institute, 150 beneficiaries were provided with inter facility and institute to home were provided to 524 beneficiaries. Private transport whenever hired from home to facility was reimbursed.

Ninety three beneficiaries in PHC were provided with free and zero expense delivery, free drugs and consumables, free diet up to 3 days(as all the deliveries were normal) and free essential diagnostics. Sixty eight beneficiaries utilized the services of free transport from home to PHC and 69 got free drop back service. One neonate was referred to medical college, Aurangabad. At the time of our visit, we interviewed one IPD patient. She received the benefits of transportation and care in the facility. However, discussion with driver suggests non timely payment of salary.

All the 26 deliveries conducted in SC were provided JSSK benefits of free transport from home to facility and drop back home.

8.5 JSY

During the reference period, 697 beneficiaries were provided with JSY benefits in CHC, 303 beneficiaries in PHC and 1074 beneficiaries in SC. Full amount of financial assistance is provided in the form of bearer cheque. District level authorities do physical verification of beneficiaries (at least 5%) to check malpractices and whether proper records of JSY beneficiaries are maintained. There is a grievance redressal mechanism in the district. JSY payments were given as per eligibility criteria and guidelines in SDH, CHC, PHC and SC. There is no delay in JSY payment and is given in full amount through bearer cheque.

9. Child Health

9.1 SNCU

NBSU units are available in all the SDHs and in two CHCs. Necessary equipment along with trained manpower is available. NBCC are available in all the SDHs, CHCs and 23 SCs. All these NBCC have trained manpower. SNCU and NBSU units are available in SDH and necessary equipment along with trained manpower is available. CHC has NBSU with necessary equipment and trained manpower. During the reference period, 111 babies were admitted out of which 36 cases were referred and 75 cases were cured in CHC. NBCC unit exists in PHC and is well maintained with the availability of trained manpower. One neonatal death was recorded in the reference period. However, the record needs to be updated.

9.2 NRCs

SDH has NRC with necessary equipment and trained manpower. Anticipated admissions were 32 and actual admission during the reference period was six with an average stay of 10 days. All these six cases were identified as malnourished children.

Child Treatment Centre (CTC) is available in CHC with necessary equipments. Three Medical Officers and Staff Nurses received training in CTC. During the reference period only two patients were admitted. Normally the treatment period is of 28 days but patients stay there only for seven days. Malnourished children are identified through school visits, with the help of MOs in PHC. NRC unit functions well in SC and is collaborated through Anganwadi and all the necessary equipment are available in this unit.

9.3 Immunization

In the district during April to September 2013, 1,768, 1,785 and 19,472 children were fully vaccinated in CHC, PHC, and SC respectively. Immunization sessions were planned and held in CHC, PHC and SC. There is no problem in maintenance of cold chain and stock management. Alternate vaccine delivery system does not exist. Micro plan and outreach plan are prepared.

During April to September 2013 in SDH, 350 children were fully vaccinated. Eighty sessions of immunization were planned and held. There is no problem in maintenance of cold chain and stock management. In PHC, 251 children were fully vaccinated. One hundred and twenty sessions of immunization were planned and held. In SC, 62 children were fully vaccinated. Twenty-seven session of immunization were planned and held. Zero doses of BCG, Hepatitis B and OPV were provided as well as counselling of IYCF. Mothers were advised to stay at least for 48 hours after delivery. Micro plan and outreach plan are prepared in all the facilities visited.

Analysis of HMIS data shows validation error wherein OPV 0 dose given is less than live births in Kannad Block in PHC Hatnoor in the month of April, June and July; PHC Chikalthan in the month of June and July; and PHCs Nachanwel and Nagad in the month of July and August, 2013. BCG doses given are less than live births and was observed in PHCs Hatnoor in the month of April and June; Aurala PHC in the month of April; Chikalthan PHC in the month of June and July; Nachanwel and Wadner PHCs and Nagad PHC in the month of April, June, July and August; Chincholi Limbaji PHC in the month of April, May, June, July and August; and Karanjkheda PHC in the month of April, May and June 2013.

In the district, Infants received BCG doses were 99.1 percent in DLHS-2 and 99.3 percent in DLHS-3. Infants received 3 doses of Polio Vaccine were 84.3 percent in DLHS-2 and 89 percent in DLHS-3. In the district, there were 975 and 70 cases of adverse effect following immunization during April-September 2012 and 2013 respectively in HMIS.

9.4 RBSK

Forty two centres in the district provided treatment under RBSK to the children in the age group 0-6 years and also 0-18 years were provided treatment either in RH or Medical College for any diseases. The number of children screened in all the CHCs in the district under RBSK scheme is 38,921. Out of this, majority were from 3-6 years age group and least from 0-6 month's age group. Among those screened, 543 children were identified with health related problems. As a part of this scheme,

monthly visits are done to high-risk areas and high risk patients are identified by MO and pharmacist. Monthly camps are arranged twice in CHC and children are examined and identified and if necessary send to medical college for further investigation. A proper record of list of families with 0-6 year children under RBSK is also maintained.

10. Family Planning

Family planning services of IUCD, condoms and oral pills are provided in CHC and PHC and IUCD 380 and PPIUCD are provided in all the facilities except in SC. Counselling services are also provided and ASHAs are involved in social marketing of spacing methods. IEC materials are displayed in all the facilities.

Analysis of HMIS data shows validation errors as postpartum sterilizations are more than deliveries in facilities. In Kannad Block, it is observed in PHCs Aurala for the month of April 2013 and in Wadner PHC in the month of May 2013.

The total unmet need for family planning in the district for currently married women was 14.5percent (for spacing 3.8 and limiting 11.7) in DLHS-2 and 20.2 percent (for spacing 8.5 and limiting 11.7) in DLHS-3. Family planning services are provided in all the facilities. Family planning use was dominated by female sterilization with negligible number of male sterilization. Female sterilization was 39 percent in DLHS-2 and 44.5 percent in DLHS-3 whereas male sterilization was only 1.2 percent in DLHS-2 and 1 percent in DLHS-3. Current use of family planning by any method was 57 percent in DLHS-2 and 59 percent in DLHS-3 and by modern method was 56.1 percent in DLHS-2 and 58 percent in DLHS-3.

11. ARSH

ARSH clinics are not available in CHC or PHC. ARSH clinic are functioning in SDH and all types of manpower are available along with provision of promotive, preventive, curative, referral and outreach ARSH services.

12. Quality in Health Services

12.1 Infection Control

Fumigation is done every week in CHC. Disinfectants are used daily and autoclave is functioning in good condition. General cleanliness is average. The building condition needs up gradation; there is no adequate space for medical staff and for patients. Practices and protocols are followed in CHC.

In SDH, general cleanliness is found to be good and toilets are cleaned regularly. The building is newly built and in good condition. Required number of medical staffs is available and space for patients is adequate. Fumigation is done on regular basis. Washing/laundry services are available. Regular fogging is not done and grievance redressal mechanism is not in place.

Regular fumigation is done in PHC. Washing/laundry service is available. Dietary scheme is also available in PHC. There is an appropriate drug storage facility. Although equipment maintenance and repair mechanism is in place, at the time of our visit one of the equipment was found to be in rusted condition. Grievance redressal mechanism is not in place in PHC. General cleanliness is found to be good; cleaning of toilets is done daily 3 times. However, the building condition has seepage problems. Practices and protocols are followed in PHC.

General cleanliness of SC is found to be good as well as condition of toilet. Building is in good condition. There is adequate space for patients in SC. Practices and protocols are followed. Fumigation is done on regular basis.

12.2 Biomedical Waste Management

Biomedical waste management is outsourced in SDH and CHC. Biomedical waste segregation is done at source and is burned in PHC. There is a problem in dumping the waste in PHC. Biomedical waste is dumped/buried in SC.

12.3 IEC

NRHM logos are displayed in both the languages in CHC, SDH, PHC and SC. IEC materials for MCH and FP services are available. Working hours/timings, user charges and EDL (only emergency list) could have been displayed where it is more visible. Important phone numbers and awareness generation charts are displayed. There is no complaint/suggestion box in any of the facilities visited.

13. Referral Transport and MMUs

Sixty-eight ambulances of different types are available in the district as referral transport with one call centre. During April to September 2013, 19,612 clients have utilized the ambulance services. Sixty-seven ambulances are fitted with GPS and performance monitoring of vehicles is done on monthly basis. However, there seems to be lack of coordination and knowledge about MMU in SDH, PHC, CHC and SC. At district level, software is upgraded to locate the status of vehicle on road.

14. Community Processes

MPW is directly involved in the community level in awareness creation for TB, HIV and FP in collaboration with ICTC and NCD.

14.1 ASHA

Sanctioned number of ASHAs is in position in the district. However, none of the ASHA worker received the training in module 6 and 7.ORS, Zinc, condoms and oral pills are provided to all the

ASHAs. However, drug replenishment kits are not provided to ASHAs. An ASHA worker receives an average Rs. 1,411/-per month. Payments are disbursed in time to ASHAs.

There is a requirement of 24 ASHAs in PHC out of which 21 are in place during the reference period. ORS, Zinc and family planning methods are available to all the ASHAs. The highest incentive paid to ASHA worker is Rs. 11,020/-and the lowest is Rs. 640/-. Out of the nine sanctioned position of ASHAs, 8 are in place in SC.

15. Disease Control Programmes

15.1 Malaria

In CHC, 1,477 slides were tested for malaria during April to September 2013 and none was found to be positive. Drugs are available for malaria however; Rapid Diagnostic Kits are not available. One additional LT is required in CHC. In PHC, 743 slides were tested for malaria out of which only one was found to be positive. Drugs, staffs and Rapid Diagnostic Kits are available in PHC.

15.2 TB

In the district, 2,998 sputum tests were conducted during April to September 2013, out of which 33 were positive cases. DOT medicines are available. Regular staff are filled under RNTCP and timely payment of salary are provided to RNTCP staff and DOT providers

Out of 415 sputum tested in CHC during April to September 2013, 25 were found to be positive. Whereas in PHC, 94 sputum tests were conducted of which 9 in category 1 and 1 in category 2 were found to be positive. In SC, 24 sputum tests were conducted of which 4 cases were found to be positive. DOT medicines are available in all the facilities. All key RNTCP contractual staff position is filled up along with timely payment of salaries and payment to DOT providers (MPW).

15.3 Leprosy

Three new cases of leprosy were detected in PHC and they were children.

16. Non Communicable Diseases

No PIP is submitted for non-communicable disease. Only diagnostics is done in OPD but no separate record is maintained in SDH and CHC.

17. Good Practices and Innovations

PHC is conducting an innovative scheme to improve the declining child sex ratio. PHC has initiated a scheme in which birth of two consecutive baby girls are provided an amount/incentive of Rs. 500/- each which is deposited in bank (in the name of baby). This scheme is applicable when both the

babies are girls. According to them after the implementation of this scheme there is an improvement in sex ratio at birth in their area. PHC has managed to develop a garden/lawn in the campus.

18. HMIS and MCTS

Staff are trained in CHC, PHC and SC for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. Record of previous supervisory visit is maintained in PHC.

Annexure
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
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
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post-Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee