

**Monitoring and Evaluation of Programme Implementation Plan, 2014-15
Bhandara District, Maharashtra**

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**Monitoring and Evaluation of Programme Implementation Plan, 2014-15:
Bhandara District, Maharashtra**

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2014-15 of Bhandara District was carried out by the PRC team during 9-12, September 2014. The District Health Office, DH Bhandara, SDH Tumsar, RH Mohadi, PHC Pahela, and SC Wakeshwar were visited for the study by the PRC team. During the field visit the PRC team was accompanied by IPHS Co-ordinator for all three days. IPHS Co-ordinator post is vacant since five months, presently District AYUSH officer is given additional charge of IPHS coordinator. This report discusses in detail the implementation of PIP in Bhandara district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 470 posts of different discipline are sanctioned of which 411 posts are filled and 59 are vacant for the district as a whole. A total of 824 regular positions of different discipline are sanctioned and 747 posts are filled and 77 positions are vacant. These vacant posts invariably affect the performance of service delivery.
- Discussion with Civil Surgeon in connection with cleanliness revealed, shortage of CI-IV workers due to large number of vacancies of class IV position. In addition, whoever available either remains absent without notice for longer period and thus whoever is present are overloaded with work.
- All the health facilities in the district i.e. DH, two SDHs and seven RHs in the district are providing secondary and tertiary health care in the district. Twenty eight percent of the regular sanctioned posts and 42 percent of the contractual positions are vacant in the district.
- There is shortage of specialist in the district. In DH, only 7 specialists are available against the sanctioned posts of 22 regular specialists. Among SDHs and RHs out of nine regular posts of class I specialists, none of them are filled.
- At DH 50 positions of nursing cadre are vacant and sixty eight positions are vacant of CI-IV workers.
- Vacant posts in CI-IV employees might have affected the cleanliness of the facilities visited by PRC team especially at DH. It is suggested to develop a mechanism so as to fill the vacant position in all the categories of health staffs on priority basis.
- Cleanliness in all the visited health facilities are maintaining well except in district hospital. District Hospital is overburdened; passage and lobbies are occupied by relatives of the patients. Passages and corridors were unclean. Hence, it is recommended to upgrade the cleanliness of the DH at the earliest.
- LSCS ward in DH has capacity of 60 beds but most of the time patients admitted there are 120. As LSCS is done at DH, two SDH and one RH in the district, most of the LSCS cases are referred to DH.

- There is no security guard available in DH as per the norms.
- AYUSH is integrated with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. AYUSH facilities such as Homeopathy and Ayurveda are available in the district.
- Under JSSK, the pregnant women in Bhandara district receives benefits like free registration, check-up, treatment, free diet and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up, and treatment within 0-365 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence.
- During the reference period April-August 2014, 7,603 pregnant women delivered at various public institutions i.e. District Hospital, Sub District Hospitals, Rural Hospitals, and Primary Health Centres under free and zero expenses delivery.
- During the reference period April-August 2014, only 1,361 (17 %) women were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines, and diagnostic tests. Diet is provided to only 17 percent of delivery patients which needs to be addressed. Pickup percent is only 71 percent in the district.
- During the reference period April-August 2014, 446 sick neo nates were admitted at DH, SDHs and RHs, out of which only 75 was provided with free pick up transport facility and only 40 neonates were provided with drop back facility.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. JSY payments are made either by bearer cheque or by direct transfer. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. A total of 3,256 women received JSY benefit during the reference period April-August, 2014.
- Nutrition Rehabilitation Centre is not established anywhere in the district.
- SNCU is located in the district hospital Bhandara.
- Rashtriya Bal Swasthya Karyakram is monitored by RMO Out Reach. District Nodal Person for RBSK is appointed (RMO Out Reach). It is being implemented in all the 7 Blocks of the district. Child Health Screening and Early Intervention Centre at district level are established. A total of 16 teams are working under the programme.
- Target fixed for the screening of Anganwadi children and school children of rural and corporation areas is 1,86,126 in the year 2014-15 and as of now the achievement is 28,898. Total Cases identified with some health problems are 2,780 and 324 cases were referred to higher facilities.
- ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at following health facilities: DH Bahndara; SDH Tumsar; SDH Sakoli; and RH Mohadi. Additional responsibility of ARSH clinics is given to the existing staff.

- Segregation of bio medical waste management is done in all the visited facilities. BMW is outsourced in DH Bhandara and SDH Tumsar. RH Mohadi and PHC Pahela is having deep burial pit at facility and bio medical waste management is done as per given norms.
- Although most of the facilities have outsourced management of BMW. But service provider is not collecting BMW on daily basis, as their contract is not renewed due to non-approval of PIP budget till the date of PRC visit.
- PIP for the year 2014-15 is not yet approved, which is hampering performance of the service delivery.
- AYUSH, IPHS, RBSK and Non Communicable Disease programmes are being funded by MOHFW. But there is disparity in payments of contractual staff of different programmes for similar post, which creates problem in retention of staff. Therefore it is suggested to streamlined salary structure for at least MOHFW funded positions.
- Staffs appointed under AYUSH and IPHS are not getting annual increment @8% as in the case of other NRHM staffs. This discourages the staff working under AYUSH and IPHS.
- Staff recruited under NRHM at SDH Tumsar has not received salary since April, 2014 till August 2014. Although, in the month of August Rs. 5,00,000/- was received for the purpose of salary, this amount is inadequate to meet the required salary amount of Rs. 3,45,000/-
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at DH Bhandara, SDH Tumsar, RH Mohadi, PHC Pahela and SC Wakeshawar.
- Dedicated staffs such as Data Entry Operators for HMIS and MCTS are available at all SDHs, RHs and PHCs. Quality of data is also good district as whole.
- All SDHs, RHs and PHCs are having Data Entry Operator cum accountant for the purpose of HMIS and MCTS data entry. Committees are established at all levels for quality check of the data.
- All the essential equipment's are available at the District Hospital. All the equipment's related to operation theatre and laboratory is available. Essential drug list and essential consumable list are available in the drug store but are not displayed in the OPD. Recently, DH has received 12 Pulse Oximeters; four of them are not working which Sun Medical Systems have supplied. District Authorities have contacted with the suppliers 'n' number of time but they are neither replacing it nor repairing it.
- At DH Laparoscope is there but it is not functioning and two Ultrasound scanners are available at the facility of which one is only working. Facility is having C.T scanner but is not working since three years.
- At SDH Tumsar Blood storage unit is there in the facility but temperature recording machine is not working. Semi autoanalyzer is available but it is under repair.
- RH Mohadi is a 30 bedded hospital and is functioning in a government building. The building needs major repairs specially leakages problem is observed in entire facility.

During PIP monitoring visit some suggestions are made by district authorities are given below

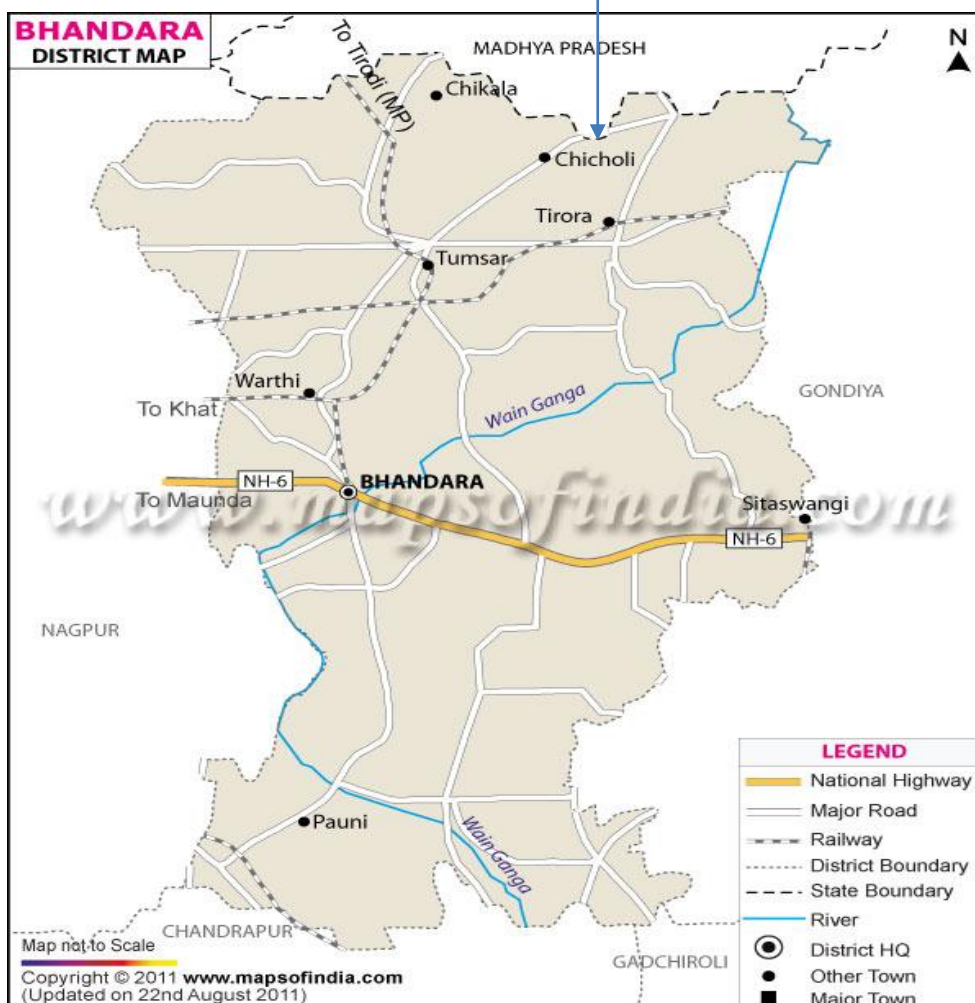
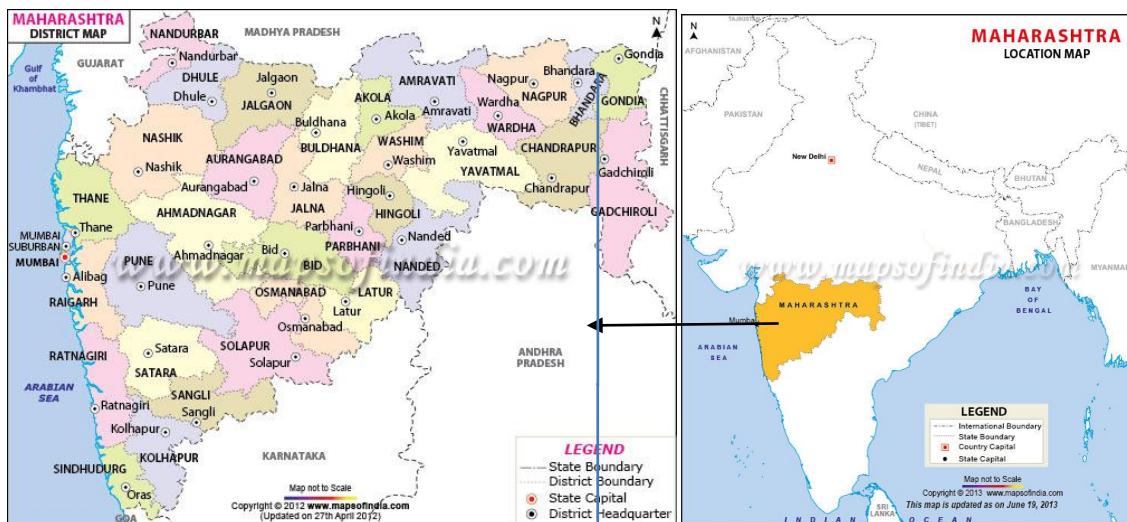
- There is less scope for local level requirement suggestion was to incorporate local level requirements with clear guidelines and mechanism.
- Training for DRCHO and DPM was not given for RCH planning since 2009.
- PIP grants needs to be disbursed strictly in the month of April of every financial year. Delay in releasing grants affects the performance and thereby increases the pressure of spending money at the end of the financial year. Most of the time grant remains unspent in some heads. Subsequently, it is being curtail in next financial year. In the financial year 2013-14 a sum of Rs.60 lacs was received in the month of February and some of the funds was received on 31st of March 2014 which appears to be paradox to spending by March 31st of respective year.
- At present there is no provision for IEC in PIP. Hence, it is recommended to make some provision for IEC in PIP.
- More fund needs to be provided for training.
- Equal pay structure needs to be applied for all positions funded by MOHFW.
- As there are different officers for different programme i.e. Malaria, RNTCP and NLEP. DHO is not having any administrative control on these departments but DHO is held responsible for the performance of all the programmes. This needs to be streamlined and addressed.
- Positions like Additional District Health Officer, DRCHO, DAM, District Quality Control Co-ordinator, IPHS co-ordinator are vacant in the district since long period.
- ANM positions under NRHM need to be filled on priority basis.
- DPMU and BPMU needs to be strengthened. Post of DPM needs to be strengthening by all means i.e. knowledge regarding NRHM, planning of health activities etc.
- Village Health and Sanitation committee's needs to be strengthen by giving more training. Their participation needs to be enhanced in preparing village health plans.
- ANMs need to be involved grossly in preparation of village health plan.
- Regular MO vacancies need to be filled up on priority basis.
- There should be provision of funds in PIP for innovative schemes.
- PIP funds needs to be allotted on the basis of the requirement of the facilities.

Action Points

- PIP for the year 2014-15 is not yet approved, which is hampering performance of the service delivery.
- Discussion with Civil Surgeon in connection with cleanliness revealed, shortage of CI-IV workers due to large number of vacancies of class IV position. In addition, whoever available either remains absent without notice for longer period and thus overloading with work whoever is present.
- Vacant positions in all the categories of staffs in DH, SDHs and RHs need to be filled at the earliest and class IV staffs in DH on urgent priority basis.
- Cleanliness in all the visited health facilities is well maintained except in district hospital. District Hospital is overburdened; passage and lobbies are occupied by relatives of the patients.

- Capacity of LSCS wards need to be increased on urgent priority basis as well as appointment of security guards in DH.
- Team discussed the issue of cleanliness with Civil Surgeon, he showed his inability in maintaining cleanliness as there are many vacant post of CI-IV workers and those who are available most of them are either remain absent without prior notice for longer period thus whoever present are overloaded with work.
- During the reference period April-August 2014, out of the 7,603 pregnant women who have delivered under free and zero expenses delivery at various public institutions only 17 percent were provided with free diet. It needs to be addressed why the remaining 83 percent were not provided with free diets.
- Seventy one percent women were provided with free pick up transport to reach the facility. Mechanism should be there to ensure 100 percent free transport facility.
- Only 9 percent of the total neo nates admitted to Govt. facilities received drop back facility which needs to be addressed.
- Although most of the facilities have outsourced management of BMW service provider are not collecting BMW on daily basis. Their contract is not yet renewed due to non-approval of PIP till the date of PRC visit.
- AYUSH, IPHS, RBSK and Non Communicable Disease programmes are being funded by MOHFW. But there is disparity in payments of contractual staff of different programmes for similar post, which creates problem in retention of staff. Therefore it is necessary to streamlined salary structure for at least MOHFW funded positions.
- Staff appointed under AYUSH and IPHS are not getting annual increment @8% as other NRHM staff. This discourages the staff.
- Staff recruited under NRHM at SDH Tumsar has not received salary till August 2014. In the month of August SDH received Rs. 5,00,000/- for the purpose of salary. This amount is inadequate (as their monthly need is about Rs. 3,45,000) to meet salary expenses since April, 2014.
- Local level requirements should be prioritized in preparation of PIP.
- Training for DRCHO and DPM is suggested at the earliest. More amounts needs to be keep for training.
- PIP grants needs to be disbursed strictly in the month of April of every financial year. Delay in releasing grants affects the performance and increase pressure of spending money at the end of the financial year.
- There must be some provision for IEC in PIP.
- Equal pay structure needs to be applied for all positions funded by MOHFW.
- Positions of Additional District Health Officer, DRCHO, DAM, District Quality Control Co-ordinator, IPHS co-ordinator need to be filled on urgent priority basis. Also, ANM positions under NRHM need to be filled on priority.
- Village Health and Sanitation committee's needs to be strengthen by giving more training. Their participation needs to be increase in preparation of their village health plans.

Location of Bhandara District in Maharashtra



2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 has been designed and submitted to the MOHFW, New Delhi 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 conditionality and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi 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 for each month of 2014-15. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Bhandara District of Maharashtra for the reference period April – August, 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Bhandara District was carried out during the period 9-12 September, 2014. 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.

Two officials from PRC, Pune visited the district during the period 9-12 September, 2014 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, District Hospital, one Sub District Hospital, one Rural Hospital, one Primary Health Centre and one Sub Centre were selected for the study. PRC team was accompanied by IPHS Co-ordinator for all three days. 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 Bhandara district as observed by the PRC team during the field visit.

3. District Profile

Bhandara District is an administrative district in the state of Maharashtra in India. The district headquarters are located at Bhandara. The district occupies an area of 4087 km² and has a population of 1,200,334 (males 605,520 and females 594,814) of which 19.48% are urban (as of 2011).^[1] It is fondly called as the 'District of Lakes 'or 'Brass city'. Bhandara has a mixed economy with agriculture, industries and forest resources contributing to it. Bhandara is known for its large production of rice. Tumsar, a tehsil town, is a famous rice market. Bhandara town is also known as 'Brass City' owing to the presence of a large brass products industry. Bhandara has no shortage of tourism spots with several important destinations like Ambagad Fort, Brahmin, Chinchgad, Dighodi etc. The district is having 1.1 percent population to state population. The district has a population density of 294 inhabitants per square kilometre. Bhandara has a sex ratio of 982(Census 2011) females for every 1000 males. Bhandara is one of the top five districts in the state in terms of sex ratio. District has 950 female children per 1000 male children in 2011.

Total literacy of the district is 83.76 percent as per 2011 census. Sex wise literacy rates shows that it is 90.35 per cent for males and 77.08 per cent for females with a gap of almost 13.27 per cent between males and females. Female literacy is more than the state average of 75 per cent.

Key Demographic Indicators: Bhandara District

Sr. No.	Items	Values
1	No. of Blocks	7
2	No. of Villages	786
3	Population	1200334
4	Population - Males	605520
5	Population - Females	594814
6	Literacy Rate	83.76
7	Literacy Rate - Males	90.35
8	Literacy Rate - Females	77.08
9	Sex Ratio	982
10	Child Sex Ratio	950
11	Density of Population	294
12	Percent Urban	19.48
13	Percent SC Population	16.69
14	Percent ST Population	7.41

Source: Census 2011

4. Key Health and Service Delivery Indicators: Maharashtra and Bhandara District

Sr. No.	Indicators from DLHS-3	Maharashtra	Bhandara
1	Mothers registered in the first trimester (%)	61.6	65.8
2	Mothers who had at least three ANC visits (%)	74.4	95.5
3	Mothers who got at least one TT injection (%)	88.7	97.3
4	Institutional births (%)	63.5	82.2
5	Home deliveries assisted by SBA (%)	5.7	55.63
6	Children fully immunised (%)	69.0	92.32
7	Children breastfed within one hour of birth (%)	52.5	61.8
8	Percent of women using modern FP methods	63.9	70.3
9	Total Unmet Need for FP (%)	13.6	10.8
10	Unmet need for spacing (%)	5.9	6.0
11	Unmet need for limiting (%)	7.7	7.6

Source: DLHS-3

Number and type of government health facilities in Bhandara district

Name of the facility	Number	No. of Beds
District Hospital	1	400
SDH	2	100 & 50
Rural Hospitals	7	50 & 30
Primary Health Centers	33	10 & 6
Sub Centers	193	--
AYUSH facilities (Ayurvedic)	33	--
AYUSH facilities (Homeopathy)	5	--
AYUSH facilities (Unani)	3	--
AYUSH facilities (Yoga) at DH	1	--

Bhandara District: Key Service Utilization Parameters of visited facilities (April 2014 to August 2014)

Service Utilization Parameter	DH Bhandara	SDH Tumsar	RH Mohadi	PHC Pahela	SC Wakeshwar
OPD	99107	2167	16772	10881	
IPD	14260	990	1095	355	
Expected number of pregnancies	307	211	137	183	--
MCTS entry on percentage of women registered in the first trimester	69%	--	**	170	100%
No. of pregnant women given IFA	475	431	16	69	23
Total deliveries conducted	3114	662	45	36	5
Number of Deliveries conducted at home					--
No. of assisted deliveries(Ventouse/ Forceps)	--	1	--	--	
No. of C section conducted	1460	96	--		
Number of obstetric complications managed, pls. specify type	488	229	--	1	
No. of neonates initiated breast feeding within one hour	1654	648	45	35	5
Number of children screened for Defects at birth under RBSK	--	--	--	--	--
RTI/STI Treated	372	56	--	11	
No of admissions in NBSUs/ SNCU, whichever available	483	8	--	--	
Inborn	389	2	--	--	
Outborn	94	6	--	--	
No. of children admitted with SAM	26	--	--	--	
No. of sick children referred	--	34	4	3	--
No. of pregnant women referred	90	142	92	38	23
ANC1 registration	766	191	**	183	30
ANC 3 Coverage	501	377	**	238	34
ANC 4 Coverage	--	262	**	212	30
No. of IUCD Insertions	5	102	--	36	12
No. of Tubectomy	--	76	18	25	
No. of Vasectomy	19	13	1	18	
No. of Minilap + Laparoscopy	300	--	--	--	
No. of children fully immunized	789	221	**	220	34
Measles coverage	789	457	**	220	34
No. of children given ORS + Zinc	--	1800	13	2500+2000	16
No. of children given Vitamin A	4355	724	6	220	363
No. of Children given IFA syrup					--
No. of women who accepted	5	31	--	--	

post-partum FP					
No. of MTPs conducted in first trimester	50	14	--		
No. of MTPs conducted in second trimester	9	--	--		
Number of Adolescents attending ARSH clinic	251	253	--		
Maternal deaths, if any	2	--	--	--	--
Still births, if any	107	20	--	5	--
Neonatal deaths, if any	59	1	1	6	1
Infant deaths, if any	96	--	--	2	--
Number of VHNDs attended					21
Number of VHNSC meeting attended					23
Service delivery data submitted for MCTS updation					27

Note: -- = Nil; * = No data; ** = Services not available

5. Health Infrastructure

There is a 400 bedded district hospital at district headquarter. There are two SDHs available in Bhandara district one at Tumsar (100 bedded) and another at Sakoli Mahankal (50 bedded). There are seven Rural Hospitals in the district namely Pauni (50Beded), Mohadi, Lakhani, Palandur, Adyal, Lakhandur, Sihora (30 Beded). All these health facilities are located in government buildings. The district has 33 Primary Health Centres out of which 30 PHCs are functioning in government buildings as per norms. The district has 193 Sub Centres of which 176 are functioning from government buildings.

AYUSH facility is co-located and is available at periphery in the district. There are 33 AYUSH dispensaries in the district. Homeopathy facility is available at four places including DH. Ayurveda and Homeopathy are the most popular medicines. Yoga is not available in the district. District has established linkages to fill service delivery gaps. There is one Mobile Medical Units run by one NGO namely Bhartiya Aushdhi Anusandhan Sanstha. MMU is functioning in one block Tumsar and catering about 38 villages. There is a good impact of the services in periphery.

6. Human Resources

Regular Staff under District Health Officer (DHO) in Bhandara District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy CI- I	1	0	1
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	District Tuberculosis officer CI- I	1	1	0
7	Administrative Officer CI- II	1	0	1
8	District Malaria officer CI-II	1	0	1
9	Taluka Health Officer Group A	7	4	3
10	MO Group A	66	63	3
11	Epidemiology MO	1	1	0
12	Statistical Officer	1	0	1
13	Section Officer	1	1	0
14	Office Superintendent	2	2	0
15	Accounts Asst.	1	1	0
16	Jr. Accountant	1	1	0
17	Sr. Asst.	2	2	0
18	Sr. Asst. Accounts	1	1	0
19	Jr. Asst.	9	9	0
20	Stenographer	0	0	0
21	Extension Officer (Stat.)	1	1	0
22	Extension Officer (Ayurveda.)	0	0	0
23	Public Health Nurse	1	1	0
24	Attendant	165	160	5
25	Dresser	0	0	0
26	Health Worker (Male)	118	76	42
27	Health Assistant	51	51	0
28	Health Worker (Female)	227	214	13
29	Health Assistant (Female)	33	33	0
30	Pharmacists	38	38	0
31	Health Supervisor	12	11	1
32	Leprosy Technician	8	8	0
33	Laboratory Technician	3	3	0
34	Sweeper	33	33	0
35	Medical Officer Training Centre	1	1	0
36	MO Group B	33	30	3
		824	747	77

Contractual staff appointed under NRHM in Bhandara District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	3	2	1
2	M&E	3	3	0
3	IPHS	63	38	25
4	FMG	2	2	0
5	IDW	4	3	1
6	ASHA	41	41	0
7	RKS	1	1	0
8	RBSK	67	64	3
9	AYUSH	20	18	2
10	Sickle Cell	8	8	0
11	BPMU	14	14	0
12	Procurement	2	2	0
13	Urban RCH	43	42	1
14	Tele Medicine	2	2	0
15	Quality Assurance	1	0	1
16	Referral Transport	1	1	0
17	PCPNDT	3	2	1
18	ARSH	1	1	0
19	IDSP	3	2	1
20	NPCB	3	1	2
21	ANM	126	126	0
22	LHV	27	16	11
23	Staff Nurse	17	8	9
24	IMMUNATION	1	1	0
25	Nursing School	8	7	1
26	MMU	6	6	0
	Total	470	411	59

Regular Staff at Civil Hospital, SDHs and RHs of the district

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	22	7	15
2	MO General Physician CL-II	37	35	2
3	Nursing Cadre	196	146	50
4	Class IV Cadre	227	159	68
5	SDH & Cottage Hospital CL-I	2	0	2
6	Rural Hospitals CL-I	7	0	7
7	Rural Hospitals CL-II	22	21	1
	Total	513	368	145

Contractual staff appointed at various DH, RH and SDH of the district:-

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists DH (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	15	10	5
2	MO General Physician CL-II	2	2	0
3	Nursing Cadre	50	13	37
4	SDH Specialists (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	9	6	3
5	Rural Hospitals Specialists (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	12	7	5
6	Nursing Cadre SDH /RH	26	11	15
	Total	114	49	65

(On call basis DH/ SDH - 8 specialists)

In the district, a total 824 regular positions of different discipline are sanctioned out of which 747 posts are filled and remaining 77 posts (10.7per cent) are still vacant. Under NRHM, 470posts of different discipline are sanctioned of which 411 are filled and 59 are vacant (7.9per cent).

There is one district hospital, two SDHs and seven RHs in the district. All these are providing secondary and tertiary health care in the district. Sanctioned regular positions are 513 of which 368 are filled and 145 (28 percent) are vacant. Among, contractual positions 114 posts are sanctioned of which 49 posts are filled and 65 (42 percent) are vacant.

If we go into further details one can easily understand the crux of the matter which is hampering the quality of services at various levels. For example, Out of 22 regular positions of specialist at DH 7 posts are filled and 15 are vacant. At SDH and RH Nine regular positions of specialists (CI-I)are sanctioned and **none** of them are filled. Three positions of MO CI-II are vacant. In case of nursing cadre 50 positions are vacant and sixty eight positions are vacant of CI-IV workers.

Vacant Posts of CI-IV employees are of huge concern at all the facilities visited by PRC team as it is affecting the cleanliness of the facility. Regarding cleanliness all visited facilities are maintaining well except district hospital. District Hospital is overburdened, it turns into more visitors to the facility and most of the passage and lobbies are occupied by relatives of the patients. LSCS ward capacity is 60 bedded but most of the time there are 120 patients admitted. As there are only four facilities in the district providing LSCS service including DH. Therefore, referrals are more at DH for LSCS cases. There is no security guards are provided as per the norms at DH. Discussion with Civil Surgeon revealed, his inability in maintaining the cleanliness as CI-IV posts are still vacant workers and whoever available either remain absent without prior notice for longer period thus whoever present are overloaded with work.

In connection with the vacancies of contractual staff 38 positions are sanctioned of MO (CI-I and CI-II) under NRHM at DH, SDH and RH of which 13are vacant. Out of 76nursing staff 52 posts are vacant.

Training status /skills of various cadres district as a whole.

Trained All Cadre up to 31-10-2013								
S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	5	215	36	56	0	0	0
2	BEmOC	137	0	0	0	0	0	0
3	CEmOC/EmOC	3	0	0	0	0	0	0
4	LSSA	5	0	0	0	0	0	0
5	MTP / MVA	20	8	0	5	0	0	0
6	IMNCI	20	284	40	0	42	117	0
7	IMNCI (Sup)	0	0	42	0	34	0	0
8	F-IMNCI	34	0	0	8	0	0	0
9	IMNCI Sensitization	8	0	0	10	0	0	0
10	Minilap	24	16	7	3	0	0	0
11	NSV	13	0	0	0	0	0	0
12	Laposcopic Sterilization	1	0	0	0	0	0	0
13	IUD 380A	66	203	24	41	0	0	0
14	Newer CuT-375 Sensitization	20	13	16	18	0	0	0
15	Routine Immunization	45	433	73	48	61	190	0
16	ARSH Trg.	28	30	13	0	0	0	213
17	RTI/STI	25	370	33	81	0	0	0
18	Induction Trg. Contra.	0	78	20	48	0	0	0
19	ASHA-Module-2 TOT	2	0	1	0	0	0	0
20	ASHA-Module-3 TOT	1	0	1	0	1	0	0
21	ASHA-Module-4 TOT	1	0	1	0	1	0	0
22	ASHA-Module-5 TOT	2	0	3	0	0	0	0
23	ASHA-Module-6 &7 TOT	1	1	1	0	0	0	0
24	ASHA-INDUCTION 8DAYS	0	0	0	0	0	0	65
25	ASHA-Module-2 TOT Block level	9	1	6	0	6	0	971
26	ASHA-Module-3 & 4 Block level	10	1	7	0	4	0	971
27	ASHA-Module-4 Block level	9	1	6	0	4	0	971
28	ASHA-Module-5 Block level	19	3	9	0	6	0	993
29	ASHA-M-6 & 7 NT Block level Ph-I	0	12	20	0	2	0	0
30	ASHA-M-6 & 7 T_ Block level Ph-I	0	0	0	0	0	0	60
31	ASHA-M-6 & 7 T_ Block level Ph-II	0	0	0	0	0	0	0

32	ASHA-M-6 & 7 T_Block level Ph-III	0	0	0	0	0	0	0
33	ASHA GatpravartakTrg. PM&E	0	0	0	0	0	0	0
34	IYCN Trg. 3 days	22	18	11	0	0	0	42
35	NSSK Trg.	95	359	41	36	0	0	0

Training status/skills of various cadres at visited facilities vs service delivery during April to August 2014

Training programmes	DH Bhandara	SDH Tumsar	RH Mohadi	PHC Pahela	SC
EmOC	--	--	--		
LSAS	--	--	--		
BeMOC	--	--	--	LHV-1, GNM-1, ANM-7	
SBA	--	--	--		
MTP/MVA	--	--	--		
NSV	--	--	--		
F-IMNCI/IMNCI	--	--	--	LHV-1, GNM-1, ANM-7, MPW-4	
NSSK	--	--	--	LHV-1, GNM-1, ANM-7, MPW-4	
Mini Lap-Sterilisations	--	--	--		
Laprosopy-Sterilisations	--	--	--	--	
IUCD	--	--	--	MO-1, ANM-1	
PPIUCD	--	--	--		
RTI/STI	SN-2	--	--	LHV-1, GNM-1, ANM10, MPW-3	
HIV	--	--	--		
Leprosy	--	--	--		
RNTCP	--	--	--		
Blood storage	--	--	--		
IMEP	MO-6, SN-28	--	--		
Immunization and cold chain	--	--	--	LHV-2, GNM-1, ANM-10, MPW-3	
IYCN		--	--		
RTI/STI	SN-2	--	--		

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor

7. Other Health System Inputs

Following services are available at various health facilities of the Bhandara district: Surgery (major OTs are available at DH and 2 SDH, 34 minor OTs are available at DH, SDH, RH and PHCs; 43 Medicine, 5 Obstetrics and Gynaecology services are available; FP services are available at all the facilities; 10 Emergency Care unit is available; 4 facilities are having Ophthalmic facility; DH and two SDHs are having ENT services. Two SDHs are having blood storage unit facility. Radiology is available at 4 facility including DH; Pathology services are available at all the facility; Mild In-patient management are available at all facilities.

Availability of drugs and diagnostics and equipment

The lists of essential drugs are formulated and are available in all types of facilities. Supplies are allocated to various facilities depending upon the case load and demand. Computerised Drug Inventory System is in place.

AYUSH Services

AYUSH services are co-located at following facilities: District Hospital Bhandara, SDHs Tumsar and Sakoli, RHs Pauni and Mohadi. Ayurveda, Homeopathy, Unani, Yoga and Naturopathy services are available at District Hospital. Ayurveda, Homeopathy and Unani all three services are available at SDH Tumsar and RH Pauni. AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during the reference period April to August 2014 are as follows: AYURVEDA19944, HOMEOPATHY19914, UNANI5503, and YOGA plus Naturopathy2074.

AYUSH doctors are not members of RKS committees. Adequate medicines are being supplied to all AYUSH facilities. Total of 20 positions are sanctioned for AYUSH and 18 are filled.

User Fees

As per the circular of Department of Health Government of Maharashtra user fee is uniform in the state of Maharashtra. Rs. 5/- is being charged for non BPL and open category patients. Lab tests are also being charged. All services are free for SC, ST, BPL and JSSK beneficiaries.

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 8,949 during the reference period April to August 2014 of which 7747 women was registered in first trimester. Severely anaemic pregnant women with HB level below 11 reported in HMIS are 9962 and HB level below 7 treated at facility are reported as 20. Number of Hypertension cases reported during the reference period was 364. Number of women who received TT1 and IFA tablets during the reference period was 6442 and 3186 respectively. Number of women who received post natal services is reported as 4770.

8.2 Institutional Deliveries

During the reference period April 2014 to August 2014, number of institutional deliveries conducted in the district, including C-Section, were 6726 (public institutions deliveries 5593 and private institutions deliveries 1133).

8.3 Maternal Death Review

During April 2014 to August 2014, 6 maternal deaths were reported in the district. Of which 4 maternal deaths were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Major Causes of maternal deaths are reported as PPH, After PM, etc. District task force is established in the district. There are 10 notified facility based maternal death review centres in the district.

8.4 JSSK

As per Government of Maharashtra Resolution dated 26th September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Bhandara district receive benefits like free registration, check-up, treatment, and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 (recently issued circular by state Govt.) days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period April-August 2014, 7603 pregnant women have delivered at various public institutions i.e. District Hospital, Sub District Hospitals, Rural Hospitals and Primary Health Centres under free and zero expenses delivery. Totally (Of which) 1,361 women were provided with free diet services, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 2849 women were provided with home to hospital free transport, 1,225 women were provided with hospital to hospital free referral transport services, and 3236 women were provided with free drop back facility. With respect to neonates, 54 neonates were provided with home to institute free transport, 106 are provided institute to institute free transport, and 69 neonates were provided drop back facility.

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. Official physical verification of 5 percent of beneficiaries of JSY is not taking place in the district.

The number of women who received JSY benefit during the reference period is 3,256 for institutional deliveries.

9. Child Health

9.1 SNCU

SNCU is located in District Hospital with 10 warmers and phototherapy units and 483 sick neonates were admitted during the reference period April-August, 2014. Of which 389 were inborn and 94 were out born cases, 341 were cured and discharged, 28 were referred to higher facility, 20 cases left against medical advice, 73 have died and 21 are still under treatment. There are two Paediatrician (1 Regular, 1 NRHM), 2 MOs (NRHM), 7 staff nurses (5 Regular, 2 NRHM) and one Data Entry Operator in the SNCU unit.

9.2 NRC

Nutrition Rehabilitation Centre is not established anywhere in the District.

9.3 Immunization

Immunisation is being done at all the facilities as per Government of India guidelines. All the newborns delivered at DH, SDHs, RHs and PHCs are getting birth dose of immunization (Polio-0 and BCG) as per the immunisation programme guidelines. No facility is having immunisation services on daily basis. There are fixed days for immunisation at all the facilities.

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by RMO Out Reach. District Nodal Person for RBSK is appointed (RMO out Reach). It is being implemented in all the 7 Blocks of the district of Bhandara. Child Health Screening and Early Intervention Centre at district level are established. A total of 16 teams are working under this programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. All the positions are filled in all the blocks. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams.

Target for the screening of Anganwadi children, school children of rural and corporation areas is fixed as 186126 for the year 2014-15 and the achievement is 28898 till August 2014. Total Cases identified with some problems are 2780 and those referred to higher facilities are 324.

10. Family Planning Services

Family planning services are provided in all the major facilities of the District. During the reference period April to August, 2014, 1113 female Sterilisations and 377 NSVs were performed. Total number of IUCD insertion was 1122, oral pills distribution was 406 and condom pieces distributed was 54764. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

11. ARSH

ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at the following health facilities; DH Bahndara, SDH Tumsar, SDH Sakoli and RH Mohadi. Additional responsibility of ARSH is given to existing staff. All medico and non-medico staff who is involved in ARSH programme is trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

12. Quality in Health Services

12.1 Infection Control: Health staffs are following the protocols regarding infection control. Fumigation of Operation Theatre is being done on regular basis. Autoclave is being used on regular basis for disinfection of the instruments.

12.2 Biomedical Waste Management: Segregation of bio medical waste management is done at all visited facilities. DH Bhandara and SDH Tumsar outsource BMW management. RH Mohadi and PHC Pahela is having deep burial pit at facility and bio medical waste management is done at facility as per given norms.

12.3 IEC: Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at DH Bhandara, SDH Tumsar, RH Mohadi, PHC Pahela and SC Wakeshwar. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities.

Clinical Establishment Act: Authorities could not share anything on this.

13. Referral Transport and MMUs

Total 54 ambulances are available in the district. For the ambulance services a 24*7 Call Centre is available which is now shifted to Pune as centralised Call Centre for entire state. During the reference period April to August 2014, 8848 patients have utilized ambulance services. Performance monitoring is carried out on regular basis .All ambulance is fitted with GPRS. There is one MMUs functioning in the district is operated by NGO for 40 villages in Bhandara district.

14. Community Processes

Three Mobile Medical Units is there in the district run by NGO named Bhartiya Aushadhi Anusandhan Sanstha. MMU is functioning in Tumsar block and covers 38 villages of the district. There is good impact of the services provided by the MMUs.

During the reference period April to August 2014, a total of 1,08,45 patients were treated and 4,957 lab tests were done by MMU covering 38 villages. Advance tour programme plan is provided to all

the concerned facilities of the block as well to Child Development Project Officer of ICDS, department.

14.1 ASHA

Total number of ASHAs required in the district is 993 and total positions filled are 984. Nine positions of ASHAs are vacant. The number of ASHAs trained for HBNC is 972. Zinc is supplied to all ASHAs but ORS is not provided. No FP methods (condoms and Oral pills) are given to all ASHAs for distribution. ASHAs, on an average receive Rs. 1,223/per month as an incentive amount. During the reference period the highest incentive of Rs. 1,94,72/-and lowest incentive of RS. 0/- were paid to ASHAs. Drug kit replenishment is provided as and when required. There is no ASHA resource centre in the district. ASHAs are being paid in time if funds are available.

15. Disease Control Programmes

15.1 National Malaria Control Programme

Number of slides prepared during the reference period are 1,04,544 of which 24 are positive. Sufficient Rapid Diagnostic kits are available in the district. District authorities are finding shortage of staff.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period are 2,399 of which number of positive cases are 172. DOT medicines are available at all the facilities. Timely payment of salaries is made to RNTCP staff.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected is 301 and 301 patients are under treatment in the district. Not a single case is identified by ASHA.

16. Non Communicable Diseases

There are 10 clinics established under NCD at various facilities of the district i.e. District Hospital Bhandara, SDHs: Tumsar and Sakoli, RHs: Sihora, Mohadi, Adyal, Plandur, Lakhandur, Pauni and Lakhani. Screening and treatment of non-communicable disease are provided free of cost for Sr. Citizens. All SDH and RH are having set up for screening of NCD. During the reference period 1,04,021 patients are treated under the NCD programme at various health facilities. Major patients are of Cancer, Stroke, Diabetes, Hypertension and CVD. All required staff is appointed under the programme of NPCDSCS. All medicine is also available regarding NCDs. IEC material is available in the district.

17. Good Practices and Innovations

OPERATION KAYAPALAT (The concept KAYAPALAT means thoroughly change)

This programme is being implemented in entire state of Maharashtra.

18. HMIS and MCTS

DH and all SDHs, RHs and PHCs are given Data Entry Operator cum Accountant for the purpose of HMIS and MCTS data entry. But nine positions of DEO's are vacant at nine PHCs. Committees are established at all levels for quality check of the data. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data such as.....Timelines is being followed for uploading the data. With regard to completeness, timeliness and quality of data; it appears to be satisfactory. Data validation checks are applied at district level. Eight Institutes are facing problem of Network and configuration as they are having old versions of computers. They have to enter their data either at THO office or at net cafe.

19. Observations from the Health Facilities Visited by the PRC Team

19.1 District Hospital: Bhandara

- The District Hospital is having sanctioned bed strength of 400 beds. It is functioning in a Government building and is in a good condition with some minor repairs.
- The health facility is easily accessible from nearest road. Except Civil Surgeon no quarters are available for other categories of the staffs. Construction of staff quarters is in progress. DH has electricity with express feeder, and generator. Running water is available 24*7.
- Though separate toilets are available in male and female ward but they are not clean. Toilets in the OPD are also not clean.
- Cleanliness is not there in the facility particularly in and adjoining space the wards.
- Nutritional Rehabilitation Centre is not available in the district hospital.
- NICU facility is available in the hospital with seventeen beds, ten beds are adjoining to maternity ward and seven are in pediatric ward.
- Separate room for ARSH clinic is available.
- IEC materials are displayed in the District Hospital but still there is scope for display more IEC material. Complain or suggestion box is available.
- Segregation of waste in colour coded bins is followed. Mechanism for biomedical waste management is in place and outsourced. But agency is not collecting BMW on daily basis. They collect it twice in a week. As district PIP is not yet approved. Therefore, district authorities are unable to renew the contract with the agency and make their payment in time.
- All the essential equipment's are available at the District Hospital. All the equipment's related to operation theatre and laboratory is available. Essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD. Recently DH has received 12 Pulse Oximeters; four of them are not working which has been supplied by Sun Medical Systems. Dist. Authorities have contacted with the suppliers 'n' number of time but they are neither replacing it nor repairing it.

- Laparoscope is there but it is not functioning. Two Ultrasound scanners are available at the facility of which one is only working.
- Facility is having C.T scanner but is not working since three years.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Blood bank is available in the hospital. On the day of visit 314 blood bags were available in blood bank.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counseling on Family Planning is also provided.
- Mothers are advised to stay for 72 (as per new norm) hours after normal delivery and seven days in C-Section deliveries. But from the reports it is very clear that more than 50 percent women are discharged under stipulated norms. During the reference period 3114 deliveries were conducted at the facility of which 1654 are discharged within 72 hrs.
- JSY payment is made at the time of discharge by cheque, on production of necessary documents. Diet is being provided to the patients free of cost.
- There is provision for managing of high risk pregnancies, sick neonates and infants. Staffs are trained for using of partograph. Vaccination is done properly.
- Hospital provides essential new born care.
- IMEP protocol information and posters are displayed in the facility.
- There is a committee for reviewing of MDR and IDR.
- All important registers are available for maintenance of records.
- IEC material is displayed in the OPD as well in the wards. Information about JSY and JSSK is displayed. Citizens Charter is displayed. EDL, protocol posters, list of services available are not displayed.
- Immunization schedule is displayed in the OPD.
- Regular Fogging is being done. Laundry/washing services are outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism are available.
- District Grievance Redressal mechanism is available under the chairpersonship of Chief Executive Officer of Zilla Parishad which meets monthly.
- Under JSSK, during the reference period 1296 women have received home to facility pick up service; 71 women have received inter facility vehicle services; and 3097 women have received drop back facility. Similarly, in case of new-born, 15 new-born received free pick up from home, 55 have received referral transport and 5 neonates have received drop back facility.
- During the reference period 3114 deliveries were conducted at District Hospital of which 1460 are LSCS deliveries are 1460, is 46.89 percent of deliveries performed at DH.
- At District Hospital, 22 Class-I Medical Officers posts are sanctioned of which 7 is filled and 15 are vacant; 37 Class-II Medical Officers posts are sanctioned of which 35 are filled; 196 Nursing cadre positions are sanctioned and 146 positions are filled and 50 are vacant; Class IV positions 227 are sanctioned and 159 positions are filled and 68 are vacant. Many vacancies at difference levels affect the service delivery of the facility.

19.2 Sub District Hospital (SDH): Tumsar

- Tumsar Sub District Hospital is in Tumsar Block and is located app 36 km from the district head quarter. On the day of PRC team visit to SDH, all the staff was present on duty. In charge MS was not present in the facility with the permission of C.S as there was meeting at District head quarter. It is a 100 bedded hospital. Hospital is functioning in a government building. Building is in good condition, needs minor repair specially leakages in the roof. Staff quarters are not available for any category of the staffs. Electricity is available with power back up of 700 kva generator. Running water is available 24*7. Separate toilets are available for male and female wards and labour rooms are clean. Facility is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available with 2 warmers and 1 Phototherapy unit. There are separate wards for male and female patients. Blood storage unit is available with capacity of 50 bags. On the day of visit 11 bags were available in the facility. During the reference period 48 bags were used. There is a separate room for ARSH clinic and it is being conducted, ICTC counsellor is given additional charge by giving additional honorarium of Rs. 1000/- per month. Bio medical waste management is outsourced but agency is not collecting BMW on daily basis. Suggestion and complaint book are available. ICTC centre is available in the facility.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are available. Emergency contraceptive pills are available. Sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done in SDH. All essential consumables are being supplied.
- Blood storage unit is there in the facility but temperature recording machine is not working. Semi autoanalyzer is available but it is under repair.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine Immunisation is done at SDH on every Tuesday and Friday. Zero doses of BCG, Hepatitis B and OPV 0 are provided. Counselling on IYCF and Family Planning is provided. Mothers were advised to stay for 72 hours after normal delivery.
- JSY payment is made through account payee cheque at the time of discharge on production of necessary documents.
- Diet is being provided to the patients free of cost.
- Management of high risk pregnancy is done at the facility. All essential new-born and sick neonates care is available.
- Segregation of waste in colour coded bins is available. Bio waste management is done at the facility. The facility adheres to IMEP protocols.
- All important registers are available for maintenance of records.
- All essential IEC material is displayed in the facility.
- Registers for Untied Funds, AMG and RKS funds are maintained. But during the reference period grants have not received as PIP is not yet approved.
- Immunization schedule is displayed in the OPD.

Human Resource at SDH Tumsar (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	0	1
2	MO CI-II	11	9	2
3	MO CI-III	1	1	0
4	Administrative officer	1	1	0
5	Office Superintendent	1	1	0
6	Asst. Matron	1	1	0
7	Staff Nurse	5	4	1
8	Parisevika	27	20	7
9	X-Ray Technician CI-III	2	1	1
10	Pharmacist	3	3	0
11	Lab Technician	2	2	0
12	Physiotherapist	1	1	0
13	Dietician	1	1	0
14	Blood Bank Tech	2	2	0
15	ECG Tech	1	0	1
16	Lab Asst.	3	3	0
17	Sr. Clerk	1	1	0
18	Jr. Clerk	2	2	0
19	OPD Clerk	2	1	1
20	OPD Attendant	1	1	0
21	Dresser	1	1	0
22	OT Attendant	2	2	2
23	Blood Bank Attendant	1	1	0
24	Peon	2	2	0
25	Peon Casualty	3	2	1
26	Ward Boy	10	8	2
27	Sweeper	3	3	0
28	Ophthalmic Asst.	2	2	2
	Total	94	74	20
Contractual under NRHM				
1	Specialist MO	2	2	0
2	Public Health Manager	1	1	0
3	Pharmacist	1	1	0
4	Staff Nurse	1	1	0
5	Dresser	1	1	0
	Total	6	6	0

- Under JSSK, during the reference period 261 women have received home to facility pick up service; 305 women have received inter facility vehicle services; and 702 women have received drop back facility. Similarly, in case of new-born, 14 new-born received free pick up from home, 10 have received referral transport and 4 neonates have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are not displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are not displayed in ANC and PNC Clinics.

- Regular fumigation is being done and last fumigation was done on August 8, 2014. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility. Tally package is not being in use at the facility.
- There is District Grievance Redressal mechanism is available under the chairpersonship of Chief Executive Officer of Zilla Parishad, which meets monthly.

19.3 Rural Hospital: Mohadi

- Mohadi Rural Hospital is in Mohadi Block and is located app 22 km from district headquarters. It is well accessible from main road. On the day of PRC team visit to RH, all the staffs were present on duty. Medical Superintendent has given all the information regarding PIP to the PRC team. It is a 30 bedded hospital and is functioning in a government building. The building needs major repairs specially leakages problem is observed in entire facility. Five quarters are available but not in living condition, therefore unoccupied. Construction of new quarters is in progress. Electricity is available with power back up (inverter). 24*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is clean. Wards, toilets, and bathrooms are maintained well. Functional New Born Care Corner and New Born Stabilization are available with one radiant warmer and phototherapy unit. Functional blood storage unit is available with 20 bags storage capacity. There was no stock on the day of PRC visit. Waste management is done in deep burial pit is available at the facility. Separate ARSH clinic is not there but ICTC counsellors are given additional responsibility. Suggestion and complaint book are available.
- All the essential equipment is available at the RH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is available. Lab tests kits and chemicals are available.
- Essential drug list is available but not displayed in the OPD. Computerised inventory management is available. All essential drugs are being supplied.
- Pregnancy testing kits, Urine albumin and sugar testing kit, OCPs, EC pills IUCDs 380 are supplied from the district drug store. Misoprostol, Mifepristone tablets and sanitary napkins are not supplied.
- All listed lab tests are being done. Except CBC is not done at present as regents are not available.
- All mothers have initiated breast feeding within one hour of normal delivery. No Immunisation is done at RH. Routine Immunisation is catered by PHC which is located in the same village. Only zero doses of BCG, Hep-Band OPV are being given on the day of immunisation day i.e. Tuesday. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery. JSY payment is made at the time of discharge, on production of necessary documentation. Diet is being provided to JSSK beneficiaries free of cost.
- High risk pregnancy are not Managed at the facility as specialist positions are vacant. In case of essential new-born and sick neonates care thermoregulation is not being done breast feeding and asepsis is done. Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is done at facility in deep burial pit.

- All important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained.
- All required IEC material is displayed in the facility.
- During the reference period, under JSSK 53 woman received free home to institute transport, 90women were provided free inter transport facility and 28 women were provided free transport facility from institute to home. One new born received referral transport service.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Regular Fumigation is being done. Last fumigation was done on September 8, 2014. Laundry/washing service is outsourced. Dietary services available only for JSSK beneficiaries, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource (Regular) in RH Mohadi

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Medical officer CI-II	3	1	2
3	Asst. Superintendent	1	1	0
4	Jr. Clerk	1	1	0
5	Staff Nurse	7	5	2
6	X-Ray Technician CI-III	1	1	1
7	Pharmacist	1	1	0
8	Lab Technician	1	1	0
9	Lab Asst.	1	1	0
10	Peon	1	1	0
11	Ward Boy	4	4	0
13	Sweeper	2	1	1
14	Ophthalmic officer	2	2	0
	Total	26	20	7
Staff under NRHM				
1	MO	3	2	1
2	NCD MO	1	1	0
3	Pharmacist	2	2	0
4	Dentist	1	1	0
5	Physiotherapist	1	1	0
6	Staff Nurse	1	1	0
7	ANM	2	2	0
8	Counsellor	1	1	0
9	Data Entry Operator	1	1	0
	Total	13	12	1

19.4 Primary Health Centre: Pahela

- PHC Pahela is in Bhandara Block and is located about 16 KMs from the district headquarter. It caters to 38 village's covering 32108 population. It is functioning in a Government building. It requires some minor repairs. Onlystaff quarters are available, one each is occupied by LHV and ANM. Staff quarters for MOs, Pharmacist and Driver are under construction. PHC has electricity with 7 to 8 hrs. power back up. Water source is available for 24*7 water supplies are available. It is a 10 bedded hospital. There are no separate wards for male and female. Labour Room is available with attached toilet. Toilets are clean. New Born Care Corner and stabilizing unit is available with one warmer and one photo therapy unit. Bio Medical Waste is done at facility in deep burial pit.
- All the essential equipment are available at PHC except semi auto analyser. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Malaria, TB, HIV.
- Essential drug list is available and displayed for public. There are 52 drugs in EDL, of which 5 drugs are not available since July, 2014. Essential drug list is available and displayed for public. IFA syrup, tablet Misoprostol and Mifepristone and sanitary napkins are not available in the facility. Drugs for BP, Diabetics and other common ailments are available. There is adequate stock of vaccine is available. There is regular supply of gloves, mackintosh and bandage.
- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72hours after delivery but patients are reluctant to stay even for 24 hours. JSY payments are made at the time of discharge. The mode of payment is bearer cheque. Free diet is being provided to the patients under JSSK. Routine immunisation is done once in fifteen days on 1st and 4th Friday of the month.
- There is no specialized manpower to manage high risk pregnancies. Essential new born care is being given. There is provision to manage sick neonates at the facility. Wastes are segregated in colour coded bins. IMEP protocols are not followed in Toto, there is need to sensitise staff on IMEP protocols.

Human Resources at PHC Pahela

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	Health Assistant Male	1	1	0
3	Health Assistant Female	1	1	0
4	ANM	7	7	0
5	MPW	3	2	1
6	Pharmacist	1	1	0
7	Jr. Asst.	1	1	0
8	Ward Attendant Male	6	5	1
9	Driver	1	0	1
10	Sweeper	1	1	0
	Total	24	21	3
Contractual staff under NRHM				
1	LHV	1	1	0
	ANM	5	5	0
	Data Entry operator	1	1	0
2	Lab. Tech.	1	1	0
3	Driver	1	1	0
	Total	9	9	0

- All registers are available and maintained at the facility.
- RKS, AMG and UNTIED fund registers are maintained there is no expense incurred during reference period as funds have not received due non approval of PIP of 2014-2015.
- Timings, EDL, JSSK entitlement, and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are displayed.
- During reference period under JSSK 40 women are provided transport facility for home to institute, 37 are provided institute to institute transport facility and 40 women are provided with institute to home transport facility . Eight sick children received transport service inter institute.
- Approach road is there for the facility.
- Regular fumigation is being done; last fumigation is done on August 2, 2014. There is functional laundry and washing service is available. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism is available. Grievance redressal mechanism is available. Tally software is not in use.

19.5 Sub Centre: Wakeshwar

- Ankale Sub Centre is under the catchment area of Pahela PHC and is located about 4 KMs from the PHC. This SC is catering for seven villages.
- Sub Centre is located in main habitation and functioning in a Government building and is in a good condition. The ANM also stays at headquarter. There is running water 24*7 but back up is not available for electricity. Labour room is available with functional attached toilet. Cleanliness is there at the facility. There is no functional NBCC. Deep burial pit is available for biomedical waste management. There is one ANM in regular position no additional ANM is appointed under NRHM.
- All the essential equipment is available at SC. Essential drug list is available. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar.

- Following medicines are available at the facility: IFA tablets, Vit. Syrup, ORS packets, Inj. Oxytocin, Antibiotics, and drugs used for common ailments. But IFA syrup and Inj. Magnesium Sulphate are not available at the facility.
- Pregnancy test kits are available but OCPs, emergency contraceptives and sanitary napkins are not available in the facility since two months.
- All the essential Registers are available and maintained at the facility.
- Breast feeding initiated with within one hour of normal delivery. Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters.
- Untied Funds and AMG are received by the ANM and records are maintained. Funds not received for the year 2014-2015.
- Approach road is there for the facility.
- Posters of JSSK entitlements, villages under the SC, JSY entitlement, and VHND plans are displayed. SBA protocols and immunisation schedule are displayed. Information such as to phone number, timings and visit schedule is not displayed in the facility.

20. List of Abbreviations

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