

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

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

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2017-18 of Buldana District were carried out by the PRC team during January 15-20, 2018. The District Health Office, DH Buldana, SDH Malkapur, RH Mehakar, PHC Umali, and SC Datala were visited for the study by the PRC team. During the field visit the PRC team was accompanied by M & DE and IPHS Co-ordinator for all Two days and RBSK Co-ordinator two days. This report discusses in detail the implementation of PIP in Bandana district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 2529 posts of different discipline are sanctioned of which 2420 posts are filled and 109 are vacant for the district as a whole.
- Looking at DHO side total of 1380 regular positions of different discipline are sanctioned and 988 posts are filled and 392 positions are vacant. These vacant posts invariably affect the performance of service delivery.
- In respect to the District Hospital side, 20 positions of CI-1 MO's are sanctioned of which 4 are filled and 16 are vacant. 35 of CI-II MO positions are sanctioned all of 35 CI-III positions are 2 sanctioned of which 2 are vacant. In case of nursing staff, 169 positions are sanctioned of which 130 are filled and 39 are vacant. 97 Technical positions are sanctioned of which 71 are filled and 26 are vacant.
- In Buldana district there is Civil Hospital of 306 bedded. There are three SDHs and twelve RHs.
- There is a shortage of specialist in the district. In DH, only 4 specialists are available against the sanctioned posts of 20 regular specialists. Among SDHs and RHs out of 85 positions of all categories regular posts sanctioned of which 60 are filled and 25 positions are vacant.
- Cleanliness in all the visited health facilities is maintained well. District Hospital is overburdened, it turns into more visitors to the facility and most of the passage and lobbies are occupied by relatives of the patients. But hospital administration has utilised available space. They have made lobbies between maternity ward and labour room as a waiting lounge for the women who are expected to deliver in next some 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 Bandana 70 Ayurveda dispensaries are being established are doing well.

- Under JSSK, the pregnant women in Bauldana district receive benefits like free registration, check-up, treatment, free diet and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up, and treatment within 0-365 days of birth. Free transportation facility for mother and neonates are available from their residence to hospital, hospital to hospital and hospital to the residence.
- During the reference period April-December 2017, 12634 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 2017 to-December 2017, 9687 were provided transport facility from home to institute total deliveries; about 4202 women have provided transport facility institute to institute. In case of drop back to home 10677 women have received transport facility. At all facilities i.e. DH SD, RH and PHCs 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 delivery patients which are good in number.
- During the reference period April 2017-December 2017, district as a whole 2753 sick neonates were provided transport facility home to institute, 413 are provided transport facility institute to institute and 2428 are provided transport facility institute to home.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through DBT-PFMS and is given to the beneficiary at the time of discharge or within seven days of discharge. JSY payments are made by direct transfer. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries.
- Nutrition Rehabilitation Centre is functioning very well.
- SNCU is located in the district hospital Bauldana.
- RBSK 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.
- RKS, AMG and United fund registers are maintained there is no expense incurred during reference period though the funds are not available.
- ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at the following health facilities; DH Bauldana, SDH 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. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

- Segregation of biomedical waste management is done in all the visited facilities. BMW is outsourced in DH Bandana and SDH Milkapur, RH Mehakar. PHC Umali and SC Datala is having deep burial pit at the facility and biomedical waste management is done as per given norms.

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

- A large scale of vacancies of HR is the main concern of district authorities. Especially positions of doctors are vacant for a long time.
- ☒ Internal roads and drainage system compound wall at district hospital needs to be done on urgent basis the district hospital animals inside the hospital Animal tripe is most
- ☒ During the visit to RH, Mehakar MS post is vacant.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2017-18 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union Territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality and the roadmap 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 PRC. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra 2017-18. 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 2017 – December 2017.

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Buldana District were carried out during the period 15-20 January 2018. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during the period 15-20 January 2018 to obtain information on the implementation of PIP in the district. The DHO Office, DPMU, District Hospital, one Sub District Hospital, one Rural Hospital, one Primary Health Centre and one Sub Centre were selected for the study. PRC team was accompanied by 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

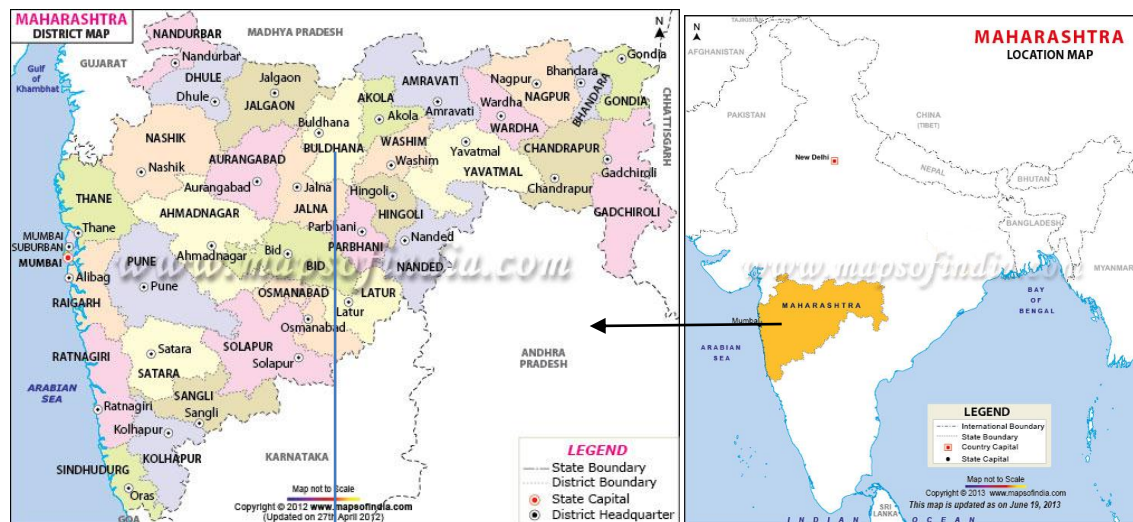
Buldana is a district in the Amravati division of Maharashtra state in western India. It is situated at the westernmost border of Vidarbha region of Maharashtra and is 500 km from the state capital, Mumbai. It is bounded by Akola, Washim, and Amravati districts on the east, Jalna district on the south,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

It is an administrative district in the state of Maharashtra in India. The district headquarters are located at Buldana. According to the 2011 census 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 934 females for every 1000 males, and a literacy rate of 83.04%.

The district is having 2.3 percent population of the state population. The district has a population density of 268 inhabitants per square kilometre. Buldana has a sex ratio of 934 (Census 2011) females for every 1000 males. The district has 842 female children per 1000 male children in 2011. The 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 83.4 percent as per 2011 census. Sex-wise literacy rates show that it is 90.54 percent for males and 75.84 percent for females with a gap of almost 15 percent between males and females.

Location of Buldana District in Maharashtra





4.Key Demographic Indicators: Buldana District

Sr. No.	Items	Values
1	No. of Blocks	13
2	No. of Villages	1298
3	Population	2586258
4	Population - Males	1337560
5	Population - Females	1248698
6	Literacy Rate	84.4
7	Literacy Rate - Males	90.54
8	Literacy Rate - Females	75.84
9	Sex Ratio	934
10	Child Sex Ratio	842
11	Density of Population	268
12	Percent Urban	21.22
13	Percent SC Population	18.2
14	Percent ST Population	4.8

Source: Census 2011

Key Health and service Delivery indicators

Items	Values	Items	Values
IMR	22	ANC	Not available
NMR	Not available	SBA	208
MMR	68	PNC	20714
OPD (average per month)	160359	Immunization	33123
IPD(average per month)	24187	Unmet need of fp	13.7

Key Health and Service Delivery Indicators: Maharashtra and Buldana District

Sr. No.	Indicators from DLHS-4	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

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

Service Utilization Parameter	DH Buldana	SDH Malkapur	RH mekhar	PHC Umali	SC Ambhoda
OPD	143431	52882	34756	13760	
IPD	10888	5801	2150	538	
Expected number of pregnancies	1252	512	00	175	145
MCTS entry on percentage of women registered in the first trimester	36%	33.4	37.6	47	71
No. of pregnant women given IFA	166	254	361	33	88
Total deliveries conducted	2531	475	354	44	20

Number of Deliveries conducted at home					00
No. of assisted deliveries(Ventouse/ Forceps)	531	00	00	00	
No. of C section conducted	277	00	3		
Number of obstetric complications managed, pls. specify type	1299	22	00	5	
No. of neonates initiated breast feeding within one hour	2483	472	354	43	20
Number of children screened for Defects at birth under RBSK	172	03	68	00	00
RTI/STI Treated	6082	18	00	13	
No of admissions in NBSUs/ SNCU, whichever available	1480	10	52	00	
Inborn	975	10	52	00	
Outborn	505	00	00	00	
No. of children admitted with SAM	72	00	00	00	
No. of sick children referred	2	8	10	13	6
No. of pregnant women referred	341	326	110	10	29
ANC1 registration	720	512	501	50	88
ANC 3 Coverage	220	512	48	37	75
ANC 4 Coverage	311	00	00	46	101
No. of IUCD Insertions	73	78	96	07	27
No. of Tubectomy	137	208	91	122	

No. of Vasectomy	00	1	00	00	
No. of Minilap + Laparoscopy	137	00	91	122	
No. of children fully immunized	691	340	482	44	78
Measles coverage	701	340	482	44	78
No. of children given ORS + Zinc	1283	10	374	00	00
No. of children given Vitamin A	1527	319	828	44	00
No. of Children given IFA syrup					00
No. of women who accepted post-partum FP	663	51	354	9	
No. of MTPs conducted in first trimester	38	2	2		
No. of MTPs conducted in second trimester	3	00	00		
Number of Adolescents attending ARSH clinic	10938	2678	00		
Maternal deaths, if any	8	00	1	00	00
Still births, if any	60	00	00	1	00
Neonatal deaths, if any	70	4	00	00	00
Infant deaths, if any	54	00	00	00	00

*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, Deualgaon 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 232 are functioning from government buildings.

AYUSH facility is co-located and is available at the periphery of 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. The district has established linkages to fill service delivery gaps. There is one Mobile Medical Unit 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 the periphery.

Following services are available at various health facilities of the Buldana district: Surgery (major and minor OT available at DH. Altogether 20 minor OTs are available at DH, SDH, RH and PHCs; FP services are available at all the facilities; Emergency services are available almost at all the facilities; Care unit is available; one facility is having an Ophthalmic facility; DH and two SDHs are having ENT services. Pathology services are available at all the facility; Mild In-patient management is available at 68 facilities. 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	

6. Human Resource and Training

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

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	0
6	Asst. Director Leprosy CI- I	1	1	0
7	District Tuberculosis officer CI- I	1	1	0
8	District Malaria officer CI-II	1	1	0
9	MO DTT CI-II	1	0	1
10	Administrative Officer CI- II	1	0	1
11	Taluka Health Officer Group A	13	7	6
12	MO Group A	104	93	11
13	MO Group B	75	68	7
14	Epidemiology MO	0	0	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	17	10
19	Pharmacists CI-III	58	55	3
20	Health Worker (Male) CI-III	351	239	112
21	Health Worker (Female) CI-III	428	303	125
22	Health Assistant (Male) CI-III	91	72	19
23	Health Assistant (Female)	52	33	19
24	Jr. Asst. CI-III	65	60	5
25	Driver CI-III	52	00	52
26	Sweeper	52	36	16
	Total	1380	988	392

Contractual staff appointed under NRHM in Buldana District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	13	13	0
2	IPHS	79	59	20
3	FMG	13	13	00
4	IDW	5	5	0
5	ASHA	1857	1836	21
6	RBSK	136	128	8
7	AYUSH	43	43	00
8	Sickle Cell	13	11	2
11	Mental health	7	7	0
12	IDSP	3	1	2
13	NPHCE	5	0	5
14	NPPCD	5	0	5
15	NRC	7	7	0
16	NTCP	4	4	0
17	PCPNDT	1	1	0
18	RNTCP	33	33	0
19	NBSU	10	9	1
20	NPCB	2	2	0
21	NOHP	3	3	0
22	SNCU	53	29	24
23	Telemedicine	2	2	0
24	Training	1	1	0
26	MMU	4	4	0
27	Urban RCH	16	16	0
28	Nursing school	4	4	0
29	Nursing staff	196	185	11
30	RKSK	1	1	0
31	Blood storage unit	6	0	6
32	DEIC	1	1	0
33	Dialysis unit	4	0	4
34	DQAC	2	2	0
	TOTAL	2529	2420	109

In the district, a total of 1380 regular positions of different discipline are sanctioned out of which 988 posts are filled and remaining 392 posts are still vacant. Under NRHM, 2529 posts of different discipline are sanctioned of which 2420 are filled and 109 are vacant.

In Buldana district, three SDHs and twelve RHs and In respect with the CI-I MO 22 positions are sanctioned of which 5 are filled and 17 are vacant. Related to CI-II MO 48 positions are sanctioned and 45 are filled and 3 are vacant.

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

Training status/skills of various cadres at visited facilities vs service delivery during April to December 2017

Training programmes	DH Buldana	SDH Malkapur	RH Mahakar	PHC Umali	SC Datala
EmOC		---	---	MO-2	
LSAS	--			MO-2	
BeMOC	MO-4		23	MO-92	
SBA	SN-21	SN-31	SN-43	ANM-215 LHV-48	
MTP/MVA	MO-4			MO-16	
NSV	MO-2			MO-4	
F-IMNCI/IMNCI		MO-9	MO-4	MO-19 ANM-333 LHV-158	
NSSK	MO-5 SN-75		-MO-16 SN-80	MO-10 ANM50 LHV-29	ANM-223
Mini Lap-Sterilisations			MO-3 SN-6	MO-22 ANM-16 LHV-9	
IUCD	MO-80			ANM-210 LHV-47	ANM-1
PPIUCD	MO-6 SN-23	MO-2	MO-8 SN-44	MO-7 ANM/LHV152	
RTI/STI		MO-10	MO-3 SN-8	MO-92	
IMEP		SN-3	MO-2	MO-84 ANM-341 LHV-39	

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. Altogether 63 OTs are available at DH, SDH, RH and PHCs. FP services are

available at all the facilities; Emergency services.5 facilities are having the Ophthalmic facility; Mild in-patient management is 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 on the caseload and demand. Computerised Drug Inventory System is in place.

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 38736 during the reference period April 2017 to December 2017 of which 30461 women were registered in the first trimester. The number of women who received TT was 136113 and IFA tablets provided during the reference period was 27580. The number of women who received post-natal services is reported as 20714.

8.2 Institutional Deliveries

During the reference period, April 2017 to December 2017, 22917 institutional deliveries conducted in the district, including C-Section and out of this 3104 are C-Section deliveries.

8.3 Maternal Death Review

During April 2017 to December 2017, 8 maternal deaths were reported in the district. 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 26th 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. Neonates receive free registration, check-up and treatment within 0-365 (recently issued circular by state Govt.) days of birth. Free transportation facility for mother and neonates are available from their residence to hospital, hospital to hospital and hospital to the residence. They also receive free diet during their stay in the hospital.

During the reference period, April 2017 to December 2017 22917 deliveries were conducted 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-2017 to December 2017 9687 were provided transport facility from home to institute this; about 4202 women have provided transport facility institute to institute.

In case of drop back to home 10677 women have received transport facility. At all facilities i.e. DH SDH, RH and PHCs 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 delivery patients which are good in number but needs to make it 100 percent to meet JSSK guidelines. Drop back percent is 85 percent in the district needs to meet 100 percent.

During the reference period, April 2017 to January- 2017, district as a whole 2753 sick neonates were provided transport facility home to institute, 413 are provided transport facility institute to institute and 2428 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 DBT PFMS 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 1104 JSY beneficiaries. At district level, the Grievance Redressal Mechanism is activated as stipulated under JSY guidelines.

9. Child Health

9.1 SNCU

SNCU is located in District Hospital with 21 warmers and phototherapy units and 1416 sick neonates were admitted during the reference period April-2017 TO December 2017, Of which 916 were inborn and 500 were outborn cases, 1118 were cured and discharged, 127 were referred to higher facility,

9.2 NRC

Nutrition Rehabilitation Centre is established sanction has received from the state government for the establishment of NRC in the District. The centre is well developed with necessary equipment and 10 beds are available trained manpower of MO and in charge sister is available .during the period total number of admission 108.

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 the 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 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 established. A total of 33 teams are working on this programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. All the positions are filled with 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 December 2017 target of screening of 2954 Anganwadi of which 1201 Anganwadi have been screened and 71603 children below age 6 years are screened. About 8306 children are treated for the disease.

10. Family Planning Services

Family planning services are provided in all the major facilities of the District. During the reference period April to December 2017, 6304 female Sterilisations and 40 NSVs were performed. The total number of IUCD insertion was 2704, oral pills distribution was 35705 and condom pieces distributed was 188491. 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

12. Quality of Health Services

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

12.2 Biomedical Waste Management: Segregation of biomedical waste management is done at all visited facilities. DH Buldana, SDH Malkapur and RH Mehkar have outsourced BMW management. PHC Umali and SC datala are having deep burial pit at the facility and biomedical waste management is done at the 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 Malkapur, RH Mehkar, PHC Umali and SC datala. Working hours of the facility, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities. EDL is not displayed.

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 the entire state. During the reference period April to December 2017, 5507 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. Community Processes

14.1 ASHA

Total number of ASHAs required in the district is 1843 and total positions filled are 1822. 21 ASHAs are vacant. ASHAs are trained for HBNC and Zinc is supplied to all ASHAs. No FP methods (condoms and Oral pills) are given to all ASHAs for distribution. ASHAs, on an average, receive Rs. 3400/per month as an incentive amount. During the reference period the highest incentive of Rs. 44400/- and lowest incentive of RS. 996/- were paid to ASHAs. Drug kit replenishment is provided as and when required. There is no ASHA resource centre in the district. ASHAs are being paid in time if funds are available.

15. Disease Control Programmes

15.1 National Malaria Control Programme

The number of slides prepared during the reference period is 78852 of which 24 are positive. Sufficient Rapid Diagnostic kits are available in the district. District authorities are finding the shortage of staff.

15.2 Revised National Tuberculosis Programme (RNTCP)

During the reference period, April 2017 to December 2017 cases OPD 48154 and 1427 cases were tested and 104 were found to be positive.

15.3 National Leprosy Eradication Programme (NLEP)

The number of new cases detected is 163 and 406 patients are under treatment in the district.

16. 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 2017 to December 2017 are as follows: Ayurveda 164559 under OPD and 240 under IPD, Homeopathy 105760 under OPD and 119 under IPD, Unani 108852 under OPD and 644 under IPD, and Yoga plus Naturopathy 5748.

17. 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.

18. HMIS

All SDHs, RHs and PHCs are not having Data Entry Operators for the purpose of HMIS data entry. At the district level, M&E is responsible for reporting of the data for the district. Timelines are being

followed for uploading the data. With regard to completeness, timeliness and quality of data; it appears to be satisfactory. Data validation checks are applied at the district level.

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

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

19.1 District Hospital: Buldana

Regular Staff at Civil Hospital

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	20	4	16
2	MO General Physician CL-II	35	35	00
3	Nursing Cadre	169	130	39
4	Class IV Cadre	97	71	26
	Total	321	240	81

District Hospital: Buldana NRHM Staff

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	NTCP	4	4	0
2	IPHS	29	21	8
3	NPPCD	3	3	0
4	SNCU	26	22	4
5	QA	1	1	0
6	PCPNDT	1	1	0
7	BFO	1	1	0
8	FMG	1	1	0
9	MIS	1	1	0
10	EMS	1	1	0
11	RBSK	17	17	0
12	PROCUREMENT	1	1	01
13	ARSH	1	1	0
14	TELIMEDICINE	1	1	0
15	AYUSH	10	10	0
16	NOHP	3	3	0
17	NRC	4	4	0
18	NURSING	4	3	1

19	SICKLE CELL	2	2	0
20	BLOOD BANK	1	1	0
	TOTAL	112	99	13

- The District Hospital is having sanctioned bed strength of 306 beds. It is functioning in a Government building and is in a good condition with some minor repairs required.
- The health facility is easily accessible from the nearest road. Quarters are available for MOs (3) but not in good condition and Staff nurses (8), also quarters are available for other staffs but they are not in good condition. DH has electricity with express feeder, and generator. Running water is available 24*7.
- Separate toilets are available in male and female wards and are clean. Toilets in the OPD are also clean.
- Overall cleanliness is there in the facility.
- Nutritional Rehabilitation Centre is available 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 the display of more IEC material. Complain or suggestion box is available.
- Segregation of waste in colour coded bins is followed. The mechanism for biomedical waste management is in place and outsourced and collected by an agency on daily basis.
- All the essential equipment are available at the District Hospital. All the equipment's related to operation theatre and laboratory is available. Essential drug list and essential consumable list are available displayed in the OPD.
- Ultrasound scanners are available at the facility.
- Pertaining to lab tests, all listed tests are being done in the facility.
- The blood bank is available in the hospital. On the day of the visit, blood bags were available in the blood bank.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counseling on Family Planning is also provided.
- Mothers are advised to stay for 72 (as per new norm) hours after normal delivery and seven days in C-Section deliveries. During the reference period, 2531 deliveries were conducted at the facility of which are discharged within 72 hrs.
- JSY payment is made at the time of discharge. Diet is being provided to the patients free of cost.
- All-important registers are available for maintenance of records.

- IEC material is displayed in the OPD as well as in the wards. Information about JSY and JSSK is displayed. Citizens Charter is displayed. EDL, protocol posters, list of services available are displayed.
- During the reference period April 2017-December2017, 1848 were provided transport facility from home to institute; about 341 women have provided transport facility institute to institute. In case of drop back to home 2206 women have received transport facility. During the reference period, April-December2017, district as a whole 1176 sick neonates were provided transport facility home to institute, 127 are provided transport facility institute to institute and 1114 are provided transport facility institute to home.

19.2 Human Resource at SDH Malkapur

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	0	1
2	MO CI-II	9	7	2
4	Dentist	1	1	0
7	Asst. Superintendent	1	0	1
8	Asst. Matron	1	1	0
9	Staff Nurse	2	1	1
10	Parisevika	12	10	2
11	X-Ray Technician CI-III	1	1	0
12	Pharmacist	3	2	1
13	Lab Technician	1	1	0
18	Lab Asst.	1	1	0
19	Sr. Clerk	1	1	0
20	Jr. Clerk	1	0	1
21	OPD Attendant	1	1	0
22	Dresser	1	1	0
23	OT Attendant	1	1	0
25	Peon	2	2	0
27	Ward Boy	15	5	10
28	Sweeper	2	2	0
	Total	57	38	19

➤ Human Resource at SDH Malkapur

NRHM STAFF

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO	9	8	1
2	PHARMASIST	2	2	0
8	ANM	2	1	1
9	Staff Nurse	1	1	0
	LAB TEC	1	1	0

- Sub District Hospital is in Malkapur Block and is located app 50 km from the district headquarter. On the day of PRC team visit to SDH, all the staff was present on duty. Hospital is functioning in a government building. The building is in good condition. Staff quarters are available. 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. The facility is well accessible from the main road. Functional New Born Sick Unit and Stabilization Unit are available with 5 warmers and 1 Phototherapy unit. There are separate wards for male and female patients. Blood storage unit is available but the inverter is not working. There is a separate room for ARSH clinic and it is being conducted. Biomedical waste management is outsourced but the agency is not collecting BMW on daily basis. Suggestion and complaint book are available. ICTC centre is available in the facility.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is available being supplied. Misoprostol and Mifepristone tablets are available. Emergency contraceptive pills are not available. Sanitary napkins are not supplied to the facility. The 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 breastfeeding within one hour of normal delivery. Routine Immunisation is done at SDH on every Tuesday and Friday. Zero doses of BCG, Hepatitis B and OPV 0 are provided. Counselling on IYCF and Family Planning is provided. Mothers were advised to stay for 72 hours after normal delivery.
- 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 grants have received.
- Immunization schedule is displayed in the OPD.
- Under JSSK, during the reference period, 177 women have received home to facility pick up service; 280 women have received inter-facility vehicle services; 351 women 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.

- Fumigation is done on regular basis. Laundry/washing service is outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism are available. Grievance Redressal mechanism are available in the facility. The tally package is not being in use at the facility.
- There is District Grievance Redressal mechanism is available under the chairpersonship of Chief Executive Officer of Zillah Perished which meets monthly.

19.3 Rural Hospital: Mehakar

- Mehakar Rural Hospital is in Mehakar Block and is located app 90 km from district headquarters. It is well accessible from the 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 available but not in good condition. 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 the labour room and is partially clean. Wards, toilets, and bathrooms are also partially clean. Functional New Born Care Corner and New Born Stabilization are available with three radiant warmer and one more mobile warmer, phototherapy unit are available. Functional blood storage unit is available. Waste management is done and is outsourced. Separate ARSH clinic is there. Suggestion and complaint book are not 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 Available, EC pills are not available. IUCDs 380 is supplied from the district drug store. IFA syrup with dispenser is not available.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hep-B and OPV are being given on the day of immunisation day i.e. 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, Diet is being provided to JSSK beneficiaries free of cost.
- The high-risk pregnancy is 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 the 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 JSSK not received free home to institute transport, 110 women were provided free inter transport facility and 350 women were provided free transport facility from institute to home.
- 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.
- Fumigation is done on regular basis. 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 Mehaker

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Medical officer CI-II	3	3	0
3	Dentist CI-II	1	0	1
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	1	1
6	Staff Nurse	7	6	1
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
	Total	28	22	6

NRHM STAFF

Sr no	Name of the post	Sanctioned	Filled	Vacant
1	MO (RBSK)	6	6	0
2	MO (AYUSH)	3	3	0
3	SPECILIST (IPHS)	6	4	2
4	PHARMASIST	4	4	0
5	SN	2	2	0
6	ANM	4	4	0

7	LT	2	1	1
8	COUNCLAR	2	2	0
9	SWEEPER	5	4	1
	Total	34	30	4

19.3 Primary Health Centre: Umali

- PHC Umali is in Malkapur Block and is located about 42 KMs from the district headquarter. It caters to 28 villages covering 50,000 populations. It is functioning in a Government building and the 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 backup of generator and inverter. Water source is available for 24*7 water supplies are available with bore well but there is a 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 a stabilizing unit are available with one warmer and one phototherapy unit. BioMedical Waste is done at facility in deep burial pit.
- All the essential equipment is available at PHC. All Diagnostic tests are available at the facility from a private partner Mahalabs since 18/08/2017 under which one person is appointed for the collection of HB, Urine Albumin and Sugar, and etc. Following tests are available at the facility CBC Serum Bilirubin, RPR and Blood Sugar, CBC Serum Bilirubin, RPR and Blood Sugar.
- 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 an adequate stock of vaccine is available. There is a regular supply of gloves, Mackintosh and bandage.
- All mothers have initiated the breastfeeding 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 Transfer. Free diet is being provided to the patients under JSSK.
- During reference period under JSSK 13 women have provided transport facility from home to institute, 10 have provided transport institute to institute and 43 have provided drop back facility to home. In case of sick infant 3 have given transport home to institute 13 institute to institute. And 43 is drop back
- Though there is no specialized manpower to manage high-risk pregnancies the MO with the help of staff manages high-risk pregnancies. Essential newborn 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 Umali

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	1	1	0
3	Clark	1	1	0
	LHV (Contractual)	1	1	0
4	MPW	2	1	0
6	Pharmacist	1	1	0
7	Jr. Asst.	1	1	0
8	Health asst	2	2	0
	Total	11	10	1

- 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 a code of conduct for Grampanchayat election. Whereas except RKS funds, MO need not have prior approval to spend UNTIED and AMG grants. These have brought into the notice of MO as well as brief it to DHO. The 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. There are functional laundry and washing service outsourced. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism are available. Grievance redressal mechanism is available.

19.5 Sub Centre: Datala

- Datala Sub Centre is in the catchment area of Umali PHC and is located about 4 KMs from the PHC. This SC is catering to four villages and 6899 population.
- Sub Centre is located in the main habitation and functioning in a Government building and required 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 . Complaint /suggestion box is not available
- All the essential equipment is available at SC Newborn weighing machine not available
- 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. But private lab is there
- Following medicines are available at the facility: IFA tablets, 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.
- Only 20 deliveries are provided institute to home transport facility during the reference period.
- All the essential Registers are available but not maintained at the facility.
- Breastfeeding initiated 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 have not received by the. 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. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advice
LHV	Lady Health Visitor
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness

NRHM

National Rural Health Mission