

**Monitoring and Evaluation of Programme Implementation Plan, 2015-16**  
**Buldana District, Maharashtra**

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**Monitoring and Evaluation of Programme Implementation Plan, 2015-16:  
Buldana District, Maharashtra**

**1. Executive Summary**

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2015-16 of Buldana District was carried out by the PRC team during 7-11, September 2015. The District Health Office, DH Buldana, SDH Shegaon, RH Chikhali, PHC Hatedi, and SC Amboda were visited for the study by the PRC team. During the field visit the PRC team was accompanied by DPM and IPHS Co-ordinator for all two days and M & E officer two days. This report discusses in detail the implementation of PIP in Buldana district as observed during the field visit for monitoring. The key findings are given below:

**Key Conclusions and Recommendations**

- Under NRHM, district as a whole has 824 sanctioned posts of different discipline of which 741 posts are filled and 83 posts are vacant.
- Under DHO out of the total regular sanctioned 1406 posts of different discipline 1101 posts are filled and 304 posts are vacant. These vacant posts invariably affect the performance of service delivery.
- In District Hospital 20 positions of CI-1 MO's are sanctioned of which 5 are filled and 15 are vacant; 33 of CI-II MOs positions are sanctioned of which 24 are filled and 9 are vacant. ***It is a thought-provoking situation that out of filled in position of 24 CI-II medical officers 6 are bonded of which one is on long leave; six specialised doctors are on roll of which two are on unauthorised leave and four have tendered their resignation, one really needs to ponder as to how a 306 bedded hospital will function with very less manpower.***
- Further, two CI-III positions of MOs in DH are sanctioned of which only one is filled. In case of nursing staff 169 positions are sanctioned of which 139 are filled and 30 are vacant; 184 of CI-IV positions are sanctioned of which 148 are filled and 36 are vacant; 97 Technical positions are sanctioned of which 65 are filled and 32 are vacant.
- **Large scale of vacancies of HR is the main concern of district authorities. Especially positions of doctors are vacant for considerably long time. One such case is of RH Deulgaon Mai, the position of MO is vacant since long and villagers has given a notice to CS If MO will not be appointed before 9<sup>th</sup> of September, 2015 then they will lock the facility forever.**
- DH, three SDHs, twelve RHs and two trauma care hospitals are providing secondary and tertiary health care. In respect to the above mentioned health facilities there are sanctioned

29 CI-I MOs positions of which 7 are filled and 22 are vacant. Related to CI-II MOs 85 positions are sanctioned and 47 are filled and 38 are vacant.

- In the district including DH there are 16 health facilities providing tertiary care. In those facilities there are sanctioned 167 MOs posts (CI-I and CI-II) of which 83 are filled and **84** are vacant which implies 50 percent of the regular sanctioned posts of MOs are vacant. Similarly, in case of paramedic staffs 825 posts are sanctioned at various categories i.e. Nurses to CI-IV. Of which 638 positions are filled and 195 are vacant which indicates almost 24 percent of the sanctioned post is vacant ultimately affecting tertiary care service in the district.
- There is shortage of specialist in the district. In DH, only 5 specialists are available against the sanctioned posts of 20 regular specialists. Among SDHs and RHs out of 114 regular sanctioned positions of CL-I and CL-II 60 positions are vacant.
- SDH Shegaon is upgraded to 200 beds but the staff and other facilities provided are as per 100 bed strength.
- Cleanliness in all the visited health facilities is maintained well. District Hospital is overburdened, resulting into more visitors to the facility and most of the passage and lobbies are occupied by relatives of the patients. Maternity ward is overburdened. But hospital administration have utilised available space efficiently. They have made lobbies between maternity ward and labour room as waiting lounge for the women who are expected to deliver within few hours.
- 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. In the district 70 Ayurvedic dispensaries are being established and are doing well.
- Under JSSK, the pregnant women in the district receive benefits like free registration, check-up, treatment, free diet and delivery including caesarean section and blood transfusion. Infants receive free registration, check-up, and treatment. Free transportation facility to mother and infants are available from their residence to hospital, hospital to hospital and hospital to residence.
- During the reference period April-June 2015, under JSSK 3021 women were provided transport facility from home to institute this is just 63 percent of total deliveries; about 1692 women were provided transport facility institute to institute. In case of drop back to home 3471 women received transport facility resulting into 68 percent of drop back facility.
- At all the facilities i.e. DH, SDHs, RHs and PHCs 3927 mothers were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines, and

diagnostic tests. Diet is provided to 80 percent of delivery patients which is good in number but needs to make it 100 percent to meet JSSK guidelines.

- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. JSY payments are made either by bearer cheque or by direct transfer.
- Nutrition Rehabilitation Centre is not established however; DH have got sanction letter in the month of September 2015, to establish NRC in the district.
- SNCU is located in the district hospital and functioning well.
- District Nodal Person for RBSK is not yet appointed in the district. However, RBSK is implemented in all the 13 Blocks of the district. Child Health Screening and Early Intervention Centre are yet to be established at district level. A total of 33 teams are working under RBSK programme. All the positions are filled in all the teams except one ANM and one Pharmacist.
- **As per JSSK guidelines patient should get all services free of cost. During monitoring visit in DH, PRC team has noticed that delivery patient's lab tests are done in private lab. In this regard PRC team had discussion with CS, Additional CS, concerned Gynaecologist, Lab Technician and staff nurse of maternity ward and brought it to the notice of CS and suggested to form a committee to find out the reasons and to resolve the matter.**
- PHC Hatedi is one of the ideal PHC **ever** visited by PRC team. Every corner of the PHC is utilised to provide services to the patients. In the lobby of the facility beautiful garden has been developed. One dispensing machine of condom is fixed at one corner. Anyone can come and take condom himself by pressing one button of the machine. Several corners are developed to dispense Zinc and ORS; medicine of DOTS; RNTCP etc.
- **RKS, AMG and UNTIED fund registers are maintained however; it was observed nil expenses incurred during the reference period although the funds were available. The reason given for unspent amount is the code of conduct for Grampanchayat election. Whereas, except for RKS funds, MO need not take prior approval to spend UNTIED and AMG grants. This issue was brought to notice by PRC team to MO as well as briefed to DHO. PRC team suggested increasing field visits of Taluka Accountants to maintain proper records and utilisation of funds. These suggestions were accepted by DHO and assured of immediate action.**
- **Till the year 2013-14 under IPHS there was funds available for cleaning and laundry services. Since 2015-16 this provision is not there and therefore cleaning and laundry expenses are booked under RKS funds leading to paucity of funds for other work. This creates strain on RKS funds hence it is suggested either raise the amount of RKS.**

- During the visit at RH Chikhali one problem shared by MOs and staff of the facility is regarding the NUHM which begun in last year in all the urban areas. As a result of which the total staff of urban RCH has been shifted to NUHM and administrative control of chief officer of respective municipal council or corporation. Aftermath ANMs who were working with RH were shifted to NUHM and they have started functioning of immunisation session and ANC clinic in urban areas. However, they do not have adequate infrastructure of trained manpower i.e. Gynaecologist etc. Therefore RH staff requested to CEO of concern municipal council to have ANC clinic at RH for better treatment and avoid complications during delivery. But they are not in a position to listen their suggestion. Hence, PRC team suggested DHO to put this issue in a meeting of District Health Society and explain the matter to Chairmen of DHS and get the order done by DHS for better implementation of the scheme. DHO assured the suggestion would be implemented at the earliest.
- ARSH RKSK clinics (MAITRI) are established at the following health facilities; DH Buldana, SDH Khamgaon, Shegaon, Malakapur. Additional responsibility of ARSH is given to existing staff. The clinic provides health information, counselling and testing to persons aged between 10-19 years.
- During the year 2015-16 opening balance of PIP funds was 352.67 lakhs and Rs 371.38 lakhs was received during the reference period. Total grant available upto June 2015 is Rs 724.05 and Rs. 371.38 is distributed during the reference period to the all the facilities. Out of which Rs. 253.45 lacks has been spend during this quarter.
- Almost all the facilities are facing problem of data entry as there is no data entry operator position at health facilities. In some of the areas net connectivity is also a problem.

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

- Large scale of vacancies of HR is the main concern of district authorities. Especially positions of doctors are vacant for long time. One such case is of RH Deulgaon Mai of Buldana district, the position of MO is vacant since long and villagers has given a notice to CS If MO will not be appoint before September 9,2015 then they will lock the facility forever.
- Contractual appointments of MO need to be started which may bring down vacancies in the department.
- One of the MS has suggested that there should be co-ordination at District level authorities to sort out the problem of human resources at periphery. There should not be water tight compartment among primary level health care services and tertiary level health care services. Staffs needs to be shuffle among both as per requirement.

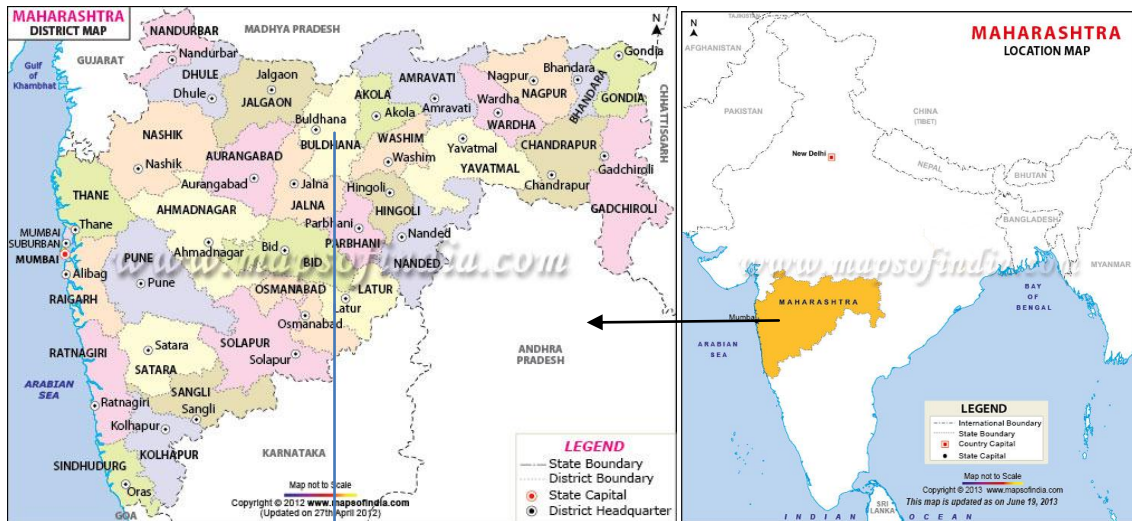
- During the visit at RH Chikhali one problem shared by MOs and staff of the facility is regarding the NUHM which begun in last year in all urban areas. As a result of which the total staff of urban RCH has been shifted to NUHM and administrative control of chief officer of respective municipal council or corporation. Aftermath of which ANMs who were working with RH were shifted to NUHM and they have started functioning of immunisation session and ANC clinic in urban areas. However, they do not have adequate infrastructure of trained manpower i.e. Gynaecologist etc. Therefore RH staff requested to CEO of concern municipal council to have ANC clinic at RH for better treatment and avoid complications during delivery. But they are not in a position to listen their suggestion.
- Almost all the facilities are facing problem of data entry as there is no data entry operator position at health facilities. In some of the areas net connectivity is also a problem.
- MO PHC Hatedi himself has to complete the work of data entry and maintaining of accounts due to which he gets hardly any time to visit periphery. It is recommended to employ a DEO at all health facilities at the earliest. Load shedding is one of the major problems at PHC Hatedi on an average daily 8 to 9 hours. Drivers are paid on daily wages it should be filled on regular basis.
- Labour room needs to be expand at district hospital. Waiting room for relatives is required at district hospital. Internal roads and drainage system at district hospital needs to be done on urgent basis.
- PIP grants needs to be released in time i.e. latest by June of every year. Due to financial crunches irregularities takes place.
- Till the year 2013-14 under IPHS there was funds available for cleaning and laundry services. Since 2015-16 this provision is not there and therefore cleaning and laundry expenses are booked under RKS funds leading to paucity of funds for other work. This creates strain on RKS funds hence it is suggested either raise the amount of RKS.
- Shegaon SDH got sanctioned of 200 beds. But at present functioning as per the capacity of 100 beds. Even though, sanction is for 200 beds but infrastructure and staffs are available as per the 100 beds norms.
- There should some provision of funds under JSSK to purchase medicine for JSSK beneficiaries such as sick infants and pregnant and delivered women.

#### **Action taken by PRC team during field visit**

- **As per JSSK guidelines patient should get all services free of cost. During monitoring visit in DH, PRC team has noticed that delivery patient's lab tests are being done in private lab. In this regard PRC team had discussion with CS, Additional CS, concerned Gynaecologist, Lab Technician and staff nurse of maternity ward and brought it to the notice of CS and suggested to form a committee to find out the reasons and to resolve the matter.**
- **PRC team suggested DHO to put the issue of provision of technical staff, infrastructure and mechanism under NUHM in a meeting of District Health Society and explain the constraint under NUHM to the Chairmen of DHS and get the order done by DHS for better implementation of the scheme. DHO assured the suggestion would be implemented at the earliest.**
- **RKS, AMG and UNTIED fund registers are maintained however; it was observed nil expenses incurred during the reference period although the funds were available. The reason given for unspent amount is the code of conduct for Grampanchayat election. Whereas, except for RKS funds, MO need not take prior approval to spend UNTIED and AMG grants. This issue was brought to notice by PRC team to MO as well as briefed to DHO. PRC team suggested increasing field visits of Taluka Accountants to maintain proper records and utilisation of funds. These suggestions were accepted by DHO and assured of immediate action.**



## Location of Buldana District in Maharashtra



## **2. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2015-16 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 the year 2015-16. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Buldana District of Maharashtra for the reference period April – June, 2015.

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Buldana District was carried out during the period 7-12 September, 2015. 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 7-11 September, 2015 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, District Hospital, one Sub District Hospital, one Rural Hospital, one Primary Health Centre and one Sub Centre were selected for the study. PRC team was accompanied by M&E and IPHS Co-ordinator for two 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 Buldana district as observed by the PRC team during the field visit.

## **3. District Profile**

Buldana is a district in the Amravati division of Maharashtra state in western India. It is situated at the westernmost border of Vidarbha region of Maharashtra and is 500 km from the state capital, Mumbai. It is bounded by Akola, Washim, and Amravati districts on the east, Jalna district on the south, and Jalgaon and Aurangabad districts on the west.

It is an administrative district in the state of Maharashtra in India. The district headquarter is located at Buldana. According to census 2011 Buldana district has a population of 2586258. The district has a population density of 268 inhabitants per square kilometre (690/sq mi). Its population growth rate over the decade 2001-2011 was 15.93%. Buldana has a sex ratio of 928 females for every 1000 males, and a literacy rate of 82.09%.

District constitutes 2.3 percent of the state population. The district has a population density of 294 inhabitants per square kilometre. Buldana has a sex ratio of 928 (Census 2011) females for every 1000 males. District has 842 female children per 1000 male children in 2011. Decline in child sex ratio is more than 60 points in 2011. Buldana is one of the bottom five districts in the state in terms of child sex ratio.

Total literacy of the district is 68.59percent as per 2011 census. Sex wise literacy rates shows that it is 77.63 per cent for males and 59.06 per cent for females with a gap of almost 20 per cent between males and females.

#### Key Demographic Indicators: Buldana District

Sr. No.	Items	Values
1	No. of Blocks	13
2	No. of Villages	1269
3	Population	2586258
4	Population - Males	1337560
5	Population - Females	1248698
6	Literacy Rate	68.59
7	Literacy Rate - Males	77.63
8	Literacy Rate - Females	59.06
9	Sex Ratio	928
10	Child Sex Ratio	842
11	Density of Population	268
12	Percent Urban	21.22
13	Percent SC Population	18.20
14	Percent ST Population	4.82

Source: Census 2011

#### 4. Key Health and Service Delivery Indicators: Maharashtra and Buldana District

Sr. No.	Indicators from DLHS-3	Maharashtra	Buldana
1	Mothers registered in the first trimester (%)	93.6	56.7
2	Mothers who had at least three ANC visits (%)	77.9	75.1
3	Mothers who got at least one TT injection (%)	90.6	83.1
4	Institutional births (%)	92.0	93.2
5	Home deliveries assisted by SBA (%)	4.0	6.8
6	Children fully immunised (%)	66.2	44.7
7	Children breastfed within one hour of birth (%)	71.2	62.5
8	Percent of women using modern FP methods	66.9	67.3
9	Total Unmet Need for FP (%)	19.0	13.7
10	Unmet need for spacing (%)	10.8	7.8
11	Unmet need for limiting (%)	8.2	5.9

Source: DLHS-4

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

Name of the facility	Number	No. of Beds
District Hospital	1	306
SDH	3	SDH Khamgaon and Shegaon 200 and Malakapur 50
Rural Hospitals	12	30
Primary Health Centers	52	6
Sub Centers	280	
AYUSH facilities (Ayurvedic)	10	
AYUSH facilities (Homeopathy)	12	
AYURVEDIC Dispensary	70	

**Buldana District: Key Service Utilization Parameters of visited facilities (April 2015 to June 2015)**

Service Utilization Parameter	DH Buldana	SDH Shegaon	RH Chikhali	PHC Hatedi	SC Ambhoda
OPD	47210	25567	12126	4393	
IPD	7368	4595	1133	140	
Expected number of pregnancies	110	48	--	214	30
MCTS entry on women registered in the first trimester	324	271	64%	87%	100%
No. of pregnant women given IFA	455	401	96	189	18
Total deliveries conducted	895	373	146	32	2
Number of Deliveries conducted at home					--
No. of assisted deliveries( Ventouse/ Forceps)	306	4	56	--	
No. of C section conducted	43	8	--		
Number of obstetric complications managed, pls. specify type	56	54	--	--	
No. of neonates initiated breast feeding within one hour	874	373	146	--	2
Number of children screened for Defects at birth under RBSK	--	373	--	--	--
RTI/STI Treated	2068	2	--	20	
No of admissions in NBSUs/ SNCU, whichever available	394	92	23	--	
Inborn	253	78	23	--	
Outborn	141	14	--	--	

No. of children admitted with SAM	0	--	--	--	
No. of sick children referred	56	113	13	8	--
No. of pregnant women referred	150	151	112	34	3
ANC1 registration	324	271	147	221	18
ANC 3 Coverage	455	244	50	189	26
ANC 4 Coverage	576	252	--	--	--
No. of IUCD Insertions	52	15	30	32	6
No. of Tubectomy	23	96	1	7	
No. of Vasectomy	0	--	--	--	
No. of Minilap + Laparoscopy	23	96	--	--	
No. of children fully immunized	291	201	40	247	33
Measles coverage	291	201	150	247	33
No. of children given ORS + Zinc	268	1925	Zinc 80 ORS 600	--	49
No. of children given Vitamin A	6036	568	140	247	475
No. of Children given IFA syrup					--
No. of women who accepted post-partum FP	7	146	--	--	
No. of MTPs conducted in first trimester	15	--	--		
No. of MTPs conducted in second trimester	0	--	--		
Number of Adolescents attending ARSH clinic		267	--		
Maternal deaths, if any	1	0	--	--	--
Still births, if any	38	6	--	1	1
Neonatal deaths, if any	56	1	--	2	--
Infant deaths, if any	5	2	--	1	--
Number of VHNDs attended					12
Number of VHNSC meeting attended					12
Service delivery data submitted for MCTS updation					Yes

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

## 5. Health Infrastructure

There is a 306 bedded district hospital at district headquarter. There are three SDHs available in Buldana district namely Khamgaon (200 bedded), Shegaon (200 bedded) and Malakapur (50 bedded). There are twelve Rural Hospitals in the district namely Bibi, Deulgaon Mahi, Chikhali, Lakhanwada, Varvat Bakal, Sindhkhed Raja, Motala, Dhad, Mehakar, Lonar, Deulgaon Raja, Jalgaon Jamod all are 30 Bedded. All these health facilities are located in government buildings. The district has 52 Primary Health Centres out of which 48 PHCs are functioning in government buildings as per norms. The district has 280 Sub Centres of which 220 are functioning from government buildings.

AYUSH facility is co-located and is available at periphery in the district. There are 70 AYUSH dispensaries in the district. Homeopathy facility is available at 12 places including DH and AYURVED is available at 10. District has established linkages to fill service delivery gaps. There is one Mobile Medical Units run by one NGO namely Parmhans Ramkrishna Mounibaba Sanstha Chikhali. MMU is functioning in two blocks i.e. Sangrampur and Jalgaon Jamod about 55 villages. There is a good impact of the services in periphery.

## 6. Human Resources

### Regular Staff under District Health Officer (DHO) in Buldana District

The only sanctioned posts of Additional District Health Officer, Asst. District Health Officer, District RCH officer, Asst. Director Leprosy, District Tuberculosis officer in CI- I and District Malaria officer, and Administrative Officer in CI- II are vacant. Sanctioned posts of Taluka Health Officer, MO in Group A, Health Worker (Male) in CI-III and all the 52 sanctioned posts are vacant of CI-III Driver.

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	Asst. Director Leprosy CI- I	1	0	1
7	District Tuberculosis officer CI- I	1	0	1
8	District Malaria officer CI-II	1	0	1
9	MO DTT CI-II	1	1	0
10	Administrative Officer CI- II	1	0	1
11	Taluka Health Officer Group A	13	4	9
12	MO Group A	104	78	26
13	MO Group B	75	67	8
14	Epidemiology MO	1	1	0
15	Dist Extn. Officer CI-II	1	0	1
16	Statistical Officer	1	0	1
17	Dist Extn. Officer CI-II AYURVED	1	1	0
18	Health Supervisor (Male/Female)CI-III	27	24	3

19	Pharmacists CI-III	58	56	2
20	Health Worker (Male) CI-III	<b>277</b>	<b>188</b>	<b>89</b>
21	Health Worker (Female) CI-III	332	290	42
22	Health Assistant (Male) CI-III	91	88	3
23	Health Assistant (Female)	52	41	11
24	Jr. Asst. CI-III	52	51	1
25	Driver CI-III	<b>52</b>	<b>0</b>	<b>52</b>
26	Ward Servant (Male) CI-IV	156	147	9
27	Ward Servant (Female) CI-IV	52	31	20
28	Sweeper	52	32	20
	<b>Total</b>	<b>1406</b>	<b>1101</b>	<b>304</b>

**Contractual staff appointed under NRHM in Buldana District**

Sr. No.	Name of Post/department	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	7	7	0
3	IPHS	117	98	19
4	FMG	2	2	0
5	IDW	5	5	0
6	ASHA	82	81	1
8	RBSK	134	131	3
9	AYUSH	43	42	1
10	Sickle Cell	19	19	0
11	BPMU	26	26	0
12	Procurement	2	2	0
13	NUHM	<b>138</b>	<b>98</b>	<b>40</b>
14	Tele Medicine	2	2	0
15	Quality Assurance	2	1	1
16	Referral Transport	1	1	0
17	PCPNDT	2	2	0
18	ARSH	1	1	0
19	SNCU	26	24	2
20	NPCB	2	2	0
21	ANM	163	153	10
22	LHV	31	30	1
23	Staff Nurse	12	7	5
24	IMMUNATION	1	1	0
25	MMU	6	6	0
	<b>Total</b>	<b>824</b>	<b>741</b>	<b>83</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.)	<b>20</b>	<b>5</b>	<b>15</b>
2	MO General Physician CL-II	33	24	9
3	Nursing Cadre	169	139	30
4	Class IV Cadre	184	148	36
5	SDH CL-I	17	4	13
6	SDH CL-II	41	31	9
7	Rural Hospitals CL-I	<b>12</b>	<b>3</b>	<b>9</b>
8	Rural Hospitals CL-II	<b>42</b>	<b>15</b>	<b>27</b>
	<b>Total</b>	<b>518</b>	<b>369</b>	<b>148</b>

In the district, a total 1406 regular positions of different discipline are sanctioned out of which 1101 posts are filled and remaining 304 posts (21.6 per cent) are still vacant. Under NRHM, 824 posts of different discipline are sanctioned of which 741 are filled and 83 are vacant (10 per cent).

In Buldana district there are two more SDHs of 200 beded namely Khamgaon and Shegaon in addition to District hospital of 306 beds. DH, two civil hospitals, one SDHs and twelve RHs and two trauma care hospitals are in place are providing secondary and tertiary health care in the district. In CL-I MO 29 positions are sanctioned of which 7 are filled and 22 are vacant. In CL-II MO 85 positions are sanctioned and 47 are filled and 38 are vacant.

In the district including DH Buldana there are 16 health facilities providing tertiary care. To run those facilities there are sanctioned 167 MO positons (CL-I and CL-II) of which 83 are filled and 84 are vacant. Almost 50 percent of the regular sanctioned posts of doctors are vacant. Same in case of paramedic staff 825 staff is sanctioned at various positions i.e. Nurses to CL-IV of which 638 positions are filled and 195 are vacant. This may be affecting on service delivery in the district in tertiary care.

There is shortage of specialist in the district. In DH, only 5 specialists are available against the sanctioned posts of 20 regular specialists. Among SDHs and RHs out of 114 positions of CL-I and CL-II regular posts sanctioned of which 60 positions are vacant.

SDH Shegaon is upgraded to 200 beds but the staff and other facilities are provided with infrastructure as per 100 bed strength.



**Training status/skills of various cadres at visited facilities vs service delivery during April to June 2015**

Training programmes	DH Buldana	SDH Shegaon	RH Chikhli	PHC Hatdi	SC
EmOC	--	--	--	MO-2	
LSAS	--	--	MO-1	--	
BeMOC	2	1	MO-3 SN-5	--	
SBA	8	MO-1 SN-7	SN-4	LHV-1 SN-1 ANM-1	
MTP/MVA	--	MO-1	MO-1	--	
NSV	--	MO-1	MO-1	--	
F-IMNCI/IMNCI	4	MO-1 SN-1	MO-1 SN-5	MO-2 LHV-1	ANM-2
NSSK	--	MO-1 SN-2	MO-1 SN-3	ALL above	AMN-2
Mini Lap-Sterilisations	--	MO-2	MO-1	--	
Laproscopy-Sterilisations	--	--	--	--	
IUCD	--	MO-1 SN-8	MO-2 SN-5	All above	ANM-1
PPIUCD	--	MO-1 SN-4	MO-2 SN-3	--	
RTI/STI	--	--	--	All above	
HIV		--	--	--	--
Leprosy	--	--	--	--	
RNTCP	--	--	--	--	
Blood storage	1	--	MO-1 Tech-1	--	
IMEP	2	--	MO-2 SN-10	--	
Immunization and cold chain	--	MO-1 SN-13	--	All above	ANM-2
IYCN	--	--	--	--	--
RTI/STI	--	--	--	--	--

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 Buldana district: Surgery (major and minor OT available at DH. All together 63 OTs (minor) are available at DH, SDH, RH and PHCs; FP services are available at all the facilities; two trauma care units are available; Emergency services are

available almost at all the facilities; trauma care unit (2) is available; 5 facilities are having Ophthalmic facility; DH and two SDHs are having ENT services. Pathology services are available at all the facility; Mild In-patient management are available at all facilities.

### ***Availability of drugs and diagnostics and equipment***

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

### ***AYUSH Services***

AYUSH services are co-located at following facilities: District Hospital Buldana, SDHs Shegaon, Khamgaon, Malakapur and all 12 RHs. Ayurveda, Homeopathy, Unani, Yoga services are available at District Hospital. AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during the reference period April to June 2015 are as follows: AYURVEDA 30345 under OPD and 145 under IPD; HOMEOPATHY 31304 under OPD and 66 under IPD; UNANI 34242 under OPD and 117 under IPD; and YOGA plus Naturopathy 1377.

### ***User Fees***

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

## **8. Maternal Health**

### ***8.1 ANC and PNC***

As per HMIS data, ANC registration is 12457 during the reference period April to June 2015 of which 10447 women was registered in first trimester. Anaemic pregnant women with HB level below 11 reported in HMIS are 7388 and severely anaemic HB level below 7 treated at facility are reported as 27. Number of Hypertension cases reported during the reference period was 110. Number of women who received TT1 and IFA tablets during the reference period was 12119 and 10154 respectively. Number of women who received post-natal services is reported as 9585.

### ***8.2 Institutional Deliveries***

During the reference period April 2015 to June 2015, number of institutional deliveries conducted in the district, including C-Section, was 5040

### *8.3 Maternal Death Review*

During the reference period April 2015 to June 2015, 3 maternal deaths were reported in the district. Of which 3 maternal deaths were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Major Causes of maternal deaths are reported as PPH, After PM, etc. District task force is established in the district.

### *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 Buldana district 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 (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-June 2015, 5040 pregnant women delivered at various public institutions i.e. District Hospital, Sub District Hospitals, Rural Hospitals, and Primary Health Centres under free and zero expenses delivery.

During the reference period April-June 2015, 3021 women were provided transport facility from home to institute this is just 63 percent of total deliveries; about 1692 women were provided transport facility institute to institute. In case of drop back to home 3471 women have received transport facility. At all facilities i.e. DH SDH, RH and PHCs 3927 mothers were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines, and diagnostic tests. Diet is provided to 80 percent of delivery patients which is good in number but needs to make it 100 percent to meet JSSK guidelines. Drop back percent is 71 percent in the district needs to meet 100 percent.

During the reference period April-June 2015, district as a whole 566 sick infants were provided transport facility home to institute, 203 was provided transport facility institute to institute and 748 are provided transport facility institute to home.

### *8.5 JSY*

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

The number of women who received JSY benefit during the reference period is 2798 for institutional deliveries and 58 women paid incentive for home deliveries.

## **9. Child Health**

### *9.1 SNCU*

SNCU is located in District Hospital with 21 warmers and phototherapy units and 441 sick neonates were admitted during the reference period April-June, 2015. Of which 259 were inborn and 182 were out born cases, 376 were cured and discharged, 24 were referred to higher facility, 3 cases left against medical advice, 45 have died. There are five MO positions are sanctioned of which three are filled. Staff nurse 10 positions are sanctioned and 10 are filled. All staff is trained in NSSK.

### *9.2 NRC*

Nutrition Rehabilitation Centre is not yet established. In the month of September 2015 sanction has received from the state government for establishment of NRC in the District.

### *9.3 Immunization*

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

### *9.4 Rashtriya Bal Swasthya Karyakram (RBSK)*

District Nodal Person is not yet been appointed. It is being implemented in all the 13 Blocks of the district of Buldana. Child Health Screening and Early Intervention Centre at district level are not yet established. A total of 33 teams are working under this programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. All the positions are filled in all the teams except one ANM and one Pharmacist. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams. For the year 2015-16 upto September 2015 the target of screening Anganwadi was 2095 of which 2636 Anganwadi have been screened during the reference period and 162448 children below age 6 years are screened. About 14557 children are treated for disease. 263 children between 0-6 weeks have screened and 180 children have screened by ASHAs.

## **10. Family Planning Services**

Family planning services are provided in all the major facilities of the District. During the reference period April to June 2015, 417 female Sterilisations and 1 NSV were performed. Total number of IUCD insertion was 1434, oral pills distribution was 13949 and condom pieces distributed was 121843. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

## **11. ARSH**

ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at the following health facilities; DH Buldana, SDH Khamgaon, Shegaon, Malakapur. Additional responsibility of ARSH is given to existing staff. Three medical officers out of four are trained and one counsellor is trained out of four. Total 264 peer educators are identified. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

## **12. Quality in Health Services**

*12.1 Infection Control:* Health staffs are following the protocols regarding infection control. Fumigation of Operation Theatre is 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 Buldana, SDH Shegaon and RH Chikhli have outsourced BMW management. PHC Hated and SC Ambhoda is having deep burial pit at facility and bio medical waste management is done at facility as per given norms.

*12.3 IEC:* Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at DH Buldana, SDH Shegaon, RH Chikhali, PHC Hatedi and SC Amboda. Working hours of the facility, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities. EDL is not displayed at SDH Shegaon and RH Chikhali.

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

Total 77 ambulances are available in the district. For the ambulance services a 24\*7 Call Centre is available which is now shifted to Pune as centralised Call Centre for entire state. During the reference period April to June 2015, 1266 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. All ambulance is fitted with GPRS. There is one MMUs functioning in the district is operated by NGO for 55 villages in Buldana district.

## **14. Menstrual Hygiene Scheme**

Menstrual Hygiene Scheme is being implemented in all 13 blocks of the district and 1684 ASHAs are selected from those blocks for the implementation of the scheme. During the period 355715 sanitary napkins were sold by ASHAs. Utilisation rate is 54.71 percent in the district.

## **15. Community Processes**

Three Mobile Medical Units are there in the district run by NGO named Paramhansa Ramkrishna Maunibaba Shikshan Sanstha. MMU is functioning in Jalgaon Jamod and Sangrampur block and covers 55 villages of the district. There is good impact of the services provided by the MMUs.

During the reference period April to June 2015, a total of 10051 patients were treated and 3650 lab tests were done by MMU covering 55 villages. Advance tour programme plan is provided to all the concerned facilities of the block as well to Child Development Project Officer of ICDS, department.

### **15.1 ASHA**

Total number of ASHAs required in the district is 1843 and total positions filled are 1637. Two hundred and six positions of ASHAs are vacant. The number of ASHAs trained for HBNC is 1589. Zinc is supplied to all ASHAs but ORS is not provided. No FP methods (condoms and Oral pills) are given to all ASHAs for distribution. ASHAs, on an average receive Rs. 3500/per month as an incentive amount. During the reference period the highest incentive of Rs. 28945/-and lowest incentive of RS. 150/- were paid to ASHAs. Drug kit replenishment is provided as and when required. There is no ASHA resource centre in the district. ASHAs are being paid in time if funds are available.

## **16. Disease Control Programmes**

### **16.1 National Malaria Control Programme**

Number of slides prepared during the reference period was 4451 of which 512 were found to be positive. Sufficient Rapid Diagnostic kits are available in the district. District authorities are finding shortage of staff.

### **16.2 Revised National Tuberculosis Programme (RNTCP)**

No data was provided by DPMU

### **16.3 National Leprosy Eradication Programme (NLEP)**

Number of new cases detected is 189 and 301 patients are under treatment in the district. Not a single case is identified by ASHA.

## **17. Non Communicable Diseases**

No data is made available by DPMU

## **18. Good Practices and Innovations**

### **OPERATION KAYAPALAT (The concept KAYAPALAT means thoroughly change)**

This programme is implemented in entire state of Maharashtra.

## **19. HMIS and MCTS**

DH and all SDHs, RHs and PHCs are not having Data Entry Operators for the purpose of HMIS and MCTS data entry. At district level M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data. Mostly the problems are in understanding of concepts. Timelines is being followed for uploading the data. With regard to completeness, timeliness and quality of data; it appears to be satisfactory. Data validation checks are applied at district level. In the remote areas like Sangrampur and Jalgaon Jamod PHCs are facing problem of net connectivity. They have to enter their data either at THO office or at net cafe.

## **20. Observations from the Health Facilities Visited by the PRC Team**

### **20.1 District Hospital: Buldana**

- The District Hospital is having sanctioned bed strength of 306 beds. It is functioning in a government building, which is in a good condition however; some minor repair work is required.
- The health facility is easily accessible from nearest road. Quarters are available for MOs (3) and Staff nurses (8), quarters are available for other categories of the staffs. DH has electricity with express feeder, and generator. Running water is available 24\*7.
- Separate toilets are available in male and female wards are clean. Toilets in the OPD are also clean.
- Overall cleanliness is there in the facility.
- Nutritional Rehabilitation Centre is not available in the district hospital. In the month of September sanctioned letter received by state office.
- NICU facility is available in the hospital with 21 beds.
- Separate room for ARSH clinic is available.
- IEC materials are displayed in the District Hospital but still there is scope for display of more IEC material. Complain or suggestion box is available.
- Segregation of waste in colour-coded bins are followed. Mechanism for biomedical waste management is in place and outsourced and collected by agency on daily basis.
- All the essential equipment's are available at the District Hospital. All the equipment's related to operation theatre and laboratory is available. Essential drug list and essential consumable list are available displayed in the OPD.
- Laparoscope is available.
- Ultrasound scanners are available at the facility.
- Pertaining to lab tests, all listed tests are done in the facility.
- Blood bank is available in the hospital. On the day of visit 97 blood bags were available in blood bank. During the reference period 780 bags has been utilized.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counseling on Family Planning is also provided.
- Mothers are advised to stay for 72 (as per new norm) hours after normal delivery and seven days in C-Section deliveries. But from the reports it is very clear that more than 37 percent of

women delivered in DH are discharged under stipulated norms. During the reference period 4744 deliveries were conducted at the facility of which 1749 were discharged within 72 hrs.

- JSY payment is made at the time of discharge by cheque, on production of necessary documents. Diet is being provided to the patients free of cost.
- There is provision for managing of high-risk pregnancies, sick neonates and infants. Staffs are trained for using of partograph. Vaccination is done properly.
- Hospital provides essential new born care.
- IMEP protocol information and posters are displayed in the facility.
- There is a committee for reviewing of MDR and IDR. During the reference period 3 maternal deaths reported and all are reviewed by committee.
- All-important registers are available for maintenance of records.
- IEC material is displayed in the OPD as well in the wards. Information about JSY and JSSK is displayed. Citizens Charter is displayed. EDL, protocol posters, list of services available are 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.
- During the reference period April-June 2015, 3021 were provided transport facility from home to institute this is just 63 percent of total deliveries; about 1692 women were provided with transport facility institute to institute. In case of drop back to home 3471 women received drop back transport facility. At all facilities i.e. DH SDH, RH and PHCs 3927 mothers were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines, and diagnostic tests. Diet is provided to 80 percent of delivery patients which is good in number but needs to make it 100 percent to meet JSSK guidelines. Drop back percent is 71 percent in the district needs to meet 100 percent.
- During the reference period April-June 2015, district as a whole 566 sick infants were provided transport facility home to institute, 203 are provided transport facility institute to institute and 748 are provided transport facility institute to home.
- During the reference period 4159 deliveries were conducted at District Hospital and 190 were C-section deliveries performed at DH.
- There is shortage of specialist in the district. In DH, only 5 specialists are available against the sanctioned posts of 20 regular specialists.
- During monitoring visit PRC team has noticed that delivery patient's lab tests are being done in private lab. In this regard PRC team had discussion with CS, Additional CS, concern Gynaecologist, Lab Technician and staff nurse of maternity ward and suggested to CS to form a committee to find out the reasons and to resolve the matter. As per JSSK guidelines patient should get all services free of cost.



➤ **20.2 Sub District Hospital (SDH):Shegaon**

- Shegaon Sub District Hospital is in Shegaon Block and is located app 67km from the district headquarter. On the day of PRC team visit to SDH, all the staff was present on duty. Shegaon SDH got sanctioned of 206 beds. However, at present it is functioning with the capacity of 100 beds only. Sanction received is of 200 beds but infrastructure and staffs available are as per the 100 beds norms. Hospital is functioning in a government building. Building is in good condition. Eight Staff quarters are constructed but not yet handed over. Electricity is available with power back up of generator support. Running water is available 24\*7. Separate toilets are available for male and female wards and labour rooms are clean. Facility is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available with 3warmers and1 Phototherapy unit. There are separate wards for male and female patients. Blood storage unit is available with then capacity of 100 bags. During the reference period 197 bags were used. ARSH clinics are conducted in a separate room. Bio medical waste management is outsourced but agency is not collecting BMW on daily basis. Suggestion and complaint book are available. ICTC centre is available in the facility.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are available. Emergency contraceptive pills are available. Sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done in SDH. All essential consumables are being supplied.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine Immunisation is done at SDH on every Tuesday and Friday. Zero doses of BCG, Hepatitis B and OPV 0 are provided. Counselling on IYCF and Family Planning is provided. Mothers were advised to stay for 72 hours after normal delivery.
- JSY payment is made through account payee cheque at the time of discharge on production of necessary documents.
- Diet is being provided to the patients free of cost.
- Management of high risk pregnancy is done at the facility. All essential new-born and sick neonates care is available.
- Segregation of waste in colour coded bins is available. Bio waste management is done at the facility. The facility adheres to IMEP protocols.
- All important registers are available for maintenance of records.
- All essential IEC material is displayed in the facility.
- Registers for Untied Funds, AMG and RKS funds are maintained. During the reference period although grants has been received but zero expenses are shown under these heads.
- Immunization schedule is displayed in the OPD.

### Human Resource at SDH Shegaon

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	1	0
2	MO CI-II	12	9	3
3	MO CI-III	1	1	0
4	Dentist	1	1	0
5	Administrative officer	1	0	1
6	Office Superintendent	1	1	0
7	Asst. Superintendent	1	1	0
8	Asst. Matron	1	1	0
9	Staff Nurse	5	4	1
10	Parisevika	27	27	0
11	X-Ray Technician CI-III	2	2	0
12	Pharmacist	3	3	0
13	Lab Technician	2	2	0
14	Physiotherapist	1	1	0
15	Dietician	1	1	0
16	Blood Bank Tech	2	2	0
17	ECG Tech	1	1	0
18	Lab Asst.	3	3	0
19	Sr. Clerk	1	1	0
20	Jr. Clerk	4	4	0
21	OPD Attendant	1	1	0
22	Dresser	1	1	0
23	OT Attendant	2	2	0
24	Blood Bank Attendant	1	1	0
25	Peon	2	2	0
26	Peon Casualty	3	3	0
27	Ward Boy	10	10	0
28	Sweeper	3	3	0
	<b>Total</b>	<b>94</b>	<b>89</b>	<b>5</b>
1	Specialist MO	6	6	0
2	Paediatrician and Anaesthetic is on call basis			
3	Facility Manager	1	1	0
4	Staff Nurse	10	7	3
5	Dresser	1	1	0
	<b>Total</b>	<b>18</b>	<b>15</b>	<b>3</b>

- Under JSSK, during the reference period 392 women have received home to facility pick up service; 162 women have received inter facility vehicle services; and 214 women have received

drop back facility. Similarly, in case of new-born, 214 infants received free pick up from home, 75 have received referral transport and 122 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 not displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was done on September 7, 2015. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility. Tally package is not being in use at the facility.
- There is District Grievance Redressal mechanism is available under the chairpersonship of Chief Executive Officer of Zilla Parishad which meets monthly.

### **20.3 Rural Hospital: Chikhali**

- Chikhali Rural Hospital is in Chikhali Block and is located app 25km 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 was not present on the day of visit; second MO 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. Quarters are not available. Electricity is available with power backup generator. 24\*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is partially clean. Wards, toilets, and bathrooms are partially clean. Functional New Born Care Corner and New Born Stabilization are available with three radiant warmer and one more mobile warmer, phototherapy unit is available. Functional blood storage unit is available with 7 bags storage capacity. But it non-functional due to non-working refrigerator. There was no stock on the day of PRC visit. Waste management is done and is outsourced. Separate ARSH clinic is not there. Suggestion and complaint book is not 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. IFA syrup with dispenser is not available.
- All listed lab tests are done except RPR as at present kits are not available.
- All mothers have initiated breast feeding within one hour of normal delivery. No Immunisation is done at RH on daily basis. 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 at the time of discharge, on production of necessary documentation. Diet is being provided to JSSK beneficiaries free of cost.

- High risk pregnancy are Managed at the facility with the help of on call gynaecologist. In case of essential new-born and sick neonates care is being done breastfeeding and asepsis is done. Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is done at facility and outsourced.
- 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 JSSK297 woman received free home to institute transport, 126 women were provided free inter transport facility and 163 women were provided free transport facility from institute to home. In case of infant 13 are received institute to institute transport facility and 10 have provided drop back transport service.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Essential Drug List is available but not displayed in the OPD.
- Regular Fumigation is being done. Last fumigation was done on September 7, 2015. Laundry/washing service is outsourced. Dietary services available for JSSK beneficiaries, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

#### Human Resource in RH Chikhali

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	1	0
2	Medical officer CI-II	3	2	1
3	Dentist CI-II	1	0	1
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	2	0
6	Staff Nurse	7	7	0
7	X-Ray Technician CI-III	1	1	0
8	Pharmacist	1	1	0
9	Lab Technician	1	1	0
10	Lab Asst.	1	1	0
11	Driver	1	1	0
12	Peon	1	1	0
13	Ward Boy	4	3	1
14	Sweeper	2	2	0
15	Assistant Gr. D	1	0	1
	<b>Total</b>	<b>28</b>	<b>24</b>	<b>4</b>
<b>Staff under NRHM</b>				
1	Gynaecologist	1	1	0
2	Aesthetic	1	1	0
3	Pharmacist	1	1	0

4	Dentist	1	1	0
5	Staff Nurse	3	3	0
6	Dresser	1	1	0
7	AYUSH MO	3	3	0
	<b>Total</b>	<b>11</b>	<b>11</b>	<b>0</b>

#### 20.4 Primary Health Centre: Hatedi

- PHC Hatedi is in Buldana Block and is located about 16 Kms from the district headquarter. It caters to 15 villages covering 44400 population. It is functioning in a Government building and building is in very good condition. Staff quarters are available for MO (2), ANM (2) and other staff (6) total 10 quarters are available and are occupied. PHC has electricity with back of generator and inverter. Water source is available for 24\*7 water supplies are available with bore well but there is shortage of water from the month of February onwards. It is a 10 bedded hospital. There is a separate ward for male and female. Labour Room is available with attached toilet. Toilets are clean. New Born Care Corner and stabilizing unit is available with one warmer and one photo therapy unit. Bio Medical Waste is done at facility in deep burial pit.
- All the essential equipment is available at PHC except semi auto analyser. Diagnostic tests are available at the facility for HB, Urine Albumin and Sugar, Malaria, TB, HIV. Following tests are not available at the facility viz CBC Serum Bilirubin, RPR and Blood Sugar.
- Essential drug list is available and displayed for public. IFA syrup, IFA blue tablet Misoprostol and Mifepristone are not available in the facility. Drugs for BP, Diabetics and other common ailments are available. There is adequate stock of vaccine is available. There is regular supply of gloves, mackintosh and bandage.
- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery but patients are reluctant to stay even for 24 hours. JSY payments are made at the time of discharge. The mode of payment is account payee cheque. Free diet is being provided to the patients under JSSK.
- During reference period under JSSK 68 women have provided transport facility from home to institute, 36 have provided transport institute to institute and 32 have provided drop back facility to home. In case of new born 2 have given transport institute to institute.
- Though there is no specialized manpower to manage high risk pregnancies but the MO with the help of staff manages high risk pregnancies. . Essential new born care is being given. 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 Hatedi

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	Staff Nurse	1	1	0
3	Clark	1	1	0
	Lab Technician	1	1	0
	LHV (Contractual)	1	1	0

4	ANM	1	1	0
6	Pharmacist	1	1	0
7	Jr. Asst.	1	1	0
8	Ward Attendant	4	3	1
9	Driver (Daily wages)	1	0	1
10	Sweeper	1	1	0
	<b>Total</b>	<b>15</b>	<b>13</b>	<b>2</b>

- All registers are available and maintained at the facility.
- RKS, AMG and UNTIED fund registers are maintained there is no expense incurred during reference period though the funds are available. As there was code of conduct for Grampanchayat election. Whereas except RKS funds, MO need not to have prior approval to spend UNTIED and AMG grants. These have brought into the notice of MO as well as brief it to DHO. Team suggested increasing field visits of Taluka Accountants as to maintain proper records and utilisation of funds.
- Timings, EDL, JSSK entitlement, and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are displayed.
- Approach road is there for the facility.
- Regular fumigation is being done; last fumigation is done on September 2, 2015. There is functional laundry and washing service is outsourced. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism is available. Grievance redressal mechanism is available.
- PHC Hatedi is one of the ideal PHC ever visited by PRC team. Every corner of the PHC is utilised to provide services to the patients. In the lobby of the facility beautiful garden has been developed. One dispensing machine of condom is fixed at one corner. Anyone can come and take condom himself by pressing one button of the machine. Several corners are developed to dispense Zinc and ORS; medicine of DOTS; RNTCP etc.

#### 20.5 Sub Centre: Ambhoda

- Ambhoda Sub Centre is under the catchment area of Haredi PHC and is located about 4 KMs from the PHC. This SC is catering for four villages and 5888 population.
- Sub Centre is located in main habitation and functioning in a Government building and require some repairs. The ANM also stays at headquarter. There is running water 24\*7 but back up is not available for electricity. Labour room is available with functional attached toilet. Cleanliness is there at the facility. There is no functional NBCC. Deep burial pit is available for biomedical waste management. There is one ANM in regular position and one additional ANM is appointed under NRHM.
- All the essential equipment is available at SC. Essential drug list is available. Required diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar. There is no supply of blood sugar testing kits since 3 months.
- Following medicines are available at the facility: IFA tablets, Vit. Syrup, ORS packets, Inj. Oxytocin, Antibiotics, and drugs used for common ailments. But IFA syrup and Inj. Magnesium Sulphate, Tablet Misoprostol is not available at the facility.

- Pregnancy test kits and OCPs are available but, emergency contraceptives are not available in the facility since four months.
- In case of providing transport facility to pregnant women only 5 are provided institute to institute transport during reference period.
- All the essential Registers are available but not maintained at the facility.
- Breast feeding initiated with within one hour of normal delivery. Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters.
- During the reference period Untied Funds and AMG funds of Rs. 5000/- have received by the SC but not spend single rupee out of it. Records are maintained of UNTIED and AMG funds.
- Approach road is there for the facility.
- Posters of JSSK entitlements, villages under the SC, JSY entitlement, and VHND plans are displayed. SBA protocols and immunisation schedule are displayed. Information such as to Citizen charter, phone number, timings and visit schedule is not displayed in the facility.

## 20.6 Some Pictures of PHC Hatedi of Buldana District



### Waiting Lobby for patients



### Condom Dispensing Machine





## Rat proof medicine cabinets and Dots Medicine Corner



## RNTCP medicine corner and Zinc and ORS corner



## Delivery Table and Labelled Emergency Trays



## Labour Room and Operation Theatre







## 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 Advise
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