

**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Dhule District, Maharashtra**

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Table of Contents

1	Executive Summary.....	3
2	Introduction.....	8
3	State Profile and District Profile.....	8
4	Key Health and Service Delivery Indicators.....	10
5	Health Infrastructure.....	12
6	Human Resources.....	13
7	Other Health System Inputs.....	15
8	Maternal Health.....	17
	8.1 ANC and PNC.....	17
	8.2 Institutional Deliveries.....	18
	8.3 Maternal Death Review.....	18
	8.4 JSSK.....	18
	8.5 JSY.....	19
9	Child Health.....	20
	9.1 Immunization.....	19
	9.2 RBSK.....	20
10	Family Planning.....	20
11	ARSH.....	21
12	Quality in Health Services.....	21
	12.1 Infection Control.....	21
	12.2 Record Maintenance.....	22
	12.3 IEC.....	22
13	Referral Transport and MMUs.....	23
14	Community Processes.....	23
	14.1 ASHA.....	23
15	Disease Control Programmes.....	23
	Malaria.....	23
16	HMIS and MCTS.....	23
17	Annexure.....	24

Monitoring and Evaluation of Programme Implementation Plan 2016-17: Dhule District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Dhule district was carried during the period 29th of August to 3rd of September 2016. The District Health Office, SDH Shirpur, CHC Thalner, PHC Boradi and SC Kodid 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 Shirpur** has functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic. However, the staff quarters available are inadequate and MOs quarter although available is under repair. SDH requires 3 Medical Officers in Grade II as per sanctioned post.
- **CHC Thalner** Although, building was handed over to CHC in February 2016 specialist doctors are not available. In this village PHC was functioning along with CHC in same buildings, recently PHC was sifted to another village after CHC is not functioning well as before. In CHC equipment's available and OT is non-functional; IEC materials are not displayed. **CHC** requires one medical supriudent.
- **PHC Bhoradi** is located at a distance of less than one km from the main road. All the sanctioned posts are filled. Staff quarters for MOs are not available. Building is in good condition, toilet facilities are available, and they are attached labour wards. Water supply and Electricity with power backup are available.
- **SC kodid**, the building condition is good; electricity is available. Labour room has attached toilet.

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.
- **SDH Shirpur**: EDL is available and displayed in SDH. Computer inventory system is in place. All the essential drugs, except for IFA syrup with dispenser, Misoprostol tablets, are not available. Emergency unit requires Defibrillator and central oxygen supply.
- **CHC Thalner**: EDL list is available but not displayed in the hospital. IFA tablets (blue), IFA syrup with dispenser, and Misoprostol tablets and Mifepristone tablets are not available. MVA/EVA, and phototherapy unit are not available, all the equipment's are available.

- **PHC Boradi:** EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available except IFA tablets (blue). All the essential supplies and equipment's are available except for laboratory equipment semi auto analyser. Radiant Warmer, functional suction apparatus, MVA/EVA equipment not available.
- **SC Kodid :** All the essential drugs are available except for IFA syrup with dispenser, misoprostol tablets (not available since two months) and antibiotics are available.

Maternal Health

- During the period April-July 2016, the district recorded 73.6 percent first trimester registration and 82.5 percent of pregnant women received at least 3 ANC services. Nearly, 426 women were line listed for severe anaemic condition.
- **SDH Shirpur** manages high risk pregnancies and provides essential newborn care. During the reference period April-July 2016, 72 obstetric complication cases were managed, 50 MTPs were conducted in first trimester.
- **CHC Thalner** Eight women were referred to other institutes during the period April-July 2016. The institute can manage high risk pregnancy, and provide essential new-born care. However, there is no provision for diet in post natal wards.
- **PHC Bhoradi** can manage high risk pregnancy and provide essential new-born care.
- **SC Kodid** thirteen women's were referred to other facilities during the period April-July 2016. ANMs have the requisite skills to identify high risk pregnancy.

Maternal Death Review

- District task force is formed to conduct MDR. Two maternal deaths were reported in the district during the reference period April to July 2016. The findings from MDR during the period April-July 2016 indicate the maternal deaths could have been avoided if high risk pregnant women were not only identified but also provided with timely referral and treatment. Two reported deaths were on 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. There are 62 government vehicles in the district. During the reference period April to July 2016, free drugs and diagnostics were provided.

Child Health

- NBCC and NRC units 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.
- **In SDH Shirpur** NRC unit is available. During the period April to July 2016, 26 children's were admitted and 16 children's were admitted with SAM.
- **SC, kodid** 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.
- **CHC, Thalner** Recently CHC started functioning in new building although there is Operation theatre but due to unavailability of specialist OT is non-functional.

Infection Control

- Regular fogging is done in **SDH Shirpur** as well as laundry service is available. Wards are clean. Toilets are clean. Biomedical waste is outsourced and waste is collected daily. However, wastes were lying outside the premises of the SDH at the time of our visit. Labour room is available in **CHC Thalner** and wards are clean, Toilets are clean, Biomedical waste is outsourced and waste is collected dally. **PHC Bhoradi**, toilet is attached to male and female ward. Biomedical waste is outsourced and collected every two days in a week. General cleanliness is average in **SC kodid**.

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 bhoradi**. Citizens' charter is displayed list of services available, protocol posters, and JSSK entitlements are displayed. Timing of health facility, immunization schedule, EDL, and JSY entitlements are displayed.
- **CHC Thalner** EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services are not available and not displayed.
- **SC kodid** Citizens' charter is displayed list of services available, protocol posters, and JSSK entitlements are displayed. Timing of health facility, immunization schedule, EDL, and JSY entitlements are displayed. Citizen charter, timings of health facility, and immunization schedule are displayed.

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.
- Primary reason for the low intake of JSY inspite of having major population of tribal is non availability of bank account. As per GOI released in April 2016 JSY payments should be directly transferred to bank account (DTB). However, many mothers/beneficiaries do not have a bank account as also most of the beneficiaries are residing in remote areas which might be a constrain in opening bank account. It is recommended the JSY beneficiaries should be identified at the time of ANC registration to open the bank account.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists. **SDH Shirpur** requires Medical Officers as per sanctioned post.
- 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.
- In **SDH Shirpur** all the essential drugs are available except IFA syrup with dispenser, and Misoprostol. Supplies are available except sanitary napkins.
- In **CHC Thalner** IFA tablets (blue), IFA syrup with dispenser, Misoprostol and Mifepristone tablets are not available.
- In **PHC Bhoradi** IFA syrup with dispenser, misoprostol and mifepristone tablets were 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-July 2016 indicates the maternal deaths could have been avoided if high risk pregnant women were identified with timely referral and treatment.

- **CHC Thalner** is not working in RCH components as in the nearby area of this CHC two Sub-centers are working in the ANMs. Hence, ANC and Immunization cases are treated in SC only. In the CHC OPD cases are treated and lab testing is done.

- The ANM **of SC Kodid** was awarded with Anandibai Joshi Award in the year 2014-15. SC building was renovated as well as compound wall was constructed using local body fund. Problems of ANM are high Population and network is unavailable.

- In **SDH Shirpur** one Anesthetists sanctioned post is filled. Lab call counter machinery is available but Reagents are not available. So the machine is not working for conducting test of Hemoglobin PLV etc. Semi Auto Analyzer available but Reagent kit not available. Vehicle is available but is old and new vehicle is required. Since NRC is available as well as JSSK for providing diet it is recommended to make provision for Kitchen facilities in the SDH facilities. In SDH the compound wall available is partially build whereas the compound is not available in the main entrance or wherever it is required.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 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.

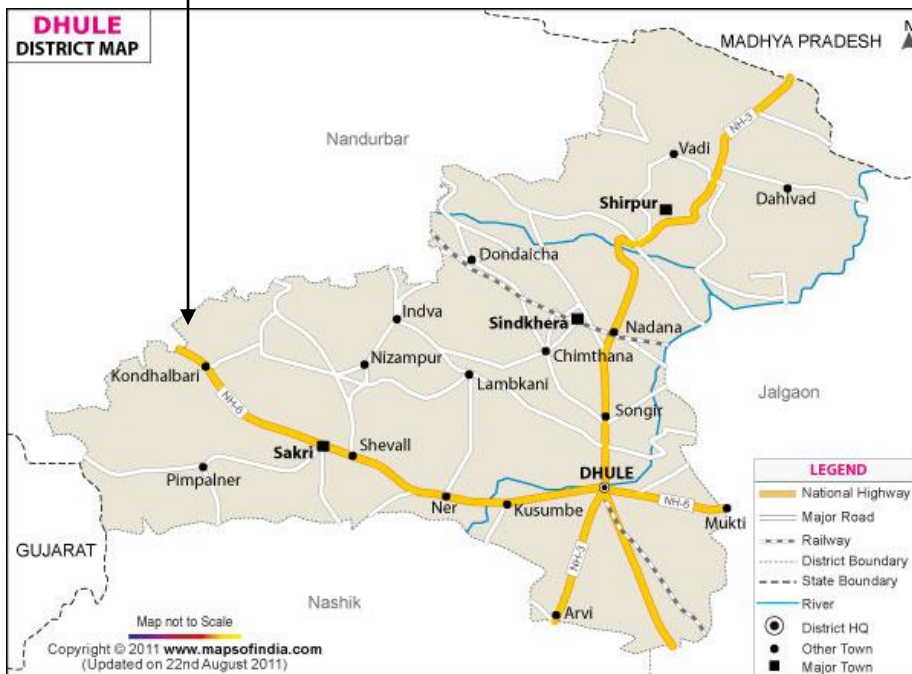
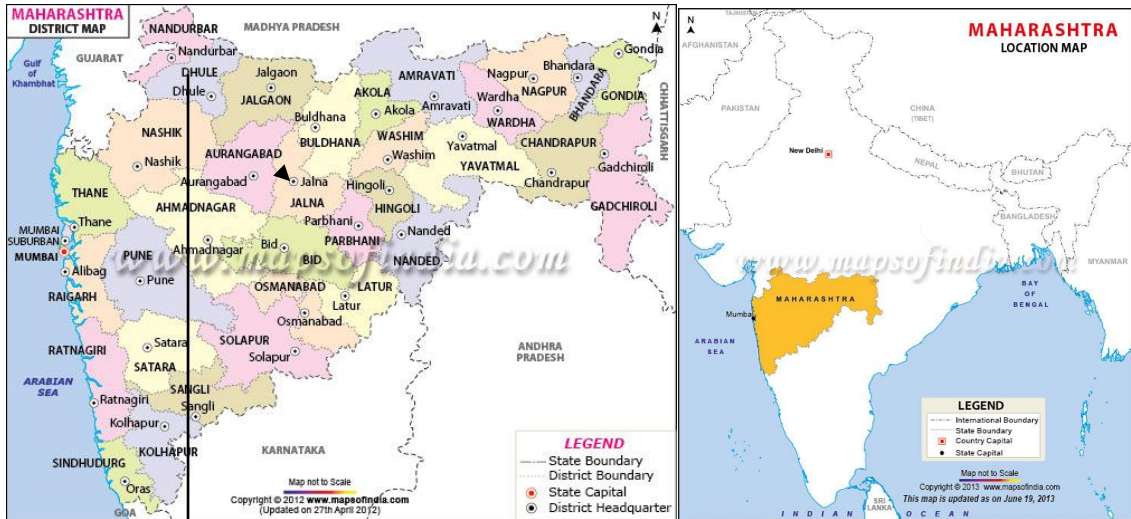
As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Dhule District was carried during the period 29th of August to 3rd of September 2016. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were 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, CS, DPM and IPHS Coordinator in the district, SDH Shirpur, CHC Thalner, PHC Boradi, and SC Kodid were selected for monitoring of PIP. Accordingly, the District Health Office, SDH Shirpur, CHC Thalner, PHC Boradi, and SC Kodid 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	678	43,663	Scheduled Tribe (%)	31.5	9.4
Population – Total	2,050,862	11,23,72,972	Literacy Rate – Total (%)	72.8	82.91
Population – Male	1,054,031	5,83,61,397	Literacy Rate – Male (%)	79.5	89.82
Population – Female	9,96,831	5,40,11,575	Literacy Rate – Female (%)	65.8	75.48
Density of Popn/Sq.km	285	365	Sex Ratio (f/m)	946	925
Urban Population (%)	27.84	45.23	Child Sex Ratio	898	883

Source: Census of India 2011

4. Key Health and Service Delivery Indicators (DLHS-4): Maharashtra and Dhule District

Sr.No.	Indicators from DLHS-4	Maharashtra	Dhule
1	Mothers registered in the first trimester (%)	61.6	66.7
2	Mothers who had at least three ANC visits (%)	74.4	73.7
3	Mothers who got at least one TT injection (%)	88.7	85.9
4	Institutional births (%)	63.5	84.3
5	Home deliveries assisted by SBA (%)	5.7	10.8
6	Children fully immunised (%)	69.0	78.4
7	Children breastfed within one hour of birth (%)	52.5	80.3
8	Per cent of women using modern FP methods	63.9	64.6
9	Total Unmet Need for FP (%)	13.6	22.3
10	Unmet need for spacing (%)	5.9	15.7
11	Unmet need for limiting (%)	7.7	6.6

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 DLHS4, the percent of mothers received 3 ANC check-ups in Dhule district (73.7 percent). Home deliveries assisted by SBA 10.8 percent is much higher than the state as a whole (5.7 percent). 84.3 percent of the births took place in the institution in the district.

District: Dhule Key Service Utilization Parameters (April 2016 to July 2016)

Service Utilization Parameter	SDH Shiripur	RH Thalnar	PHC Boradi	SC Kondi
OPD	20322	8337	6398	
IPD	2163	396	416	
Expected number of pregnancies	858	25	475	80
MCTS entry on percentage of women registered in the first trimester	100	100	100	100
No. of pregnant women given IFA	237	----	263	121
Total deliveries conducted	248	12	57	48
Number of Deliveries conducted at home				21
No. of assisted deliveries(Ventouse/ Forceps)	11	----	----	
No. of C section conducted	1	----		
Number of obstetric complications managed, pls. specify type	72	----	-----	
No. of neonates initiated breast feeding within one hour	242	12	57	48
Number of children screened for Defects at birth under RBSK	----		-----	-----
RTI/STI Treated	26		16	
No of admissions in NBSUs/ SNCU, whichever available				
Inborn	26			
Out born				
No. of children admitted with SAM	16			
No. of sick children referred	----		21	3
No. of pregnant women referred	125	8	17	13
ANC1 registration	771		475	54
ANC 3 Coverage	395		475	93
ANC 4 Coverage	366		328	80
No. of IUCD Insertions	29		40	6
No. of Tubectomy	78		20	
No. of Vasectomy	-----		10	
No. of Minilap + Laparoscopy	---		----	
No. of children fully immunized	642	15	353	75
Measles coverage	642		353	75
No. of children given ORS + Zinc	32		353	1300
No. of children given Vitamin A	1178		232	1097
No. of Children given IFA syrup				--
No. of women who accepted post-partum FP	16		407	
No. of MTPs conducted in first trimester	50			
No. of MTPs conducted in second trimester	---			
Number of Adolescents attending ARSH clinic	528			
Maternal deaths, if any	---		---	
Still births, if any	8		2	1
Neonatal deaths, if any	---		3	2
Infant deaths, if any	----		1	
Number of VHNDs attended				8
Number of VHNSC meeting attended				8

Service delivery data submitted for MCTS updation				650
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Note: -- = Nil; * = No data; ** = Services not available

5. Health Infrastructure

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
SDH	2	2	2	100 beds at Shirpur 50 beds at Dondaiha
CHC	6	5	6	30
PHC	41	39	41	6
SC	232	228	-	NA

NA = Not Applicable

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 MS and one quarter for MO but is not in good condition. Staff quarter available 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. 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, BSU, 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. ICTC/PPTCT centres are available.

CHC Thalner: The selected CHC Thalner 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 not functional NBCC and NBSU with clean wards separately for males and females. Complaint or suggestion box is not available and biomedical waste is outsourced.

PHC Boradi: The selected PHC is inside from nearest road. The population under this PHC is 50,648. Covering 19 villages and 17 hamlets. Under this PHC there are 7 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. Staff quarters are not available for MO and ANM. 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 toilet attached to it. NBCC is available and is functional. There is a mechanism for waste management every two times in a week.

SC Kodid comes under PHC, Boradi which is approximately 8 Km from this SC. SC is located in main habitation with catchment population of 9972 covering two villages and 11 hamlets. The building condition is good. ANM quarters are available and ANMs are residing in the quarters. Running 24*7

water supplies and electricity is available. It has functional labour room and NBCC. Complain or suggestion box is not available. Biomedical waste is managed by burying the waste in a pit.

6. Human Resources and Training

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy CI- I	-----	----	----
3	Additional District Health Officer CI- I	2	1	1
4	Asst. District Health Officer CI- I			
5	District RCH officer CI- I	1	0	1
6	District Tuberculosis officer CI- I	1	0	1
7	Administrative Officer CI- II	1	1	0
8	District Malaria officer CI-II			
9	Taluka Health Officer Group A	4	1	3
10	MO Group A and B	96	89	7
11	Epidemiology MO	-----	----	-----
12	Statistical Officer	1	1	0
13	Section Officer	7	6	1
14	Health Worker (Male)	163	132	31
15	Health Assistant	59	56	3
16	ANM	273	245	28
17	LHV			
18	MPHW Male			
19	Health Assistant (Female)	41	40	1
20	Pharmacists	42	42	0
21	Health Supervisor			
22	Leprosy Technician	1	1	0
23	Laboratory Technician	14	14	0
24	Sweeper	41	26	15
	Total	748	656	92

Contractual staff appointed under NRHM in Dhule District

Sr. No.	Name of NRHM Department	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	7	7	0
2	M&E	4	4	0
3	IPHS	5	5	0
4	FMG	4	4	0
5	IDW	3	3	0
6	ASHA	5	5	0
7	RKS	0	0	0
8	RBSK	125	112	13
9	AYUSH	12	12	0
10	Sickle Cell	6	4	2

11	BPMU	8	8	0
12	Procurement	2	2	0
13	Urban RCH	9	5	4
14	NPCB	4	4	0
15	Tele Medicine	1	1	0
16	Quality Assurance	2	2	0
17	NRC	8	7	1
18	PCPNDT	2	1	1
19	ARSH	1	1	0
20	Nursing School	11	10	1
	Total	219	197	22

SDH Shirpur:

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	6	4	2
2	MO General Physician CL-II	12	10	2
3	Nursing Cadre	27	21	6
4	Class IV Cadre	4	3	1
	Total	49	38	11

SDH Shirpur During the reference period April 2016 to July, 2016 out of the total 49 sanctioned posts in SDH only 38 are filled. As per sanctioned post, SDH requires two Medical Officers in Grade II. During the reference period April 2016 to July 2016 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, IUUCD, PPIUCD, Immunization and cold chain, SAB, NRC/CTC, PPTCT, HIV and RTI/STI. Lab technician received training in blood storage.

CHC Thalner

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	1	0	1
2	MO General Physician CL-II	4	3	1
3	Nursing Cadre	7	5	2
4	Class IV Cadre	15	9	6
	Total	27	17	10

CHC Thalner The post of grade one is vacant. All the three posts of medical officers in grade II are filled. There are 22 sanctioned posts out of 14 posts are filled. During the period April-2016 July 2016 Two MO received training in, BeMOC, NSSK, IUUCD and PPIUCD. Staff nurses received training in SAB.

PHC Bhoradi: All the sanctioned posts are filled in PHC. During the period April 2016 to July 2016,

SC kodid has 2 ANMs (1 regular and one under NRHM) and one male MPW. Regular ANM received training in IMNCI, RTI/STI and contractual ANM received training in RTI/STI, during this reference period.

Training status /skills of various cadres district as a whole. (APRIL16-JULY 16)

S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB		34		17			
2	BEmOC	2						
3	F-IMNCI				3			
4	RTI/STI	10	23		4			
5	ASHA-INDUCCTION 8DAYS							74
6	ASHA HBNC PHASE II.III							77
7	ASHA HBNC PHASEIV TOT							12
8	IYCN Trg. 3 days		33		4			
9	PPIUCD	12	22		9			

During the period April 2016 to July 2016, under RCH, trainings were conducted on SAB, BEmoc, MTP/MVA, Cu.T 375, and RTI/STI for SN and MO. A total of 288 health staffs were trained during this period in IMNCI, IYCN, NSSK, Cold Chain, WIFS and VCDC/VCTS. A total of 288 staffs were trained during this period. Under NRHM ASHA induction training, ASHA GATPRAVARTAK and ASHA Module 6-7 trainings were conducted during this period.

7. Other Health System Inputs

During the period April 2016 to July 2016, three Major and 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.

SDH Shirpur, during the period April 2016 to July 2016 total of 20322 OPD and 2163 IPD cases were attended in the facility. One c sections were conducted and 72 obstetric complications were managed during this period.

CHC Thalner, a total of 8337 OPD and 396 IPD cases were attended in the facility. Zero cases of obstetric complications were managed during this period.

PHC Bhoradi, total of 6398 OPD and 416 IPD cases were attended in the facility. Zero 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.

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, the entire essential drugs, except for IFA syrup with dispenser. Pregnancy testing kits, OCPs, EC pills, IUCDs available and sanitary napkins were not available All the essential equipments are available in SDH.

CHC Thalner: EDL list is available but not displayed in the hospital. In EDL, IFA tablets, Zinc tablets were available. Misoprostol and mifepristone tablets are not available. All the essential supplies available in CHC except for MVA/EVA equipment, all the equipment's were available. All the equipment's were functioning. All the laboratory equipments are available in CHC.

PHC Bhoradi: EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available except IFA tablets (blue). 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 kodid: All the essential drugs were available except for IFA syrup with dispenser is not available. In equipment's blood sugar testing kits is available, and needle and hub cutter. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit were available in the SC. All the essential medical supplies were available in SC.

Lab Services

SDH Shirpur: In SDH, All the major tests are conducted. During the reference period April 2016 to July 2016, 3944 HIV tests were done. In ANC 2163 HIV tests and 446 TB tests were conducted. Malaria tests were conducted on 520 cases.

CHC Thalner: All the major tests are conducted in CHC. During the reference period April 2016 to July 2016, 1120 malaria tests; 861 HB tests; 70 CBC; and 52 RPR tests were conducted in CHC.

PHC Bhoradi: During the reference period April 2016 to July 2016, 5526 malaria tests were conducted. 309 TB tests were conducted. HIV tested cases were 580 in total of which ANC tested cases.

SC Kodidi: HB test, blood sugar is done. Record is maintained in the SC.

AYUSH Services

AYUSH facilities such as Ayurveda and homeopathic are provided in eight facilities. Ayurveda 1171 OPDs and homeopathic are 1003 OPD 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 2016 to July 2016 15049 ANC registrations were done out of which first trimester registrations was 11079 whereas 12422 women received 3 ANC checkups in the district. Thus district recorded 73.6 percent first trimester registration and 82.5 percent receiving 3 ANC services. During the reference period 8495 women were registered for JSY. 426 women were line listed for severe anaemic condition. Thirty three hypertensive pregnant women were identified and six eclampsia cases were managed. Pregnant women provided with TT2 booster 12840 and IFA tablets were 8260. During this period, 11 mothers received postnatal visits. Total deliveries in the district were 8054 of which 580 were home deliveries of 48 Non SBA home deliveries. Deliveries in public and private institutions were 63 and 29 percent respectively. C section deliveries were 2.6 percent out of which 99 percent were in private institutions. 4881 women received post-partum check-up within 48 hours of delivery. MTP was conducted on 217 women in public institutions and 348 women in private institutions.

SDH Shirpur: During the period April to July 2016, SDH recorded 248 deliveries. 12 deliveries were assisted by Ventouse/Forceps and with one c section deliveries. Pregnant women provided with IFA tablets were 237. SDH can manage high risk pregnancy and provide essential newborn care. In SDH, 72 obstetric complicated cases were managed and 50 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 8 still births, and no infant death. 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 Thalner: During the period April 2016 to July 2016, ANC registration is maintained by ANM in the SC. ANM provided IFA tablets to pregnant women. Total deliveries conducted during this period were 12 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. Not obstetric complication cases were managed in the institute and 8 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 provision of diet in postnatal wards. The institute can manage high risk pregnancy, provide essential newborn care.

PHC Bhoradi: Fifty seven deliveries were recorded during the period April 2016 to July 2016. 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, obstetric complicated cases were managed. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however, there were 2 still birth, 3 neonatal deaths and one 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 Kodid: During the reference period 48 deliveries were reported. All the mothers initiated breast-feeding within 1 hour of delivery. There was no maternal death, one still birth, two neonatal deaths reported during the reference period. ANMs have the skills to identify high risk pregnancy.

8.2 Institutional Deliveries

During the period April 2016 to July 2016, out of the 8054 deliveries recorded in the district, 5092 deliveries were in public institution and 2382 in private accredited institution among which 164 were C-section deliveries in the district. However, number of JSY incentive paid to beneficiaries was 225. 40 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. Two maternal deaths were reported in the district during the reference period April 2016 to July 2016. The age of mother ranged from 20 years old and 23 years of age. All the mothers belong to ST and BPL and deliveries were on road. All mothers were illiterates

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 2016 to July 2016, Ambulance services from home to institute were provided to 306 beneficiaries; 76 were provided free transport from institute to institute; and 384 received drop back facilities. Transport facilities were also provided to neonates of whom 7 were from home to institute, institute to institute transport facilities were provided to 14 neonates and drop back to home were provided to 0 neonates

SDH Shirpur: JSSK is implemented in SDH and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, and diet. In SDH, beneficiaries were provided with free transport from home to institute, 125 beneficiaries were provided with free inter facility transport and 36 were provided with drop back facility to home. 17 neonates received inter transport facilities.

CHC Thalner: 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 31 beneficiaries were provided with free transport from home to institute, 6 beneficiaries were provided with free inter facility transport and 25 were provided with drop back facility to home.

PHC Wadi: During the reference period, 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 2016 to July 2016, 2849 beneficiaries received JSY payments as per JSY guidelines. Full amount of financial assistance is provided in the form of only account transferred to the beneficiaries and last year remaining payment given to a/c payee cheque within 15 days of delivery. 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.

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 2016 to July 2016, out of the total 7966 live births. NBSU units are available in SDHs and CHCs. During the period April 2016 to July 2016, 16 children were admitted of which 14 were cured. Nutritional Rehabilitation Centre exists in SDH with necessary equipment and trained manpower.

In SDH, Shirpur, functional NBSU and NBCC units exist in SDH. During the reference period, 26 children were admitted of which 0 were out born cases. NRC unit is functioning in SDH. The unit has trained manpower of two ANMs, one each of paediatrician and dietician.

9.1 Immunization

During the period April 2016 July 2016, 9,090 children were fully vaccinated in the district; 12,219 babies were provided with BCG doses; DPT/Penta 1, 2 and 3 are provided respectively to 13,422; 12,850 and 11,911 babies; DPT and OPV booster were provided respectively to 10,962 and 10,962 children above 16 months of age; polio 0, 1, 2 and 3 doses are provided respectively to 10,324;

12,476; 11,752 and 11,082 babies; Hepatitis 05,865 babies; and Measles 1 and 2 is provided respectively to 12,212 and 10,947 babies. During this period, number of children's who were fully immunized were 9,090. 4,809 Immunization sessions were planned and held.

SDH Shirpur: In SDH, zero doses of BCG, Hepatitis B and OPV were provided during the reference period April-July 2016, 642 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 1178.

PHC Bhoradi: During the period April-July 2016, 353 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 Kodid: During the period April-July 2016, 75 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. During the reference period April-July 2016, 2593 school check-ups were conducted covering 2, 35,094 students.

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-July 2016 in the district under this scheme 2236. Number of children screened in the age group 0-6 were 1, 66,130. Among which 9,936 were treated 20,029 were referred, 84 and 80 were identified for heart and other surgery.

SDH Shirpur: There are 6 teams under RBSK consisting of Medical Officers, ANM and other health staffs in SDH Shirpur. Under RBSK, SDH received an amount of Rs. 1615083 and more than 95 percent is spent. However, 464 Anganwadi screened and 37854 numbers of children screened under RBSK.

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 2016 to July 2016, 993 female sterilization were conducted during

this reference period. IUCD conducted in public institution were 1745. Condoms users are 62505 and oral pills users are 24424.

SDH Shirpur: Family planning records are well maintained; 29 IUCD insertion, 78 tubectomy were conducted during the reference period April 2016 to July 2016. Counselling is also provided in family planning.

CHC, Thalner: During the period April-July 2016, no anyone cases of family planning and IUCD insertions in the CHC.

PHC Bhoradi: During the period April 2016 to July 2016, 40 IUCD insertions and 20 tubectomy cases were conducted in the PHC. And 10 Vasectomy cases conducted in the PHC. Counselling of family planning is provided and the record of FP is also maintained.

SC Kodid: Family planning counselling is provided. Six IUD insertions during the period April 2016 to July 2016, women accepted postpartum family planning services

11. ARSH

Four 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. Clinical services were provided mainly related to menstrual problems, RTI/STI, Skin problems, ANC, contraceptives as well as counselling. 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: Regular fogging is done as well as laundry service is available. Toilets although available are clean. Wards are clean. Biomedical waste is outsourced and waste is collected daily. There are three aqua guard fitted for safe drinking water as well as bore well is there for regular water supply.

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

PHC Bhoradi: 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 Kodid: General cleanliness is good. Toilets although available are choked and hence non-functional.

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.

CHC Thalner: Registers for IPD/OPD, registers are available. ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, immunisation, Referral, and drug stock registers are not available, during the period April 2016 to July 2016.

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

SC kodid: 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

Shivparvati Medical Pratisthan is the NGO of MMU in Dhule district. There is one MO, one ANM, one Pharmacist, one DMLT and two drivers available in the MMU. Vehicle goes in the villages and ETP are plan. Total OPD in the reference period are 4795 and ANC cases are 365. 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. There are 62 government vehicles in the district. During the reference period April to July 2016, free drugs and diagnostics were provided.

14. Community Processes

14.1 ASHA

During the period April 2016 to July 2016, out of the sanctioned 1,421 position, 1,228 ASHAs are in place in the district. During this period 16 ASHAs left. 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. The highest incentive paid to ASHA worker is Rs. 25,400/- and the lowest is Rs. 50/- the reference period April to July 2016. 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

Malaria

During the reference period April 2016 to July 2016, a total of 7813 blood samples were collected from all the PHCs and 78 were tested positive of which positive cases were 7.

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. Data entries are regularly updated in MCTS in the visited facilities

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