

**Monitoring and Evaluation of Programme Implementation Plan, 2013-14:
Dhule District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan 2013-14: Dhule District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Dhule district was carried during the period 02-06 March 2014. The District Health Office, SDH Shirpur, CHC Songir, PHC Wadi and SC Wagadi were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Dhule district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

- **SDH Dhule** has functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic. However, the staff quarters available are inadequate. The outside premises and toilets are not clean. **PHC Wagadi** is easily accessible from nearest road. Although, toilet facilities are available, they are not attached to labour wards. In **SC Wagadi**, the building condition is not good; electricity is unavailable for the past 6 months due to non-payment of bills. Labour room has attached toilet which is choked and hence non-functional.

Human Resources and Training

- During the period April-January 2014, trainings in SAB, BEmoc, MTP/MVA, Cu.T. 375, RTI/STI for SN and MO were conducted. ASHA induction training, ASHA GATPRAVARTAK and ASHA Module 6-7 trainings were also conducted during this period
- **SDH Shirpur** requires 4 Medical Officers in Grade II as per sanctioned post during the period April-February, 2014. Staff nurses received training in SBA, F-IMNCI, NSSK, IUCD, PPIUCD, Immunization and cold chain, SAB, NRC/CTC, PPTCT, HIV and RTI/STI. Medical officers received training in F-IMNCI, NSSK, PPIUCD, Immunization and cold chain, Adult and paediatric ventilator, RTI/STI, AYUSH, IYCF, and PPTCT multiday regimen. Lab technician received training in blood storage.
- **CHC Songir** requires one medical supriendent, in grade I which is vacant since past 4 years. During the period April-February 2014 only one MO received training in MTP/MVA, Care of sick children and SAM, MDR, IUD, Newer CuT sensitization, IMNCI, and Mini Lap. Staff nurses received training in SAB, NSSK, IUD, IMNCI and RTI/STI BeMOC.
- All the sanctioned posts are filled in **PHC Wadi** except for two vacant positions of ANMs. During the period April-February 2014, ANM and LHV from this PHC received 3 days training programme in IUD.

- In **SC Wagadi** regular ANM received training in CuT, leprosy and contractual ANM received training in leprosy and sickle cell during the reference period April-February 2014.

Availability of Drugs, Diagnostics and Equipment

- EDL has 441 medicines, out of which 185 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from PHCs and SCs. Computer inventory management is in place and e-medicine software is in place since July 2013 in the district.
- **SDH Shirpur:** EDL is available and displayed in SDH. Computer inventory system is in place. Essential drugs such as IFA syrup with dispenser, Inj Oxytocin and mifepristone, are not available. Tablet Cipro (500mg) which is very useful is not available whereas vitamin A syrup is available in excess. Among supplies, pregnancy testing kits, OCPs, EC pills, IUCDs and sanitary napkins are not available. OT equipment's such as foetal Doppler /CTG, laparoscopes and C-arm units are not available. Emergency unit requires Defibrillator and central oxygen supply.
- **CHC Songir:** EDL list is available and displayed in the hospital. IFA tablets, IFA syrup with dispenser, Zinc tablets are not available. Misoprostol and mifepristone tablets are also not available since past one year. Except for MVA/EVA equipment, all the equipment's are available and except for radiant warmer which is not functioning for the past 2 months all the other equipment's are functioning well.
- **PHC Wadi:** EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available except IFA syrup with dispenser, and misoprostol and mifepristone tablets. All the essential supplies and equipment's are available except for laboratory equipment semi auto analyser.
- **SC Wagadi:** All the essential drugs are available except for IFA syrup with dispenser, misoprostol tablets (not available since past 1 year) and antibiotics which are not available since last six months. Equipment's such as blood sugar testing kits are not available since last six months and needle and hub cutter are not available since past one year. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit are also not available in the SC.

Maternal Health

- During the period April-February 2014, the district recorded 57 percent first trimester registration and 81 percent with atleast 3 ANC services. Nearly, 2,000 women were line listed for severe anaemic condition. In addition, 348 women in public institutions and 707 women in private institutions were treated with obstetric complication.
- **SDH Shirpur** can manage high risk pregnancies and provide essential newborn care. During the reference period April-February 2014, 223 obstetric complication cases were managed, 213 MTPs were conducted in first trimester. During the same period, in **CHC Songir** four obstetric

complication cases were managed and 87 women were referred to other institutes. The institute can manage high risk pregnancy, and provide essential new-born care. However, there is no provision of diet in post natal wards.

- **PHC Wadi** can manage high risk pregnancy and provide essential newborn care. Seventeen obstetric complication cases and five MTPs were conducted during the reference period April-February 2014. In **SC Wagadi** five women's were referred to other facilities and ANMs have the requisite skills to identify high risk pregnancy.

Maternal Death Review

- District task force is formed to conduct MDR. Nine maternal deaths were reported in the district during the reference period April to February 2014. The findings from MDR during the period April-October 2013 indicate the maternal deaths could have been avoided if high risk pregnant women were not only identified but provided with timely referral and treatment. Eight reported deaths were in homes which were attended by both skilled and unskilled birth attendant. One death occurred on the way.

JSSK

- Under JSSK, free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to all the beneficiaries in the district. District has one Call Centre with only one staff managing the centre. There are 49 government and 1 empanelled vehicle in the district. During the reference period April to January 2014, free drugs and diagnostics were provided to 13,692 beneficiaries. Services were also provided to 174 neonates. A total of 1,144 calls were received during this reference period out of which 664 calls were at daytime and 480 calls at night. Only 10 times the services could not be provided. On an average the government vehicles runs 150 km per day and empaneled vehicles run 310 km per day.
- In **SDH Shirpur**, 225 beneficiaries were provided with free transport from home to institute, 204 beneficiaries were provided with free inter facility transport and 417 were provided with drop back facility to home. Nine neonates received inter transport facilities. In **CHC Songir**, only 9 beneficiaries were provided with free transport from home to institute, 89 beneficiaries were provided with free inter facility transport and 119 were provided with drop back facility to home. Six neonates received inter transport facilities. In **PHC Wadi**, during the reference period, 31 beneficiaries utilized the services of free transport from home to PHC and 119 got free drop back service. Sixteen beneficiaries were provided with inter transport facility. No beneficiaries utilized JSSK services from SC Wagadi.

Child Health

- NBCC and NRC units are established in the district to provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children. Functional NBSU and NBCC units are established in PHCs of the district. During the reference period April-December, 2013 out of the total 3,739 live births 445 required resuscitation at birth, 11 deaths occurred out of which 9 deaths occurred in the month of September, 2013 in sangavi PHC itself. NRC units are available in SDHs and CHCs. During the period April-January 2014, 39 children's were admitted of which 34 were cured and five deaths were reported. In the district, major cause of death to children's in the age group 0-5 years was diarrhoea and dehydration with 1,047 cases; 165 infant deaths were reported in the district of which the major cause was low birth weight.
- NRC unit is functioning in **SDH, Shirpur**. During the reference period April-December, 2013 two deaths were reported. Although, sick neonates and infants are managed septicaemia babies are mainly referred to other facilities. In **PHC, Wadi** no children's were admitted in NBSU. There is no NBCC unit in **SC, Wagadi** however, health staffs have requisite knowledge and skill to provide NBCC such as thermoregulation, breastfeeding and asepsis.

Family Planning

- Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of contraceptives. IEC materials related to family planning are displayed in all the facilities. Family planning services, in both public and private institutions, of vasectomy, laparoscopic, minilap, post-partum sterilization, female and male sterilization, IUCD, oral pills, services are provided in the district. One female death following sterilization was reported during this period.
- During the period April-February 2014, **SDH Shirpur** recorded 209 IUCD insertions, 184 tubectomy and 441 minilaps. Counselling is also provided in family planning. **CHC, Songir** recorded 93 minilap sterilization and 20 IUCD insertions. In **PHC Wadi**, 104 IUD insertions, 210 tubectomy and 18 Minilap were recorded. In **SC Wagadi** 116 IUD insertions, and 22 women accepted postpartum family planning services.

Infection Control

- Regular fogging is done in **SDH Shirpur** as well as laundry service is available. Wards are clean. Toilets although available are not clean. Biomedical waste is outsourced and waste is collected daily. However, wastes were lying in outside premises of the SDH. Although labour room is available in **PHC Wadi**, toilet is not attached to it. Biomedical waste is outsourced and collected every alternate day. General cleanliness is okay in **SC Wagadi**. Toilets, although available is choked and hence non-functional. Burial pit is available for dumping the waste.

Record Maintenance

- Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled in the facilities visited.

IEC

- Approach roads have direction to **SDH Shirpur**. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens charter, timing of health facility and list of services available and other IEC material are displayed. Approach roads have direction to **PHC Wadi**. Citizens charter is displayed list of services available, protocol posters, and JSSK entitlements are displayed. However, timing of health facility, immunization schedule, EDL, and JSY entitlements are not displayed. Citizen charter, timings of health facility, and immunization schedule are not displayed in **CHC Songir**. SBA protocol posters are not displayed in **SC Wagadi**

Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY and JSSK are provided at various levels of service points.
- Lack of proper infrastructure causes inconvenience to beneficiaries. Although in **SDH Shirpur** regular fogging is done as well as laundry service is available. Toilets are not clean. Biomedical waste is outsourced and waste is collected daily. However, wastes were lying scattered around the premises of SDH.
- In **PHC Wadi**, although labour room is available there is no toilet attached to it. SC Wagadi is located in a government building which is not in a good condition. There is no electricity for past six months due to non-payment of bills. Toilet although available is chocked and hence non-functional.
- For effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation. It is recommended to create awareness through IEC using local language such as Airani.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists. **SDH Shirpur** requires 4 Medical Officers in Grade II as per sanctioned post. **CHC Songir** requires one medical supriendent which is lying vacant since past 4 years.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, under JSSK, the district has low percentage of usage of

free transport facility from home to institute for delivery and neonatal care. Even though ambulances are fitted with GPS drivers are yet to receive training on GPS.

- Supplies such as, pregnancy testing kits, OCPs, EC pills, IUCDs and sanitary napkins were not available in **SDH, Shirpur**. OT equipment such as foetal Doppler /CTG, laparoscopes and C-arm units were also not available. Emergency unit requires Defibrillator and central oxygen supply.
- Laboratory equipment semi auto analyser is not available in **PHC Wadi**. In **SC Wagadi** equipment such as blood sugar testing kits, and needle and hub cutter are not available. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit are also not available. It is recommended to provide the equipment's and supplies for effective and timely utilization of the health services.
- In **SDH Shirpur** all the essential drugs, except for IFA syrup with dispenser, Inj Oxytocin and mifepristone are not available. Tablet cipro (500mg) which is very useful is not available. In **CHC Songir** IFA tablets, IFA syrup with dispenser, Zinc tablets, Misoprostol and Mifepristone tablets are not available.
- In **PHC Wadi** IFA syrup with dispenser, misoprostol and mifepristone tablets were not available. In **SC Wagadi** IFA syrup with dispenser, misoprostol and antibiotics are not available. Generally, it is observed that some essential drugs are available in excess whereas there are shortages in some. It is recommended to procure drugs as per need basis of the facilities.
- MDR report of the maternal death during the period April-October 2013 indicates the maternal deaths could have been avoided if high risk pregnant women were identified with timely referral and treatment. Almost all the death was in home which was attended by both skilled and unskilled.
- NBSU units in PHCs need to be strengthened. A proper mechanism should be in place to create awareness about NBSU and NRC. During the reference period, 11 deaths were reported out of which 9 deaths were from Sangavi PHC in the month of September, 2013.
- Operational difficulties in updating the MCTS data like double counting, runtime entry (due to software) and errors resulting in transfer of data can be minimized by upgrading the software. The validation error needs to be addressed at SC level. The validation check done by PRC could not be accessed using district login.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2013-14 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 PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

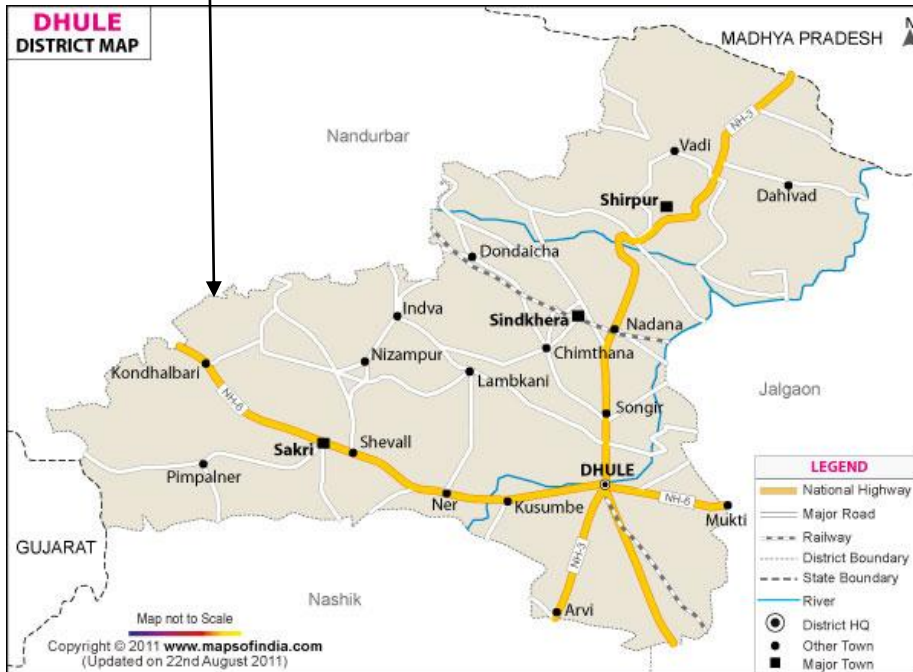
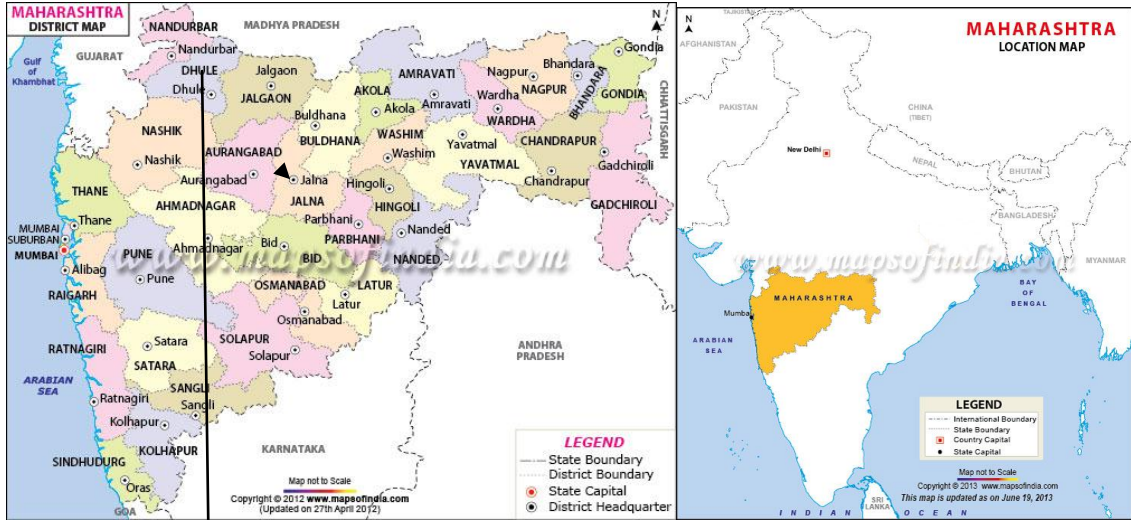
As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Dhule District was carried during the period 02-06 March 2014. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

In consultation with DHO, RMO, DPM and IPHS Coordinator in the district, SDH Shirpur, CHC Songir, PHC Wadi, and SC Wagadi were selected for monitoring of PIP. Accordingly, the District Health Office, SDH Shirpur, CHC Songir, PHC Wadi, and SC Wagadi were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS, ARSH coordinator and M & E Officer have also accompanied with PRC team to visit the above mentioned facilities. 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 Dhule district as observed by the PRC team during the field visit.

3. State and District Profile

Dhule district is part of the Nashik division (one of the six administrative divisions of the state) of Maharashtra state. As per 2011 Census, the total population of the district is 2,048,781 with male population of 1,055,669 and female population of 993,112. The district constitutes about 1.8 percent of total population of the state. The population by sex shows that male constitutes about 51 percent and female constitutes about 49 percent of the total population. The same distribution is found at state level. At state level, the sex ratio has decreased marginally from 944 in 2001 to 941 in 2011. However, in Dhule district the sex ratio has shown a declining trend except in the decade 1981. The child sex ratio in the district is extremely unfavourable to the girl child with 876 female children per 1000 male children in 2011. Sex wise literacy rates shows that it is 82 percent for males and 66 percent for females with a gap of almost 16 percent between males and females. Female literacy is much lower than the state average of 75 percent.

Map of Maharashtra State and Dhule District



Key Demographic Indicators: Maharashtra and Dhule District (2011)

Indicators	Values		Indicators	Values	
	Dhule	Maharashtra		Dhule	Maharashtra
No. of Blocks	04	355	Scheduled Caste (%)	6.2	11.8
No. of Villages	682	43,663	Scheduled Tribe (%)	31.5	9.4
Population – Total	2,050,862	11,23,72,972	Literacy Rate – Total (%)	74.6	82.91
Population – Male	1,054,031	5,83,61,397	Literacy Rate – Male (%)	82.5	89.82
Population – Female	9,96,831	5,40,11,575	Literacy Rate – Female (%)	66.2	75.48
Density of Popn/Sq.km	276	365	Sex Ratio (f/m)	941	925
Urban Population (%)	27.8	45.23	Child Sex Ratio	876	883

Source: Census of India 2011

4. Key Health and Service Delivery Indicators

The Mother and Child Health programme includes all pregnant women should be registered for ANC within the first 12 weeks of pregnancy. Accordingly, the first antenatal check-up should take place at least during the first trimester of the pregnancy. It also includes the provision of 3 ANC checkups and at least one tetanus toxoid injection. According to DLHS3, the percent of mothers received 3 ANC check-ups in Dhule district (49 percent) is much lower than the state as a whole (75 percent). Although, institutional births in the district rose from 38 percent in DLHS2 to 50 percent in DLHS3, only fifty percent of the births took place in the institution in the district, which is much lower than the state level (64 percent).

Items	DLHS 2		DLHS 3	
	Maharashtra	Dhule	Maharashtra	Dhule
Mothers registered in the first trimester (%)	51.7	38.4	61.6	40.6
Mothers who had at least 3 ANC check-ups (%)	69.2	66.7	74.5	49.5
Mothers who got at least one TT injection (%)	87.6	85.0	89.6	71.9
Institutional births (%)	57.9	38	63.6	50.5
Mothers who received post natal care within 48 hours of Delivery (%)	-	-	75.5	62.8
Children (12-23 months) fully immunized (%)	70.9	67.3	69.1	35.0
Infant Mortality Rate (IMR)*	--	--	25 [§]	22.43*
Neonatal Mortality Rate (NMR)*	--	--	18 [§]	16.45*

Source: * Survey of Causes of Death (2012); § SRS (2012)

5. Health Infrastructure

SDH Shirpur is easily accessible from nearest road. SDH is functioning in a government building which is in a good condition. There is only one staff quarter available for M.O, 10 quarters for SN and 12 quarters for other categories of staff which is inadequate. Electricity is available with power back up as well as running 24*7 water supply is available. Toilets are available separately for males and females but are not clean. There is a functional and clean labour room with attached toilet. Also, it has functional NBCC and NBSU. The wards are clean and separate for males and females. NRC, BB, and separate room for ARSH clinic are also available. Complaint and suggestion box, help desk are available. Biomedical waste is outsourced and the wastes are collected daily still the wastes are lying scattered in the SDH premises. ICTC/PPTCT centres are not available.

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
SDH	2	Yes	2	100 beds at Shirpur 50 beds at Dondaiha
CHC	6	Yes	6	30
PHC	41	41	41	6
SC	232	232	-	NA

NA = Not Applicable

CHC Songir: The selected CHC Songir is easily accessible from nearest road. CHC is functioning in a new government building and is in a good condition. CHC has electricity with power back up, running 24*7 water supplies, clean wards, toilets separately for males and females and clean labour room having attached toilet. Staff quarters are available for MOs, SNs and other categories of staff. It has functional NBCC and NBSU with clean wards separately for males and females. Complain or suggestion box is available and biomedical waste is outsourced.

PHC Wadi: The selected PHC is easily accessible from nearest road. The population under this PHC is 42,149 with nearly fifty percent of ST population. This PHC caters to the need of 21 villages located in 7 hamlets. Under this PHC there are 9 SCs which are at an average distance of 13 kms from this PHC. The PHC is functioning in a government building which is in a good condition. Only one staff quarter for MO, and quarters for SN and for other categories of staffs are available. PHC has electricity with power back up, running 24*7 water supplies and clean toilets separately for males and females. Functional clean labour room is available with no toilet attached to it. NBCC is available and is functional. There is a mechanism for waste management every alternate day.

SC Wagadi comes under PHC, Wadi which is approximately 8 Km from this SC. SC is located in main habitation with catchment population of 6,510 covering one village. However, the building condition is not good and requires urgent repair before the onset of monsoon. ANM quarters are available and ANMs are residing in the quarters. Running 24*7 water supplies is available. However, there is no electricity available for the past 6 months due to non-payment of electricity bills. It has functional labour room and NBCC. Although, toilet is attached it is not functioning due to choking of toilets. No complain or suggestion box is available. Biomedical waste is managed by burying the waste in a pit.

6. Human Resources and Training

During the period April 2013 to January 2014, under RCH, trainings were conducted on SAB, BEmoc, MTP/MVA, Cu.T 375, and RTI/STI for SN and MO. A total of 253 health staffs were trained during this period in IMNCI, IYCN, NSSK, Cold Chain, WIFS and VCDC/VCTS. A total of 253 staffs were trained during this period. Under NRHM ASHA induction training, ASHA GATPRAVARTAK and ASHA Module 6-7 trainings were conducted during this period.

DTC has two rooms for training, one each of staff room, accommodation and storeroom. The training rooms although well-equipped, accommodation facility is inadequate as per requirement.

District as a whole requires five each of Gynaecologist and Paediatrician, six Anaesthetists, one each of Physician and Surgeon in SDHs and CHCs.

SDH Shirpur During the reference period April 2013 to February, 2014 out of the total 94 sanctioned posts in SDH only 76 are filled. As per sanctioned post, SDH requires four Medical Officers in Grade II. During the reference period April 2013 to February 2014 medical officers received training in F-IMNCI, NSSK, PPIUCD, Immunization and cold chain, Adult and paediatric ventilator, RTI/STI, AYUSH, IYCF, and PPTCT multiday regimen. Staff nurses received training in SBA, F-IMNCI, NSSK, IUCD, PPIUCD, Immunization and cold chain, SAB, NRC/CTC, PPTCT, HIV and RTI/STI. Lab technician received training in blood storage.

CHC Songir The post of one medical superintendent in grade I is vacant since last 4 years. Although, all the three posts of medical officers in grade II are filled, one MO is absent for the past 1 year and the other medical officer in grade II is deputed in CHC Songir whereas his appointment is in CHC Sakri. There are 15 sanctioned posts under NRHM and all these posts are filled in. During the period April-February 2014 only one MO received training in MTP/MVA, Care of sick children and SAM, MDR, IUD, Newer CuT sensitization, IMNCI, and Mini Lap. Staff nurses received training in SAB, NSSK, IUD, IMNCI and RTI/STI, and BeMOC.

PHC Wadi: All the sanctioned posts are filled in PHC except for two vacant positions of ANMs. During the period April-February 2014, ANM and LHV from this PHC received 3 days training programme in IUD.

SC Wagadi has 2 ANMs (1 regular and one under NRHM) and one male MPW. Regular ANM received training in CuT, leprosy and contractual ANM received training in leprosy and sickle cell during this reference period.

7. Other Health System Inputs

During the period April-January 2014, 1,029 major OT and 822 minor surgeries were conducted in the district. Services of surgeries and medicines are provided in SDHs and CHCs. All the major health services such as OPD, IPD, OT Surgery (major and minor), Medicines, Obstetrics, FP services, Ancillary Services of Blood Bank, Pathology, Gynaecology, C-section Deliveries, Cardiology, Emergency, Ophthalmology, ENT, Mild patient management, OPD Medicines and Gynaecology are available in the district.

In **SDH Shirpur**, during the period April- February, 2014 a total of 43,935 OPD and 6,063 IPD cases were attended in the facility. Five c sections were conducted and 223 obstetric complications were managed during this period. In **CHC Songir**, a total of 21,664 OPD and 1,279 IPD cases were attended in the facility. Four cases of obstetric complications were managed during this period. In PHC Wadi, a

total of 13,054 OPD and 714 IPD cases were attended in the facility. Seventeen cases of obstetric complications were managed during this period.

Availability of Drugs and Diagnostics and Equipment

EDL has 441 medicines, out of which 185 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from PHCs and SCs. Computer inventory management is in place and e-medicine software is in place since July 2013 in the district.

SDH Shirpur: EDL is available and displayed in SDH. Computer inventory system is in place. SDH demands drugs from Civil Hospital, if they are unable to supply them, they purchase the medicines locally. During the reference period, all the essential drugs, except for IFA syrup with dispenser, Inj Oxytocin and mifepristone are unavailable in SDH. There is shortage of Inj rabipur, Inj Avil, Inj dexa ribstone, Inj adrenaline, Inj hydrocortisone. Tablet ferrous small is not available. Tablet cipro (500mg) which is very useful is not available whereas vitamin A syrup is available in excess as in place of 66 bottles 1000 bottles are supplied.

Pregnancy testing kits, OCPs, EC pills, IUCDs and sanitary napkins were not available only urine albumin and sugar testing kits were available. Consumables such as gloves, Mackintosh, Pads, bandages, and gauze are available in excess. All the essential equipments are available in SDH. However, OT equipments such as foetal Doppler /CTG, laparoscopes and C-arm units were not available. Two ventilators are available and both are functioning well. Laboratory equipments are also available except C.T scanner and although ultrasound scanners are available it is not functioning due to the non availability of operators. Emergency unit requires Defibrillator and central oxygen supply.

CHC Songir: EDL list is available and displayed in the hospital. In EDL, IFA tablets, IFA syrup with dispenser, Zinc tablets were not available. Misoprostol and mifepristone tablets are not available for the past one year. Vaccine stocks (only TT, Rabipro and oral polio) although available are insufficient. There are no stock record maintained for VITA syrup and ORS packets. All the essential supplies except for EC pills were available in CHC. Except for MVA/EVA equipment, all the equipment's were available. All the equipment's were functioning well except for radiant warmer which is not functioning for the past 2 months. Except for semi autoanalyzer (which is not supplied) all the laboratory equipments are available in CHC.

PHC Wadi: EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available except IFA syrup with dispenser, and misoprostol and mifepristone tablets. There is shortage of essential drugs such as Inj adrenaline bitrate, Inj Atropine sulphate, Inj Dexamethasone sodium, tab Salbutamol sulphate, Syp Calcium, Syp protein, Syp himalt-x, Syp B-Complex, Syp Multivitamin, Syp protein powder. All the essential supplies and equipments are available. Among the laboratory equipments, Semi auto analyzer is not available. All the major diagnostics tests were available.

SC Wagadi: All the essential drugs were available except for IFA syrup with dispenser; misoprostol tablets are not available since past 1 year and antibiotics is not available since last six months. In equipment's blood sugar testing kits is not been available since last six months and needle and hub cutter is not available since last one year. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit were not available in the SC. All the essential medical supplies were available in SC however; there is a shortage of pregnancy testing kits since past one month and EC pills since past six months.

Lab Services/ Blood bank

SDH Shirpur: In SDH, out of the two sanctioned post of lab technicians only one is filled. All the major tests are conducted except for physiotherapy. Although equipments are available there is no physiotherapist. During the reference period April 2013 to February 2014, 2,590 HIV tests were done and 30 were found to be positive. In ANC 3,279 HIV tests were done and nineteen cases were found to be positive. One thousand one hundred and seventy nine TB tests were conducted and 146 cases were found to be positive. Malaria tests were conducted on 5,485 cases and 78 cases were found to be positive.

CHC Songir: All the major tests are conducted in CHC. During the reference period April 2013 to February 2014, 3,062 malaria tests; 1,288 HB tests; 192 CBC; and 282 RPR tests were conducted in CHC.

PHC Wadi: PHC has one sanctioned post of lab technicians and is also given additional charge of another PHC. There is no basin in the lab for the past 3 years leading to inconvenience. During the reference period April 2013 to February 2014, 8,580 malaria tests were conducted out of which 24 cases were found to be positive. 397 TB tests were conducted out of which 29 cases were found to be positive. HIV tested cases were 397 in total of which ANC tested cases were 217 tests out of which 47 cases were found to be positive in total and none among ANC tested were found to be positive. More than fifty percent of positive tested HIV cases were males.

SC Wagadi: Although, HB test is done no record is maintained in the SC.

AYUSH Services

AYUSH facilities such as ayurvedic and homeopathic are provided in SDHs and CHCs. AYUSH OPDs are integrated with the main facility. AYUSH MO is a member of the RKS. Stocks positions of AYUSH medicines are available.

8. Maternal Health

8.1 ANC and PNC

During the period April 2013 to February 2014, 32,628 ANC registrations are done out of which first trimester registrations was 18,621 whereas 26,682 women received 3 ANC checkups in the district.

Thus district recorded 57 percent first trimester registration and 81 percent receiving 3 ANC services. During the reference period 23,254 women were registered for JSY. Two thousand women were line listed for severe anaemic condition. Three hundred and eighty seven hypertensive pregnant women were identified and 114 eclampsia cases were managed. Pregnant women provided with TT and IFA tablets were 26,210 and 26,239 respectively. During this period, 15,128 mothers received postnatal visits. Total deliveries in the district were 24,312 of which 13 percent were home deliveries of which fifteen percent were Non SBA home deliveries. Deliveries in public and private institutions were 53 and 32 percent respectively. C section deliveries were 3 percent out of which 99 percent were in private institutions. In addition 348 women in public institutions and 707 women in private institutions were treated with obstetric complication. 15,128 women received post partum check-up within 48 hours of delivery. MTP was conducted on 374 women in public institutions and 368 women in private institutions.

SDH Shirpur: During the period April 2013 to February 2014, SDH recorded 2,763 deliveries (including private) but no separate records for the deliveries conducted in the institute were maintained. Seven deliveries were assisted by Ventouse/Forceps and with five c section deliveries. Pregnant women provided with IFA tablets were 1,296. SDH can manage high risk pregnancy and provide essential newborn care. In SDH, 223 obstetric complicated cases were managed and 213 MTPs were conducted in first trimester. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were 21 still births, and 22 infant death (including private deliveries). All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

CHC Songir: During the period April 2013 to February 2014, 201 women were registered in first trimester. Pregnant women were provided with IFA tablets. Total deliveries conducted during this period were 139 and all the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death, still birth, neonatal and infant death during this period. MTPs are not conducted. A total of 20 women accepted postpartum family planning services. Four obstetric complication cases were managed in the institute and 87 women were referred to other institutes. All the essential services of breastfeeding, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. However, there is no provision of diet in postnatal wards. The institute can manage high risk pregnancy, provide essential newborn care.

PHC Wadi: All the pregnant women registered for ANC were provided with IFA tablets. PHC can manage high risk pregnancy and provide essential newborn care. In PHC, 17 obstetric complicated cases were managed. Five MTPs were conducted during the period April-February 2014. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however, there were 3 still birth, 2 neonatal deaths and 1 infant death during the reference period. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

SC Wagadi: During the reference period 56 deliveries were reported which is noteworthy considering the limited infrastructure facilities available. SC can provide essential newborn care. In SC, 5 women were referred. All the mothers initiated breast-feeding within 1 hour of delivery. There was no maternal death, still birth, neonatal deaths reported during the reference period. ANMs have the skills to identify high risk pregnancy.

8.2 Institutional Deliveries

During the period April 2013 to February 2014, out of the 21,025 deliveries recorded in the district, 13,008 deliveries were in public institution and 8,017 in private accredited institution among which 841 were C-section deliveries in the district. However, number of JSY incentive paid to beneficiaries was shown 42,480 in DHIS 2. It appears that in place of the number of JSY beneficiaries, the JSY amount paid to the beneficiaries are entered in the record. During the reference period, the district has recorded a low sex ratio at birth with 880 females per thousand males. 179 still births were also recorded during this period. Mothers initiated breastfeeding within 1 hour of delivery.

8.3 Maternal Death Review

District task force is formed to conduct MDR. Nine maternal deaths were reported in the district during the reference period April 2013 to February 2014. The age of mother ranged from 19 years old to 29 years of age. Except for one, all the mothers belong to ST and BPL and were home deliveries. Out of the total home deliveries, three deliveries were conducted by relatives, two by TBA and one by doctor resulting in five live births and 2 still births. In one such case the parity of the mother was 8 combined with Hb level of 8.2 and delivery happened in SC in spite of high risk she was not referred. Except for two with education less than class 8 all others were illiterates. One maternal death happened on the way and the woman belongs to the 'Other' caste and APL. The findings from this report suggest maternal deaths could have been avoided if high risk pregnant women were not only identified but were provided with timely care, referral and treatment.

8.4 JSSK

Under JSSK, free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to all the beneficiaries in the district.

During the reference period April 2013 to January 2014, free drugs and diagnostics were provided to 13,692 beneficiaries and 9,139 beneficiaries received free diet up to 3 days during normal delivery and 16,718 received free diets. Ambulance services from home to institute were provided to 2,419 beneficiaries; 1,930 were provided free transport from institute to institute; and 12,079 received drop back facilities. Almost 98 percent of these services utilized were from rural areas. Transport facilities were also provided to 174 neonates of whom 7 were from home to institute, institute to institute transport facilities were provided to 60 neonates and drop back to home were provided to 107 neonates. Till date 61 percent of the JSSK funds have been utilized in the district.

Out of the total institutional deliveries, 892 women were provided with free c-section deliveries and 663 were provided with free intranatal and postnatal care.

SDH Shirpur: JSSK is implemented in SDH and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, and diet. In SDH, 225 beneficiaries were provided with free transport from home to institute, 204 beneficiaries were provided with free inter facility transport and 417 were provided with drop back facility to home. Nine neonates received inter transport facilities.

CHC Songir: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities. In CHC, only 9 beneficiaries were provided with free transport from home to institute, 89 beneficiaries were provided with free inter facility transport and 119 were provided with drop back facility to home. Six neonates received inter transport facilities.

PHC Wadi: During the reference period, Thirty one beneficiaries utilized the services of free transport from home to PHC and 119 got free drop back service. Sixteen beneficiaries were provided with inter transport facility.

8.5 JSY

During the period April 2013 to February 2014, 3,826 beneficiaries received JSY payments as per JSY guidelines. Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. During this period, JSY benefits were also provided to 179 beneficiaries for home deliveries. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check malpractices, if any and whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district; wherein if any complaint is registered to THO who in turn report to DHO/CS.

SDH Shirpur: JSY could not be provided in the months of April and May due to non-availability of grants and was provided in the month of June for all the three months combined, i.e., April, May, and June when the grants were received. This resulted in large number of beneficiaries in the month of June when the funds were received and disbursed.

9. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, and NRC units are established at various facilities in the district. During the period April 2013 to December 2013, out of the total 3,739 live births in PHCs, 445 required resuscitation at birth, 11 deaths were reported out of which 9 deaths occurred in the month of September 2013 in Sangavi PHC itself. NBSU units are available in SDHs and CHCs. During the period April 2013 to January 2014, 39 children were admitted of which 34 were cured and five deaths reported. Nutritional Rehabilitation Centre exists in PHCs with necessary equipment and trained manpower.

Children in age group 0-5 years reported major cause as diarrhoea and dehydration with 1,047 cases, followed by 414 cases of respiratory infections and 67 cases of malaria. 165 infant deaths were reported in the district with low birth weight as the major cause of death. There were 149 child deaths the major cause of which was diarrhoea.

In SDH, Shirpur, functional NBSU and NBCC units exist in SDH. During the reference period, 59 children were admitted of which 30 were out born cases. NRC unit is functioning in SDH. The unit has trained manpower of two ANMs, one each of paediatrician and dietician. Ten cots were available with treatment period varying from 15-21 days. An incentive of 50 rupees per day is provided to curb the discontinuation of the treatment which mainly happens due to loss of wage. This incentive amount is provided at the time of discharge and the money is utilized from NRC fund. During the period April 2013 to February 2014, there were 153 admissions out of which 114 were cured, 15 are under treatment, 10 are under LAMA, and 12 patients absconded/ discontinued the treatment. Two deaths were also reported in this unit. Although, sick neonates and infants are managed, septicaemia babies are mainly referred to other facilities. There is no NBCC unit in **SC, Wagadi** however; health staffs have requisite knowledge and skill to provide NBCC such as thermoregulation, breastfeeding and asepsis.

9.1 Immunization

During the period April 2013 January 2014, 29,659 children were fully vaccinated in the district; 32,056 babies were provided with BCG doses; DPT 1, 2 and 3 are provided respectively to 33,518; 31,287 and 29,727 babies; DPT and OPV booster were provided respectively to 23,127 and 22,989 children above 16 months of age; polio 0, 1, 2 and 3 doses are provided respectively to 17,777; 33,375; 31,552 and 29,761 babies; Hepatitis 1, 2, and 3 are provided respectively to 33,617; 30,928 and 29,206 babies; and Measles 1 and 2 is provided respectively to 29,123 and 18,962 babies. During this period, number of children's who were fully immunized were 21,373. Immunization sessions were planned and 11,917 sessions were held and cold chain and outreach plans were prepared. Seventy five cases of adverse event following immunisation were reported in the district with 4 abscess cases, 2 deaths and 69 cases reporting other complications.

SDH Shirpur: In SDH, zero doses of BCG, Hepatitis B and OPV were provided during the reference period April-February 2014, 1,667 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 19,491.

PHC Wadi: During the period April-February 2014, 801 children were fully vaccinated and the same numbers of children were covered under Measles, ORS plus Zinc, and Vitamin A doses. All the mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B were provided to the babies.

SC Wagadi: During the period April-February 2014, 149 children were fully immunized with the same number of children were covered under measles and provided with vitamin A. Zero doses of OPV and Hepatitis B were provided to the babies.

9.2. RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal persons were identified for child health screening and early intervention services were established at district level. There are 58 MOs, 29 ANMs, and 29 pharmacists working under RBSK in the district. During the reference period April-February 2014 1,530 school check-ups were conducted covering 2,34,535 students. Among these students 15,115 were treated with minor injuries, 2,698 students were referred and 185 students were identified with other diseases.

Teams are constituted and advance tour programme for screening with proper plans of visit is done. Dhule block has 10 teams with each team consisting of 4 members of 2 doctors, 1 each of pharmacist, and ANM. Students are mainly identified through anganwadi, schools and junior colleges. The number of anganwadi centre screened during the period April-February 2014 in the district under this scheme was 3,504. Number of children screened in the age group 0-6 were 1,74,138 among which 9,936 were treated 20,029 were referred, 180 and 258 were identified for heart and other surgery.

There are 25 staffs under RBSK consisting of Medical Officers, ANM and other health staffs in **SDH Shirpur**. Under RBSK, SDH received an amount of Rs. 3,122,700 and more than 100 percent is spent. However, no data on number of children screened under RBSK were available.

10. Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of contraceptives. IEC materials related to family planning are displayed in all the facilities. During the period April 2013 to January 2014, 359 vasectomy in public and 16 in private institution, 307 laparoscopic in public and 27 in private, 6,656 minilap in public and 588 in private were conducted. Post-partum sterilization conducted in public facilities were 2,212 and 258 in private, 10,214 female and 39 male sterilization were conducted during this reference period. IUCD conducted in public institution were 4,624 out of which 128 were within 48 hours of delivery and 516 in private institution. There was one female death following sterilization, three female and one male reported complications following sterilization

SDH Shirpur: FP records are well maintained; 209 IUCD insertions, 184 tubectomy and 441 minilap were conducted during the reference period April 2013 to February 2014. Counselling is also provided in family planning. Under Family planning 57 percent of the budget is utilized till February 2013.

CHC, Songir: During the period April-February 2014, 93 minilap sterilization and 20 IUCD insertions were conducted in the CHC. Twenty women accepted postpartum sterilization.

PHC Wadi: During the period April 2013 to February 2014, 104 IUD insertions, 210 tubectomy and 18 Minilap were conducted in the PHC. Counselling of family planning is provided and the record of FP is also maintained.

SC Wagadi: Family planning counselling is provided. Fourteen IUD insertions were provided during the period April 2013 to February 2014, and 22 women accepted postpartum family planning services. Although MO, SN and matron received IUCD trainings, no IUCD is provided during the period.

11. ARSH

Five ARSH clinics are established in the district with trained manpower, functioning respectively in SDH Shirpur and Dhonaicha, CHC Sakri and Pimpalner. Under ARSH, there is a provision of promotive, preventive, curative, referral and outreach ARSH services. There are 3 each male and female medical officers, and 1 counsellor out of which 1 each of male and female medical officers are untrained. Total number registered in the age group 10-14 years were 126 and 232 were registered in the age group 15-19 years. Clinical services were provided mainly related to menstrual problems, RTI/STI, Skin problems, ANC, contraceptives as well as counselling to 224 clients were provided during the reference period April 2013 to February 2014. Clients referred to other facilities were 121. Mode of outreach is through schools, VHNDs, MMU, teen clubs, SHGs, vocational training centres, youth festival, health mela etc.

12. Quality in Health Services

12.1 Infection Control and Biomedical Waste Management

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Specifically cleaning, disinfecting and reprocessing of reusable equipment and waste management need to be adapted in every facility in protecting and preventing infections.

SDH Shirpur: Diets are available and is free for BPL patients and JSSK beneficiaries. Regular fogging is done as well as laundry service is available. Toilets although available are not clean. Wards are clean. Biomedical waste is outsourced and waste is collected daily. However, wastes were scattered around outside premises. There are three aqua guard fitted for safe drinking water as well as bore well is there for regular water supply.

CHC Songir: Regular fogging is done. Laundry service is outsourced and diet facility is not available in the hospital. Clean toilets are available separately for males and female. Clean labour room is there with clean toilet attached to it. Biomedical waste is outsourced. Segregation of waste is done in three colour coded bins.

PHC Wadi: Fumigation is done once in a week. Clean toilets are available separately for males and females. Labour room does not have a toilet attached to it. Biomedical waste is outsourced and

collected every alternate day. Segregation of waste is done in three colour coded bins. Washing and diet services are available.

SC Wagadi: General cleanliness is okay. Toilets although available are choked and hence non-functional. Burial pit is available for dumping the waste.

12.2 Record Maintenance

SDH Dhule: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled. However, there are no separate records maintained for line listing of severely anaemic pregnant women.

CHC Songir: Registers for IPD/OPD, ANC, PNC, indoor bed ticket, payment under JSY, labour room, partographs, OT, immunisation, Referral, and drug stock registers are available, updated and correctly filled. During the period April 2013 to February 2014, against the amount received, 29 percent expenditure on Untied Funds, 22 percent expenditure on AMG and 73 percent expenditure on RKS was done.

PHC Wadi: Registers/records for IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anaemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated micro plan are available, updated and correctly filled in PHC.

SC Wagadi: Eligible couple registers, MCP cards, village register, referral register, delivery and stock register, due list, Payments under JSY, line listing of severely anaemic pregnant women, updated microplan, due list and work plan received from MCTS, vaccine supply are available, updated and correctly filled. However, Records of families with 0-6 year old children under RBSK, VHND plan, and VHSNC meetings records are not available.

12.3 IEC

SDH Shirpur: Approach roads have direction to SDH. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed in SDH.

PHC Wadi: Approach roads have direction to PHC. Citizens charter is displayed list of services available, protocol posters, and JSSK entitlements were displayed. However, timing of health facility, immunization schedule, EDL, and JSY entitlements are not displayed in PHC.

CHC Songir: Approach roads have direction to CHC. List of services available, EDL, protocol posters, JSY and JSSK entitlements were displayed. Citizen charter, timings of health facility, and immunization schedule are not displayed in CHC.

SC Wagadi: Approach roads, Citizens Charter, timing of the SC, Immunization schedule, JSSK and JSY entitlements, visit schedule of ANM, area distribution of the ANM/VHND plan are displayed in SC. However, SBA protocol posters are not displayed in SC.

13. Referral Transport and MMUs

Fifty one ambulances (49 government and 1 empanelled vehicle) are available in the district with one Call Centre. During the period April 2013 to February 2014, the total calls recorded from JSSK Dhule Call Centre were 11,317. The number of beneficiaries who utilized ambulance services were 16,428. The number of clients who utilized the service in day were 664 and 480 clients utilized at night. In 10 instances the ambulance services could not be provided. On average government vehicles runs 150 km per day and empanelled vehicle runs 310 km per day. On an average dispensary vehicle runs 5 km and empanelled runs 12 km per visit. Micro plans are prepared. Ambulances are fitted with GPS but drivers have not received training on GPS functioning. Performance monitoring is done on monthly basis.

14. Community Processes

14.1 ASHA

During the period April 2013 to February 2014, out of the sanctioned 1,421 position, 1,410 ASHAs are in place in the district. During this period 110 ASHAs left and 82 new ASHAs joined. Module 6 training was given to 1,410 ASHAs in the district and ORS plus zinc, family planning methods (condoms and pills) are provided to all the ASHAs. An ASHA worker receives an average of Rs. 8000/- per year. The highest incentive paid to ASHA worker is Rs. 37,000/- and the lowest is Rs. 1800/- in a year. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA Resource Centre exists in the form of District Community Mobilizer and Block Community Mobilizer.

15. Disease Control Programmes

15.1 Leprosy

Number of new leprosy cases reported during the period April 2013 to January 2014 in the district is 411, out of which 368 are adults and 43 are children. Among the new cases detected, 188 are females, 44 belong to caste SC and 198 belongs to caste ST. A total of 361 new leprosy cases are under treatment of which 325 are adults, and 36 are children. Annual new case detection rate are 32 percent for SC and 36 percent for ST.

15.2 Malaria

RNTCP staff consists of 5 Senior treatment supervisor, 5 Senior laboratory treatment supervisor of which one position is vacant since November 2010, 3 TB health visitor, 1 each of data entry operator,

senior DOTS plus and TB/HIV supervisor is vacant since June 2013, During the reference period April 2013 to February 2014, a total of 3,04,717 blood samples were collected from all the PHCs and 600 were tested positive of which positive Pv cases were 485, Pf+M cases were 115,

16. HMIS and MCTS

Trained staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processing and data validation. Proper record of due list and work plan received from MCTS portal is maintained. However, the district officials could not access online verification done by PRC on HMIS data. The details of PRC online verification were provided to SO and M & E Officer. It appears that there is some problem in software from transferring data from DHIS-II to HMIS portal. Data entries are regularly updated in MCTS in the visited facilities. Validation errors need to be addressed at SC level itself. For example, one of the validation error i.e., total deliveries should be approximately equal to live births. Total deliveries in DHIS II is obtained by summing home deliveries (which includes SBA and Non SBA deliveries) plus deliveries in sub centre plus deliveries in SC area (which includes deliveries in NGO, Charitable and other hospitals). However, the data transferred to HMIS, extracts data from SC and home deliveries leading to mismatch of data of HMIS and DHIS-II. This difference if exists causes validation error and to transfer the data this error has to be corrected which cannot be done unless the HMIS data includes data from SC area.

There is some lack of understanding in definitions for example total abortions includes (spontaneous and induced abortions) whereas the understanding is total abortions means spontaneous abortions as they consider induced abortions to be entered in MTP only. Hence, in such case the validation error occurs wherein total abortions are not greater than total MTPs conducted.

17. Annexure

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 and 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
IYCF	Infant and Young Child Feeding
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
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
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee