

**Monitoring and Evaluation of Programme Implementation Plan, 2017-18  
Bhandara District, Maharashtra**

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**Monitoring and Evaluation of Programme Implementation Plan, 2017-18:  
Bhandara District, Maharashtra**

## **1. Executive Summary**

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2017-18 of Bhandara District were carried out by the PRC team during 15-20, January 2018. The District Health Office, DH Bhandara, SDH Tumsar, RH Mohadi, PHC Dhargaon, and SC Amgaon were visited for the study by the PRC team. During the field visit the PRC team was accompanied by RBSK Co-ordinator for SDH, RH and ASHA Co-ordinator for PHC, SC. IPHS Co-ordinator post is vacant since April 2014, presently Dist. AYUSH officer is given additional charge of IPHS coordinator. DQAC post is also vacant and the charge given to DPM. 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**

- Among regular sanctioned post of DHO side in Bhandara district, total 677 various positions are sanctioned of which 515 are filled. As per the norms, 67 Class-I Medical officer positions are sanctioned and 53 filled. Pertaining to the health worker (male and female), 396 position has been sanctioned, of which 106 positions are vacant, about 27 percent of health worker positions and 21 percent positions are vacant, is really matter of concern.
- Under NHM total 21 regular posts has sanctioned for AYUSH departments, of which one post of MO Unani is vacant. The distribution of sanctioned and filled positions are as follows 1 District AYUSH Officer, 6 MO Ayurvedic, 6 MO Homoeopathy, 4 MO Unani, 1 Yoga & Naturotherapist, 1 Pharmacist, and 2 Attendant (Male & Female).
- Among the **contractual post** under NHM, total 632 posts are sanctioned and 506 are filled. Pertaining to contractual staff under NCD additional 33 staff nurses have been sanctioned. NCD programme. Process of filling of these positions has already begun and they must be joining by the end of this month. Mid-level Provider, 50 Medical officers positions are sanctioned and 26 are filled. 9 positions for SNCUs staff nurse are vacant out of 20 sanctioned post while under IPHS 8 positions of Specialist doctors positions are vacant out of sanctioned post of 30. DPMU needs to expedite process to fill these positions for better service delivery.
- At CS side including DH, SDH, RH 901 regular positions are sanctioned of which 621 are filled and 280 are vacant.
- In connection with the District Hospital 21, CI-I MO positions are sanctioned and 18 are vacant, whereas 37 CI-II positions are sanctioned of which 37 are filled. Pertaining to nursing cadre 199 posts is sanctioned and 146 are filled, 101 CI-III posts are sanctioned of which 61 are filled. 227 class-IV positions are sanctioned of which 158 are filled. Overall 31 percent positions are vacant which puts more burden on existing staff as well it reduces the quality of service delivery.
- There is one district hospital, two SDHs (one is 100 bedded and another is 50) and seven RHs in the district. All these health facilities are providing secondary health care in the district.

- There are 33 Primary Health Centres and 193 Sub Centres are available in the district to cater primary health care of the rural population.
- Vacant posts in CI-IV employees might have ultimately affected the cleanliness of the facilities visited by PRC team, especially at DH.
- In connection with the 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.
- At DH LSCS ward has a capacity of 60 beds but most of the time it flooded with the patients.
- At DH there is no security guards are provided as per the norms.
- Discussion with Additional Civil Surgeon in connection with cleanliness revealed, shortage of CI-IV workers due to a large number of vacancies of class IV position.
- 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 the 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 for mother and neonates are available from their residence to hospital, hospital to hospital and hospital to the residence.
- During the reference period April-December 2017, a total of 9859 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.
- 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.
- Pertaining to Pick up from home to institute and drop back to home under JSSK is very good i.e. 96 percent. During the reference period April-December 2017, 1249 sick neo nates were admitted at various DH, SDHs and RHs, out of which 74 percent was provided with free pick up transport facility and only 73 neonates were provided with drop back facility.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through public finance management system and is given to the beneficiary after the discharge.
- Nutrition Rehabilitation Centre is established in the district hospital with a 10-bed capacity. On the day of visit of PRC only one child was admitted in the centre. PRC team suggested to RBSK team to provide their advance tour programme to the concern PHCs. PHCs will forward it to the ANM sub-centre, then ANM will share it with ASHAs of the particular village and ASHAs will create awareness among the parents to get their babies checked for nutritional status or any deformity or sickness by RBSK team.
- During the reference period, 95 children were admitted out of which 92 were discharged, 1 has medical transfer and 2 are still in the ward. Out of which, 34 children have gained weight after the treatment. The average length of duration of stay is 7-15 days. 24 children were referred by RBSK and 18 were referred by Paediatric ward, while remaining were either self/OPD and frontline worker
- The Bed Occupancy Rate (BOR) during the same period was more than 53 percent. Total 18 number of follow up camps has done in NRC since June 2017 and 323 children have been discharged, out of which 81 children have completed 4th follow up and 65 children have gained weight after the treatment.
- SNCU is located in the district hospital Bhandara with 10 bed capacities and the staff is also sanctioned as per ten beds strength. But DH has supplied only 37 warmers. SNCUs staffs

consist of 1 Paediatrician, 2 Medical Officers, 11 Staff Nurses, 4 support staff, 1 In charge sister and 1 DEO from 34 sanctioned post.

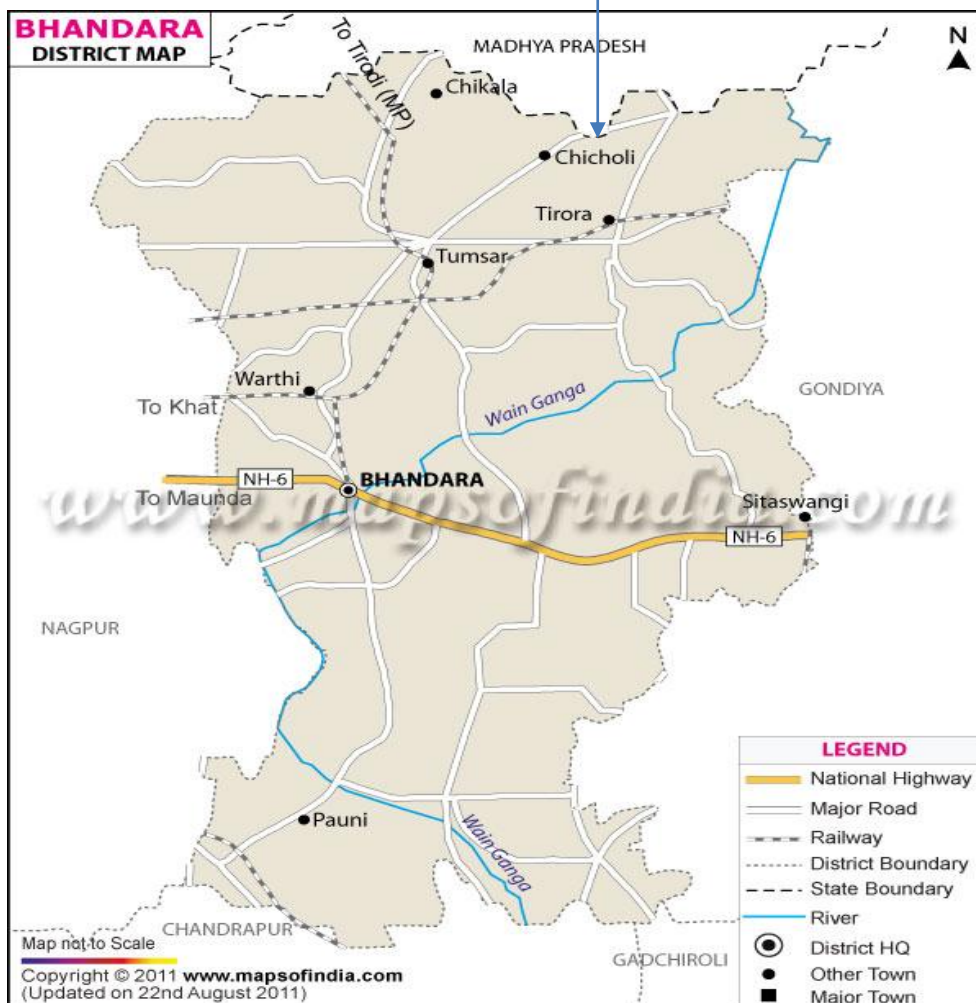
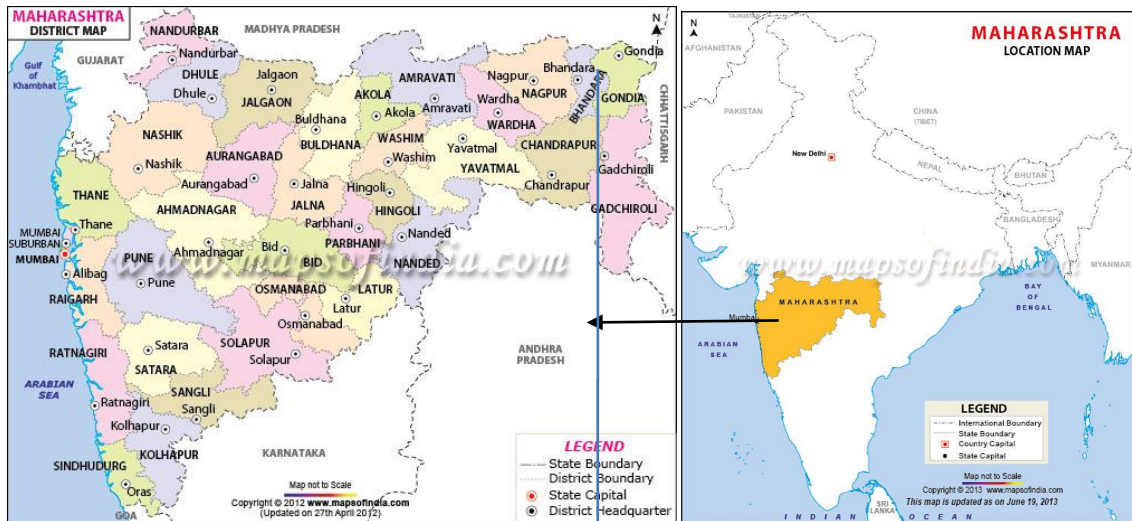
- During the reference period, a total of 1602 (877 Male and 725 Females) were admitted in SNCUs of DH, of which 1147 were inborn and 455 were outborn. The number of babies died was 145, and 1275 have been discharged, 121 referred, 43 were LAMA cases and 31 are still admitted. The key cause of deaths are RDS (51), BA (30) Sepsis (20), Premature (18), VLBW (8), MAS (5), Cong. Malformation (4) and others (9).
- Rashtriya Bal Swasthya Karyakram is monitored by RMO OutReach. District Nodal Person for RBSK is appointed (RMO Out Reach). It is being implemented in all the 7 Blocks of the district. Total 16 teams and 67 personnel are sanctioned for the district, of which two MO positions are vacant of male and female each. During the month of January they conducted interviews for the filling of the vacant positions and by the end of this month, it will be filled.
- Target for the screening of Anganwadi children, school children of rural and corporation areas is fixed as 3,90,237 for the year 2017-18 and the achievement is 2,39,173 till December 2017. Total Cases identified with some problems are 4,619 and those referred to higher facilities are 510. During the same reference period total 102 heart surgery and other surgery have conducted from 120 identified cases and remaining are in pending.
- ARSH is now renamed as clinics (MAITRI) and established at following health facilities: DH Bhandara; SDH Tumsar; SDH Sakoli; and RH Mohadi. The additional responsibility of ARSH clinics is given to the 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.
- Segregation of biomedical waste management is done at all the visited facilities. BMW is outsourced in DH Bhandara and SDH Tumsar. RH Mohadi and PHC Dhargaon is having deep burial pit at the facility and biomedical waste management is done as per given norms.
- AYUSH, IPHS, RBSK and Non-Communicable Disease programmes are being funded by MOHFW. But there is a disparity in payments of contractual staff of different programmes for the similar post, which creates a problem in retention of staff. Therefore, it is suggested to streamlined salary structure for at least MOHFW funded positions.
- Dedicated staff Data Entry Operators for HMIS and RCH is not available in the district.
- Committees are established at all levels for quality check of the data.
- Although listed drugs and consumables are available at visited facilities by PRC Since April 2017 there is a shortage of supplies of all type of drugs. This is the scenario of the entire district.
- If there is a demand for 10000 unit of any drug it being supplied 2000 units, somehow they have to manage with the shortage of supplies.

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

- Preparation of PIP is nothing to do but fill in the blanks as the structure is ready. There is less scope for incorporate local level requirements. There should be a bottom to top approach.
- There should be evaluation of DHOs and according to the performance, there should be some appreciation/recognition.

- So many vacancies at the district level have increased leading to an unnecessary burden on existing staff. One person is having an extra charge. No Class-I position except DHO is filled at DHOs office.
- There are administrative issues of Male Health Worker. Some of them are under Zilla Parishad and some are under the control of the state. This leads no compliance from the staff to the DHO.
- More fund needs to be given 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 of 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 for a long period.
- ANM positions under NRHM need to be filled on a priority basis.
- Village Health and Sanitation committee's needs to be strengthened 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 a priority basis.
- There should be a provision of funds in PIP for innovative schemes.
- PIP funds need to be allotted on the basis of the requirement of the facilities.
- There must be some provision in PIP for IEC.
- AYUSH, IPHS, RBSK and Non-Communicable Disease programmes are being funded by MOHFW. But there is a disparity in payments of contractual staff of different programmes for the similar post, which creates a problem in retention of staff. Therefore, it is necessary to streamlined salary structure for at least MOHFW funded positions.

## Location of Bhandara District in Maharashtra





## **2. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2017-18 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 period of April – December 2017.

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Bhandara District were carried out during the period 15-20 January 2018. 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 15-20 January 2018 to obtain information on the 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 km<sup>2</sup> and has a population of 1,200,334 (males 605,520 and females 594,814) of which 19.48 % are urban (as of 2011). 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, Brahmi, 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. The district has 950 female children per 1000 male children in 2011.

The district has a population density of 320 inhabitants per square kilometre. Bhandara has a sex ratio of 982 (Census 2011) females for every 1000 males. The 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 show that it is 90.35 percent for males and 77.08 percent for females with a gap

of almost 13.27 percent between males and females. Female literacy is more than the state average of 75 percent.

#### Key Demographic Indicators: Bhandara District

Sr. No.	Items	Values
1	No. of Blocks	7
2	No. of Villages	876
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	320
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 (DLHS 4)
1	Mothers registered in the first trimester (%)	61.6	71.3
2	Mothers who had at least three ANC visits (%)	74.4	86.6
3	Mothers who got at least one TT injection (%)	88.7	98.6
4	Institutional births (%)	63.5	94.9
5	Home deliveries assisted by SBA (%)	5.7	2.1
6	Children fully immunised (%)	69.0	69.1
7	Children breastfed within one hour of birth (%)	52.5	50.0
8	Percent of women using modern FP methods	63.9	63.4
9	Total Unmet Need for FP (%)	13.6	19.2
10	Unmet need for spacing (%)	5.9	7.3
11	Unmet need for limiting (%)	7.7	11.9

**Number and type of government health facilities in Bhandara district**

Name of the facility	Number	No. of Beds
District Hospital	1	482
Women Hospital	0	0
Ophthalmic Hospital	1	20
SDH	2	100 & 50
Rural Hospitals	7	50 & 30
Primary Health Centers	33	10 (6+4) 4 beds for family planning
Sub Centers	193	--
AYUSH facilities (Ayurvedic) Primary Health Units	29	--
AYUSH facilities (Homeopathy)	0	--
AYUSH facilities (Unani)	0	--
AYUSH facilities (Yoga) at DH	1	--

**Bhandara District: Key Service Utilization Parameters of visited facilities (April 2017 to December 2017)**

Sr. No.	Service Parameter	Utilization	DH Bhandara	SDH Tumsar	RH Mohadi	PHC Dhargaon	SC Amgaon
1	OPD		168546	162728	47053	21751	Data Not Available
2	IPD		31187	11498	2998	625	-
3	Expected number of Pregnancies		1882	1179	-	260	89
4	MCTS entry of the % of women registered in the first trimester		92.9	70.5	-	100	100
5	No. of pregnant women given IFA		1044	470	-	290	62
6	Total deliveries conducted		5918	940	167	50	18
7	Number of Deliveries conducted at home		--	-	-	-	0
8	No. of assisted deliveries( Vento use/ Forceps)		--	2	-	-	-
9	No. of C section conducted		3106	197	-	-	-
10	Number of obstetric complications managed, pls. specify type		3556	322	-	-	-
11	No. of neonates initiated breast feeding within one hour		5869	939	167	50	18
12	Number of children		1452	-	-	-	0

	screened for Defects at birth under RBSK					
13	RTI/STI Treated	821	119	0	-	-
14	No of admission in NBSU/SNCU	1610	33	-	-	-
15	No. of sick children referred	121	34	13	-	0
16	No. of pregnant women referred	572	927	319	-	22
17	ANC1 registration	984	465	-	260	59
18	ANC 3 Coverage	681	632	-	290	65
19	ANC 4 Coverage	979	763	-	336	67
20	No. of IUCD Insertions	1379	332	48	14	10
21	No of Tubectomy	972	229	76	110	-
22	No of Vasectomy	13	6	4	67	-
23	No. Minilap	986	-	-	-	-
24	No. of children fully immunized	1073	424	-	-	45
25	Measles coverage	1073	424	-	-	45
26	No. of children given ORS + Zinc	1130	-	-	-	15
27	No. of children given Vitamin A	1495	424	-	-	45
28	No. of Children given IFA syrup		-	-	-	-
29	No. of women who accepted post-partum FP	939	136	01	-	-
30	No of MTPs conducted in first trimester	30	-		-	
31	No of MTPs conducted in second trimester	12	-		-	
32	No. of Adolescents attending ARSH clinic	1006	923		-	
33	Still births, if any	102	7	04	-	0
34	Neonatal deaths, if any	150	1	-	-	0
35	Infant deaths, if any	11	-	-	-	0
36	Universal immunization Programme (IP)	-	-	-	-	-
37	No of routine outreach service by ANM	-	-	-	-	-
38	No of special outreach service by ANM	-	-	-	-	-
39	Service delivery data submitted for MCTS updation	-	-	-	-	Yes

## 5. Health Infrastructure

There is a 482 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 (50 Bedded), Mohadi, Lakhani, Palandur, Adyal, Lakhandur, Sihora (30 Bedded). 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 the periphery of the district. There are 29 AYUSH Primary Health Units in the district. Homeopathy facility is available in four places including DH. Ayurveda and Homeopathy are the most popular medicines. Yoga is not available in the district. The district has established linkages to fill service delivery gaps. There are one Mobile Medical Units run by one NGO namely Bhartiya Aushdhi Anusandhan Sanstha. MMU is functioning in one blockTumsarr and catering to 38 villages. There is a good impact of the services in the periphery.

## 6. Human Resources and training

Among **regular** sanctioned post in Bhandara district, total 677 various positions are sanctioned of which 515 are filled. As per the norms 67 Class-I Medical officer positions are sanctioned and 53 filled. Pertaining to the health worker (male and female), 396 position has sanctioned, of which 106 positions are vacant, about 27 percent of health worker positions and 21 percent positions are vacant, is really matter of concern.

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Among the **contractual post** under NHM, total 632 posts are sanctioned and 506 are filled. Pertaining to contractual staff under NCD additional 33 staff nurses have been sanctioned for population based NCD programme. Process of filling of these positions have already begun and they must be joining by the end of this month. Mid-level Provider, 50 Medical officers positions are sanctioned and 26 are filled. 9 positions for SNCUs staff nurse are vacant out of 20 sanctioned post while under IPHS 8 positions of Specialist doctors positions are vacant out of sanctioned post of 30. DPMU needs to expedite process to fill these positions for better service delivery.

**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	-	-	-
3	Additional District Health Officer CI- I	2	0	2
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	-	-	-
6	District Tuberculosis officer CI- I	-	-	-
7	Administrative Officer CI- II	1	0	1
8	District Malaria officer CI-II	-	-	-
9	Taluka Health Officer Group A	7	7	0
10	MO Group A	67	53	14
11	Epidemiology MO	1	1	0
12	Statistical Officer	1	1	0
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	1	1	0
21	Extension Officer (Stat.)	1	1	0
22	Extension Officer (Ayurveda.)	-	-	-
23	Public Health Nurse	1	1	0
24	Attendant	5	5	0
25	Dresser	-	-	-
26	Health Worker (Male)	139	86	53
27	Health Assistant	51	40	11
28	Health Worker (Female)	257	204	53
29	Health Assistant (Female)	33	26	7
30	Pharmacists	38	36	2
31	Health Supervisor	12	11	1
32	Leprosy Technician	5	5	0
33	Laboratory Technician	3	3	0
34	Sweeper	33	16	17
35	Medical Officer Training Centre	-	-	-
36	MO Group B	-	-	-
	<b>Total</b>	<b>677</b>	<b>515</b>	<b>162</b>

**AYUSH Staff under NHM**

Sr. No.	Name of Post	Sanctioned Post	Filled Post	Vacant Post
1	Dist. AYUSH Officer	1	1	0
2	MO Ayurvedic	6	6	0
3	MO Homoeopathy	6	6	0
4	MO Unani	4	3	1
5	Yoga & Naturotherapist	1	1	0
6	Pharmacist	1	1	0
7	Attendant (Male & Female)	2	2	0
8	Data Entry Operator	0	0	0
	<b>Total</b>	<b>21</b>	<b>20</b>	<b>1</b>

**Contractual staff appointed under NHM in Bhandara District**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	14	14	0
3	IPHS	56	46	10
4	FMG	12	12	0
5	IDW	4	4	0
6	ASHA	8	8	0
7	RKS	1	1	0
8	RBSK	66	64	2
9	AYUSH	21	20	1
12	Urban RCH	6	5	1
13	Tele Medicine	2	1	1
14	Quality Assurance	2	2	0
15	PCPNDT	1	1	0
16	IDSP	3	3	0
17	NPCB	2	2	0
18	ANM	116	110	6
19	LHV	26	21	5
20	Staff Nurse	10	7	3
21	IMMUNATION	3	1	2
22	Nursing School	4	4	0
23	SNCU/NBSU	40	26	14
24	NRC	7	7	0
25	DEIC	1	0	1
26	EMS	1	1	0
27	Mental Health	7	7	0
28	National Palliative Care	6	5	1
29	NLEP	9	6	3
30	NOHP	3	3	0
31	NPCDCS	48	44	4
32	NPHCE	17	8	9
33	NTCP	3	3	0
34	RNTCP	19	16	3
35	NUHM	24	23	1
36	HWC	50	26	24

37	Blood Bank	2	0	2
38	NCD	33	0	33
39	Warehouse	2	2	0
40	Training	2	2	0
41	RKSK	1	1	0
	<b>Total</b>	<b>632</b>	<b>506</b>	<b>126</b>

### 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.)	21	4	17
2	Chief Administer Officer CL-I	1	0	1
3	MO General Physician CL-II	37	37	0
4	Administer Officer	1	0	1
5	Matron CL-II	1	0	1
6	Nursing Cadre	145	130	15
7	Class III Cadre	155	77	78
8	Class IV Cadre	240	169	63
9	SDH & Cottage Hospital CL-I	2	1	1
10	SDH & Cottage Hospital CL-II	21	18	3
11	SDH CL-III	81	55	26
12	SDH CL-IV	35	26	9
13	Rural Hospitals CL-I	7	0	7
14	Rural Hospitals CL-II	22	13	9
15	Rural Hospitals CL-III	109	80	29
16	Rural Hospitals CL-IV	58	38	20
	<b>Total</b>	<b>901</b>	<b>621</b>	<b>280</b>

- At CS side including DH, SDH, RH 901 regular positions are sanctioned of which 621 are filled and 280 are vacant.
- In connection with the District Hospital 21 CL-I MO positions are sanctioned and 18 are vacant, whereas 37 CL-II positions are sanctioned of which 37 are filled. Pertaining to nursing cadre 199 posts is sanctioned and 146 are filled, 101 CL-III posts are sanctioned of which 61 are filled. 227 class-IV positions are sanctioned of which 158 are filled. Overall 31 percent positions are vacant leading to a burden on existing staff as well it reduces the quality of service delivery.

### Training status/skills of various cadres at visited facilities

#### Training

During the reference period April to December 2017, total 1113 personnel have trained from various categories, from which 668 personnel were ASHA's. Most of the training was conducted at DDT and HTT Bhandara



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

Sr. No.	Type of Training	Cadres	Total Trainee
1	SAB	LHV/SN/ANM	27
2	PPIUCD*	ANM/LHV	50
3	IYCN	MO/ANM/LHV	24
4	RTI/STI	Staff	17
5	RI	MO/Staff	19
6	F-IMNCI*	MO/SN	8
7	MVA/MTP-CAC#	MO/ANM	5
8	BEemOC	MO	1
9	MTP Assist	ANM	1
10	Cold Chain	Staff	2
11	NSSK	ANM	5
12	HBNC Phase 1	ASHA	24
13	HBNC Phase 2, 6 & 7	ASHA	23
14	HBNC Phase 3, 6 & 7	ASHA	24
15	HBNC Phase 4, 6 & 7	ASHA	29
16	Population Based Screening	SN/ANM	27
17	Oral Pills	Staff	117
18	Injectable/Oral Pills Orientation	ASHA	668
19	Skill Lab**	MO/SN/ANM/LHV/Tutor/PHN	34
20	IMEP	MO/ANM/SN	7
21	VCDC TOT	MO	1
	<b>Total</b>		<b>1113</b>

**Training status /skills of various cadres at the visited facilities.**

Training programmes	DH Bhandara	SDH Tumsar	RH Mohadi	PHC Dhargaon	SC Amgaon
EmOC	--	--	MO-1	--	
LSAS	--	--	MO-1	--	
BeMOC	--	--	--	MO-1	
SBA	--	--	SN-04	ANM-09	
MTP/MVA	--	--	MO-1	MO-2	
NSV	--	--	--	--	
F-IMNCI/IMNCI	MO-2 SN-05	--	MO-1 SN-01	MO-2 ANM-9	--
NSSK	--	--	SN-02	MO-2 ANM-9	--
Mini Lap-Sterilisations	--	--	MO-1	MO-2 ANM-9	
Laprosopy-Sterilisations	--	--	--	--	
IUCD	--	--	SN-04	MO-2 ANM-9	--
PPIUCD	--	--	SN-04	--	
RTI/STI	--	--	SN-05	--	
HIV	--	--	--	--	--

<b>Leprosy</b>	--	--	SN-02	--	
<b>RNTCP</b>	--	--	--	--	
<b>Blood storage</b>	--	--	Tech-01 MO-01	--	
<b>IMEP</b>	SN-2	--	--	--	
<b>Immunization and cold chain</b>	MO-1	--	--	MO-2 ANM-9	--
<b>IYCN</b>	--	--	--	--	--
<b>RTI/STI</b>	SN-	--	--	--	--
<b>Disaster Management</b>	SN-1	--	--	--	--
<b>Induction MO</b>	MO-1	--	--	--	--
<b>NCD</b>		--	SN-03	--	--
<b>Skill Lab</b>	SN-08, Tutor-1 PHN-1	--		--	--

*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, 41 minor OTs are available at DH, SDH, RH and PHCs; 43 Medicine, 3 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. DH Bhandara is having blood bank; SDH Tumsar; RH Mohadi and RH Pavni is having Blood storage units. BSU in Tumsar and Mohadi is not functioning due to expiry of license. 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.

### **7.1 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.

### **7.2 AYUSH Services**

AYUSH services are co-located at following facilities: District Hospital Bhandara, SDHs Tumsar and Sakoli, RHs Pauni and Mohadi. Ayurveda, Homeopathy, Unani, Panchkarma, Yoga and Naturopathy services are available at District Hospital as well as in RH Mohadi. Ayurveda, Homeopathy and Panchkarma all three services are available at SDH Tumsar, SDH Sakoli and RH Pauni. AYUSH OPD clinics are monitored separately.

Total patients treated at all facilities under AYUSH services during the reference period April to December 2017 are as follows: AYURVEDA - 35414, HOMEOPATHY - 32195, UNANI - 14150, PANCHKARMA - 4419 and YOGA and Naturopathy - 3766.

AYUSH doctors are not members of RKS committees. Adequate medicines are being supplied to all AYUSH facilities. Total of 21 positions are sanctioned for AYUSH which consist of 16 AYUSH MOs, and one each Yoga & Naturotherapist, Pharmacist, attendant (Male and Female) and all are filled except one position of MO Unani.

#### *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**

Maternal Health is an essential component of Reproductive & Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2016-17.

As per HMIS data, ANC registration is 12,947 during the reference period April to December 2017, of which 11,859 with more than 91 percent women were registered in first trimester. Severely anaemic pregnant women with HB level below 7 are 1,382 and number of Hypertension cases reported during the reference period was 168. In addition, 13077 pregnant women were provided with TT in both rural and urban areas, while 100 IFA tablets were provided to 20921 women whereas 6782 women have visited for PNC care. For providing these services, health personnel's have organized 5745 outreach camps during the reference period

### **8.2 Institutional Deliveries**

During the reference period April to December 2017, Bhandara district reported 13,615 institutional deliveries. Out of which 5,429 were C-section deliveries and all C-section deliveries were provided EmOC facilities

### **8.3 Maternal Death Review**

In the district during the reference period April 2017 to December 2017, 9 maternal deaths were reported, all of them are reviewed. Out of total deaths, 6 deaths has occurred during ANC or before delivery while rest 3 were after delivery, of which two delivery were LSCS and one was normal delivery

The key cause of deaths are reported as Hepatic Encephalopathy, Aspiration pneumonia, SCD with Septicemia, Acute pulmonary embolism with CRA, Sickle cell crises with Anaemia, PPH and after PM. District task force is established in the district

#### **8.4 JSSK**

As per Government of Maharashtra Resolution dated 26<sup>th</sup> 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 - December 2017, 9859 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. All of them 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 9448 women were provided with home to hospital free transport, 5766 women were provided with hospital to hospital free referral transport services, and 9445 women were provided with freed drop back facility. With respect to neonates, 922 neonates were provided with home to institute free transport, 471 are provided institute to institute free transport, and 915 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 PFMS and is given by direct transfer to the beneficiary bank account within 7-15 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 4731 for institutional deliveries.

## **9. Child Health**

### **9.1 SNCU**

There is functional SNCU located in DH Bhandara with more than 10 warmers and phototherapy. SNCUs health staffs consist of 1 Paediatrician, 2 Medical Officers, 11 Staff Nurses, 4 support staff, 1 In charge sister and 1 DEO from 34 sanctioned post.

During the reference period, a total of 1602 (877 Male and 725 Females) admitted in SNCUs of DH, of which 1147 were inborn and 455 were outborn. Children expired is 145, 1275 have been discharged, 121 referred, 43 are LAMA cases and 31 are still admitted. The key cause of deaths is RDS (51), BA (30) Sepsis (20), Premature (18), VLBW (8), MAS (5), Cong. Malformation (4) and others (9).

### **9.2 NRC**

Nutrition Rehabilitation Centre (NRC) is functioning in District Hospital with around 15 beds. During the reference period 95 children were admitted out of which 92 were discharged, 1 was medical transfer and 2 are still in the ward. Out of which, 34 children have gained weight after the treatment. Average length of duration of stay is 7-15 days. 24 children were referred by RBSK and 18 were Paediatric ward, while remaining were either self/OPD and front line worker. The Bed Occupancy Rate (BOR) during the same period was more than 53 percent. Total 18 number of follow up camps has been done in NRC since June 2017 and 323 children was discharge, out of which 81 children have completed 4th follow up and 65 children have gained weight after the treatment.

### **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 doze of immunization (Polio-0 and BCG) as per the immunisation programme guidelines. Dedicated Immunization officer is in place in the district. No facility is having immunisation services on daily basis. There are fixed days for immunisation at all the facilities.

During the reference period April 2017 to December 2017 total 12055 children (9 to 12 months) has been provided all the vaccines and for this they had initially planned 7043 immunization sessions out of which 7040 immunization sessions were held.

### **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. Two positions of MOs one each of male and female are vacant. 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 3,90,237 for the year 2017-18 and the achievement is 2,39,173 till December 2017. Total Cases identified with some problems are 4,619 and those referred to higher facilities are 510. During the same reference period total 102 heart surgery and other surgery have conducted from 120 identified cases and remaining are in pending.

## **10. Family Planning Services**

Family planning services are provided in all the major facilities of the District. During the reference period April to December 2017, 897 NSV, 3460 Female Sterilization and 922 IUCD were conducted, while 1,21,898 Condoms and 20,165 Oral pills have been distributed. IEC materials were available in the district as well as PPIUCD services available at facilities. IUCD type 380 is available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM and ASHAs are involved in social marketing of all these family planning services to the population.

## **11. ARSH**

ARSH clinics are functional at four facilities of the District i.e. DH Bhandara, SDH Saoli, SDH Tumsar and RH Pavni. Also, 93 outreach ARSH services are available in these facilities. While 12 counsellor are available for ARSH clinic services, of which only 1 Counsellor is trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

During reference period April 2017 to December 2017 total 2654 patients were provided clinical services, while 3230 patients were provided counselling services in ARSH facilities.

## **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 BWM management. RH Mohadi and PHC Dhargaon is having deep burial pit at facility and bio medical waste management is done at facility as per given norms.

### **12.3 IEC:**

Segregation of biomedical waste management is done at all visited facilities. DH Bhandara and SDH Tumsar outsources BWM management. RH Mohadi and PHC Dhargaon is having deep burial pit at the facility and biomedical waste management is done at the facility as per given norms.

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

## **13. Referral Transport and MMUs**

The number of ambulances of different types available in the district is 54. 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 December 2017, 9448 pregnant women and mothers have utilized ambulance services for home to facility, 5766 for inter institution and 9445 for drop back to home. Similarly, 922 sick neonates and their mother have utilized ambulance services for home to institution, 471 for inter institution and 915 for drop back to home. 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 named Bhartiya Ausahadhi Anusandhan Sanstha Khapa. It is working in Tumsar block and covering 46 villages. Six post has sanctioned and all are filled which consist of one each of MO, Pharmacist, Staff nurse, Lab technician and two drivers.

During the reference period April to December 2017, total 29448 patients have treated by MMU with 414 visits in all the selected villages.

## **14. Community Processes**

### **14.1 ASHA**

During the period April 2017 to December 2017, 1000 ASHAs are available as against the sanctioned post of 1021 ASHAs in the district, of which 2 has left during third quarter of 2017-18. All the ASHA workers have given training under module 6 & 7 for implementing home based newborn care schemes. Also, all of them have provided necessary drugs kit with ORS and Zinc as well Condoms and Oral Pills for family planning with replenishment.

The average incentive to an ASHA was Rs. 2177. The highest incentive Rs. 57190 and lowest incentive Rs. 150 during the reference period April 2017 to December 2017. ASHAs are being paid in time if funds are available.

## **15. Disease Control Programmes**

### **15.1 Sickle cell Diseases Control Programme**

Total 6 Electrophoresis machine are placed in two health facilities i.e. SDH Tumsar and Sakoli. The target of solubility test was 175000 and only 18.66 percent of that target is achieved. Out of which 685 patients were tested positive with sickle cell disease.

## **16. Non Communicable Diseases**

There are 10 clinics established under NCD at various facilities of the district. These facilities are DH Bhandara, SDH Tumsar and Sakoli, RH 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. 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 but there is shortage of supplies since April 2017. IEC material is available in the district.

## **17. Good Practices and Innovations**

### **Village Health Nutrition and Water Supply & Sanitation Committee**

Total 754 VHNS Committees has formed in the district for health nutrition and water supply management as well as for sanitation of the villages from 786 revenue villages in the district. About 42 percent of the total fund has been utilized for these practices from sanctioned funds during 2017-18.

## **18. HMIS and MCTS**

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.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 the district level.



## **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 482 beds. It is functioning in a Government building and needs major repairs, renovation processes in some of the parts of the hospital.
- The health facility is easily accessible from the nearest road. Except for Civil Surgeon, no quarters are available for other categories of the staffs. Six quarters for MOs are constructed but not yet handed over by B&C department. For class three staff quarters are provided by B&C department as per demand.
- 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 of the wards.
- Nutritional Rehabilitation Centre is available in the district hospital.
- SNCU facility is available in the hospital with ten beds; staff for the SNCU is sanctioned as per ten-bed strength. But only 37 warmers are supplied.
- Separate room for ARSH clinic is available.
- Segregation of waste in colour coded bins is followed. The mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment 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.
- The ultrasound scanner is available at the facility.
- The facility is having C.T scanner.
- Pertaining to lab tests, all listed tests are being done in the facility; some of the tests are being done by Hind Laboratory.

- The blood bank is available in the hospital. On the day of the visit, 900 blood bags are available in the blood bank, during the reference period 5844 bags were distributed.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling 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.
- During the reference period, 5919 deliveries were conducted at the facility.
- JSY payment is made after discharge by PFMS, on the 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 partograph. Vaccination is done properly.
- Hospital provides essential new born care.
- IMEP protocol information and posters are displayed in OT, Labour room, ANC clinic and at respective places.
- There is a committee for reviewing of MDR and IDR under the chairmanship of CS.
- All-important registers are available for maintenance of records.
- Few IEC materials are displayed in the District Hospital as the hospital renovation is under the process.
- EDL available but 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, 5155 women have received home to facility pick up service; 473 women have received inter-facility vehicle services, and 5695 women have received drop back facility. Similarly, in case of new-born, 922 new-born received free pick up from home, 471 have received referral transport and 915 neonates have received drop back facility.
- 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 level 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 headquarter. On the day of PRC team visit to SDH, all the staff was present on duty. It is a 100 bedded hospital. Hospital is functioning in a government building. The building is in good condition, needs minor repair specially leakages on the roof.
- Staff quarters are under construction. 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.
- The facility is well accessible from the 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 but not in function for the past six months as blood technician position was vacant, recently one position was filled and needs to be trained.
- There is a separate room for ARSH clinic.
- Biomedical waste management is outsourced.
- 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. Mifepristone tablets are not available. Emergency contraceptive pills are available. Sanitary napkins are not supplied to the facility. The labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. Although listed drugs and consumables are available on the day of visit of PRC Since April 2017 there is a shortage of supplies of all type of drugs.
- All lab tests are being done in SDH. All essential consumables are being supplied.
- All mothers have initiated breastfeeding 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 PFMS after discharge on the 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 are 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. The total grant under three heads of RKS, AMG and Untied Fund is received during the reference period is 244000/- of which 211919/- is utilised. Percent utilisation is 87.
- Immunization schedule is displayed in the OPD.
- 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 displayed at the facility.

Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.

- Regular fumigation is being done and the last fumigation was done on January 15, 2018. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility. The 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.

#### **Human Resource at SDH Tumsar (Regular)**

<b>Sr. No.</b>	<b>Name of the post</b>	<b>Sanctioned</b>	<b>Filled</b>	<b>Vacant</b>
1	MS CI-I	1	1	0
2	MO CI-II	13	13	0
3	MO CI-III	1	0	1
4	Administrative officer	1	1	0
5	Office Superintendent	1	1	0
6	Asst. Matron	1	0	1
7	Staff Nurse	27	21	6
8	Parisevika	5	2	3
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	1	1
15	ECG Tech	1	1	0
16	Lab Asst.	3	2	1
17	Sr. Clerk	1	0	1
18	Jr. Clerk	2	2	0
19	OPD Clerk	2	2	0
20	OPD Attendant	1	1	0
21	Dresser	1	0	1
22	OT Attendant	2	0	2
23	Blood Bank Attendant	1	0	1
24	Peon	2	2	0
25	Peon Casualty	3	3	0
26	Ward Boy	10	8	2
27	Sweeper	3	2	1
	<b>Total</b>	<b>93</b>	<b>71</b>	<b>22</b>
<b>Contractual under NRHM</b>				
1	Specialist MO	3	3	0
2	RBSK MO	6	6	0
3	RBSK ANM	3	3	0
4	RBSK Pharmacist	3	3	0
5	NCD MO	1	1	0
6	NCD Counsellor	1	1	0

7	NCD Staff Nurse	1	1	0
8	Dresser	1	1	0
9	AYUSH MO	2	2	0
10	Tele Medicine	1	1	0
11	Sickle Cell	1	1	0
12	Urban RCH ANM	3	3	0
	<b>Total</b>	26	26	0

### 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. Total 10 quarters are constructed for all category of staff but not yet handed over to the facility. Electricity is available with power back up (inverter). 24\*7 running water is available. 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. Blood storage unit is sanctioned but non-functioning since six months because expiry of the licence. 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 but MS has purchased from RKS funds and kept the medicine in the facility for emergency use. Although all the listed drugs are available in the facility since April 2017 there is a shortage of supplies of all the medicines. If there is a demand for 10000 unit of any drug it being supplied 2000 units, somehow they have to manage with the shortage of supplies.
- All listed lab tests are being done.
- All mothers have initiated breastfeeding 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-B and 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 after discharge through PFMS, on the production of necessary documentation. Diet is being provided to JSSK beneficiaries free of cost.

- The high-risk pregnancy is 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 breastfeeding and asepsis are 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 the facility in the 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 135 woman received free home to institute transport 714 women were provided free inter transport facility and 145 women were provided free transport facility from institute to home. 12 newborn 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. The last fumigation was done on January 16, 2018. 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	1	0
2	Medical officer CI-II	3	3	0
3	Asst. Superintendent	1	1	0
4	Jr. Clerk	2	2	0
5	Staff Nurse	7	7	0
6	X-Ray Technician CI-III	1	1	0
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
	<b>Total</b>	<b>25</b>	<b>24</b>	<b>1</b>

	Staff under NRHM			
1	MO	4	4	0
2	AYUSH MO	3	3	0
3	Pharmacist	2	2	0
4	Dentist	1	1	0
	<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>

#### 19.4 Primary Health Centre: Dhargaon

- PHC Dhargaon is in Bhandara Block and is located about 15 Km from the district headquarter. It caters to 29 villages covering 29998 population. It is functioning in a Government building. Building under condemnation process. PIP of 2018-19 new building proposal may approve and construction of the new building will start. Staff quarters are available but not in livable condition. One each is occupied by MO, Driver and Sweeper. PHC has electricity with power back up. Water source is available for 24\*7 water supplies are available. It is a 6 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 a stabilizing unit are available with one warmer and one phototherapy unit. BioMedical Waste is done at the facility in the deep burial pit.
- All the essential equipment is available at PHC. 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. All listed drugs are available in the facility. Drugs for BP, Diabetics and other common ailments are available. There is adequate stock of vaccine is available. There is a regular supply of gloves, Mackintosh and bandage. Although there is a stock of the required medicine in the facility there is a huge shortage of supplies since April 2017. Medicine is not being supplied as per the requirement.
- All mothers have initiated the breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery. JSY payments are made after discharge as per the norms through PFMS. Routine immunisation is done third Monday of the month.
- There is no specialized manpower to manage high-risk pregnancies. Essential newborn 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 Total, there is need to sensitise staff on IMEP protocols.



### Human Resources at PHC Dhargaon

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	Health Assistant	2	2	0
4	ANM	1	1	0
5	MPW	3	2	1
6	Pharmacist	1	1	0
7	Jr. Asst.	1	1	0
8	Ward Attendant Male	4	4	0
9	Driver	1	0	1
10	Sweeper	1	1	0
	<b>Total</b>	<b>16</b>	<b>14</b>	<b>2</b>
<b>Contractual staff under NRHM</b>				
	ANM	5	4	1
	<b>Total</b>	<b>5</b>	<b>4</b>	<b>1</b>

- All registers are available and maintained at the facility.
- RKS, AMG and UNTIED fund registers are maintained. The expense incurred during reference period RKS, AMG and UNTIED Fund are 53; 68; 84 percent and 66 respectively.
- 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 109 women are provided transport facility for home to institute, 7 are provided institute to institute transport facility and 50 women are provided with institute to home transport facility. Regarding sick children 7 have received home to facility pick up, 4 are provided inter-facility transport and 3 have given drop back facility.
- Approach road is there for the facility.
- Regular fumigation is being done; the last fumigation is done on January 11, 2018. There is functional laundry and washing service is available. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism is available by Fibre Sindoori. Grievance redressal mechanism is available. Tally software is not in use.

### 19.5 Sub Centre: Amgaon

- Amgaon Sub Centre is in the catchment area of Dhargaon PHC and is located about 6 KMS from the PHC. This SC is catering to three villages.
- Sub Centre is located in the main habitation and functioning in a Government building and is in a good condition. The one ANM also stays at headquarter. There is running water 24\*7 and back up is available for electricity but not in working condition from last two month. 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 and one on contractual ANM is appointed under NHM and also one PTA is available.

- 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, IFA Syrup, Vitamin A Syrup, ORS packets, Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, Antibiotics (i.e. cephrone), and drugs used for common ailments.
- Pregnancy test kits, OCPs, emergency contraceptives, IUCDs and sanitary napkins are available in SC but they are using sanitary napkins in an emergency only.
- During the reference period April to December 2017, at SC total 18 deliveries conducted and all of them have initiated breastfeeding within one hour of normal delivery. At the same period, 22 pregnant women have been referred to a higher institution.
- All the essential Registers are available and maintained at the facility except referral register for which they use only Boucher. Under the JSSK referral system, total 29 women have provided transport facility for ANC and delivery from home to institution, 20 have provided for inter-facility and 9 have provided transport for the backdrop to home.
- Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters such as correct measurement of BP, HB, identification of high-risk pregnancy, correct insertion of IUCD etc.
- VHNDs are conducted on a regular basis by the VNHSC.
- Unfunded and AMG are received by the ANM and records are maintained.
- Approach road is not there for the facility. Also, Citizen Charter SC is not available because of the recent painting done.

- Posters of JSSK entitlements, villages under the SC, JSY entitlement, and VHND plans are displayed. But SBA protocols and immunisation schedule are not displayed. Information such as 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

