

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

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

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Beed District was carried during the period 11-15 November 2013. The District Health Office, DH Beed, WH Neknoor, CHC Dharur, PHC Chausala and SC Khadki were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Beed district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

- **DH Beed** has functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic. NRC unit is not available in DH. In **WH Neknoor**, toilet is not functioning in one of the wards. Water is available however; there is no mechanism to filter the drinking water. **CHC Dharur** is located far from the main habitation. **PHC Chausala** is easily accessible from nearest road except for one day in a week when the road approaching PHC is blocked by market. Although, toilet facilities are available in this PHC, they are not attached to the female and labour wards.
- In **SC Khadki**, the building condition is not good; it has electricity without power backup and no 24*7 running water supply. Labour room and NBCC do not exist. Biomedical waste management is not available. The SC mainly relies on PHC Chausala for all the major health services. Staff quarters are not available in the visited WH and CHC. No complain or suggestion box is available in any of the facilities visited.

Human Resources and Training

- The training load in DTC shows more than 100 percent completeness as per target in training programmes of SAB, NSSK and IUD; and 100 percent completeness as per target in training programmes of WIFS, Contraceptive update, RI, IMEP and PPIUCD. Although the training rooms are well equipped, there is a shortage of dormitory rooms.
- **DH Beed** requires 10 specialist Medical Officers in Grade 1 and 2 Medical Officers in Grade II as per sanctioned post. Health and support staff in Grade III and IV also has shortage. **WH Neknoor** requires four specialists Medical Officers in Grade I. **CHC Dharur** requires one Medical Officer.

Availability of Drugs, Diagnostics and Equipment

- In **DH Beed**, all the essential drugs, supplies and consumables are available. However, IFA (blue) and IFA syrup with dispenser are not available. Computer inventory system is not

functioning for the past 1 month due to some problem with the server. All the essential drugs are available in **WH Neknoor**, except for IFA tablets (blue), Misoprostol and Mifepristone tablets. In **CHC Dharur**, only two drugs (IFA syrup with dispenser and Zinc tablets) are not available. In **PHC Chausala**, IFA syrup with dispenser is not available for the past 6 months. In **SC Khadki**, IFA syrup with dispenser and Inj Oxytocin are not available.

- Except for Liver Function test, Ultrasound (Scan and OB) and Endoscopy, all the other types of diagnostics test are available in **DH Beed**. Diagnostics of TB, Liver Function Test, Ultrasound (Scan and OB), Xray, ECG and Endoscopy are not available in **WH Neknoor**. In **CHC Dharur**, except for RPR, all the other types of diagnostics tests are available.
- In **DH Beed**, blood bag refrigerator is not functioning for the past 15 days. Four ventilators, one each of Autoclave, Ultrasound scanner and CT scanner are not in working condition for the past 6 months. C-arm units are also not working for the past two months. In **WH Neknoor**, except for Foetal Doppler/CTG equipment (available but not functioning), Ventilator, Multi-para monitors, Surgical Diathermies, Semi autoanalyzer, CT scanners and C-arm unit, all the other equipment are available and functioning. There is no Blood Storage Unit in the visited WH. In **CHC Dharur** and **PHC Chausala**, except for semi autoanalyzer, all the other equipment is available and functioning. Except sanitary napkins all the other supplies are available in **SC Khadki**.

Maternal Health

- During the period April-October 2013, first trimester registrations were 64 percent in the district. Women were line listed for severe anaemic condition but separate records are not maintained for such pregnant women. All the mothers initiated breast-feeding within 1 hour of delivery. In **DH BEED**, **WH Neknoor** and **CHC Dharur**, ANC3 registrations are less than ANC1 registration during this period. Whereas, in **PHC Chausala**, there was not much difference in numbers registered in ANC1 and ANC3. Obstetric complications (Eclampsia, Pueropurium and PPH) are managed in PHC Chausala.

Maternal Death Review

- During the period April-October 2013, eleven maternal deaths were reported in the district and none of them were reviewed so far. As per the district officials, the review is under process. There was no case of maternal death reported in any of the visited facilities during this period.

JSSK

- Beed district reported a low percent of pickup of free transport facilities from home to institute for delivery. As per outreach RMO, this may be due to lack of clarity of the

advertisement in Marathi newspaper. The JSSK funds are also not released in time to WH from the DH.

- Due to high demand of free transport **WH Neknoor** finds it difficult for timely provision of transport facilities. Interaction with patients admitted in the ward revealed that they have received free diet and transport facilities. Many of them are aware of the toll free number for availing free transport facilities. However, patients were unaware of free facilities of diet, diagnostics, referral and blood extended to neonates covering under this scheme. General practice is to ask patients whether any food required and if required then only the food is prepared and served. It appears that if mothers are informed of free diet in advance, they would prefer to take the diet given from the hospital.

Child Health

- NBSU units are available in DH with necessary equipment and trained manpower. NBCC is available in CHC and PHC with trained manpower.

Family Planning

- Family planning service is provided in all the facilities. Services of IUCD, condoms and oral pills are provided in the visited DH, CHC and PHC. Counselling services are also available for family planning. ASHAs are involved in social marketing of spacing methods in PHC and SC.

Infection Control

- Implementation of effective infection control programme is to protect everyone from the transmission of infections. Fumigation is done regularly in the visited facilities. **CHC Dharur** has no washing/laundry services. In SC **Khadki**, only red colour coded bin is used.

Record Maintenance

- No separate records are maintained for line listing of severely anaemic pregnant women in any of the facilities visited. In **SC Khadki**, payments under JSY are made but records are not maintained. Records on vaccine supply (as given in PHC) are not available.

IEC

- Approach roads have direction signs to all the facilities visited except for SC. Citizen charter, timing of health facility and list of services available are not displayed in DH and WH. EDL are not displayed in the visited CHC, PHC and SC. Citizen charter and list of services available are not displayed in **CHC Dharur**. Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and SBA protocol are not available in **SC Khadki**.

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.
- Beed district in general finds shortage of water supply during summer season. Water is available through bore well however; there is no mechanism to filter the drinking water in WH Neknoor. It is recommended to ensure 100 percent safe and potable drinking water supply in all the health facilities.
- In SC Khadki, the building condition is not good. It has electricity with no power back up and no 24*7 running water supply. Labour room and NBCC do not exist. Biomedical waste management is not available in SC Khadki.
- DTC Beed has only one dormitory room for accommodation of trainees which is inadequate. Sufficient accommodation facilities for trainees should be created in the district.
- For 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.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists. DH requires 10 specialist Medical Officers in Grade I and II as per sanctioned posts. Shortage of health and support staff is also observed in Grades III and IV. WH Neknoor requires four specialist Medical Officers in Grade I and CHC Dharur requires one Medical Officer as per sanctioned post.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, the district has low percentage of usage of free transport facility from home to institute for delivery. The funds for JSSK in WH are not released in time from DH, thus hampering the timely management of health services. Ambulance although fitted with GPS is not functioning.
- Citizen charter, timing of health facility and list of services available are not displayed in the visited DH, WH and CHC. EDL are not displayed in the visited CHC, PHC and SC. Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and SBA protocol are not available in SC Khadki. Complaint or suggestion box is not available in any of the facilities visited.
- Proximity and awareness to public health facility will make substantial difference in utilizing the antenatal care facilities. CHC, Dharur is located far from the main habitation. PHC Chausala is easily accessible from nearest road except for one day in a week when the road approaching

PHC is blocked by weekly market. Direction showing approach road to SC Khadki is not there. There is compound wall for SC.

- Lack of proper infrastructure causes inconvenience to beneficiaries. In WH Neknoor, in one of the wards toilet is not functioning causing inconvenience to the patients admitted to this ward. In PHC Chausala, although toilet facilities are available it is not attached to the female and labour wards.
- In DH computer inventory system is not functioning for the past 1 month due to some problem with the server. IFA (blue) and IFA syrup with dispenser are not available in the visited DH and CHC. Except for Liver Function Test, Ultrasound (Scan and OB), and Endoscopy all the other types of diagnostics test are available in DH. Blood bag refrigerator is not functioning for the past 15 days in DH. Four ventilators, one each of Autoclave, Ultrasound and CT scanner are not in working condition for the past 6 months in DH. C-arm unit is not working for the past two month in DH.
- All the essential drugs are available in WH Neknoor, except for IFA tablets (blue), Misoprostol and Mifepristone tablets. Equipment like Foetal Doppler/CTG equipment (although available), Ventilator, Multi-para monitors, Surgical Diathermies and C-arm unit are not functioning in WH. Except for Semi autoanalyzer and CT scanners, all the other laboratory equipment are available in WH. Diagnostics tests of TB, Liver Function Test, Ultrasound (Scan and OB), Xray, ECG and Endoscopy are not available in WH. There is no Blood Storage Unit in WH.
- Semi autoanalyzer is not available in CHC Dharur and PHC Chausala. Except for RPR, all the diagnostics tests are available in this CHC. IFA syrup with dispenser is not available for the past 6 months in PHC Chausala. Essential drugs and equipment are available in SC Khadki except for IFA syrup with dispenser and Inj Oxytocin.
- Pregnant women were line listed for severe anaemic condition but separate records/registers are not maintained for the same. Eleven maternal deaths are reported in the district during the period April-October 2013 and none of them were reviewed. According to district officials, it is still under process.
- Operational difficulties in updating the MCTS data like double counting, runtime entry (due to software and networking problem) and errors resulting in transfer of data can be minimized by upgrading the software. Validation error needs to be checked and updated on timely basis. The validation check done by PRC could not be assessed using district login.
- The number of new leprosy cases reported during the period April-October 2013 is 126 in the district. Physical rehabilitation of beneficiaries is provided through reconstructive surgery; distribution of goggles, splints and MCR chappals; treatment of tropic ulcers; and physiotherapy.

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.

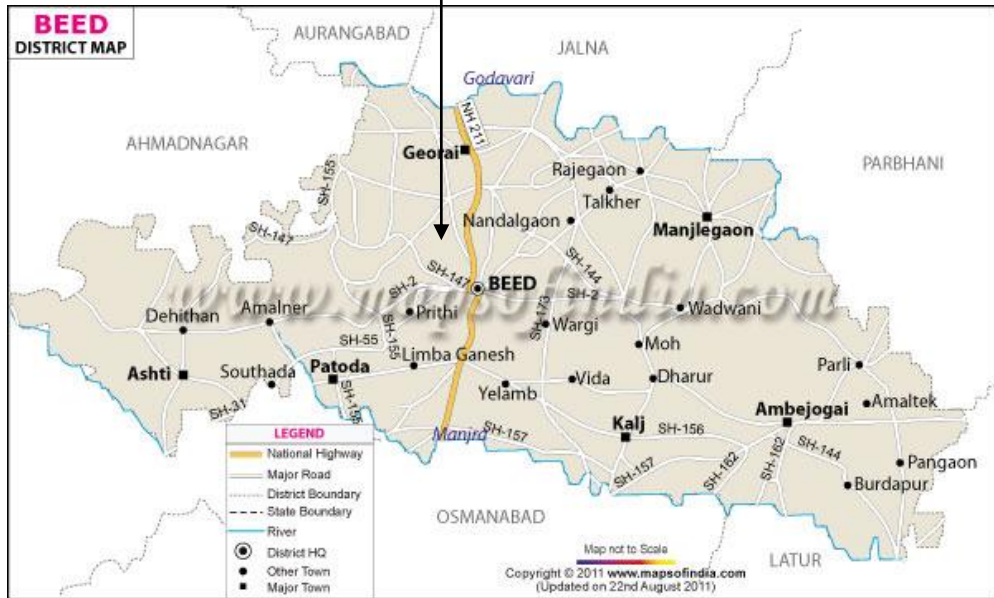
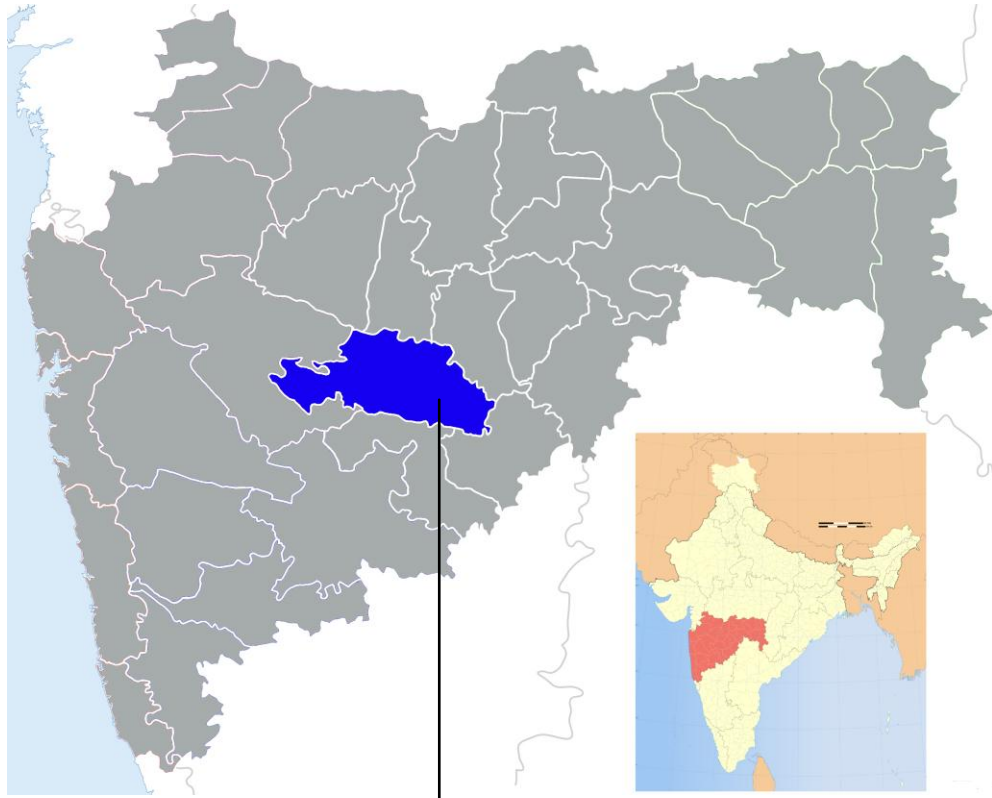
As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Beed District was carried during the period 11-15 November 2013. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list 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, DH Beed, CHC Dharur, WH Neknoor, PHC Chausala, and SC Khadki was selected for monitoring of PIP. Accordingly, the District Health Office, DH Beed, WH Neknoor, CHC Dharur, PHC Chausala and SC Khadki 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 M & E Officer have also accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Beed district as observed by the PRC team during the field visit.

3. State and District Profile

Beed 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 2,585,049 with male population of 1,349,106 and female population of 1,235,943. The district constitutes about 2.3 percent of total population of the state. The population by sex shows that male constitutes about 52 percent and female constitutes about 48 percent of the total population. The same distribution is found at state level. At state level, the sex ratio has increased from 922 in 2001 to 925 in 2011. However, in Beed district the sex ratio has shown a declining trend with the current sex ratio less than what was in the 2001 census and even less than the state level sex ratio of 925. The child sex ratio in the district is extremely unfavourable to the girl child with 807 female children per 1000 male children in 2011. Further, the child sex ratio in the district declined by 87 points from 2001 (894) to 2011 (807), which is a maximum decline in the state. Sex wise literacy rates shows that it is 83 percent for males and 62 percent for females with a gap of almost 20 percent between males and females. Female literacy is much lower than the state average of 75 percent.

Map of Maharashtra State and Beed District



Key Demographic Indicators: Maharashtra and Beed District (2011)

Indicators	Values		Indicators	Values	
	Beed	Maharashtra		Beed	Maharashtra
No. of Blocks	11	355	Scheduled Caste (%)	2.8	11.8
No. of Villages	1,367	43,663	Scheduled Tribe (%)	0.2	9.4
Population – Total	2,585,049	11,23,72,972	Literacy Rate – Total (%)	73.53	82.91
Population – Male	1,349,106	5,83,61,397	Literacy Rate – Male (%)	83.99	89.82
Population – Female	1,235,943	5,40,11,575	Literacy Rate – Female (%)	62.29	75.48
Density of Popn/Sq.km	242	365	Sex Ratio (f/m)	912	925
Urban Population (%)	19.89	45.23	Child Sex Ratio	801	883

Source: Census of India 2011

4. Key Health and Service Delivery Indicators

The Mother and Child Health programme includes all pregnant women should be registered for ANC with in the first 12 weeks of pregnancy. Accordingly, the first antenatal check-up should take place at least during the first trimester of the pregnancy. It also includes the provision of 3 ANC checkups and at least one tetanus toxoid injection. According to DLHS3, the percent of mothers received 3 ANC check-ups in Beed district (59 percent) is much lower than the state as a whole (75 percent). Sixty eight percent of the births took place in the institution in the district, which is slightly higher than the state level (64 percent). Institutional births in the district rose from 50 percent in DLHS2 to 68 percent in DLHS3.

Items	DLHS 2		DLHS 3	
	Maharashtra	Beed	Maharashtra	Beed
Mothers registered in the first trimester (%)	51.7	43.3	61.6	58.4
Mothers who had at least 3 ANC check-ups (%)	69.2	54.4	74.5	59.2
Mothers who got at least one TT injection (%)	87.6	77.9	89.6	86.8
Institutional births (%)	57.9	50.3	63.6	68.3
Mothers who received post natal care within 48 hours of Delivery (%)	-	-	75.5	79.5
Children (12-23 months) fully immunized (%)	70.9	77.4	69.1	77.6
Using modern method for family planning (%)	60.8	60.8	62.6	61.9
Unmet need for FP (%)	12.6	15.4	14.2	16
Infant Mortality Rate (IMR)*	--	--	25 ^S	31.23*
Neonatal Mortality Rate (NMR)*	--	--	18 ^S	19.98*
Maternal Mortality Rate (MMR)*	--	--	87 ^S	56*

Source: * Survey of Causes of Death (2012); § SRS (2012)

5. Health Infrastructure

DH BEED is located in a government building which is in a good condition. The health facility is easily accessible from nearest road. DH has electricity with power back up, running 24*7 water supplies (problem only during summer time), clean wards and toilets separately for males and females. Functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk and separate room for ARSH clinic are available. NRC is not available in the DH. Staff quarters are available. Complain / suggestion box is available. Biomedical waste is outsourced.

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	1	Yes	1	320
Women's Hospital	1	Yes	1	60
SDH	2	Yes	2	100 beds at Parli 50 beds at Dharur
CHC	11	Yes	11	30
PHC	50	44	44	6
SC	280	213	213	NA
AYUSH facilities (Ayurvedic)	8	1	1	NA
AYUSH facilities (Unani)	5	1	1	NA

NA = Not Applicable

WH Neknoor is combined with cottage hospital, is a 60 bedded hospital located in a government building and in a good condition. The health facility is easily accessible from nearest road. WH has electricity with power back up, running 24*7 water, clean wards and toilets separately for males and females. However, in one of the wards the toilet is not functioning due to non-functioning of water tank attached to the toilet. The patients admitted to this ward have to use the toilet of adjacent ward. Citizen charter, timings of health facility, list of services available and list of drugs are not displayed anywhere in WH. Staff quarters are not available. There is no separate changing room for staff nurses. Complaint or suggestion box is not available. The main source of water used in hospital is through bore well and in summer they have to rely on tank water. However, there is no mechanism of filtering drinking water. Biomedical waste is outsourced.

CHC Dharur: The selected CHC Dharur is located in the outskirts of Dharur city with an approximate distance of 65 Km from the HQ and situated on the top of a hill. CHC is functioning in a new government building and is in a good condition. CHC has electricity with power back up, running 24*7 water supplies (problem only during summer time), clean wards, toilets separately for males and females and clean labour room having attached toilet. Staff quarters are not available. Complaint or suggestion box is not available and biomedical waste is outsourced.

PHC Chausala: The selected PHC is easily accessible from nearest road except for one day in a week when the road is blocked by market. On this day anyone visiting facility has to walk approximately 1 km to reach the PHC. PHC is functioning in an old government building. Staff quarters for MO, SN and other categories are available but repair is required. PHC has electricity with power back up, running 24*7 water supplies and clean toilets separately for males and females. Toilet facilities are available, but not attached to the female and labour wards. Functional clean labour room is available with no toilet attached to it. NBCC is available. There is a mechanism for waste management. Complaint or suggestion box is unavailable.

SC Khadki comes under PHC, Chausala which is approximately 9 Km from this SC. SC is located in main habitation covering five villages with a population of 4,939. However, the building condition is not good. It has electricity with no power back up and no 24*7 running water supply. Subsequently, labour room and NBCC do not exist. No complaint or suggestion box is available. Biomedical waste management is unavailable.

6. Human Resources

To collect information on number and types of training in the district, the team visited DTC, Beed. During the period April-October 2013 the following trainings were conducted at DTC: SAB trainings for ANM/LHVs and SNs; BEmOC, LSAS, MTP and NSSK trainings for MOs, SNs and ANM/LHVs; RI training for Paramedicals and MOs; IUD training for MOs, SNs, and ANM/LHVs; Newer IUD training for MOs, SNs and ANMs; VCDC, WIFS, Contraceptive update, cold chain, CTC and ARSH training for MOs and ANM/LHVs; PPIUCD, IYCN training for MOs and SNs; and ASHA induction (Module 6 and 7 phase 1) training for ASHA Block facilitator.

The training load shows more than 100 percent completeness as per target in training programmes of SAB, NSSK and IUD, and 100 percent completeness as per target in training programmes of WIFS, Contraceptive update, RI, IMEP and PPIUCD.

DTC has two rooms for training, one each of staff room, accommodation and storeroom. The training rooms although well-equipped, accommodation facility is inadequate as per requirement. One room meant for accommodation is used as a storeroom. At the time of our visit, ASHA Module 6 (first phase) training was ongoing, the training room is well equipped with latest technology of LCD (dual board). Five faculties are available for training along with other support staffs.

DH BEED requires 10 Medical Officers in Grade 1 as per sanctioned post. Out of this ten posts, one each is required in specialist position of Civil surgeon, Medical Officer (CI) and Medical Officer (O), Gynecologist, Radiologist, Pathologist, TB specialist, Ophthalmic Surgeon, ENT Surgeon and Psychologist. In Grade II there is a shortage of two Medical Officers and one Medical Officer in (Mobile Unit) as per sanctioned post. In Grade III, DH requires 4 Public Health Nurses, 3 Staff Nurses, two each of Junior Clerk, X-ray Technician, Sister Tutor and Pediatric Nurse, and one each of Laboratory Technician, ECG Technician, Senior Sanitary Inspector, House Linen Keeper, Carpenter, Counselor, Plumber, Medical Social Worker, Sister In-charge, Clinical Instructor, Psychiatric Nurse and Technician. In Grade IV, DH requires 6 Operation Theatre Assistants, 5 Sweepers, 3 Mali, 2 each of Cook and Dresser and 1 each of Mukadam, Dhobi, Barber and Aya. Staff Nurse in DH received training in SAB, IUD (380 A) during the period April- October, 2013.

WH Neknoor requires four specialists Medical Officers in Grade I. Grade II requires seven Staff nurses. During the period April-October 2013, MOs received training in EmOC, LSAS, MTP/MVA, BeMOC, Minilap Sterilisation, Laproscopic Sterilisation and IUCD. SNs received training in SBA, IUCD, NSSK, Immunization and Cold Chain. LT received training in FIMNCI, IUCD and Blood storage.

CHC Dharur requires one Medical Officer. During the period April-October 2013 MO and SN received training in BeMOC, SBA, MTP/MVA, F-IMNCI, Mini Lap, IUD and Immunization. However, no trainings were received in NSV, IMNCI, NSSK and RTI/STI.

PHC Chausala: During the period April-October 2013, MOs received training in MTP/MVA and NSV. MOs, ANM and LHV received training in F-IMNCI, NSSK, IUD, RTI/STI, Immunization and cold chain.

Further, MOs and LHV received training in BEmoc and SBA. MOs received training in Minilap, TB, leprosy and RBSK.

SC Khadki has 2 ANMs (1 regular and one under NRHM) and one male MPW. Regular ANM received training in HIV, HBNC and Immunization. ANM under NRHM received training in HIV and MPW received training in BT and Water Testing training during this period.

7. Other Health System Inputs

During the period April-October 2013, services of surgeries and medicines are provided in DH, WH, CHC and PHCs. 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 the district. DH and PHC manage high-risk pregnancies and provide essential newborn care for sick neonates and infants.

Availability of Drugs and diagnostics, Equipments

EDL with 123 medicines is available in the district. During the period April-October 2013, drugs on ear drops, eye drop, and cough syrup were not available.

DH BEED: EDL is available and displayed in DH. Computer inventory system is not functioning for the past 1 month due to some problem with the server. All the essential drugs, supplies and consumables are available in DH. IFA (blue) and IFA syrup with dispenser are not available in DH. Except for Liver Function test, Ultrasound (Scan and OB), Endoscopy and all the other types of diagnostics test are available in DH. Even though sufficient numbers of blood bags are available, blood bag refrigerators are not functioning for the past 15 days. Registers of blood bags issued is properly maintained. All the essential supplies and equipments are available in DH. However, four of the ventilators are not in working condition for the last 6 months and C-arm units are not working for the past two months. One each of Autoclave, Ultrasound scanner and CT scanner are not in working condition for the past 6 months.

WH Neknoor: EDL is available and displayed only in drug store in WH. Computer inventory system is in place. All the essential drugs are available in WH except for IFA tablets (blue), Misoprostol and Mifepristone tablets. All the essential supplies and consumables are available in WH. Although, adequate vaccine stocks are available there is still shortage of some medicines. All the essential supplies and equipments are available in WH. Foetal Doppler/CTG equipment (although available) is not functioning. Except for Ventilator, Multi-para monitors, Surgical Diathermies, Semi autoanalyzer, CT scanners and C-arm unit and all the other equipment are available and functioning. All types of diagnostics test are available except for TB, Liver Function test, Ultrasound (Scan and OB), Xray, ECG and Endoscopy. These diagnostic services are not provided mainly due to non-availability of technicians. There is no Blood Storage Unit in WH. WH requires reagents for lab investigation although requested, they have yet to receive the funds.

CHC Dharur: EDL list is available in CHC but not displayed in the hospital. Out of EDL, only two drugs (IFA syrup with dispenser and Zinc tablets) are not available in the CHC. All the essential supplies and equipments are available in CHC. Except for semi auto analyzer, all the equipments are available and functioning. Except for EC pills and sanitary napkins, all the supplies are available in CHC. All types of diagnostics test are available except RPR.

PHC Chausala: EDL is available but not displayed in PHC. Computer inventory management is in place. IFA tablets and IFA tablets (blue) are available however; IFA syrup with dispenser is not available for the past 6 months. All the essential supplies and equipments are available. Among the laboratory equipments, Semi auto analyzer is not available. All the major diagnostics tests are available.

SC Khadki: Essential drugs and equipments are available in SC except for IFA syrup with dispenser, and Inj Oxytocin.

AYUSH Services

AYUSH facilities are provided in DH, WH and in RHs in Ashti, Mazalgaon, Kaij, Dharur and Patoda. AYUSH OPDs are integrated with the main facility except in DH where AYUSH OPDs are separate from main facility. Stocks positions of AYUSH medicines are available. Although AYUSH medicines are available, some shortage is reported. AYUSH MO is a member of the RKS.

User Fees

In CHC no user fee is charged for ANC and PNC services and to BPL patients. In PHC, only a user fee of Rs. 5/- is charged. No user fee is charged for any services in SC.

8. Maternal Health

8.1 ANC and PNC

During the period April-October 2013, 27,234 ANC registrations are done out of which first trimester registrations was 17,592 in the district. Thus district recorded 64 percent first trimester registration. Women were line listed for severe anaemic condition but no separate records/registers are maintained for the same. Hypertensive pregnant women are also identified. Pregnant women are provided with TT and IFA tablets. During this period, 25,303 deliveries are recorded in the district and mothers received postnatal visits.

DH BEED: During the period April-October 2013, 3,913 women are registered in first trimester for ANC and expected number of pregnancies for the month of October was 5,031. ANC3 (1493) was less than ANC1 (3913) during this period. Pregnant women are provided with IFA tablets. Total deliveries conducted during this period are 4,311 and all the mothers initiated breast-feeding within 1 hour of delivery.

WH Neknoor: During the period April-October 2013, 439 women are registered for ANC in first trimester and expected number of pregnancies in the month of October was 38. ANC1 registrations are 439 whereas ANC 3 registrations are 69 during this period. All the pregnant women are provided with IFA tablets. Total deliveries conducted during this period are 572 and all the mothers initiated breast-feeding within 1 hour of the delivery. Mothers are also advised to stay for at least 48 hours after delivery in the hospital. During the period April-October 2013, 233 pregnant women and 33 neonates are referred to other facilities. High risk pregnancies are mainly referred to other facilities.

CHC Dharur: During the period April-October 2013, 287 ANC registrations are done of which 194 are first trimester registration. Compared to ANC1 (194), ANC 3(60) registration was less. Pregnant women are provided with IFA tablets. Total deliveries conducted during this period are 323 and all the mothers initiated breast-feeding within 1 hour of delivery. There is two still births during this period.

PHC Chausala: Out of the total 1,015 ANC registrations 332 were registered within first trimester during the period April-October 2013. There was not much difference in ANC1 (332) and ANC3 (370) registration. Pregnant women were provided with IFA tablets. PHC can manage high risk pregnancy. In PHC, 13 obstetric complicated cases are managed, mainly the cases of eclampsia and pueropurium. Twenty seven MTPs are conducted during the period April-October 2013. Total deliveries conducted during the period are 138 and 137 neonates initiated breast-feeding within 1 hour. There is one still birth. Mothers are advised to stay at least 48 hours after delivery in the hospital.

Validation Errors in HMIS Data: Analysis of HMIS data shows that MTPs are more than Abortions in PHCs of Dhamangaon and Kada of Ashti block in the month of April and May; PHC Dhamangaon in the month of July; PHC Tadsonna in the month of April; PHC Chausala and Limba Ganesh in the month of May; and PHC Rajegaon and PHC Bhavthana in the month of August. Mothers discharged within 48 hours of delivery are more than total number of deliveries in PHCs Bardapur and Rajegaon in the month of April; Takarwan and Naigaon PHCs in the month of May; Mohkhed and Gangamasla PHCs in the month of June; and Apegaon, Bardapur and Pathrud PHCs in the month of August.

8.2 Institutional Deliveries

During the period April to October 2013, out of the 25,303 deliveries in institution 754 were C-section deliveries in the district. Mothers initiated breastfeeding within 1 hour of delivery. During the period April to October 2013, 2,840 deliveries are reported in DH. WH Neknoor reported 572 deliveries, 33 neonates are referred to DH and 8 still births. In CHC Dharur, 323 deliveries are reported and in PHC Chausala, 138 deliveries are reported with one still birth. Analysis of RHMIS data shows validation errors as number of births reported in the facilities are more than the total deliveries in PHCs Apegaon, Ujni , Rajuri, Navgan, Jategaon, Umapur, Wida, Pathrud and Takarwan for the month of August.

8.3 Maternal Death Review

District task force is formed to conduct MDR. Eleven maternal deaths are reported in the district during the period April to October 2013 and none of them were reviewed. As per the information from district officials it is under process. There was no case of maternal death reported in the visited DH, WH, CHC, PHC and SC.

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 the district.

Free transport under JSSK is provided in 65 institutes having a total of 75 vehicles in the district. In the district, 22,970 pregnant women availed JSSK facilities, out of which 17,484 are institutional deliveries during the period April to October 2013. The number of mothers who are provided with free transport from home to institute in government vehicles was 2,199 and in empanelled vehicle were 315. Referrals from institute to institute are utilized by 2,606 beneficiaries in government vehicle and 33 in empanelled vehicle. Drop back to home from government vehicle are utilized by 7,387 beneficiaries. Out of the total institutional deliveries, 892 women were provided with free c-section deliveries and 663 were provided with free intranatal and postnatal care.

Number of neonates admitted are 2,106 and 7 neonates are provided free transport from home to institute in government vehicle and to 21 neonates in empanelled vehicle. Number of neonates provided free transport from institute to institute is 83 in government vehicle and 1 in empanelled vehicle. Drop back facilities to home in government vehicle are provided to 416 neonates. In general it is observed a low percent of utilization of transport facilities from home to institute. This is mainly due to lack of communication, advertisement and lack clarity as reported by outreach RMO.

WH Neknoor: Two government vehicles are available under JSSK in WH. During the period April-October 2013, 2,799 beneficiaries are provided with free transport from home to institute, 2,606 beneficiaries are provided with inter facility and drop back facility to home are provided to 7,387 beneficiaries out of which 416 were neonates. Twenty eight neonates are given transport facilities from home to facility and 84 of them got inter facility transport facilities. There is a high demand for transportation and the two vehicles are inadequate to provide the service. WH has not received the funds from DH under JSSK. Interaction with driver revealed he gets a salary of Rs 3,000/-. Interaction with beneficiaries in ward revealed that although they received diet and transport facilities, they are not specifically informed about the JSSK scheme under which free diet, diagnostics, referral and blood are made available to them. General practice is that they are asked whether they require food, after which the food is cooked as per requirement. If they were informed about the free diet in advance, many of them would have preferred to take the food from hospital. Many beneficiaries are aware about the toll free number to avail transport facilities.

CHC Dharur: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet and drop back facilities. In CHC, only 3 beneficiaries are provided with free transport from home to institute, 116 beneficiaries are provided with free inter facility transport and 187 are provided with drop back facility to home. One neonate received free transport facility from home to institution and 6 of them received inter transport facilities.

PHC Chausala: Sixty nine beneficiaries utilized the services of free transport from home to PHC and 126 got free drop back service. Thirty two beneficiaries were provided with inter transport facility. One neonate utilized the services of free transport from home to PHC and 12 received inter facility transport facility.

8.5 JSY

During the period April-October 2013, 3,826 beneficiaries received JSY payments as per JSY guidelines. Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. During this period, JSY benefits are also provided to 179 beneficiaries for home deliveries. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check malpractices, if any and whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district; wherein if any complaint is registered to THO who in turn report to DHO/CS. JSY payment is given before discharge through cheque in DH. JSY payments are made through bearer cheque within 15 days of delivery in WH Neknoor.

9. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, SNCU and NRC units are established at various facilities in the district. Nutritional Rehabilitation Centre exists in district with necessary equipment and trained manpower. During the period April-October 2013, 98 sick children were admitted under SAM and MAM. The average length of stay of patients was 21 days. Malnourished children are identified through ICDS and Anganwadi centres.

DH BEED: SNCU unit is functioning in DH with necessary equipment and trained manpower of 2 MOs and 15 staff nurses. During the period April-October 2013, there are 880 admissions out of which 661 are cured, 119 are yet to be cured and 26 are referred to other facilities. The functioning of SNCU unit is good and it is suggested to have more space for admissions and more training for staffs.

PHC Chausala: NBCC unit exists in PHC Chausala and is well maintained with the availability of trained manpower.

9.1 Immunization

During the period April-October 2013, 22,709 children were fully vaccinated in the district (16,335 Immunization Sessions were planned and 12,426 were held in the district; 26,999 babies are provided with BCG doses; DPT 1, 2 and 3 are provided respectively to 27,712, 26,740 and 26,356 babies; DPT booster was provided to 24,433 children; zero doses of polio are provided to 24,515 babies and polio 1, 2 and 3 doses are provided respectively to 27,839, 26,862 and 26,391 babies; Polio booster was provided to 24,447 children; Hepatitis 1, 2, and 3 are provided respectively to 26,308, 23,088 and 22,774 babies; and Measles 1 is provided to 26,098 babies). During this period April-October 2013, the dropout rate from Measles to BCG is 3 percent. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan are prepared.

DH BEED: In DH, during the period April-October 2013, 1,374 children were fully vaccinated and children covered under measles are 1,120. The number of children provided with ORS plus Zinc is 3,445 and number of children provided with vitamin A is 3,361.

WH Neknoor: During the period April-October 2013, 39 children are fully immunized. The number of children under measles coverage is 86 and 104 children are provided with vitamin A. Zero doses of OPV and Hepatitis B are provided to the babies.

CHC Dharur: During the period April-October 2013, 227 children are fully immunized with same number of children covered under Measles. All mothers have initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B are provided to the babies.

PHC Chausala: During the period April-October 2013, 354 children are fully vaccinated and the same numbers of children were covered under Measles. The number of children provided with ORS plus Zinc is 1,155 and children provided with vitamin A doses are 2,496. All mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B are provided to the babies.

9.2 RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal persons are identified for child health screening and early intervention services are established at district level. Teams are constituted for screening with proper plans of visit. The number of children screened during the period April-October 2013 in the district under this scheme are 1,54,489. Children and young adults covered in the age group 6-18 years are 4,07,026. Among those screened, 6,677 in the age group 0-6 weeks and 4,262 in the age group 6-18 years are identified with health related problems.

10. Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of contraceptives. IEC materials related to family planning are displayed in all the facilities. During the period April-October 2013, 10,214 female sterilization, 39 male sterilization, 6,056 IUCD, and 9,427 oral pills are provided in the district.

DH Beed: FP records are well maintained; 774 IUCD insertions, and 176 minilap are conducted during the reference period. Counselling is also provided in family planning.

WH Neknoor: Family planning counselling is provided. Tubectomy conducted during the period April-October 2013 is 116, and 22 women accepted postpartum family planning services. Although MO, SN and matron received IUCD trainings, no IUCD is provided during the period.

CHC, Dharur: During the period April-October 2013, 255 minilap sterilization and 65 IUCD insertions are conducted in the CHC.

PHC Chausala: During the period April-October 2013, 17 IUD insertions and 208 laparoscopy sterilizations are conducted. Counselling of family planning is provided and the record of FP is also maintained.

Analysis of HMIS data shows validation errors as postpartum sterilization are shown to be more than deliveries in PHC Bardapur and in PHC Wadwani in the month of April.

11. ARSH

Four 4 ARSH clinics are established in the district with trained manpower, functioning respectively in DH, SDH Parli and Gevrai and WH Neknoor. Under ARSH there is a provision of promotive, preventive, curative, referral and outreach ARSH services.

In WH Neknoor, one ARSH ICTC counsellor is available along with separate room for counselling. The hospital has collaboration with local NGO, ORW (Out Research Worker), and through link worker, camps are arranged at village level as part of VCTC. Pre and post counselling in HIV are given and tested at ART centres. During the period April-October 2013, 3 HIV deaths are recorded. Camps are organized through link worker and an incentive of Rs. 250 is given to attend the camps. Through such camps they could identify patients in Deogaon and Babulgaon villages.

12. Quality in Health Services

12.1 Infection Control and Biomedical Waste Management

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Specifically cleaning, disinfecting and reprocessing of reusable equipment and waste management need to be adapted in every facility in protecting and preventing infections.

DH Beed: Regular fogging is done in DH. Washing/laundry service is available. Dietary scheme is also available in DH. There is appropriate system for drug storage.

WH Neknoor: Regular fogging is done in WH. Washing/laundry service and dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism in place in WH.

CHC Dharur: Regular fogging is done in CHC. Dietary scheme is available in CHC. However, washing/laundry service is not available in CHC. There is an appropriate drug storage system, equipment maintenance and repair mechanism in place in CHC.

PHC Chausala: Regular fogging is done in PHC. Washing/laundry service and dietary scheme are available in PHC. There is an appropriate drug storage system, equipment maintenance and repair mechanism in place in PHC.

SC Khadki: The SC building is not in good conduction and it does not even have a compound wall. Electricity is available with no power backup. Bore well water is the only source of water supply. Only red colour coded waste bin is used in SC.

12.2 Record Maintenance

DH Beed: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled. However, there are no records maintained for line listing of severely pregnant women.

WH Neknoor: In WH all records/registers for IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled. However, there are no records maintained for line listing of severely anaemic pregnant women and Indoor bed ticket. During the period April-October 2013, against the amount received, 37 percent expenditure on untied funds, 78 percent expenditure on AMG and 74 percent expenditure on RKS was done.

CHC Dharur: Registers for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, FP, immunisation, Referral, and drug stock registers are available, updated and correctly filled. However, there are no records maintained for line listing of severely anaemic pregnant women.

PHC Chausala: Registers/records for IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anaemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated microplan are available, updated and correctly filled in PHC. During the period April-October 2013, 95 percent expenditure on untied funds, 90 percent expenditure on AMG and 100 percent RKS expenditure is done.

SC Khadki: Eligible couple registers, MCH, delivery and stock register are available, updated and correctly filled. Payments under JSY are available but not maintained. VHND plan and VHSNC meetings records are not available. Records of families with 0-6 year old children under RBSK, line listing of severely anaemic pregnant women, vaccine supply (as done in PHC) are not available.

12.3 IEC

DH Beed: Approach roads have direction to DH. EDL, JSSK entitlements, immunization schedule, JSY entitlements and other IEC material are displayed in DH. However, citizens' charter, timing of health facility and list of services available in the facility are not displayed in DH.

WH Neknoor: Approach roads have direction to WH. JSSK entitlements, immunization schedule, JSY entitlements and other IEC material are displayed in WH. Citizens' charter, timing of health facility, list of services available, EDL and protocol posters are not displayed in WH.

PHC Chausala: Approach roads have direction to PHC. Citizens' charter, timing of health facility, list of services, protocol posters, immunization schedule, and JSSK and JSY entitlements are displayed in PHC. In addition slogans are also written on the walls of PHC. However, EDL are not displayed in PHC.

CHC Dharur: Approach roads have direction to CHC. Timings of health facility, Protocol posters, JSSK and JSY entitlements are available and displayed in CHC.

SC Khadki: Approach roads have no directions to SC. Immunization schedule, JSSK and JSY entitlements are displayed in SC. Citizens' Charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and SBA protocol are not available in SC.

13. Referral Transport and MMUs

Sixty-six ambulances and 1 MMU are available in the district as referral transport, with one call centre. On an average 3 ambulances are available per lakh population in the district. During the period April-October, 2013, 17,850 beneficiaries utilized ambulance services and 17,080 utilized MMU services. On an average 80 calls for referral transport and 240 calls for MMUs are responded daily. Micro plan are prepared. Ambulances are fitted with GPS but not functioning. Performance monitoring is done on monthly basis. One ambulance of PHC Khalapuri met with an accident and this vehicle is out of use at present.

14. Community Processes

14.1 ASHA

During the period April-October 2013, there is a requirement of 1,904 ASHAs in the district as per the sanction. Out of which 1,898 are in place in the district. Ten ASHAs left and four new ASHAs joined during this period. Module 6 training was given to 180 ASHAs in the district. In Oral Pills are provided to all the ASHAs. However, ORS and Zinc are not provided to ASHAs. An ASHA worker receives an average of Rs. 500/-per month. The highest incentive paid to ASHA worker is Rs. 7,000/- and the lowest is Rs. 189/-. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA Resource Centre exists in the form of District Community Mobilizer and Block Community Mobilizer.

15. Disease Control Programmes

15.1 Leprosy

Number of new leprosy cases reported during the period April-October 2013 in the district is 126, out of which 56 are females. Leprosy cases under treatment are 146, out of which 142 are adults and 4 are children. Out of the 5 sanctioned positions, 4 are filled and 1 post of DLO is vacant. District has well maintained and updated records of NLEP. Monthly monitoring reports as well as training reports are maintained. Physical rehabilitation is provided to 717 beneficiaries through reconstructive surgery; distribution of goggles, splints and MCR chappals; and treatment of tropic ulcers and physiotherapy. Socio economic rehabilitation services are also provided.

16. HMIS and MCTS

Trained staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processing and data validation. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional since November 2011. However, the district officials could not access online verification done by PRC on HMIS data. The details of PRC online verification as well as validation error in RHMIS by facility wise were provided to M & E Officer. The most common errors observed for the period April-October 2013 are: MTP is found to be more than total abortions; deliveries are reported but births are not reported; and mothers discharged within 48 hours of deliveries are reported but no deliveries are reported. It appears that there is some problem in software from transferring data from DHIS-II to HMIS portal. Data entries are regularly updated in MCTS in the visited facilities.

17. 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 and 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
IYCF	Infant and Young Child Feeding
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
OBG	Obstetrician and Gynecologist
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