

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

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

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP Brihanmumbai District, 2017-18 was carried out by the PRC team during 27-28, November 2017. The F S Ward Office, MH Mahim, and UHPC Bane Compound HP were visited for the study by the PRC team. During the field visit, the PRC team was accompanied by CPM and Senior MOs of F S Ward. This report discusses in detail the implementation of PIP in Brihanmumbai district as observed during the field visit for monitoring. The key findings are given below:

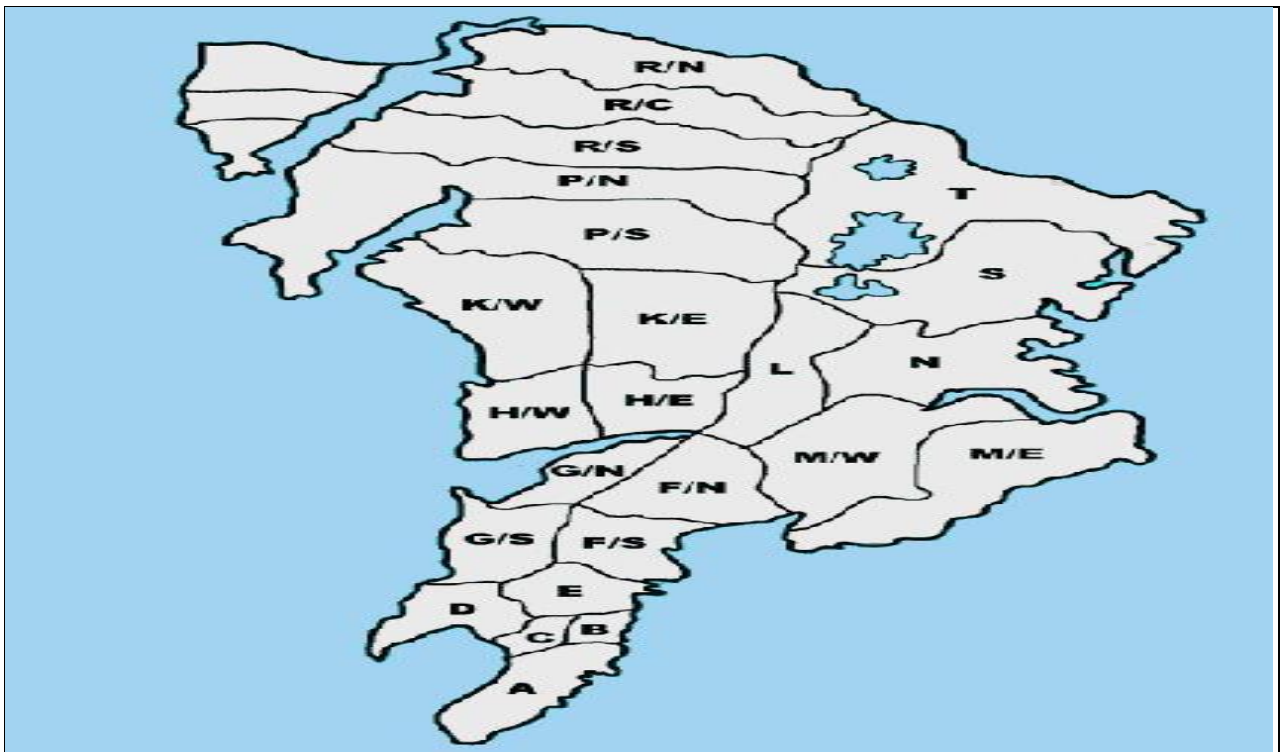
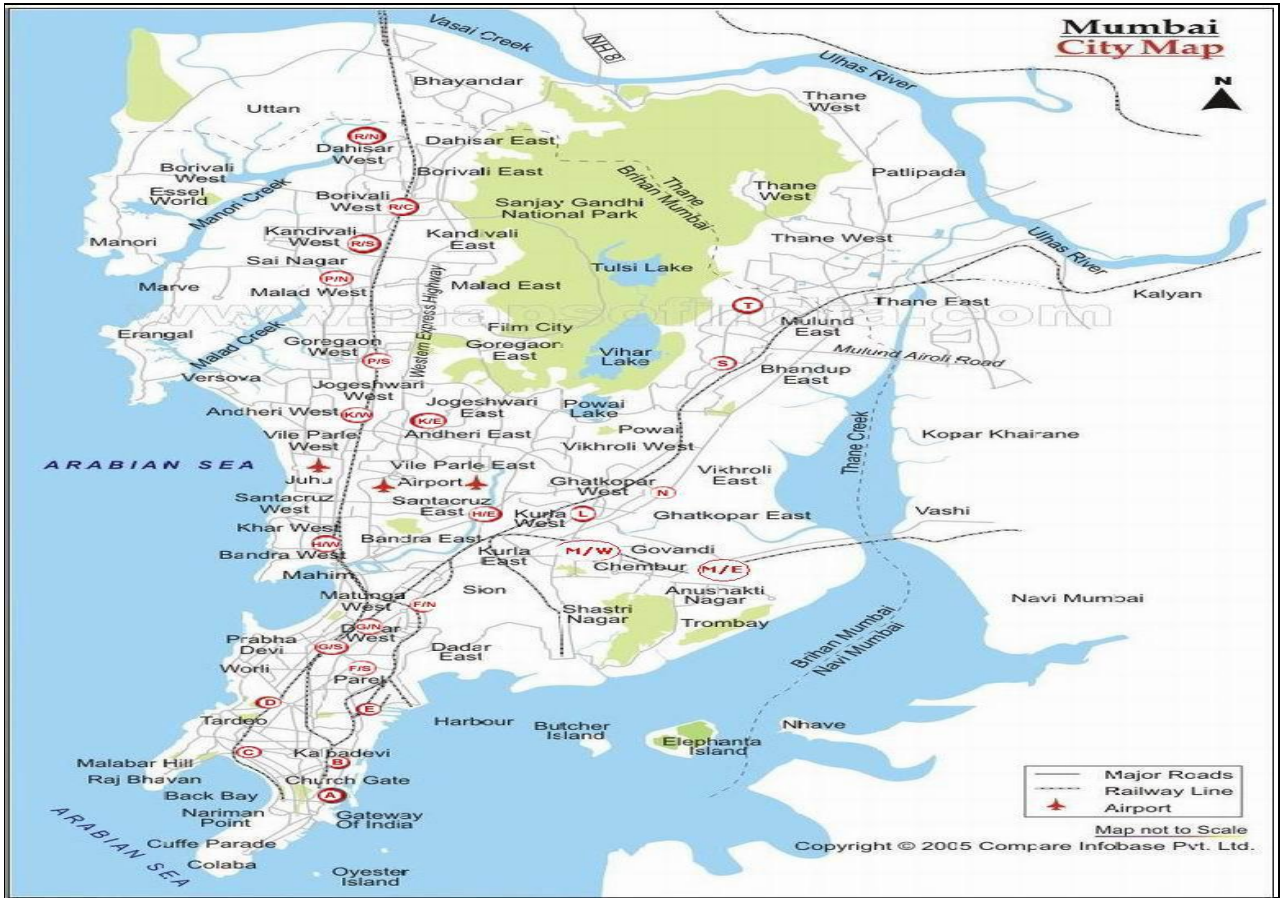
Key Conclusions and Recommendations

- Various programme is implemented under Mumbai Municipal Corporation, State Government and NUHM. Hence, the success of the system lies in coordination, proper management and implementation of various health programmes.
- The Convergence of various programs from different departments, with varying technical responsibilities, requires human resources with strong technical skills to enhance effective program delivery.
- Health Posts with dispensaries is providing health services to the patients on OPD basis also they are extending their services in the periphery through community health workers. Maternity homes are engaged in conducting deliveries and health problems related to women. Medical colleges are providing tertiary services.
- Information collected regarding the availability of staff revealed that of the 90 sanctioned posts of MOs (part-time), only two were in position. Strikingly, none of the sanctioned posts are filled in SNCU and only 13 percent of the sanctioned posts of ASHAs are filled. Similarly, one-fourth of the ANMs position was vacant. However, all the regular positions of AMOs, Pharmacist and under NUHM Accountant, Attendant, other staff, innovative (DILSAHA) positions were in position. The vacant positions of Health staffs might adversely affect the implementation of NUHM scheme, which needs to be addressed.
- Only two positions of the sanctioned four posts of the City Programme Manager are filled. Considering that a CPM has to coordinate and link to the resource person under different programmes the vacancy on these posts only leads to strain on the existing staff. It is highly recommended for an increase in salary for filling up these posts as well as retaining the health staffs.

- The process of recruiting and paying through Incentives for ASHAs needs to be streamlined. Retaining ASHAs seems to be an uphill task.
- JSY payments are made through DBT. Substantial numbers of beneficiaries are migrants without proper documents and bank accounts these create strains in providing JSY benefits. Hence, it is recommended either an alternate means of cash transfer or through collaboration with the bank the money be transferred to the beneficiaries account. The role of ASHAs and CHV be utilised for providing support service and thus enhance the coverage of the scheme.
- The Nutrition Rehabilitation Centre is not established in the district. Hence, it is proposed with proper planning NRC be established by identifying ANC anaemic women.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., can be improved.
- All the essential equipment's are available at the visited health facilities. All the equipment's related to the operation theatre and laboratory are available. Essential drug list and essential consumable list are available in the drug store.
- RKS committees, UNTIED and AMG are registered but yet to be functional. There are registered 102 RKS committees of which 80 have opened the bank account in the month of November 2017. However, there were no transfers of the funds to any of the facility till the date of PRC visit.
- In Mumbai, free transport service is provided to expectant mothers and neonates. A toll free number 108 ambulances (EMS) provide services of pick and drop back for pregnant and delivered women under JSSK. However, the pick up rate of transport service is too low. District officials stated that in Mumbai means of transport is easily available and most of the beneficiaries are staying in the proximity of maximum 5 kms from any of the health facilities and hence transportation is not a major issue as observed in other districts of the state. Therefore, most of the beneficiaries prefer to come on their own. Also, traffic is the main problem of Mumbai; waiting period for an ambulance is high. Hence, the inclusion of transport service of pick up in the spectrum may not yield the desired result. The emphasis should be on the provision of transport service on an emergency basis and for referral services.
- During the reference period only 128 women have provided transport service from home to facility, 581 women have provided inter facility transport service. In case of sick neonates 1 sick baby provided transport service for pick from home and 257 have provided inter facility transport service. Drop back to home from the facility was provided neither to women or sick neonates.
- During the reference period April to October 2017, 163 maternal deaths were reported in the district and 162 deaths were reviewed. The major key causes of deaths are Haemorrhage, Sepsis Hepatitis, T B, and other causes (54).

- RBSK programme is likely to commence in the month of December. Total 31 teams are sanctioned for RBSK. The State has approved Rs. 5000/- (5000X31=155000) to the district for the purchase of instrument for RBSK teams. But as per district authorities, this amount is not sufficient for the purchase of instruments. With this amount, they can only purchase instruments which can be sufficient only for 16 teams.
- At present BMC are having 24 teams of school health check for 1200 schools of BMC. In addition, they have Child Health Clinics at their medical colleges which cater in the area of Cardiac, Dental, Rheumatology, Ophthalmic, ENT and Surgical.
- Non Communicable Diseases programme is being implemented in the district.
- There is no dedicated staff given for HMIS and MCTS at the periphery. Additional responsibilities are given to the regular staff in addition to their regular duties.
- Alternate arrangement in providing JSY services is required to consider a large number of the migrant population without proper records and bank accounts.
- Communication and frequent meetings are required to streamline the supply of EDs as per the requirement of facilities.
- ASHAs difficulties need to be addressed through mentoring and their role can be strengthened if district authorities have a better rapport with ASHAs.
- There is a huge turnover of HR particularly in ANM cadre. As they are getting a salary of Rs. 11000/- per month, which is very less to survive in Mumbai. Most of the ANM who joins they get trained and after working for some period they leave the job once they get a better opportunity and good salary. Here PRC team suggest to improve the salary of all the positions to cope up with the standard of living in Mumbai.
- ARSH clinics are functional at three facilities of the BMCC.
- Overall HMIS format in Medical College needs to be modified in accordance with the existing format in terms of collection of data and compilation of data from different departments of Medical College.
- In the HMIS format official of Medical college suggested there should be a remark column for justification and feedback regarding any discrepancies and issues in data. There are 40 departments in Medical College and collecting the data in a given time frame is a tedious task. Hence, it is recommended a mechanism be developed in accordance with the process of data collection and compilation of the final report in Medical college.

Map of Brihanmumbai District



2. Introduction

In keeping with the goals of the National 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 the PIP, the MOHFW, New Delhi has assigned the task of evaluating 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 the year 2017-18. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Brihanmumbai, Maharashtra for the reference period April – October, 2017.

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Brihanmumbai District was carried out during the period 27-28 November, 2017. In order to carry out quality monitoring and evaluation of the important components of PIP, various types of checklist developed by the Ministry were used. The checklist for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Three officials from PRC, Pune visited the district during the period 27-28 November, 2017 to obtain information on implementation of PIP in the district. The F S Ward Office, MH Hospital Mahim, and one Urban Primary Health Centre Bane Compound were selected for the study. PRC team was accompanied by Senior MO F S ward. The team received full cooperation from Dy CEO NUHM, district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Brihanmumabi district as observed by the PRC team during the field visit.

Report is prepared in consultation with DRCHO (Asst. Executive Medical Officer); City Programme Manager; concern Programme Officers and Medical Officer of the visited facilities. Mahim Maternity Home and UPHC at Bane compound were selected for monitoring of PIP. Both days RCHO, one programme officer and City Programme manager accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staff of the facilities visited. This report discusses in detail the implementation of PIP in Greater Mumbai District as observed by the PRC team during the field visit.

3. State and District profile

3.1 Brihan Mumbai

Bombay was the first British Indian possession, which came as a part of the royal dowry in 1661 to King Charles II of England on his marriage to the Portuguese princess, Infanta Catherine de Braganza. Ironically enough, Bombay also set the stage for the birth of the country's historic freedom movement, as well as for some of its major landmarks, including Gandhiji's 1942 call to the British to "Quit India". It was in Bombay that the Indian National Congress was born in 1885. It led the country's struggle for political independence and indirectly to the liquidation of the British Empire. The name "Bombay" was changed to "Mumbai" by the Corporation Resolution No.512 dated August 12, 1996, Maharashtra Act, XXV of 1996.

Mumbai also known as Bombay, the official name until 1995 is the capital city of the Indian state of Maharashtra. It is the most populous city in India with an estimated city proper population of 12.4 million as of 2011. Along with the neighboring regions of the Mumbai Metropolitan Region, it is second most populous metropolitan area in India, with a population of 21.3 million as of 2016. Mumbai lies on the Konkan on the west coast of India and has a deep natural harbor. Municipal Corporation of Greater Mumbai (MCGM), the primary agency responsible for urban governance in Greater Mumbai. From the time of its establishment in 1882 as India's first municipal corporation, numerous non-political groups, NGO's and organizations of citizens have worked closely with the civic body in the fields of education, public health, creation of urban amenities, art and culture, heritage conservation, etc.MCGM is one of the largest local governments in the Asian continent.

3.2 District Profile

The Greater Mumbai district is bounded by Thane and Raigad districts. As per 2011 Census, the total population of the district is 12442373 with the male population of 6715931 and female population of 5726442. The literacy for the district is 81 percent with a male literacy rate of 84 percent and a female literacy rate of 78 percent. The Sex ratio is 853 per 1000 males and child sex ratio is 913 in census 2011. The density of the population is 20634 per sq. Km with 100 percent of the urban population. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 6.54 percent and 1.04 percent respectively.

4. Key Health and Service Delivery Indicators: Brihanmumbai

Sr. No.	Indicators from DLHS-4	Mumbai suburb	Mumbai	Maharashtra
1	Mothers registered in the first trimester (%)	73.1	89.2	67.9
2	Mothers who had at least three ANC visits (%)	90.2	95.4	77.9
3	Mothers who got at least one TT injection (%)	96.0	98.5	90.6
4	Institutional births (%)	94.9	99.2	92.0
5	Home deliveries assisted by SBA (%)	2.0	0.0	4.0
6	Children fully immunized (%)	72.0	69.2	66.2
7	Children breastfed within one hour of birth (%)			
8	Percent of women using modern FP methods	56.5	60.7	65.7
9	Total Unmet Need for FP (%)	26.7	22.6	19.0
10	Unmet need for spacing (%)	14.3	8.6	10.8
11	Unmet need for limiting (%)	12.4	14.0	8.2

Source: DLHS-4 (2012-13) MOHFW, GOI

Brihanmumbai District: Key Service Utilization Parameters of visited facilities (April 2017 to October 2017)

Service Utilization Parameter	Mahim Maternity Home	UPHC Bane Compound
OPD	8218	18892
IPD	1292	***
Expected number of pregnancies	718	--
MCTS entry on percentage of women registered in the first trimester (in percent)	--	80%
No. of pregnant women given IFA	688	--
Total deliveries conducted	271	***
Number of Deliveries conducted at home	15	***
No. of assisted deliveries(Ventouse/ Forceps)	61	***
No. of C section conducted	--	***
Number of obstetric complications managed	--	***
No. of neonates initiated breast feeding within one hour	210	***
Number of children screened for Defects at birth under RBSK	**	***
RTI/STI Treated	--	***
No of admissions in NBSUs/ SNCU, whichever available (NICU)	--	***
Inborn	--	***
Out born	--	***
No. of children admitted with SAM	--	***
No. of sick children referred	--	***
No. of pregnant women referred	32	***
ANC1 registration	1015	22
ANC 3 Coverage	1496	36
ANC 4 Coverage	965	23
No. of IUCD Insertions	95	28
No. of Tubectomy	70	***
No. of Vasectomy	8	***
No. of Minilap	--	***
No. of children fully immunized	236	180
Measles coverage	--	180
No. of children given ORS + Zinc	--	68
No. of children given Vitamin A	--	894
No. of Children given IFA syrup	--	--
No. of women who accepted post-partum FP	--	***
No. of MTPs conducted in first trimester	--	***
No. of MTPs conducted in second trimester	--	***
Number of Adolescents attending ARSH clinic	--	***
Maternal deaths, if any	--	***
Still births, if any	--	***
Neonatal deaths, if any	--	***
Infant deaths, if any	--	***
Number of VHNDs attended	--	--
Number of VHNSC meeting attended	--	--
Service delivery data submitted for MCTS updation	--	--
Zero dose, Polio, BCG	--	--

--Data not available ***Service not available

5. Health Infrastructure in Brihan Mumbai

Sr. No.	Number and type of government health facilities in Brihan Mumbai district Name of the facility	Number	No. of Beds in each facilities	Remark
1	Medical College	5	210-385	The managing authority are Corporation +state government
2	Specialist Hospital	4	179	The managing authority is Corporation
3	Maternity Homes	28	974	The managing authority is Corporation
4	Periphery hospital	6	312	The managing authority is Corporation
5	Post-Partum Centers	22	--	Attach to MH and periphery Hospitals The managing authority is Corporation
6	UHP	207		--
7	Dispensary	178	168	The managing authority is Corporation
8	AYUSH facilities (Ayurvedic)	4 dispensary	4 dispensary	--
9	AYUSH facilities (Others)	1 Unani dispensary	Unani in 2 dispensary	--

In Greater Mumbai District there are five medical colleges: (four under a corporation and one under state government). The managing authority of specialist, Maternity and Peripheral hospitals is Corporation. In addition, there are 207 Health Posts and 178 dispensaries of which 90 Health Post those are connected with 20 maternity homes and is under NUHM as well as 24 new Health Post have been started under NUHM programme.

6. Human Resource:

- Among the regular 1581 sanctioned posts in the Greater Mumbai district, 1308 positions are filled and it is quite appreciable that all the 173 sanctioned posts of Medical officers are filled. The highest number of vacant posts is observed for ANM positions as of the 721 sanctioned posts of ANMs 536 positions are filled. ANMs provides a strong basis for the health system and hence the vacant posts of ANM need to be filled on a priority basis.
- Recruitment under NUHM is mainly done through an agency (D. S. Enterprises Pvt. Ltd.). Under NUHM a total of 1784 posts are sanctioned out of which 936 are filled. Strikingly, only 13 percent of the sanctioned posts of ASHAs are filled. **ASHA's** are functioning in the district. However, the following issues have been observed with regards to the functioning of ASHA's. The community health visitor is already well functioning with outreach activities wherein they are paid a fixed salary per month whereas ASHAs salaries are based on incentives. This leads to discrepancies regarding honorarium and scale of work. Discussion with the officials revealed that even retaining these ASHAs is an uphill task as most of the ASHAs after initial training leave the job. This needs to be addressed through meetings with ASHAs

and provide a support system or integration with the community health visitor in future can be thought of.

- The same is observed in Medical Officer (part-time) posts out of the sanctioned 90 posts of part-time MOs only two posts of MOs are filled. Whereas there are only 31 full-time posts of MOs of which 5 are vacant. Here, we suggest instead of the high number of part-time posts of MOs a full-time MOs posts is most preferred. A network mechanism should be created to fill up the vacant posts of part-time, particularly when there are considerable number of private doctors practising in Mumbai.
- Further, an intervention is required to fill up the 28 sanctioned posts in SNCU as none of the posts are filled. The position of staff nurse also needs to be filled on a priority basis.
- Only two positions of the sanctioned four posts of the City Programme Manager are filled. Considering that a CPM has to coordinate and link to the resource person under different programmes the vacancy on these posts only leads to strain on the existing staff. It is highly recommended for an increase in salary for filling up these posts as well as retaining the health staffs.

Health Resource in Greater Mumbai District (Regular)

Sr. No.	Name of Post	Sanctioned	Filled	Vacant
1	AMO	169	169	0
2	PHN	175	141	34
3	ANM	721	536	185
4	Coordinator	336	297	41
5	Ayah	168	155	13

Regular AYUSH Staff under BMC (Regular)

Sr. No.	Name of Post	Sanctioned	Filled	Vacant
1	AMO Ayurvedic	4	4	0
2	Pharmacist Ayurvedic	4	4	0
3	AMO Unani	2	1	1
4	Pharmacist Unani	2	1	1

Human Resource under NUHM

Sr. No	Name of Post	Total Sanctioned	Total Filled	Total Vacant
1	City Program Manager*	4	2	2
2	City Account Manager*	4	2	2
3	Consultant (Epidemiologist)*	4	2	2
4	Accountant cum DEO	5	5	0
5	Attendant	5	5	0
6	Medical Officer (Full time)	31	25	6
7	Medical Officer (Part time)	90	2	88
8	ANM/LHV	278	272	6
9	Staff Nurse	176	112	64
10	Lab Technician	54	54	0

11	Pharmacist	33	33	0
12	Support Staff	238	212	26
13	Other staff	54	54	0
14	Innovation (Dilasa Project)	55	55	0
15	SNCU	28	0	28
16	ASHA	725	101	624
	Total	1784	936	848

*D S Enterprises pvt. ltd. agency for appointment of Human Resource.

7. Training

Training given to health personnel of Greater Mumbai district

Sr. No.	Training head	Total Participants	Batches
1	Medical Officers		
	Hepatitis E in Pregnancy	120	2
	BFHI	700	28
	DHIS2 –HMIS training	50	1
	MASS	930	19
	NUHM Orientation	50	1
	NSSK	10-15 per batches	7
	IYCF	10-15 per batches	4
	IMEP	10-15 per batches	3
	SNCU - BFHI	10-15 per batches	6
	Routine Immunization (RI)	10-15 per batches	25
	IUCD Workshop	10-15 per batches	5
	BRIDGE	25	1
	MAS TOT	1	1
2	ANMs	128	4
3	DEOs	15-20 per batches	15
4	Lab Technician	33	5
5	ASHA/CHV	60+1821	2+56

Training status/skills of various cadres at visited facilities

Training programmes	Mahim Maternity Home	UPHC Bane Compound
EmOC	MO-2	--
LSAS	-	--
BeMOC	MO-2	--
SBA	SN-13	--
MTP/MVA	MO-2	--
NSV	MO-2	--
F-IMNCI/IMNCI	MO-2	--
NSSK	SN-3	--
Laparoscopic Sterilisation	MO-2	--
Mini Lap-Sterilisations	-	--

IUCD	SN-13	ANM-1
RTI-STI	--	ANM-1
PPIUCD	SN-4	--
Blood storage	--	--
IMEP	--	--
Immunization and cold chain	MO-2	MO-1 ANM-5

MO= Medical officer, SN= Staff Nurse

8. Other Health System Inputs

8.1. Availability of Drugs, Diagnostics, and Equipment

- Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under National Health Mission to strengthen the health system, including the supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.
- Provision of free EDs is available in the district. EDL is available and displayed at all visited facilities. Supplies are allocated to various facilities depending upon the case load and demand. Computerised Drug Inventory System is in place.

8.2. AYUSH

- AYUSH services are co-located at selected facilities. Adequate medicines are being supplied to all AYUSH facilities.

8.3. Untied Funds/RKS

- RKS committees, UNTIED and AMG are registered but yet to be functional. Although, 102 RKS committees are registered of which 80 have opened the bank account in the month of November 2017. However, there were no transfers of the funds to any facility till the date of PRC visit.

9. Maternal Health

9.1 ANC and PNC

- Maternal Health is an essential component of Reproductive & the Child Health Programme. Under maternal health, JSSK and JSY are implemented in the district. ANC services; line listing for severely anaemic condition, and Hypertensive pregnant women were identified.
- As per HMIS during the period April to October 2017 out of the 1,70,812 ANC registrations 51,148 were registered in the first trimester. Line listing of severely anaemic pregnant women 3584 was done in HMIS. Pregnant women provided with TT1 was 75,366 (TT2= 71055 and

Booster= 27196) and women were provided with IFA tablets 1,85,748. Post natal visits to mother were provided within 48 hours was 27,291.

- Outreach camps are held in slum areas under Mumbai arogya abhyan by BMC in the form of medical check ups, screening for malaria. Under NUHM special camps such as ANC check up, World Health day programme was conducted.
- Documentation and follow up is done through HMIS and there is a validation committee discussing the discrepancies of data every month

9.2 Institutional Deliveries

- During the period April to October 2017, 89188 number of institutional deliveries in the district was in Public health institution out of which c section deliveries was 27457.

9.3 Maternal Death Review

- During the reference period April to October 2017, 163 maternal deaths were reported in the district and 162 deaths were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon and EHO/MOH corporation.
- The major key causes of deaths are Haemorrhage (19); Brain haemorrhage (6); Sepsis (23); Hypertensive Disorders in Pregnancy (8); Anaemia (7); Heart Disease (9); Hepatitis (20); T B (17) and other causes (54).

9.4 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 are entitled to receive benefits like free registration, check-up, treatment, and delivery including caesarean section and blood transfusion. Infants receive free registration, check-up and treatment within 0-365 days of birth. Free transportation facility to and fro, and referral cases.

- Under NUHM only drugs are provided in JSSK whereas the diet is provided free and is provided under MCGM funds.
- Free referral transport is available for all pregnant women and sick infants. The Call Centre is located in the District Hospital premises for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick infants are given free transport, medicine, diagnostics and meals. Free referral transport is available for all pregnant women and sick infants. The Call Centre is located in Greater Mumbai for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick newborn children are given free transport, medicine, diagnostics and meals. MCGM ambulances (toll free number 108) provide services of free transport. MCGM provides free case paper, free common diagnostic tests for ANC mothers and infants from its own budget. There are 98 vehicles with GPS in Mumbai district.

- However, there are some issues related to JSSK service in Mumbai. Initially 108 ambulances (EMS) were not ready to provide their services to pick and drop back for pregnant and delivered women under JSSK. But now they are providing their services for pickup and referral. Even then pick rate is too low. District officials stated that in Mumbai means of transport is easily available and most of the beneficiaries are staying in the proximity of maximum 5 km from any of the health facilities. Therefore, most of the beneficiaries prefer to come on their own. Also traffic is the main problem of Mumbai; waiting period for an ambulance is high by that time they reach to the facility. Hence, the PRC team suggested some different model for Mumbai. To give the benefit to the women by reimbursing women while she reaches to the facility at their own as per the distance from the facility.
- During the reference period only 128 women have provided transport service from home to facility, 581 women have provided inter facility transport service. In case of sick neo nates 1 sick baby provided transport service for pick from home and 257 have provided inter facility transport service. Drop back to home from the facility was provided neither to women nor to sick infants. During the reference period MH Mahim reported 15 women and 3 infants who used the free transport service.

9.5 JSY

- The implementation of the JSY scheme in Mumbai urgently requires proper coordination among bank officials and Health facilities. The amount under JSY service are directly transferred to the beneficiaries accounts. However, in the Mumbai district even though there is demand, especially from the BPL categories they are unable to utilize the JSY service due to non-availability of bank accounts. Due to the time-consuming process and illiteracy, they forego the benefits. A mechanism should be in place for the opening of the account with a zero balance account in banks and the expectant mothers should be provided with all the support and guidance for the utilization of the scheme.
- During the reference period, MH Mahim reported 71 cases of JSY beneficiaries. MH Home Mahim have collaboration with ICICI bank for direct bank transfer of JSY beneficiaries.

10. Child health

10.1 SNCU

- During the reference period, the total number of admissions in SNCUs of the district was 3137, of which 1808 were inborn (979 Male and 829 Females) and 1329 were outborn (699 Male and 630 Females) and 198 deaths were reported.

10.2 NRCs

- NRC is not available in the district.

10.3 Immunization

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

10.4 RBSK

- RBSK programme is not yet started in the district. It will commence in the month of December. Total 31 teams are sanctioned for RBSK.
- The state has approved Rs. 5000/- (5000X31=155000) to the district for the purchase of instrument for RBSK teams. But as per district authorities, this amount is not sufficient for the purchase of instruments. With this amount, they can only purchase instruments which can be sufficient only for 16 teams.
- At present BMC are having 24 teams of school health check for 1200 schools of BMC. In addition, they have Child Health Clinics at their medical colleges which cater in the area of Cardiac, Dental, Rheumatology, Ophthalmic, ENT and Surgical.

11. Family Planning Services:

- During the reference period, the following family planning following services were provided: 261 NSV, 9272 Female Sterilization, 3733 IUCD, 2820242 Condoms and 155799 Oral pills were distributed. IEC materials are available in the district. ASHAs are involved in the social marketing of all these family planning services to the population.

12. Adolescent Health (ARSH Clinic)

- ARSH clinics are functional at three facilities of the BMC. During the reference period 3117 patients are treated.

13. Referral Transport and MMUs

- There is no MMU service is available in the district

14. Community Participation

14.1 ASHA

- During the reference period April 2017 to October 2017, 101 ASHAs are available as against the sanctioned post of 725 ASHAs in the district. During the same period 60 ASHAs were provided with induction training. ASHAs are yet to receive the drug kit. (R)
- ASHA software is available in the state, however, Mumbai district is not having access to this software.
- There is Community Health Volunteers scheme available in Mumbai since 1989. They are getting a fixed honorarium of Rs. 5000/- per month and in ASHA scheme incentives are based on the performance. This is the demotivating factor in the recruitment of ASHAs.
- Earlier ASHAs are getting Rs. 1/- incentive for distributing of condoms and oral pills, but now it has stopped and they have to get it from beneficiaries is also demotivates women to come forward to work as ASHA.
- Family planning methods (condoms and pills), as well as ORS and Zinc tablets, were available with ASHAs.

15. Communicable Disease

- **Malaria:** During the reference period, 1164243 blood samples collected and 5124 cases were detected through blood examination. Four deaths are reported due to Malaria.

Rapid Diagnostic Kits are available in the district. All positions are filled and payments are made in time.

16. HMIS and MCTS

- MIS CELL is established and is functioning well under the guidance of Senior statician, EO, AHO. Data issues of under and over reporting are still prevalent. Timeliness of data are maintained, however completeness is only 80 percent and data is entered through facility based. However the major issue is reporting from medical college. The major software issues other than slow processing and time limitation is in data entry is when data is entered for one component say Mi, Mi+1, and when the data report is generated the entries made at Mi are reported/onscreen seen as blank.



17. Finance

Available Grant	Expenditure up to October 2017	% AS PER PIP
4430	1074.31	24.25

- During the reference period, total grant is available Rs.4430.01 lakhs of which 1074.31 has spent. Only 24.25 percent grant has been utilized.

18. Good practices and Innovations:

- Collaboration With NGOs (eg. SNEHA for MAS formation through which they provide coordinator to form groups).
- A new innovative programme known as DILASHA centre is established under Hospitals wherein free counselling and legal advice are provided to domestic and sexual violence patients. As the hospital is the first point of reference for seeking treatment victims are identified from hospitals and counseled.
- This is an initiative of an NGO SEHATH in collaboration with MCGM. Under NUHM it has a proposal to replicate in 11 peripheral hospitals from March 2016. They basically provide legal counselling, and support system. The major steps in identifying the victims are through screening, counseling and vocational training is provided through collaboration with local NGOs. Under NUHM HR in the form of MSW (2), NM (2) and EO (1) are provided.

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

10.1 Mahim Maternity Health Post (Community Health Centre):

- During the reference period, total grant available at the health facility was Rs.4430.01 lakhs of which 1074.31 has spent. Only 24.25 percent grant has been utilized.
- The Mahim Maternity Health Post is located in ward G North. On the day of the PRC team visit to Mahim Maternity Health Post, all staff was present for duty. Medical officer has given all the information. It is a 30 bedded hospital (5 beds of SNCU) and is located in a government building.

The building is in good condition. Quarters are available for 2 MOs and one is occupied. For class III, there are 6 quarters are available and 5 are occupied. No quarters are available for class IV employees. Electricity is available 24*7, there is no power back up no power cuts occur, running water is available in all parts of the hospital. Toilets are there and are clean. It is well accessible from the main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book are available.

Human Resource (Maternity Home)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	OBG	1	1	0
2	Anaesthetic	1	1	0
3	Paediatrician **	2	2	0
4	MO ***	2	1	1
5	SN	14	13	1
	Total (A)	20	18	2
	NUHM			
6	SN	2	2	0
7	DEO	1	1	0
	Total (B)	3	3	0
	Total (A+B)	23	21	2

Human Resource (Health Post)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Assistant Medical officer	1	1	0
2	PHN	1	1	0
3	ANM	2	1	1
4	Female Field Worker	1	1	0
5	Co-ordinator	2	2	0
6	Attendant	1	1	0
7	Data Entry operator *	1	1	0
	Total	9	8	1

*Post is field under NUHM

- All the essential equipment is available at the hospital. Laboratory related equipment is available. Foot and electric suction are available in the UPHC. Functional ILR and Deep Freezer are available. Lab tests kits and chemicals are available.
- The Essential drug list is available and displayed at the maternity ward. Computerised inventory management is available (SAP).
- All listed lab tests are being done except CBS, RPR and TB.

- All mothers have initiated breastfeeding within one hour of normal delivery. Immunisation is done at the UPHC. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is made after discharge and amount are transferred through the Public Finance Management System in the beneficiaries account, on the production of necessary documents. Diet is being provided to the patients free of cost.
- All high-risk pregnancy are Managed at the UPHC. All essential newborn and sick neonates care is available. The Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio-waste management is outsourced.
- All-important registers are available for maintenance of records.
- Untied Funds, AMG and RKS funds are not yet received by the UPHC as the process has begun recently and UPHC has completed the process of opening of their bank account.
- The Partograph is maintained.
- Most of the IEC material is displayed except JSSK.
- During the reference period under JSSK, 15 women and 3 sick infants have received inter UPHC vehicle services. No pick up and drop back services is provided by the 108 and UPHC does not owe vehicle for transportation purpose.
- Approach roads have directions to the health UPHC. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters are displayed in the UPHC. Immunization Schedule, other related IEC materials are displayed in ANC/ PNC Clinics.
- Diet is being provided to all the beneficiares.
- Regular Fumigation is being done. The last fumigation was done November 24, 2017.
- Laundry/washing service is outsourced. Drug storage at UPHC is in place.

19.2 Urban Primary Health Centre: Bane Compound HP

- UPHC Bane Compound HP is located in D Ward of GMC, catering 70256 populations of 6 wards in the periphery. UPHC Bane Compound HP is easily accessible from the nearest road. UPHC Bane Compound HP is functioning in a government building and in very good condition and maintained well. Staff quarters are not available for any of the personnel of the UPHC. UPHC Bane Compound HP has electricity, running 24*7 water supply and clean toilets separately for

male and female. UPHC is not having provision of IPD and is providing health services on OPD basis and in the periphery.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	5	5	0
3	Staff Nurse	1	1	0
4	Pharmacist	1	1	0
5	Support Staff	2	2	0
6	CHV	20	20	0
	Total	31	31	0

- All the essential equipment is available at UPHC. Essential drug list is available. IFA syrup with dispenser is available. All listed Diagnostic tests are available at the UPHC for HB except CBC, Urine albumin and sugar, RPR.
- Counselling on IYCF is done. Counselling on family planning is being done.
- All-important registers are available for maintenance of records. All required IEC materials are displayed in the UPHC; except JSSK and JSY entitlements. EDL, phone numbers, timings and citizen charter are displayed in the UPHC.
- Approach roads have directions to the health UPHC. Protocol Posters and JSSK entitlements are displayed in the UPHC.
- AYUSH is not available.
- Essential drugs are available except IFA syrup with dispenser, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, and Mifepristone tablets. There is an adequate stock of vaccine. There is a regular supply of gloves, Mackintosh and bandage. Sanitary napkins are not supplied.
- Lab services of haemoglobin, Blood sugar, malaria, TB, Iv are provided and tests of PR, CBC, urine albumin and sugar and Serum Bilirubin test are not provided.
- IEC programmes are held through outreach camp every Tuesday and Saturday in A to F section with each worker covering 10000 population in the form of daily visit door to door to provide information on Immunization, FP methods and Adolescent health. There are 20 CHV under this UPHC.
- All mothers have initiated the breastfeeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF and family planning is provided.
- All registers are available and maintained at the facility.
- Timings, are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are displayed. JSSK entitlements are not displayed.
- Appropriate drug storage facilities are available. Equipment repair and maintenance mechanism is available.
- Biomedical waste management is available. Complaint/suggestion box is available.
- Community participation with Mahila Arogya Samiti (MAS) and Rogi kalia samti are available.

19.3 Medical college KEM

- Medical College, KEM was visited primarily to understand the process of data collection, reporting and entry in HMIS format. Overall HMIS format needs to be modified in accordance with the existing format of Medical College and to accommodate the limitations within the system (Medical College).
- It is essential to have a separate manual and the role of every department should be predefined wherein the data are collected in a format predesigned. There should be a remark column for justification and feedback regarding any discrepancies and issues in data. There are 40 departments in Medical College and collecting the data in a given time frame is a tedious task. Hence, it is recommended that a mechanism be developed in accordance with the process of data collection and compilation of the final report in Medical College.
- There needs to be a better coordination between Medical College and NUHM regarding the provision of NUHM services such as the provision of drugs under JSSK in Medical College.

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
CHV	Community Health Visitor
CTC	Child Treatment centre
CPM	City programme Manager
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
MAS	Mahila Arogya Samithi
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