

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

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# Monitoring and Evaluation of Programme Implementation Plan, 2017-18

## Chandrapur District, Maharashtra

### 1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP (2017-18) of Chandrapur District were carried during the period 11-15 September 2017. Primary data were collected using the semi-structured questionnaire from the District Programme Management Unit. The data were also collected from 1 Sub Divisional Hospital, 1 Rural Hospital, 1 PHC and 1 SC.

#### a) Key Observations and Findings

- Among regular sanctioned post in Chandrapur district, four CI-I medical officers positions are vacant. As well, 33 posts of Class-II MO are vacant as against the sanctioned post of 116. As well, 75 Health Worker male and 2 Health Assistant male vacant of sanction of 277 and 77 respectively. Also 136, Health Worker female and 10 Health Assistant female positions are vacant sanction of 488 and 58 respectively.
- Under NRHM, 2444 posts of different discipline is sanctioned (including ASHAs) of which 2250 are filled and 194 are vacant for the district as a whole.
- In terms of sanctioned and filled in position under Civil Surgeon side 7 CI-I MO positions are sanctioned and 5 are vacant, whereas 64 CI-II positions are sanctioned of which 21 are vacant. Pertaining to nursing cadre 124 posts are sanctioned and only 4 posts are vacant, 176 CI-III posts are sanctioned of which 70 are vacant.
- AYUSH facilities are provided in 9 health facilities. There are sanctioned post of 32 AYUSH MOs out of which, 26 are filled and none of them is a member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.
- During the period of April to August 2017, total 125303 OPD patients and 753 IPD patients have benefited from AYUSH in the district. Out of, 125303; 46830, 35920 and 39986 are OPD patients of AYURVEDA, HOMEOPATHY AND UNAI respectively.
- Under JSSK, the pregnant women in Chandrapur 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 to one year of birth. Free transportation facility for mother and neonates infants applicable everywhere? 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.

- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through Public Financial Management System (PFMS) transfer to beneficiaries A/C after the discharge or within seven days of discharge. Physical verification of JSY beneficiaries is not being done by the district health officials.
- NRC was established in DH in 2012 and is functioning since with necessary equipment's and trained manpower of 2 SNs, ANMs, 1 MO, 1 Dietician, 1 Attendant, and 1 caretaker cum cook. During the reference period, 65 children were admitted out of which 62 were discharged, 1 is LAMA and 2 are still in the ward. Out of which, 47 children have gained weight after the treatment. The average length of duration of stay is 7-15 days.
- There is a functional SNCU in medical college with 16 Beds. All the health facilities including services providers, ANMS and ASHAs have been provided with necessary information for optimal utilization of SNCU services in the Medical College. Health staffs in SNCU consist of 4 MOs and filled, 20 SNs sanctioned and 16 are filled, 1 Data Entry Operator, 6 sweeper and 3 security guard positions are filled. One MO and 10SNs are trained. During the period April to August 2017, total 1034 child patients have been admitted in SNCU out of which 600 were inborn and 434 were out born. Out of total cases, 167 deaths were reported.
- Under RBSK, 24 team units are currently working in the district. All the 21 teams units are having vehicles, necessary equipment's, and medicines. RBSK team consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM. These units examine school as well as Anganwadis. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs children. During the reference period, from 2709 Anganwadies 138220 children's were screened and from 544 schools 64027 children were screened. 11641 children from Anganwadi and 7447 children from schools were treated with minor injuries under the RBSK in the district. While 1636 children of 0-18 years were referred for further treatment. Since 2009-10 there are no grants received for surgeries under RBSK. Patients are being sent to Rajiv Gandhi Jeevandayee Yojana which has to meet some conditionalities. Those who fail to meet those conditionalities could not get any assistance. Therefore, there is huge pendency of surgeries under RBSK in the district.
- ARSH clinic is functioning in 4 institutes DH, 1 SDH and 2CHCs. Place & time is fixed for ARSH clinic (District Hospital Chandrapur is having such clinic every FRIDAY 2-5 pm). Trained manpower is available at ARSH clinics. Equipment's are available as well as medicines are available to adolescent. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counseling, as well as promotive, preventive, curative, referral and other services are provided to 10-19 years adolescents. The number of adolescents attended ARSH clinic during the reference period, were 4449.

- Segregation of biomedical waste is being done at all the facilities visited. Bio medical waste management is outsourced SDH Mul and RH Nagbhid. PHC Wadhona and SC Gangasagar Heti are having deep burial pit.
- Non Communicable Diseases programme is being implemented in the district.
- There is no dedicated staff specifically for HMIS and MCTS work at district and in the periphery. Additional responsibilities are given to the other staff in addition to their regular duties. Since three years District Monitoring and Evaluation post is not filled, in spite of giving several reminders and requests to state officials.
- Non payment of 37 beneficiaries of JSY at CHC Nagbhid.
- Vacancies need to be filled on a priority basis.

**The PRC team suggested following points at the time of visiting the facilities**

- Staff required training for entering data as in lieu of MCTS new software has introduced, namely RCH and now all the facilities are entering data on HMIS portal. Most of the terminology is not understood by them.
- Medical superintendent should be well informed about the facility, but it is found that MS **SDH Mul** is fumbling while giving the information.
- IPHS coordinator may look into the administrative matters of the SDH and other IPHS facilities.
- There was no referral service register at SDH Mul, it was suggested by prc team to keep one register for referral services.
- There was no matching in the district consolidated report and report of particular facility i.e. SDH Mul. Hence, it is suggested the concerned official should verify before forwarding to the district official.
- JSY related issues: At PHC Wadhona there was a problem of non-payment of JSY since April for 32 beneficiaries. Team enquired about the same with the MO. He replied that due to some (two beneficiaries?) beneficiaries noncompliance of documents it was stuck in the bank for PFMS. In this situation, PRC team suggested to remove those two beneficiaries from the list and resend the list to the bank. PHC and DPMU acted upon and it was resolved within two days. Some of the beneficiaries don't want to open an account as they have to maintain Rs. 500/- minimum balance whereas incentive amount is Rs. 700/-. In that case they are not willing to open bank AC. The PRC team suggested to take up this matter to the District Health Society as the collector is the chairperson of the DHS. The Collector can issue a letter to the banks, from an exemption of minimum balance for receiving JSY payment.

## 2. Introduction

In keeping with the goals of the National Health Mission, the Programme Implementation Plan (PIP) 2017-18 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India 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 conditionalities and the road map given for PIP. In order to assess the implementation and progress of the PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. Chandrapur was assigned the evaluation study of the PIP of Maharashtra for the year 2017-18.

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Chandrapur District was carried during the period 11-15 September 2017. In order to carry out quality monitoring and evaluation of the 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.

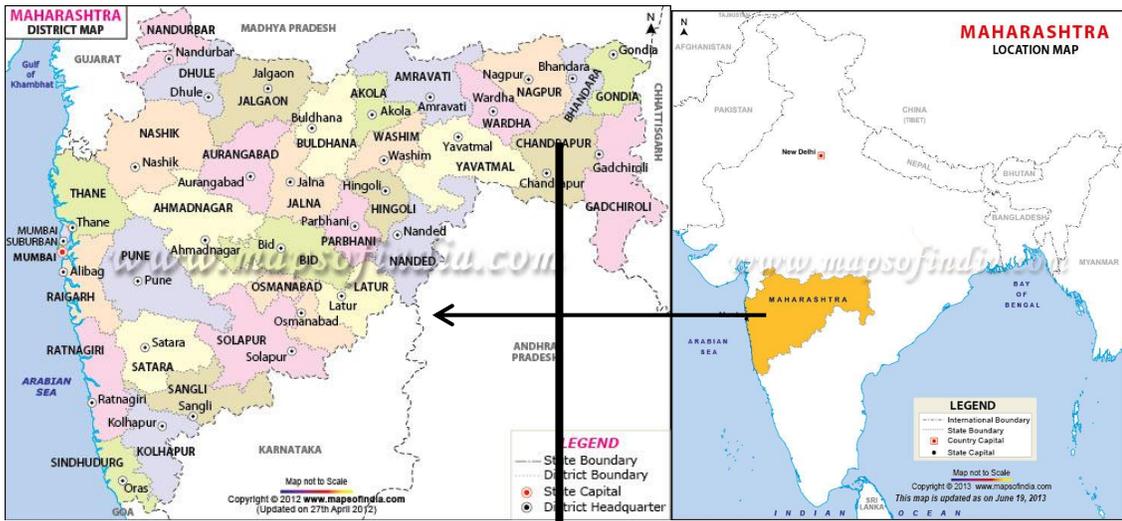
Report is prepared in consultation with DHO; ACS; RMO outreach; MS; MOs; LHVs; ANM; DPM and IPHS coordinator. Accordingly, the District Health Office, SDH Mul, CHC Nagbhid, PHC Wadhona and SC Gangasagar (Heti) were visited for the purpose of PIP monitoring in the district. RMO outreach, DPM and IPHS coordinator, accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staff of the facilities visited. This report discusses in detail the implementation of PIP in Chandrapur district as observed by the PRC team during the field visit.

## 3. State and District profile

### a) Chandrapur District

Chandrapur district is surrounded by Wardha, Gadchiroli and Nagpur districts. It is one of the largest districts in the state geographical area of the district is 56.40 km<sup>2</sup> (21.78 sq mi). As per 2011 Census, the total population of the district is 2194262 with the male population of 1120216 and female population of 1073946. The literacy for the district is 81.4 percent with male literacy rate of 88.7 percent and female literacy rate of 73.7 percent. The sex ratio is 959 per 1000 males and child sex ratio is 945 in census 2011, which has increased compared to the sex ratio of 948 and the child sex ratio of 939 in census 2001. The density of the population is 192 per sq. Km with 35.1 percent of the urban population. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 17.67 percent and 15.8 percent respectively. Chandrapur district comprises the tehsil of Chandrapur, Bhadravati, Warora, Chimur, Nagbhir, Bramhpuri, Sindhewahi, Mul, Gondpipri, Pomburna, Saoli, Rajura, Korpana, Jivati and Ballarpur.

# Map of India, Maharashtra State, and Chandrapur District



## Key Health and Service Delivery Indicators

Items	DLHS 4	
	Maharashtra	Chandrapur
Mothers registered in the first trimester (%)	67.9	68.7
Mothers who had at least 3 ANC visits (%)	77.9	87.6
Mothers who got at least One TT injection (%)	90.6	94.8
Institutional Delivery (%)	92.0	89.4
Home deliveries assisted by SBA (%)	4.0	6.7
Children (12-23 months) fully Immunized (%)	66.2	74
Using any modern method for family planning (%)	65.7	70.8
Total Unmet need for FP (%)	19.0	14.6
Unmet need for spacing (%)	10.8	10
Unmet need for limiting (%)	8.2	4.6

### 4. Information from District Health Office (DHO)

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. The results of the information collected from Programme management Unit, health officials and staff associated with various heads of PIP are as follows:

#### a) Programme Management

- District Programme Unit (DPMU) at the district level and Block Programme Management Unit (BPMU) at the block level are established in all the development blocks of the district and they are fully functional. Meeting of District Health Society (both governing and executive) takes place regularly.
- Regular monitoring of PMU staffs at various levels is conducted on a yearly basis.
- HMIS data are regularly used to review the performance of the district. RCH officer is the Nodal person responsible for monitoring and supportive supervision in the district. The schedule of visits and check list are prepared and are available for monitoring along with the records. For effective supervision of field activities and performance, the field staffs are strengthened. The periodic review meetings at PMUs are organized and held every month.

#### Health Infrastructure in Chandrapur District

Institutions	Number	Located in Government buildings	Does facilities having inpatient facility	No. of patient beds in each category
District Hospital**	1	Yes	Yes	300
SDH	3	Yes	Yes	1-100,2-50
CHC	10	Yes	Yes	30
PHC	58	Yes	Yes	10
SC	339	-	-	-
AYUSH facilities (Ayurvedic)	10	Yes	No	-
AYUSH facilities (Homeopathy)	10	Yes	No	-
AYUSH facilities (Unani)	9	Yes	No	-
AYUSH facilities (Yoga) at DH**	1	Yes	No	-

\*\* District hospital is not in existence as the Government Medical College has started in the district. Now it is a part of GMC.

### Chandrapur District: Key Service Utilization Parameters (April 2017 to August 2017)

Service Utilization Parameter	SDH. Mul	CHC. Nagbhid	PHC Wadhona	SC Gangasagar Hetl
OPD	30576	22864	10643	--
IPD	1736	1225	298	--
Expected number of pregnancies	132	120	124	25
MCTS entry on percentage of women registered in the first trimester (in percent)	--	--	--	--
No. of pregnant women given IFA	132	105	173	25
Total deliveries conducted	117	50	47	05
Number of Deliveries conducted at home	00	00	00	00
No. of assisted deliveries( Ventouse/ Forceps)	00	00	00	00
No. of C section conducted	05	00	00	00
Number of obstetric complications managed	02	04	17	00
No. of neonates initiated breast feeding within one hour	117	50	47	05
Number of children screened for Defects at birth under RBSK	00	00	00	00
RTI/STI Treated	67	12	00	00
No of admissions in NBSUs/ SNCU, whichever available (NICU)	61	03	00	00
Inborn	36	02	00	00
Outborn	25	01	00	00
No. of children admitted with SAM	44	00	00	00
No. of sick children referred	30	03	03	00
No. of pregnant women referred	36	70	09	00
ANC1 registration	132	**	45	01
ANC 3 Coverage	**	**	19	25
ANC 4 Coverage	**	**	29	05
No. of IUCD Insertions	62	12	26	04
No. of Tubectomy	12	00	27	05
No. of Vasectomy	01	00	01	00
No. of Minilap	00	00	00	00
No. of children fully immunized	118	**	23	24
Measles coverage	118	**	31	20
No. of children given ORS + Zinc	25	**	11	**
No. of children given Vitamin A	118	**	31	20
No. of Children given IFA syrup	00	**	00	00
No. of women who accepted post-partum FP	120	12	13	00
No. of MTPs conducted in first trimester	03	00	00	00
No. of MTPs conducted in second trimester	00	00	00	00
Number of Adolescents attending ARSH clinic	120	220	00	00
Maternal deaths, if any	00	00	00	00
Still births, if any	00	00	00	00
Neonatal deaths, if any	00	00	00	00
Infant deaths, if any	00	00	00	00
Number of VHNDs attended	--	--	--	06

Number of VHNSC meeting attended	--	--	--	06
Service delivery data submitted for MCTS updation	--	--	--	--
Zero dose, Polio, BCG	117	50	--	05

\*\* Data not Available

#### b) Planning

The allocation of funds to Bocks under NHM is mainly on the basis of performance and requirement. The departments of Health and Family Welfare are integrated with AYUSH. Adequate cooperation is received from the department of Women and Child Development, PHE (Drinking Water supply), Rural Sanitation, Municipalities/local bodies, Education and Rural development for addressing health determinants.

#### c) Human Resource:

Among regular sanctioned post in Chandrapur district, four CI-I medical officers positions are vacant. Also, 33 posts of Class-II MO are vacant as against the sanctioned post of 116. As well, 75 Health Worker male and 2 Health Assistant male vacant of sanction of 277 and 77 respectively. Also 136, Health Worker female and 10 Health Assistant female positions are vacant sanction of 488 and 58 respectively.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Additional District Health Officer CI- I	1	0	1
3	Asst. District Health Officer CI- I	1	0	1
4	District RCH officer CI- I	1	0	1
5	District Tuberculosis officer CI- I	1	0	1
6	Administrative Officer CI- II	1	0	1
7	District Malaria officer CI-II	1	0	1
8	Taluka Health Officer Group A	14	7	7
9	MO Group A	116	83	33
10	Epidemiology MO	1	0	1
11	Statistical Officer	1	1	0
12	Section Officer	1	1	0
13	Office Superintendent	3	3	0
14	Accounts Asst.	1	1	0
15	Jr. Accountant	1	1	0
16	Sr. Asst.	5	5	0
17	Sr. Asst. Accounts	1	0	1
18	Jr. Asst.	84	73	11
19	Stenographer	0	0	0
20	Extension Officer (Stat.)	1	1	0
21	Extension Officer (Ayurved.)	1	1	0
22	Public Health Nurse	2	1	1
23	Attendant	277	244	33
24	Dresser	0	0	0

<b>25</b>	Health Worker (Male)	236	161	75
<b>26</b>	Health Assistant	77	75	2
<b>27</b>	Health Worker (Female)	488	352	136
<b>28</b>	Health Assistant (Female)	58	48	10
<b>29</b>	Pharmacists	63	59	4
<b>30</b>	Health Supervisor	33	30	3
<b>31</b>	Leprosy Technician	10	10	0
<b>32</b>	Laboratory Technician	18	9	9
<b>33</b>	Sweeper	58	24	34
	<b>Total</b>	<b>1557</b>	<b>1191</b>	<b>366</b>

- The CEO has the power to recruit contractual staff under NHM. To ensure the transparent selection process, official guidelines are followed for recruitment and advertised through the local newspaper. The presence of local candidate is considered only in case of recruitments of ANMs. For rational development, contracts of the contractual staff under NHM are renewed based on their performance report, which is prepared in stages by DPM, RCH, DHO and CEO.
  - Out of 138 sanctioned posts of Medical Officers (Class I & II) under DHO, 91 are filled (66 percent). (R)
  - Considering contractual posts, total sanctioned posts of 2444 (including ASHAs), 194 posts are vacant in the district.
  - In connection with the Civil Surgeon side 7 CI-I MO positions are sanctioned and 5 are vacant, whereas 64 CI-II positions are sanctioned of which 21 are vacant. Pertaining to nursing cadre 124 posts are sanctioned and only 4 posts are vacant, 176 CI-III posts are sanctioned of which 70 are vacant.
- d) Training**
- During the reference period April to August 2017, total 42 Medical Officers (MO) and 11 Staff Nurse (SN) has trained while 18 ANMs, 2 and 523 ASHAs are trained in the district.

**Contractual staff appointed under NHM in District Programme Management Unit (DPMU)**

Sr. No.	Name of Post	Sanctioned Post	Filled Post	Vacant post
1	DPMU	9	7	2
2	BPMU	30	18	12
3	IPHS	62	41	21
4	SNCU	29	26	3
5	FMG	4	3	1
6	EMS	1	1	0
7	RBSK	99	86	13
8	NRC	7	6	1
9	NBSU	8	3	5
10	URBAN RCH	11	9	2
11	ARSH	1	1	0
12	PCPNT	1	1	0
13	TELEMEDICINE	2	2	0
14	NURSING SCHOOL	14	11	3
15	ANM	206	183	23
16	LHV	18	14	4
17	ASHA	1890	1792	98
18	IDW	4	3	1
19	AYUSH	36	31	5
20	SICKELE CELL	7	7	0
21	DQAC	1	1	0
22	RI	1	1	0
23	PROCUREMENT	2	2	0
24	DRUG WARE HOUSE	1	1	0
	<b>Total</b>	<b>2444</b>	<b>2250</b>	<b>194</b>

**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.)	4	1	3
2	MO General Physician CL-II	34	24	10
3	Nursing Cadre	124	120	4
4	Class IV Cadre	176	106	70
5	SDH & Cottage Hospital CL-I	3	1	2
6	Rural Hospitals CL-I	10	0	10
7	Rural Hospitals CL-II	30	19	11
	<b>Total</b>	<b>381</b>	<b>271</b>	<b>110</b>

**Training given to health personnel of Chandrapur district at Health and Family Welfare Training Center under various Programmes**

Trained All Cadre								
S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	6	1	6	0	0	0
2	BEmOC	7	0	0	0	0	0	0
3	MTP / MVA	3	0	0	0	0	0	0
4	F-IMNCI	0	0	0	5	0	0	0
5	Minilap	1	0	0	0	0	0	0
6	Routine Immunization	11	0	0	0	0	0	0
7	RTI/STI	11	0	0	0	0	0	0
8	ASHA-INDUCCTION 8DAYS	0	0	0	0	0	0	52
9	ASHA-M-6 & 7 NT Block level Ph-I	0	0	0	0	0	0	30
10	ASHA-M-6 & 7 T_Block level Ph-I	0	0	0	0	0	0	30
11	ASHA-M-6 & 7 T_Block level Ph-II	0	0	0	0	0	0	56
12	ASHA-M-6 & 7 T_Block level Ph-III	0	0	0	0	0	0	30
13	ASHA-M-6 & 7 T_Block level Ph-IV	0	0	0	0	0	0	325
14	IYCN Trg. 3 days	9	12	1	0	0	0	0
	<b>Total</b>	<b>42</b>	<b>18</b>	<b>2</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>523</b>

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

Training programmes	SDH Mul	CHC Nagbhid	PHC Wadhona	SC Gangasagar Heti
EmOC	MO-2	--	MO-2	--
LSAS	--	--	--	--
BeMOC	--	MO-1	--	--
SBA	SN-02	--	ANM-6	--
MTP/MVA	--	--	--	--
NSV	--	--	--	--
F-IMNCI/IMNCI	MO-3 SN-1	MO-1 SN-1	MO-1 ANM-6	--
NSSK	SN-1	--	MO-1 ANM-5	--
Mini Lap-Sterilisations	MO-1	MO-1	--	--
IUCD	MO-1 SN-2	--	MO-1	--
RTI/STI	MO-3 SN-10	--	MO-1 Lab Tech.-1	--
PPIUCD	--	SN-1	SN-15	--
Blood storage	--		Lab Tech-1	--
IMEP	--	MO-1	--	--
Immunization and cold chain	MO-1 SN-1	SN-1	MO-1 ANM-6	ANM-1 MPW-1

## 5. Other Health System Inputs

### a) Availability of Drugs, Diagnostics, and Equipment

- Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under National Health Mission to strengthen the health system, including the supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.
- Provision of free EDs is available in the district. EDL is available and at all visited facilities, except SDH Mul all other facilities have displayed.

### b) Blood Bank /Blood storage Unit

- The Blood Bank Unit is placed in the medical college. During the reference period, 4427 blood transfusions have been done in medical college. Other than this district is having BSUs at SDH Mul, SDH Worora and CHC Nagbhid, Bramhapuri, Rajura, of which SDH Mul, SDH Worora and RH Bramhapuri BSUs are functional. Whereas Nagbhid and Rajura are nonfunctional due to non-availability of the technician. During the reference period, 11 and 92 blood transfusions has been done at SDH Mul and RH Bramhapuri respectively. RH Bramhapuri performing better than SDH Mul.

### c) AYUSH

- AYUSH facilities are provided in 9 health facilities. There are 32 AYUSH MOs post are sanctioned out of which, 26 are filled and none of them is a member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.
- During the period of April to August 2017, total 125303 OPD patients and 753 IPD patients have benefited from AYUSH in the district. Out of, 46830, 35920 and 39986 are OPD patients of AYURVEDA, HOMEOPATHY AND UNAI respectively.

### d) Untied Funds/RKS/AMG

- The district has a functional District Health Society and has constituted RKSs/VHSCs at the facilities. Opening balance of the district of these funds is Rs. 1.86 lakhs and the district has received funds Rs. 93.63 lakhs during for 2017-18. Of which Rs. 30.90 lakhs were spent up to the month of August. The funds are released well in time. Auditing is done to monitor the proper utilization of funds. Audit of UF/RKS/AMG funds takes place regularly. Committee members of RKS and VHSNCs have been given training. The general body meeting of RKS is held biannually whereas the Executive Committee meeting is held on average of every month.
- During the period April to August 2017, about 32.34 percent of the total funds received under the head.

**e) Maternal Health**

**i. ANC and PNC**

- Maternal Health is an essential component of Reproductive & the Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2016-17.
- During the reference period April to August, 2017 the total ANC registrations in the district was 11702 out of which first trimester registration was 7457 with 64 percent first trimester registration. Among the total ANC registration, 63 pregnant women were line listed for severely anaemic condition and 228 Hypertensive pregnant women. In addition, 3481 pregnant women were provided with TT in both rural and urban areas, while 100 IFA tablets were provided to 6665.

**ii. Institutional Delivery**

- During the reference period, Chandrapur district reported 8248 institutional deliveries. Out of which 2186 were C-section deliveries and all C-section deliveries were provided EmOC facilities.

**iii. Maternal Death Review**

- Seven maternal deaths were reported in the district during the reference period April 2017 to August 2017. The key causes of these deaths were Haemorrhage, Pulmonary Embolism, Eclampsia.

**f) JSSK**

- Free referral transport is available for all pregnant women and sick neonates. The Call Centre is located in the District Hospital premises for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick newborn children are given free transport, medicine, diagnostics and meals. All the health facilities in the district use this facility.
- Universal toll free number of 102 and 108 are operational for availing free transport. The response time of Ambulance reaching the patients is about 20-30 minutes on average. 6550 women delivered at the institution have used this facility.
- All the vehicles under NHM carry the NHM logo. The ambulances are fitted with GPS.
- All the facilities in the district also provide free transport for delivery and sick neonates under JSSK. The facility-wise records of vehicles use are made available to the team. A total of 110 (102-26 and 108-84) vehicles from different facilities are providing the free transport facilities for expectant mothers and sick neonates.
- The total number of women provided with free transport home to institute is 6220, institute to institute is 2166 and drop back institute to home is 6213. In case of sick neo nates free transport provided home to institute is 877, institute to institute is 292 and drop back institute to home is 1109

**g) JSY**

- JSY guidelines are normally followed in the district. Payment is done through the Public Finance Management System and given to the beneficiaries after getting discharged from the facilities. The total JSY beneficiaries during the reference period in the district were 2106. Out of the total cash incentive provided under JSY, 10 were provided to the women who had delivered her baby at home. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries.

## h) Child health

### i. SNCU

- There is a functional SNCU in medical college with 16 Beds. All the health facilities including services providers, ANMS and ASHAs have been provided with necessary information for optimal utilization of SNCU services in the Medical College.
- Health staffs in SNCU consist of 4 MOs and all are filled, 20 SNs sanctioned and 16 are filled, 1 Data Entry Operator, 6 sweeper and 3 security guards sanctioned positions are filled. One MO and 10 SNs are trained.
- During the period April to August 2017, a total of 1034 child patients was admitted in SNCU out of 600 were inborn and 434 were out born. Out of total cases, 167 deaths were reported.

### ii. NRCs

- NRC was established in DH in 2012 and is functioning since with necessary equipment's and trained manpower of 2 SNs, ANMs, 1 MO, 1 Dietician, 1 Attendant, and 1 caretaker cum cook. During the reference period 65 children were admitted out of which 62 were discharged, 1 is LAMA and 2 are still in the ward. Out of which, 47 children have gained weight after the treatment. The average length of duration of stay is 7-15 days.

### ii. Immunization

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

#### Number of children provided vaccinations (2016-17)

Vaccinations	Number of children
BCG	11387
Penta 1/DPT 1	11015
Penta 2/DPT 2	11012
Penta 3/DPT 3	11230
Polio 0	9147
Polio 1	11586
Polio 2	11275
Polio 3	11593
Polio Booster	6923
Measles 1	9076
Measles 2	6303
Fully Immunized	9076

**i) RBSK**

- Under RBSK, 24 team units are currently working in the district. All the 21 teams units are having vehicles, necessary equipment's, and medicines. The staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM constitute one unit. These units examine school as well as Aganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs children.
- During the reference period, from 2709 Aganwadies 138220 children's were screened and from 544 schools 64027 children are screened. 11641 children from Anganwadi and 7447 children from schools have treated with minor injuries under the RBSK in the district. While 1636 children of 0-18 years referred for the further treatment.

**j) Family Planning Services**

- During the reference period, 73 NSV, 1840 Female Sterilization and 2043 IUCD has been conducted while 82832 Condoms and 14884 Oral pills have been distributed. IEC materials were available and both types of IUCD (375 and 380) were available in the district. ASHAs are involved in the social marketing of all these family planning services to the population.

**k) Adolescent Health (ARSH Clinic)**

- ARSH clinics are functioning in 4 institutes DH, 1 SDH and 2CHCs. Place & time is fixed for ARSH clinic (District Hospital Chandrapur is having such clinic every FRIDAY 2-5 pm). Trained manpower is available at ARSH clinics. Equipment's are available as well as medicines are available to adolescent. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counselling as well as promotive, preventive, curative, referral and other services are provided to 10-19 years adolescents.
- The number of adolescents attended ARSH clinic during the reference period, were 4449.

**l) Referral Transport and MMUs**

- There is one MMU working in the district under NHM. It is run by Christ Hospital. It is serving 60 villages from Koparna and Jivati blocks
- One MMU with GPS installed is available in the district with 1 ambulance per lakh population with 1 call center. Health staff at MMU is consists one each of MO, SN, LT and Pharmacy Officer and 2 Driver cum support staff.
- During the period April 2017 to August 2017, 12565 OPD patients have utilized MMU services. The microplan is prepared and performance monitoring is done on a monthly basis.

**m) Community Participation**

**a) ASHA**

- During the period April 2017 to August 2017, 1779 ASHAs are available as against the sanctioned post of 1790 ASHAs in the district. During the same period, 13 ASHAs left and 9 new ASHAS joined. Total 6294 ASHAs have trained in module 6 & 7 for the implementation of home based neo natal care services. 31606 ASHAs are having ORS, Zinc and 86594 ASHAs are provided with for FP method condoms and oral pills. Drug replenishment kits are provided to ASHAs. An ASHA worker receives an average amount of Rs. 1522/-per month. Payments are disbursed on time to ASHAs by PFMS.

**b) Communicable Disease**

- **Malaria:** During the reference period, 148 cases were detected through blood examination. Rapid Diagnostic Kits are available in the district. All positions are filled and payments are made in time.
- **TB:** During the reference period 885 positive cases was found in the district, and 8042 number suspected sputum cases were referred. At present 1018 cases are under the treatment.

**c) Non Communicable Disease:** During the reference period the total number of patients screened for Diabetes are 153527 and confirmed cases are 5032, Cancer 135527 and 86 confirmed and Hypertension 153527 and 7722confirmed.

**n) HMIS and MCTS**

- There is no M & E officer in the district since longer period of time, which really hampers the quality of reporting from the district. As there is no dedicated staff for the monitoring of HMIS The quality, completeness, and timeliness of data, processes and data validation is affected. As the district has initiated filling of the monthly report directly on HMIS portal they required some training as it is bit different than DHIS-2.

**6. Finance**

<b>Sr. No.</b>	<b>Activity</b>	<b>Available Grant</b>	<b>Expenditure up to August 2017</b>	<b>% AS PER PIP</b>
<b>1</b>	RCH	783.09	329.58	19.95
<b>2</b>	NHM Additionalities	650.36	231.65	20.97
<b>3</b>	Immunisation	42.65	23.65	26.57
<b>TOTAL</b>		<b>1476.11</b>	<b>584.88</b>	<b>20.55</b>

## Observations from the Health Facilities Visited by the PRC Team

### 7.1 District Hospital Chandrapur

The District Hospital does not exist in the district as the medical college has been established in the district. GoM has handed over all the staff and infrastructure to medical college.

### 7.2 Sub District Hospital: Mul

Mul Sub District Hospital is in Mul Block and about 45 km from district headquarters. On the day of the PRC team visit to SDH, all staff was present for duty. In charge, Medical Superintendent has given all the information. The bed strength of the hospital is 50. The hospital is located in a government building. The building is in good condition. 23 Quarters are available for all categories of the staff as per CHC pattern, but as per PWD structural audit report all of them are not in living condition type one quarter is sanctioned for the facility. Electricity backup is available with generator, 24\*7 running water is available. Separate toilets are there for male and female wards but not clean, Labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit is available with 2 warmers and 2 phototherapy units.

#### Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	0	1
2	Medical officer CI-II	7	4	3
3	Asst. Matron	1	0	1
4	Staff Nurse	12	10	2
5	X-Ray Technician CI-III	1	1	0
6	Dresser	1	0	1
7	Pharmacist	3	2	1
8	Lab Technician	1	0	1
9	Lab Asst.	1	1	0
10	Asst. Superintendent	1	0	1
11	Sr. Clerk	1	1	0
12	Jr. Clerk	2	1	1
13	OPD Peon	1	1	0
14	Peon	2	1	1
15	OT Attendant	1	0	1
16	Ward Boy	5	5	0
17	Sweeper	2	2	0
	<b>Total</b>	<b>43</b>	<b>29</b>	<b>14</b>

- All the essential equipment is available at SDH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available.

- The essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers were advised to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System of beneficiaries' accounts on the production of necessary documents. Diet is being provided to the patients free of cost.
- Diet is being provided to the JSSK patients free of cost.
- All high risk pregnancies are managed at the facility. All essential new-born and sick neonates care is available. The Partograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is done and it is outsourced. The facility adheres to IMEP protocols.
- All-important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Proper recording of various grants received by the facility like JSY, JSSK, Untie grant, RKS and AMG.
- During the reference period, under JSSK, 88 women have received home to facility pick up service, 139 women have received inter facility vehicle services, and 63 women have received drop back facility, by government vehicle.
- Approach roads have directions to the health facility.
- Except Essential Drug List, Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in the ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on September 8, 2017. Laundry/washing service and dietary services are outsourced, proper drug storage facilities, and equipment maintenance and repair mechanism is available.

#### 7.4 Community Health Centre: Nagbhid

- Nagbhid Rural Hospital is in Nagbhid Block and is about 104 km away from district headquarters. On the day of the PRC team visit to RH, Medical Superintendent was not available in the facility without notice. Second MO has given all the information. It is 30 bedded hospitals and is located in a government building. The building is good condition needs some minor repairs and painting. Quarters are available for 2 MOs, of which one is occupied. For the other staffs 12 quarters are available of 10 are occupied and for CI-V category 8 quarters are available but not in livable conditions. Electricity is available with power back with inverter, 24\*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to labour room and are partially clean. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book is available.

#### Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	1	0	1
2	Medical officer CI-II	3	2	1
3	Asst. Superintendent	1	1	0
4	Jr. Clerk	2	2	0
5	Staff Nurse	7	4	3
6	Ophthalmic Assistance	1	1	0
7	X-Ray Technician	1	1	0
8	Pharmacist	2	2	0
9	Lab Technician	1	0	1
10	Lab Attendant	1	1	0
11	Peon	1	1	0
12	Ward Boy	4	3	1
13	Sweeper	2	0	2
14	Driver	1	0	1
	<b>Total</b>	<b>28</b>	<b>18</b>	<b>10</b>

- All the essential equipment is available at the CHC. 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.
- The essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablet blue is not being supplied.
- All listed lab tests are being done except Liver function test.

- All mothers have initiated breast feeding within one hour of normal delivery. Immunisation done at the facility. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is usually made after discharge, transfer through Public Finance Management System in beneficiaries account, on the production of necessary documents. ***But since April 2017 payment was not made to 34 beneficiaries, as there was an issue of staff.*** Diet is being provided to the JSSK patients free of cost.
- Most of the high risk pregnancy is managed at the facility. All essential new-born and sick neonates care are available. The Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is outsourced.
- ***All-important registers are not available for the purpose of verification to the PRC team. It was told to the team that medical superintendent is having all the registers in his custody and he was not available at the time of our visit. Partograph is maintained.***
- Most of the IEC material is displayed.
- ***The facility has not maintained the record for JSSK pick and drop back.***
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Diet is being provided to JSSK beneficiary.
- Regular Fumigation is being done. Last fumigation is done September12,2017. Laundry/washing service is outsourced. Drug storage facilities, equipment maintenance and repair mechanism.

### 7.5 Primary Health Centre: Wadhona

- PHC Kingaon is about 94 km from district headquarters in Nagbhid block, catering 25000 populations in the periphery. PHC Wadhona is easily accessible from nearest road. PHC is functioning in a government building. Staff quarter for 2 MOs and 4 for other staff and are occupied. PHC has electricity with power back up, running 24\*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is available. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility.

#### Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	3	3	0
2	ANM	7	6	1
3	LHV	1	1	0
4	Pharmacist	2	1	1
5	Health Asst. Male	2	2	0
6	MPW	6	2	4
7	Jr. Clerk	1	1	0
8	Ward Boys	5	3	2
9	Class IV	1	0	1
10	PTA	6	6	0
	<b>Total</b>	<b>34</b>	<b>25</b>	<b>9</b>

- All the essential equipment is available at PHC. The essential drug list is available. IFA syrup with dispenser is not available.
- Except TB test all diagnostic tests are available at the facility for HB, CBC, Urine albumin, Blood sugar, Malaria, HIV Sickle Cell and RPR are done at the facility.
- 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 were advised to stay for 72 hours after delivery.
- Usually JSY payment is made after discharge, transfer through the Public Finance Management System in the beneficiaries account, on production of necessary documents. Diet is being provided to the patients free of cost. **But since April payment has not done for 31 beneficiaries.**
- During the reference period, under JSSK, 13 women have received home to facility pick up service, 21 women and 2 sick infants have received inter facility vehicle services, and 42 women and 5 sick neonates have received drop back facility by government vehicle.
- All high risk pregnancies are managed at the facility. Thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion

is done correctly. The Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins. IMEP protocols are followed.

- All important registers are available for maintenance of records. All required IEC materials are displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed. EDL, phone numbers, timings and citizen charter are displayed in the facility.
- Fumigation is done on a regular basis. Laundry services are outsourced. The Grievance redressal mechanism is in place. Records are maintained for JSSK services.
- Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.

### **7.6 Sub Centre: Gangasagar (Heti)**

Gangasagar Sub Centre comes under PHC **Wadhona**. Catchment population is 3233 covering 03 villages. SC is 7 Km from PHC. The majority of beneficiaries are from tribal communities.

Sub Centre is located in main habitation and is functioning in a government old building which is in good condition. There is Electricity but no power back up is available. Running water 24\*7 is also not available; bore well is available but not functioning. No other source of water supply available in sub Centre. ANM is residing at headquarter; labour room is available; no functional NBCC is available. The facility is clean, but the complaint/suggestion box are not available. The deep burial pit is available in the SC.

All the essential equipment's and colour coded bins are available at SC, except RBSK testing tool kits. The essential drug list is not available. IFA syrup and Misoprostol tablets are not available.

Essential supplies are available except OCPs, and EC pills.

Registers are available, but not maintained. ANM has the essential skills and knowledge required for quality parameters. ANM has knowledge and skill about adherence to IMEP protocol and segregation of waste in bags.

Approach road have direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen Charter, timing of the not display. SBA protocols, and immunization schedule are displayed.

Untied Funds and AMG are not received during 2017-18. One ANM and one MPW are in place.

Diagnostic tests are available at the facility, i.e. HB, Urine Albumin and Sugar.

## 8.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
LT	Lab Technician
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