

**Monitoring and Evaluation of Programme Implementation Plan, 2014-15:
Gondia District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan 2014-15: Gondia District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for the District was carried during the period 25-29, November 2014. The District Health Office, SDH, CHC, PHC, and SC were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Gondia district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

Even though DH, WH and CHC are providing round the clock health services staff quarters are not available for MOs, SNs and for other categories of staffs. Labour, New born care corner, ARSH, NRC and BB/BSU, NBSU and SNCU are not available in CHC Amgaon. Wards are not separate for males and females in PHC Bangaon.

Human Resources and Training

District is finding shortage of specialist, health and supporting staffs. The manpower requirement in various health facilities are DH (24 percent), WH (5 percent), SDH and RHS (11 percent), and PHCs (7 percent) as per sanctioned post.

In DH Gondia Eye specialists, Radiologist, ENT, Medicines, Paediatrician and pathologist posts are in shortage as per the sanctioned post. In WH Gondia specialist post such as OBG, General surgeon and LTs are vacant. In SDH Tirora sanctioned posts of pharmacist, attender, ward boy, health assistant are in shortage as per the sanctioned post. In CHC Amgaon MO, Junior and senior clerk, Technician, peon and Staff nurse, and ward boy in class IV and under NRHM LT in ICTC is vacant. In PHC Bangaon LT, health assistant, driver posts are vacant. Shortage of health and supporting staffs is hampering in providing timely care and health services.

Availability of Drugs, Diagnostics, and Equipment

DH Gondia: Essential equipment's and supplies are available except for Neonatal, Paediatric and Adult resuscitation kit, Foetal Doppler/CTG, Mobile light, Delivery tables, MVA/EVA and phototherapy unit, C-arm units, OCPs, EC, IUCD and sanitary napkins.

Essential drugs are available except for IFA tablets (blue), and IFA syrup with dispenser, and Mifepristone tablets. Vaccine stocks although available are inadequate.

WH Gondia: Essential equipment's are available except laparoscopes, C-arm units and CT scanner.

SDH Tirora: Essential equipment's are available however most of the instruments available such as BP instrument, needle cutters, radiant warmer, phototherapy unit, Hemoglobinometer although available is given for repair. Essential supplies such as Pregnancy testing kits and sanitary napkins are not available.

Essential drugs are available in the health facility except for IFA tablets (blue) (shortage since 1 month), and IFA syrup with dispenser (is not supplied at all), and Misoprostol and Mifepristone tablets are not available. Vaccine stocks although available is not adequate. BSU unit is not functioning since past 6 months due to non-availability of technicians.

CHC Amgaon: Except for IFA tablets, IFA blue tablets, IFA syrup with dispenser (not available since 3 months), Vitamin A syrup and INJ magnesium sulphate (not available since 2 months), Zinc tablets (not available) and vaccine stocks (inadequate) all other EDLs are available.

Essential supplies and equipment's are available except for Centrifuge, reagents and testing kits (not functioning), OCPs (not available since 6 months), IUCDs and sanitary napkins (not available since 3 months).

PHC Bongaon: EDs is available and displayed except IFA tablets (blue). Essential supplies are available except for sanitary napkins and Adult weighing machine (since 1 month given for repair).

SC Padmapur: Essential drugs are available except for IFA syrup with dispenser (not available since 2 years), Zinc tablets (not available since 6 months), and antibiotics (not at all available).

Essential equipment's are available in SC except for colour coded bins, RBSK pictorial kit and blood sugar testing kits (not available since 2 years), urine albumin and sugar testing kits and sanitary napkins.

Maternal Health

ANC and PNC

During the reference period first trimester registrations was 81 percent; women were line listed for severe anaemic condition; pregnant women were provided with TT and IFA tablets; mothers received postnatal visits.

Pregnant women were provided with IFA during ANC, neonates were initiated with breastfeeding within one hour of delivery as well as screened for defects at birth and Mothers are advised to stay for at least 48 hours after delivery in the hospital in all the visited facilities. High risk pregnancy, and obstetric complications were managed; MTPs and C section deliveries were conducted during the reference period in **WH, SDH, and PHC**. Six still births in PHC Bongaon and 4 Neonatal deaths were reported from SC Padmapur during the reference period.

Maternal Death Review

District task force is formed to conduct MDR and the state/district task force publishes the MDR report. Seven maternal deaths were reported in the district during the reference period April to

August 2014 out of which only two was reviewed by DQAC and none is reviewed by DHS. Out of these two women aged 30 years old and 27 years old were with parity 4. All the women received atleast 3 ANC check up. The main causes of deaths were G4 with obstetric Hystocatomy with Haemorrhage shock with CRA, Hyper brain damage due to ammotoc fluid embolism, PNC with PIH with partial hypertension with Thrombocytopenia with aspiration Pneumonia with respiratory failure, Placenta Privia, Postpartum with renal failure, PNC with Eclempsia with severe Thrombosis with coma and with respiratory distress. The death during ANC was due to CRA with severe sickle cell Anaemia. There are 51 notified centres in the district for facility based maternal death review.

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 mothers in the district. During the reference period April to October 2014 in PHCs, RHs, SDHs, and WHs 92 percent of mothers utilized free pick up transport service and free drop back facility by 97 percent of mothers as against the institutional deliveries.

During the reference period April-October 2014, JSSK services were provided in the visited WH, CHC and PHC. However, in CHC Amgaon and SDH Tirora utilization of JSSK services is low due to fewer number of deliveries in these facilities.

JSY

JSY benefits are provided as per JSY guidelines in the district. The maximum number of cases (4,411) was promoted by ASHAs. Full amount of financial assistance is provided in the form of ac payee. JSY benefits were also provided to beneficiaries for home deliveries. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district. JSY payment is given in the form of AC payee within 7 days at PHC Bangaon and in WH (as and when grant is available).

Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, SNCU and NBSU units are established at various facilities in the district. SNCU is available with necessary equipment's, trained manpower of Paediatrician, MOs, and SNs. SNCU requires 2 more paediatricians. Nutritional Rehabilitation Centre exists in the district with necessary equipment's and trained manpower. .

In WH there were 4,168 deliveries of which 19 were still births and 80 newborn deaths, 3 still births, 194 neonatal deaths and 2 infant deaths during the reference period.

Immunization sessions were planned and held in the district; babies were provided with BCG doses; DPT 1, 2 and 3; DPT booster; zero doses of polio; Polio booster; Hepatitis 0,1, 2, and 3, Measles 1 & 2 were also provided. Micro plan and Outreach plan are prepared.

RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving the overall quality of life of childrens and young adults through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. There are 19 Teams operating in the district.

Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of spacing methods. IEC materials related to family planning are available in the district. Family planning services such as female sterilization, male sterilization, IUCD, PPIUCD, condoms, and Oral pills are available in the district.

Family planning counselling is provided in the visited DH, WH, CHC and PHC. RTI/STI cases were treated in DH. Tubectomy, postpartum family planning services and Minilaps are conducted in WH during the reference period. Tubectomy and RTI/STI cases were treated in CHC Amgaon. IUD insertions, tubectomy, vasectomy, post partum FP services is provided in PHC.

Infection Control

Segregation of waste is done in colour coded bins in DH, WH, SDH, and CHC. WH and SDH adhere to IMEP protocol. Bio medical waste management is done by outsourcing in DH, WH, SDH, and CHC. Regular fumigation is done in SDH CHC, and PHC. Washing/laundry service and dietary scheme are available in SDH CHC, and PHC. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place in SDH, CHC and PHC. There is a grievance redressal mechanism and tallies are implemented in CHC and PHC.

MMU and Referral transport

There are 3 MMUs operating in the district since 2011 with headquarters in Kudwa, Gondia and Mendha taluka respectively identifying 30 villages. Health staffs of MOs, Pharmacists, SNs, LTS and drivers are available in each MMU. Micro plan is prepared.

ASHA

During the reference period the number of block faciliator required are 58 out of which 46 are available and vacant positions are in tribal areas. Module 6 & 7 training were given to ASHAs at block level in the district. Oral Pills, ORS & Zinc, and family planning methods (condoms and oral pills) are available to all the ASHAs. Payments are disbursed in time to ASHAs however drug replenishment kits are not provided to ASHAs.

Telemedicine

In SDH Tirora, patients awaiting surgery, OBGY, cardiology, skin VD, Orthopaedics, dentistry, radiology were referred and opinions received offline. VC in skin VD and in medicine was conducted

during the reference period. As per telemedicine project of patient node patients were treated according to opinions received at the same centre and patients were treated as per doctors opinion. Doctors and paramedical staff attended the telemedicine and received expert comments from specialist doctors in JJ hospital and resource node, Epilepsy foundation, Mumbai.

Disease Control Programmes

DOT medicines and RDK are available in the district. Out of the sanctioned 23 RNTCP contractual staff 14 are filled. RNTCP staffs and DOT providers have not received salaries since 3 months due to non availability of grants.

The Prabudh Vinayati kalyankari Sanstha Gondia is involved with 34 Electrophoresis machine for testing of which only 27 is working condition.

HMIS and MCTS

Dedicated staffs are available to assess the quality, completeness, and timeliness of data, processing and data validation. However, S.O post is vacant and statistical assistant looks in data issues related to HMIS and MCTS.

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.
- Many of the Specialists, Technicians and supports staffs positions are vacant and the existing staffs available are finding it difficult to cope up with the high demand of patient services consequently may affect timely provision of health services and strain on the existing staffs.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists and supporting staffs are in shortage thereby creating pressure on the existing staffs. Filling up the vacant position at the earliest is recommended.
- Labour room, NBSU and NBCC are not available in DH Gondia, all these services are available at WH which is located very close to DH. Even though, DH and WH are providing round the clock services staff quarters are not available in WH, CHC Amgaon and DH. Hence, it is recommended staff quarters be provided at the earliest to WH, CHC Amgaon and DH.
- Labour room, NBSU, SNCU, ARSH, NRC and BB/BSU are not available in CHC Amgaon. NBSU is not available in PHC Bangaon. Male and female wards are not separated in PHC Bangaon. NBCC is not available in SC Padmpur. In general Maternal and child care infrastructure needs to be strengthened in CHC Amgaon.

- Under JSSK scheme pregnant women receives free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Infants receive free registration, check-up and treatment. Free transportation facility to mother and infants are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet and diagnostics during their stay in the hospital.
- JSY guidelines are followed for making payments. JSY payments are made as per the eligibility criteria indicated in JSY guidelines. The maximum number of cases was promoted by ASHA in rural regions. Full amount of financial assistance is provided in the form of bearer cheque within 7 days of delivery. JSY payments are provided in WH as and when funds are available.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is recommended.
- Equipment's and supplies available are either non functioning or not available in the visited facilities. Equipment's although available are either not functioning or under repair. Some equipment's are given for repair for more than 6 months. It is suggested to develop a mechanism for fast track repair and procurement of equipment's.
- In SDH Tirora, BSU unit is not functioning since 6 months due to non availability of technicians. It is recommended to ensure the functioning of BSU at the earliest.
- EDL although available some drugs are irregular in supply. In general IFA tablets (blue) are not available and vaccine stock although available is inadequate in the visited facilities. Essential drugs are available in DH and SDH Tirora *except* IFA syrup with dispenser, and Mifepristone tablets. In CHC Amgaon OCPs (not available since 6 months), Vitamin A syrup and INJ magnesium sulphate (not available since 2 months), and zinc tablets are not available. In SC padmapur essential drugs are available except for Zinc tablets (not available since 6 months), and antibiotics (not at all available).
- SNCU, NBSU, and NRC are functioning in the district providing critical basic health facilities and to reduce neonatal and infant morbidity and mortality in SNCU requires 2 more additional paediatricians.
- Seven maternal deaths were reported from the district. Two women's were less than 30 years of age with parity 4. IEC can be given through folk songs on family planning, maternal and child health.
- Telemedicine is working effectively this service can be broaden further considering the shortage in specialist.

- To provide quality services trained manpower is required and hence it is suggested to provide regular training for the health and support staffs.
- Due to non availability of timely funds RBSK staffs are not paid since 3 months. *SO post is vacant and need to be filled.*
- Twelve block facilitator are required in tribal areas. Drug replenishment kits are not provided to ASHAs.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 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 Gondia District was carried during the period 25-28 November, 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, Nodal officer, RCH officer, DPM, and IPHS coordinator in the district, SDH, CHC, PHC, and SC was selected for monitoring of PIP. Accordingly, the District Health Office, SDH, WH, CHC, PHC, and SC were visited for the purpose of PIP monitoring in the district. 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 Gondia district as observed by the PRC team during the field visit.

3. State and District Profile

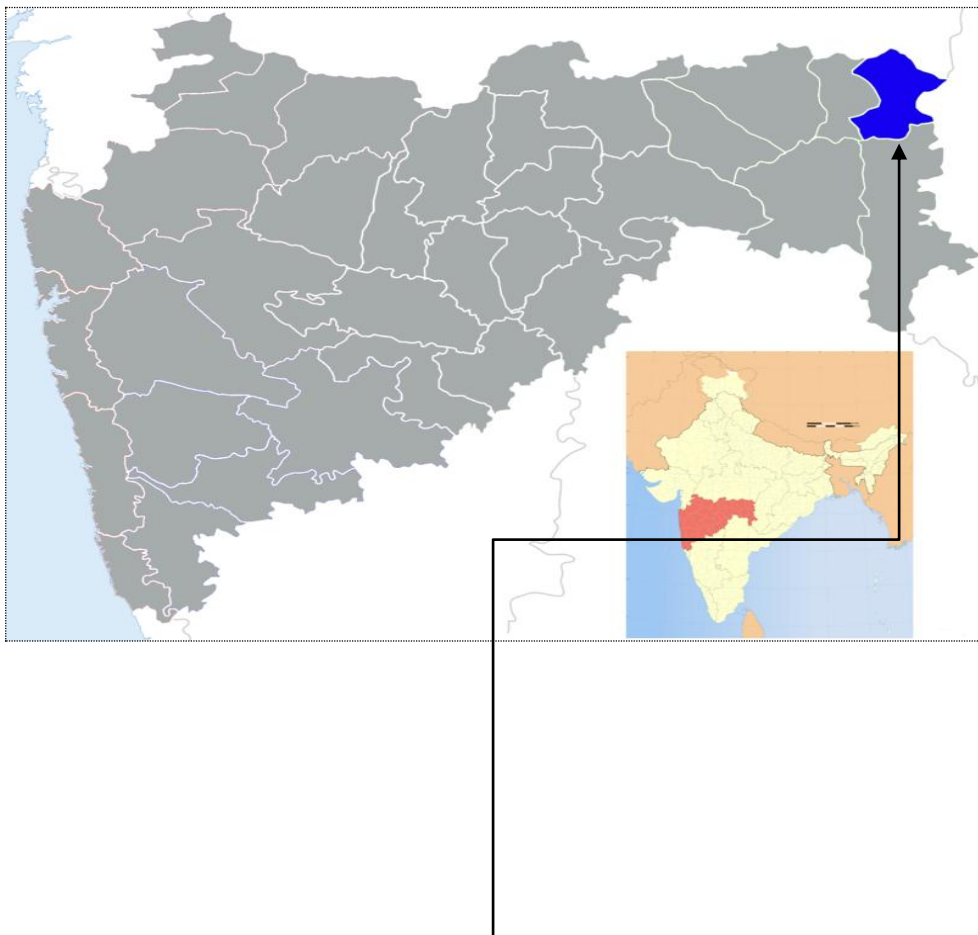
Gondia is located on the northeastern part of the state of Maharashtra and is bordered by states like Chhattisgarh and Madhya Pradesh. It is considered the entry point to the state in this direction. Gondia was developed as a separate district much later in 1999 and was earlier a part of the Bhandara district. Spread across an area of 4843.13 sq. km, it is located at 70.39 to 21.38 N and 89.27 to 82.42 E latitudes.

In order to streamline the administration of this district it has been divided into two separate divisions namely Deori and Gondia. The city of Gondia is also referred to as the "Rice City." The river Wainganga flows through this district along with its tributaries like Gadhavi, Bagh, Bavanthadi, and

Chulbandh. There are some places of religious and historical interest in Gondia and these include Pratapgarh, Kachargarh, Sukadi, and Bangarh.

There are several places of interest in and around Gondia. Nagra located at a distance of just five kms is a 15th century excavation and is one of the oldest Shiv temples. The Nagzira Sanctuary, located at a distance of 40 km from the district, houses as many as 34 different species of wildlife. Within the radius of 50 km from Gondia, is located the Hazara Fall. This fall is a natural oasis and the adjoining site of Darekasa serves as a camping ground. The Nawegaon National Park is the prime attraction here located about 65 kms from Gondia. With the Nishani hills as its backdrop, this sanctuary is a nature lover's delight. Though a small district, Gondia offers a lot of variety to the tourist.

Map of Maharashtra State and Gondia District





Key Demographic Indicators: Maharashtra and Gondia District (2011)

Indicators	Values		Indicators	Values	
	Gondia	Maharashtra		Gondia	Maharashtra
No. of Blocks	8	355	Scheduled Caste (%)	13.3	11.8
No. of Villages	952	43,663	Scheduled Tribe (%)	16.2	9.4
Population – Total	13,22,507	11,23,72,972	Literacy Rate – Total (%)	84.9	82.9
Population – Male	6,61,554	5,83,61,397	Literacy Rate – Male (%)	92.0	89.8
Population – Female	6,60,953	5,40,11,575	Literacy Rate – Female (%)	77.8	75.4
Density of Popn/Sq.km	253	365	Sex Ratio (f/m)	999	925
Urban Population (%)	17.0	45.23	Child Sex Ratio	959	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 Gondia district (84 percent) is higher than the state as a whole (74 percent). However, 53 percent of the births took place in the institution in the district, which is lower than the state level (64 percent).

Sr. No.	Indicators from DLHS-3	Maharashtra	Gondia
1	Mothers registered in the first trimester (%)	61.6	62.5
2	Mothers who had at least three ANC visits (%)	74.4	84.5
3	Mothers who got at least one TT injection (%)	88.7	92.1
4	Institutional births (%)	63.5	53.7
5	Home deliveries assisted by SBA (%)	5.7	21.0

6	Children fully immunised (%)	69.0	86.4
7	Children breastfed within one hour of birth (%)	52.5	56.6
8	Percent of women using modern FP methods	63.9	65.5
9	Total Unmet Need for FP (%)	13.6	13.3
10	Unmet need for spacing (%)	5.9	8.1
11	Unmet need for limiting (%)	7.7	5.2

Source: DLHS-3

5. Health Infrastructure Gondia district

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	01	01	01	200
Exclusive MCH hospital	01	01	01	160
SDH	01	01	01	50
CHC	10	10	10	30
PHC	40	38	Yes	6
SC	238	236	NA	NA
AYUSH facilities (Ayurvedic)	27			PHC
AYUSH facilities (homeopathic)	7			RH
AYUSH facilities (Allopathic)	3			PHC
AYUSH facilities (Ayurvedic)	8			RH
AYUSH facilities (Others)	3			RH Unani

NA = Not Applicable

There are 53 IPHs institute in Gondia district established one each in DH, WH, SDH, SNCU, 10 RHs, and 39 PHCs. There are 31 24*7 health institutes of which 4 are RHs and 22 are PHCs. Eleven institutes are identified for ISO certification viz: 1 each of DH, WH, SDH, SNCU, RH and 6 PHCs. The manpower requirement in percentage as per sanctioned post at various health facilities are DH (24 percent), WH (5 percent), SDH and RHS (11 percent each), and PHCs (7 percent) implying shortage of health personnel in health facilities.

DH Gondia: DH is easily accessible from nearest road and is functioning in a government building which is in a good condition. Eventough, DH providing health services to large number of population staff quarters are not available for MOs, SNs and for other categories of staffs. DH has electricity

with power back up, running 24*7 water supplies, clean toilets separately for males and females. SNCU is available in DH. Labour room, NBSU and NBCC are not available in DH. Wards are clean and are available separately for males and females. NRC, separate room for ARSH clinic and Complaint/suggestion box are available. Biomedical waste is outsourced. ICTC/PPTCT and functional help desk are available.

WH Gondia: WH is easily accessible from nearest road and is functioning in a government building which is in a good condition. Staff quarters are not available for MOs, SNs and for other categories of staffs. WH has sanctioned 200 beds of which 47 are in ward, 34 in labour room, 18 in paediatrics ward, 24 in SNCU, 10 in NRC and 2 in casualty. However, 5 beds cannot be utilised due to some ongoing construction work. WH has electricity with power back up, running 24*7 water supplies, and clean toilets. Functional clean Labour room is available with clean toilet attached to it. Functional NBSU, NBCC and SNCU are available. Wards are clean. NRC and separate room for ARSH clinic are available. BB is available. Biomedical waste is outsourced. ICTC/PPTCT and functional help desk are available. Complaint or suggestion box is not available.

SDH Tirora: The selected SDH is located in tirora block situated approximately 35 Km from the HQ and is easily accessible from nearest road. SDH is functioning in a government building which is in a good condition. Staff quarters are available for 1 MS, 2 MOs, 6 SNs, and 8 other categories of staffs. SDH has electricity with power back up, running 24*7 water supplies through bore well, clean toilets separately for males and females. Functional clean Labour room with clean toilet attached to it. Functional NBSU and NBCC are available with clean wards separately for males and females. CTC is available. Wards are clean and are available separately for males and females. Separate room for ARSH clinic and BSU are available. Complaint or suggestion box is available. Biomedical waste is outsourced. ICTC/PPTCT and functional help desk are available.

CHC Amgaon: is located in Amgaon block at the outskirts of the village. CHC is functioning in a government building which is in a good condition. Staff quarters are not available and construction of quarters is in progress. CHC has electricity with power back up, running 24*7 water supplies. Labour room, New born care corner, NBSU and SNCU are not available. Wards are clean and are available separately for males and females. Clean toilets are available separately for males and females. ARSH, NRC and BB/BSU are not available in the CHC. Biomedical waste management is outsourced. Complaint/ suggestion box and ICTC centre are available.

PHC Bangaon: The selected PHC is located in Amgaon block with a catchment of 40,708 population covering 14 villages. Health facility is situated approximately 25 Km from the HQ and is easily available from nearest road. PHC is functioning in a government building which is in a good condition. Staff quarters for MOs, SNs and other categories are available. PHC has electricity with power back up (solar system is available), running 24*7 water supplies and clean toilets separately for males and females. Functional labour room is available with clean toilet attached to the labour room. NBCC with functional radiant warmer with neonatal ambu bag is available. NBSU is not available. Wards are clean but are not separated by males and females. Biomedical waste is managed by burying in deep pit. Complaint or suggestion box is available.

SC Padmapur: SC comes under PHC Bangaon and is located in Amgaon block. SC is located in main habitation and is functioning in a government building which is in a good physical condition. It has electricity with power back up and 24*7 running water supply. Quarter for ANM is available and ANM is residing in SC. It has a functional labour room with clean toilet attached to it. NBCC is not available. General cleanliness in the facility is good. Complain or suggestion box is not available. Management of biomedical waste is available.

6. Human Resources

In general a large number of the sanctioned post of specialist, MOs and supporting staffs are vacant. During the reference period April-October, 2014 district as a whole finds shortage of health staffs as per the sanctioned post. In grade A out of the sanctioned 71 posts 9 are vacant, In grade B Medical officers (medicines) out of the sanctioned 29 posts 1 is vacant, out of the sanctioned 64 posts of male health assistant 4 are vacant, out of the sanctioned 40 posts of female health assistant 3 are vacant, out of the sanctioned 166 Male health worker 29 are vacant, out of the sanctioned 166 female health worker 53 are vacant, out of the sanctioned 45 posts of pharmacist 4 are vacant, and out of the sanctioned 17 posts of lab technician 1 is vacant.

Under NRHM out of the total 704 posts 630 are filled. The vacant post are mainly 1 each of specialist, dermatologist, MD medicine; SNs (21), LTs (6), pharmacist (5), and physician (2) post in IPHS programme; male and female MOs (18 post each) in RBSK programme; SNs (5) in Infrastructure human Resource programme; SI (1) in IDSP; and DPM/Ophthalmic surgeon (1) in NPCB programme. Among the regular staff out of the total 174 sanctioned post of class I and II 128 posts are filled. Among the class III & IV out of the total 1,194 sanctioned post 1,031 are filled.

Health staffs received training in EmOC, LSAS, BeMOC, SBA, MTP/MVA, NSV, FIMNCI, NSSK, Minilap Sterilisation, Laparoscopy sterilization, IUCD, PPIUCD, Blood storage, IMEP, and Immunization and Cold Chain.

In specialist position out of the sanctioned 6 regular Gynaecologist posts 1 is vacant, out of the sanctioned 7 in regular and 3 in contractual Paediatrician posts 4 in regular and 1 in contractual posts are vacant, out of the sanctioned 5 regular posts of Anaesthetist 4 are vacant, out of the sanctioned 3 regular ENT posts 2 are vacant, out of the sanctioned 3 regular eye specialist posts all are vacant, out of the sanctioned 4 regular Radiologist posts all are vacant, out of the sanctioned 2 regular posts of Pathologist 1 is vacant, out of the sanctioned 4 regular Medicines posts 3 are vacant, 3 post of cardiologist available are filled.

In PHCs out of the sanctioned 71 post, 83 (urban), and 67 in contractual posts 7 MOs (PHC), 29 (urban), and 9 contractual posts are vacant. Out of the sanctioned 40 regular LHV posts 3 are vacant, out of the sanctioned regular 282 (PHC) ANM posts 53 are vacant, and out of the sanctioned 166 (PHC) MPHWS regular posts 29 are vacant.

DH Gondia: In DH out of the total 404 positions available 257 are filled. Specialist posts of Gynaecologist, Anesthetises, and cardiologist are filled as per their sanctioned posts. However, out of 3 post of eye specialist and 4 post of Radiologist none is filled. Two each of ENT and Medicines are vacant out of the sanctioned 3 and 4 posts respectively and one each of Paediatrician and

pathologist post are vacant out of the sanctioned strength of 7 and 2 posts respectively. At present there are 54 MOs available out of the sanctioned 83 posts, 161 staff nurses are available out of the sanctioned 268. All the staff positions of LTs, LHVs are filled. Thus, in DH significant number of specialist and SNs positions is vacant.

WH Gondia: All the sanctioned 7 regular OBG posts are filled and 1 NRHM OBG post is vacant. Out of the sanctioned 2 in regular, 2 in SNCU, and 1 in IPHS Paediatrician posts only 1 regular Paediatrician post is filled. Sanctioned post of 1 general surgeon is vacant, out of the sanctioned post of 3 radiographers 1 is filled and out of the sanctioned 5 posts of pharmacist 2 are filled. Out of the 6 regular and 3 NRHM LTs posts 1 regular LT is vacant. One each sanctioned post of LHV and PHN are filled. Health staff received training in EmOC, MTP/MVA, NSV, FIMNCI, NSSK, Minilap Sterilisation, Laparoscopic Sterilisation, IUCD, PPIUCD, Blood storage, IMEP, and Immunization and Cold Chain.

SDH Tirora: In SDH of the total sanctioned 45 post 5 are vacant. Sanctioned post of 1 MO in grade I and 7 MOs in grade II are filled. Sanctioned posts of 1 pharmacist, 1 each of attender, ward boy, health assistant is vacant. In NRHM of the sanctioned 23 posts 3 are vacant and they are of 2 MOs in RBSK and 1 of SN.

CHC Amgaon: In CHC out of the total 25 sanctioned position 9 are vacant. Vacant posts are one each of class I MO, Junior and senior Clerk in class III, Technician in class III, peon in class IV and 2 each of Staff nurse class III, and ward boy in class IV. Under NRHM of the 14 sanctioned staffs 1 LT in ICTC is vacant.

PHC Bangaon: PHC has sanctioned 2 MOs in grade A and 1 in grade B and all are filled. Two male health assistant and 1 female health assistant posts are filled, 2 post of pharmacist are filled and 1 post of LT is vacant, 1 post of clerk is filled, 5 post of health assistant of which 2 are filled and all 6 ANM posts are filled. The post of 1 driver is vacant. The 4 class IV staffs, 1 cleaner post, under NRHM 1 ANM, 2 of LT and pharmacist under NRHM are filled, 4 ANM and 1 driver posts are filled. Trainings received by staffs in BEmoc, MTP/MVA, NSSK Minilap, NSSK, SBA, GNM, IMNCI and F-IMNCI, IUD, RTI/STI, Immunization, and cold chain.

SC Padmapur: has 2 ANMs , One male MPW and none of them received any training.

7. Other Health System Inputs

During the reference period April-October 2014 the following number of IPD and OPD were admitted in RHs: Aamgaon (889 IPD and OPD 19,706), Arjuni Morgaon (1,640 IPD and OPD 21,502), Navegaon Bandh (991 IPD and OPD 14,121), Chinchgad (1,025 IPD and OPD 12,234), Deori (1,915 IPD and OPD 17,338), Rajegaon (592 IPD and OPD 11,244), Goregaon (757 IPD and OPD 20,305), Sadak Arjuni (1,654 IPD and OPD 17,100), Soundad (237 IPD and OPD 12,939), Salekasa (646 IPD and OPD 13,407), BGW Gondia (9,866 IPD and OPD 30,457), DH (7,339 IPD and OPD 93,102), and SDH Tirora (1,700 IPD and OPD 18,750), PHC Bangaon (1,622 IPD and OPD 13,961).

During the reference period April-October 2014 in district in the major health services such as OPD medicines (30,153), IPD, OT Surgery (major 1,222 and minor 1,148), Radiology (9,708), Pathology (1,54,219), Gynaecology (505), C-section Deliveries (1,358), Cardiology, Emergency (418), Trauma care (230), Ophthalmology (1,465), ENT (74), and others 145 were provided in the district.

Availability of Drugs and diagnostics, Equipment's

DH Gondia: Essential equipment's are available except for Neonatal, Paediatric, and Adult resuscitation kit, Foetal Doppler/CTG, Mobile light, Delivery tables, and MVA/EVA and phototherapy unit. Among OT equipment C-arm units are not available. Some of the equipment's are specifically required in labour ward and for neonates services of which is not available in DH and available in WH located in close proximity to DH.

All the essential drugs are available in the health facility except for IFA tablets (blue), and IFA syrup with dispenser, and Mifepristone tablets. Vaccine stocks available are inadequate. Essential supplies such as OCPs, EC, IUCD and sanitary napkins are not available.

During the reference period April-October 2014 haemoglobin tests (54,830); CBC tests (34,516); Urine albumin and sugar test (1,230); Blood sugar test (32,016); Malaria test (35,211); HIV test (4,253); liver function test (4,611), ultrasound scan (general) (3,106), X-ray (7,562), ECG (1,925) tests were conducted in the DH. Endoscopy test is not provided in DH. BSU with sufficient number of blood bags are available.

WH Gondia: Essential equipment's are available except for OT equipment's such as laparoscopes and C-arm units. Essential lab equipment's are available except for CT scanner. All the essential drugs, supplies and consumables are available in the health facility.

During the reference period April-October 2014 haemoglobin tests; CBC tests; Urine albumin and sugar test; Blood sugar test; Malaria test; TB HIV test; liver function test, ultrasound scan (genera), Xray, ECG test were conducted in the WH. Endoscopy and RPR test is not provided in WH. BSU with sufficient number of blood bags are available.

SDH Tirora: Essential equipments are available however most of the instruments available are either not functioning or under repair. The available equipment's are either not functioning properly or given for repair. In equipment's 10 out of 18 BP instrument, 4 out of 8 needle cutters, 1 out of 4 radiant warmer, and 1 out of 4 phototherapy unit is given for repair. Among OT equipment's all the 5 Hemoglobinometer available is given for repair.

All the essential drugs are available in the health facility except for IFA tablets (blue) which is in shortage since 1 month, and IFA syrup with dispenser is not supplied at all, as well as Misoprostol and Mifepristone tablets. Vaccine stocks available are not adequate. Essential supplies such as Pregnancy testing kits and sanitary napkins are also not available.

During the reference period April-October 2014 haemoglobin tests (1,494); CBC tests (305); Urine albumin and sugar test (1,774); Blood sugar test (49); RPR tests (238); Malaria test (3,092); TB tests (702); HIV test (4,253); and liver function test (49), were conducted in the SDH. Endoscopy test is not provided in DH. BSU with sufficient number of blood bags are available. BSU unit is not functioning since past 6 months due to non availability of technicians.

CHC Amgaon: EDL list is available with computerized inventory management in CHC but not displayed in the hospital. Except for IFA tablets and IFA blue tablets and IFA syrup with dispenser (not available since 3 months), Vitamin A syrup and INJ magnesium sulphate (not available since 2 months), and Zinc tablets and adequate vaccine stocks are not available.

Essential supplies and equipment's are available in CHC except for laboratory equipment's Centrifuge and reagents and testing kits which are not functioning. Essential supplies are available except for OCPs which is not available since 6 months, IUCDs and sanitary napkins, are not available since 3 months.

Diagnostics tests are available except for CBC. During the reference period April-October 2014 haemoglobin tests (1,707), urine albumin and sugar test (980), blood sugar test (430), malaria test (3,530), T.B test (102), HIV test (1,780), and Haematology (8,765) tests were conducted in CHC

PHC Bangaon: EDs is available and displayed except IFA tablets (blue). Computer inventory management is in place.

All the essential supplies are available except for sanitary napkins. All the equipments are available except Adult weighing machine which is under repair since 1 month. All the laboratory equipment's are available. All the major diagnostics tests are available except for CBC, Serum bilirubin, RPR, and Blood Sugar.

During the reference period April-October 2014 haemoglobin tests (706), urine albumin and sugar test (722), malaria test (6,522), T.B test (150), HIV (121), blood group (18) and sickle cell (1,664) were conducted.

SC Padmapur: Essential drugs are available except for IFA syrup with dispenser which is not available since 2 years, Zinc tablets are not available since 6 months, and antibiotics are not at all available.

All the essential equipment's are available in SC except for colour coded bins, RBSK pictorial kit and blood sugar testing kits which is not available since 2 years. Essential supplies are available except for urine albumin and sugar testing kits and sanitary napkins.

AYUSH Services

AYUSH facilities such as Ayurvedic, Unani and Homeopathic are provided in health facilities. AYUSH OPDs are earmarked separately from the main facility. Stocks positions of AYUSH medicines are available but in low quantity. AYUSH MO is a member of the RKS.

8. Maternal Health

8.1 ANC and PNC

During the reference period April-October 2014, out of the total 12,356 ANC registrations first trimester registrations was 10,123; 303 women were line listed for severe anaemic condition;

11,285 pregnant women were provided with TT and 9,008 pregnant women were provided with IFA tablets; 11,328 mothers received postnatal visits.

WH: In WH high risk pregnancy are managed. During the reference period April-October 2014, the expected number of pregnancies was 371 and MCTS entry was 69 percent during the same period. The number of pregnant women provided with IFA in 1, 3 & 4 ANC were 371, 395, 346 respectively; 94 pregnant women were referred to higher institution; 802 obstetric complications were managed using taxim; 45 MTPs in first trimester and 19 MTPs in second trimester were conducted during this period.

Total deliveries conducted during this period were 4,169 of which 40 deliveries were assisted with ventouse/forceps and 2,679 neonates were initiated with breastfeeding within one hour of delivery as well as screened for defects at birth. Out of the total deliveries 1,309 were c section deliveries. Mothers are advised to stay for at least 48 hours after delivery in the hospital.

SDH Tirora: During the reference period April-October 2014, expected number of pregnancies was 237 and MCTS entry was 100 percent. The number of pregnant women provided with IFA was 177. The number of women registered for 1, 3 & 4 ANC were 170, 111, and 55 respectively; 33 pregnant women were referred and 3 MTPs were conducted during the same period. Three obstetric complications were managed during this period.

Total deliveries conducted during this period are 97 and all the neonates were initiated with breastfeeding within one hour of delivery as well as screened for defects at birth. Out of the total deliveries 7 were c section deliveries. Mothers are also advised to stay for at least 48 hours after delivery in the hospital.

CHC Amgaon: During the reference period April-October 2014, the number of deliveries conducted in the health facility is 6 and all the neonates were initiated breast-feeding within 1 hour of birth.

PHC Bangaon: During the reference period April-October 2014, 10 pregnant women were referred to higher FRU; 78 pregnant women were provided with IFA tablets; 54 pregnant women were referred; 2 obstetric complicated cases were managed; 3 MTPs were conducted.

The expected number of pregnancies was 683 and the total deliveries conducted during the period were 166 of which 154 neonates were initiated breast-feeding within 1 hour of birth. Mothers are advised to stay at least 48 hours after delivery in the hospital. Six still births were reported during the reference period.

SC Padmapur: During the reference period April-October 2014 ANC 1, 3 and 4 registrations was 53, 66 and 65 respectively. MCTS entry is 42 percent on women registered for first trimester. Five pregnant women were referred.

The expected number of pregnancies was 117 and 36 deliveries were conducted in SC with 1 home delivery. All the neonates were initiated breastfeeding within 1 hour of birth. Neonatal deaths (4) and still births were reported during the reference period.

8.2 Institutional Deliveries

During the reference period April to October 2014, 11,328 deliveries were conducted in the institution out of which C-section deliveries was 1,364. Total deliveries conducted in WH were 4,169 of and near about 31 percent (1,309) were c section deliveries, SDH Tirora reported 97 deliveries whereas CHC Amgaon, reported 6 deliveries. Reported deliveries in PHC Bangaon, is 166 and in SC padmapur is 36.

8.3 Maternal Death Review

District task force is formed to conduct MDR and the state/district task force publishes the MDR report. Seven maternal deaths were reported in the district during the reference period April to August 2014 out of which only two is reviewed by DQAC and none is reviewed by DHS.

Out of these two women were aged 30 years old and 27 years old and were with parity 4.

The places of delivery for 4 maternal deaths were in private hospital, 2 maternal deaths in DH and 1 maternal death in WH. All the women received atleast 3 ANC check-up. Except for 1 delivery by TBA all the delivery was conducted by doctor with 1 still birth and 5 live births. Only 1 death was during ANC.

The main cause of death were G4 with obstetric Hystocatomy with Haemorrhage shock with CRA; Hyper brain damage due to ammotic fluid embolism, PNC with PIH with partial hypertension with Thrombocytopenia with aspiration Pneumonia with respiratory failure; Placenta Privia; Post partum with renal failure; PNC with Eclampsia with severe Thrombosis with coma with respiratory distress; and the death during ANC was due to CRA with severe sickle cell Anaemia. There are 51 notified centres for facility based maternal death review.

8.4 JSSK

JSSK services of zero expense delivery and free treatment to infants is implemented in the district. Under JSSK, during the reference period April to October 2014 free and zero expenses delivery was provided to 10,282 mothers with 1,309 c section deliveries, free drugs and consumables to 9,550 mothers, free diet upto 3 days to 6,539 mothers, essential and desirable diagnostics to 299 mother and 31 child and free transport facilities from home to hospital to 9,506 mothers, inter hospital transport facilities to 2,639 mothers, and drop back facilities to home to 10,022 mothers.

In the district, 9,506 mothers availed free transport from home to institute, out of the total 10,282 institutional deliveries in PHCs, RHs, SDHs, and WH during the reference period April to October 2014 thus 92 percent of mothers utilized the scheme against the total institutional deliveries. Free drop back facility was utilized by 10,022 beneficiaries with 97 percent drop out against the institutional deliveries. During the reference period 2,639 mothers utilized the free referral transport system.

The number of infants admitted during the reference period were 2,099 and 1,054 infants were provided with free transport from home to institute; free transport from institute to institute to 330 infants; and drop back facilities to home in government vehicle were provided to 1,442 infants.

WH: Government vehicles are available in WH. During the reference period April-October 2014, 680 mothers and 167 infants were provided with free transport from home to institute, 30 women and 133 infants were provided with inter facility and drop back facility to home were provided to 682 women and 237 infants.

SDH Tirora: Government vehicles are available in SDH. During the reference period April-October 2014, only one each of mother and infant was provided with free transport from home to institute, 133 mothers and 28 infants are provided with inter facility and drop back facility to home were provided to 84 mothers.

CHC Amgaon: There was no expenditure incurred by mother's on travel, drugs and diagnostics and diet and all was provided free of charge. JSSK is implemented in CHC and all the pregnant women and sick infants received free transport, medicine, diagnostics, diet, and drop back facilities. The mode of transport is government vehicle. In CHC, only one mother was provided with free transport from home to institute, 5 mothers were provided with free inter facility transport and 7 mother were provided with drop back facility to home during the reference period April-October 2014. Two infants also received free referral transport.

PHC Bangaon: During the reference period April-October 2014, 189 mothers and one infant utilized the services of free transport from home to PHC and 135 got free drop back service; 54 mothers and 16 infants were also provided with free inter transport facility.

8.5 JSY

During the reference period April-October 2014, 5,438 beneficiaries (631 ST, 853 SC, 3,954 BPL) received JSY payments, whereas the estimated JSY beneficiaries were 8,579 (1,458 ST, 1,902 SC, 4,553 BPL) benefits were provided as per JSY guidelines in the district.

Out of the total 5,490 JSY beneficiaries Rs 500 was provided to 20 beneficiaries, Rs 600 to 123 beneficiaries, Rs 700 to 5,295 beneficiaries and Rs 1,500 to 52 beneficiaries. The maximum number of case (4,411) was promoted by ASHA for which ASHA received incentive of Rs 300 in case of 377 beneficiaries, and Rs 600 in case of 4,034 beneficiaries. Full amount of financial assistance is provided in the form of ac payee. JSY benefits were also provided to beneficiaries for home deliveries.

Physical verification of beneficiaries (at least 5%) is done 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.

In CHC Amgaon, PHC Bangaon and SDH Tirora, JSY payment is given in the form of AC payee within 7 days and in WH (when grant is available). JSY is not provided in DH.

9. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, SNCU and NBSU units are established at various facilities in the district. SNCU is available with necessary equipments, trained manpower of 2 Paediatrician, 7 MOs, and 20 SNs. During the reference period there were 1,341 admissions out of which 971 were cured, 120 not cured, 53 referred, and 194 died. SNCU requires 2 more additional paediatricians.

Nutritional Rehabilitation Centre exists in the district with necessary equipments and trained manpower. During the reference period there were 89 admissions and the average length of stay was 15 days. The number of children admitted with SAM was 78.

In WH there were 4,168 deliveries of which 19 were still births and 80 newborn deaths. There were 880 inborn, 461 outborn cases. The number of babies admitted in SNCU were 1,341 cases (119 inborn and 75 outborn); From SNCU 53 children and 76 from Paediatric ward were referred to higher facilities. During the reference period 3 Still births, 194 neonatal deaths and 2 infant deaths were reported from the district.

SDH, Tirora: The number of children admitted in NBSU unit during the reference period April-October 2014, was 17 all of which are inborn cases. The number of children admitted with SAM was 11 and 8 children were referred to higher facilities.

CHC, Amgaon: Essential newborn care such as thermoregulation, breastfeeding and asepsis are provided in CHC. Six children's were referred to higher facilities. CHC can manage sick neonates and Infants and can correctly administer vaccines.

PHC, Bangaon: The number of babies admitted in NBSU unit was 21 and 13 sick children were referred to higher facilities. PHC can manage sick neonates and Infants can correctly administer vaccines. Essential newborn care such as thermoregulation, breastfeeding and asepsis are provided in PHC. Alternate vaccine delivery (AVD) system is functional in PHC.

SC, Padmapur: SC can correctly administer vaccines. Health staff can provide essential newborn care (thermoregulation, breastfeeding and asepsis) and can correctly identify signs and knowledge to treat pneumonia and dehydration.

9.1 Immunization

During the reference period April-October 2014, 11,961 children's were fully vaccinated in the district, 9,230 immunization Sessions were planned and 8,969 were held in the district; 10,088 babies were provided with BCG doses; DPT 1, 2 and 3 are provided respectively to 10,691; 10,352 and 10,440 babies; DPT booster was provided to 10,145 children; zero doses of polio are provided to 8,669 babies and polio 1, 2 and 3 doses are provided respectively to 10,537; 10,228 and 10,295 babies; Polio booster was provided to 9,839 children; Hepatitis 0,1, 2, and 3 are provided respectively to 3,900; 10,649; 10,353; 10396 babies; and Measles 1 & 2 is provided to 11,976 and 7,647 babies. Micro plan and Outreach plan are prepared.

SDH Tirora: During the reference period April-October 2014, 198 children were fully immunized with the same number covered for measles. The number of children provided with vitamin A is 326. One still was also recorded during this period.

WH: During the reference period April-October 2014, 2,717 children were fully immunized with 395 covered for measles. The number of children provided with vitamin A is 3,250 and 245 children was provided with ORS+zinc. One still was also recorded during this period.

CHC Amgaon: BCG and zero doses of OPV are provided to babies. Counselling on IYCF, family planning and mothers are advised to stay for atleast 48 hours.

PHC Bongaon: During the reference period April-October 2014, 291 children were fully immunized and the same numbers of children were covered under measles. The number of children provided with vitamin A doses is 2,538. All mothers initiated breast-feeding within 1 hour of delivery and zero doses of BCG and OPV are provided to the babies.

SC Padmapur: During the reference period April-October 2014, 62 children were fully vaccinated and 49 children were covered under Measles. The number of children provided with vitamin A doses is 35. Two sick children were referred. Health staffs can correctly administer vaccine, guidance support for breast feeding methods, are aware of immunization schedule and onsite administration of vaccine. However, health staffs have no knowledge or skill on adherence to IMEP protocol.

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 are identified for child health screening and early intervention services are established at district level. District has 19 teams which constitutes of 1 each of male and female MOs, Pharmacist and ANM for screening and with proper plans of visits. The number of children screened during the reference period April-October 2014 in the age 6 years is 1,013 and in the age group 6-18 years are 229. The number of schools targeted for check ups were 1,412 for the year 2014-15 and till date 284 check-ups was completed resulting in 20 percent check up. The target number of school children for the check up was 2,22,052 and till date 34,400 check up was done resulting in 15 percent check up as against the target. The number of children identified for heart surgery were 235 between April to March 2015 out of which 138 surgeries were conducted, 97 is pending, and 67 children's were not willing. For other surgeries 877 children's were identified and in actual surgeries conducted were 759 and 118 surgeries are pending. The target for Anganwadi check up was 1,775 and through AWC check-ups the number of children in the age group 0-6 years was 91,917 and 5,639 children's in the age group 0-6 years were treated and 1,020 children's were referred for treatment. The number of children screened for defects of birth under RBSK is 67 in DH.

VCDC and CTC: During the reference period April to October 2014, 126 SAM and 640 MAM children were identified in the district; 476 VCDC and 39 CTC were planned of which 392 VCDC and 7 CTC

were completed till date. The number of children admitted in VCDC was 900 and in CTC were 7 out of which 475 children improved in VCDC and 3 children improved in CTC resulting in 52 percent improvement.

10. Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of spacing methods. IEC materials related to family planning are available in the district. During the reference period April-October 2014, the projected population for family planning was 9,181 and in actual the number of people who received FP service was 3955 resulting in 43 percent of the target. Family planning services such as female sterilization were provided to 2,961 out of the targeted 6,681 women resulting in 44 percent of the target; male sterilization was provided to 994 out of the target 2,500 resulting in 39 percent of the target. IUCD (1,640), PPIUCD, condoms (1,960), and Oral pills (445) were also provided during the reference period.

DH Gondia: Family planning counselling is provided. Tubectomy conducted during the period April-October 2014 is 77. IUCD was conducted on 15 women and 4 women accepted postpartum family planning services and 22 Minilaps were conducted during this period. The number of RTI/STI cases treated in DH was 1,983.

WH Gondia: Family planning counselling is provided in WH. The number of tubectomy conducted during the reference period April-October 2014 was 340; IUCD (30), postpartum family planning services (327) and Minilaps (340) were conducted during this period. Counselling of family planning is provided and the record of FP is also maintained.

SDH Tirora: Family planning counselling is provided in SDH. During the reference period April-October 2014 Tubectomy (18), IUCD (38), RTI/STI (7) and vasectomy (1) were conducted.

PHC Bangaon: During the reference period April-October 2014, IUD insertions (13), tubectomy (84), vasectomy (29), and post partum FP services (43) were conducted. Counselling of family planning is provided and the record of FP is also maintained.

11. ARSH

There are 4 ARSH clinics functioning in DH, WH, SDH, and RH Deori once in a week as per schedule. Manpower are trained for curative treatment in ARSH clinics and outreach services are available in the district. During the reference period April to October 2014, 2,088 adolescents attended and were counselled in ARSH clinic. During the same period, 432 adolescents attended and were counselled in ARSH clinic in WH.

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.

Segregation of waste is done in colour coded bins in DH, WH, SDH, and CHC. WH and SDH adhere to IMEP protocol. Bio medical waste management is done by outsourcing in DH, WH, SDH, and CHC. Regular fumigation is done in SDH CHC, and PHC. Washing/laundry service and dietary scheme are available in SDH CHC, and PHC. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place in SDH, CHC and PHC. There is a grievance redressal mechanism and tallies are implemented in CHC and PHC. In SC padmapur staffs has knowledge and skills segregation of waste in colour coded bins. Biomedical waste is buried in deep burial pit. During the reference period ANM attended 5 VHND and held 5 VHNSC meetings.

12.2 Record Maintenance

All the records/registers are available, updated and correctly filled in the visited facilities. Due to non availability of grants Untied/AMG/RKS are not available.

12.3 IEC

DH: Approach roads have direction to DH. JSSK entitlements, JSY entitlements Citizens' charter, timing of health facility, list of services available, EDL and protocol posters and other IEC material are displayed in DH.

WH: Approach roads have direction to WH. All IEC materials are available.

SDH Tirora: Approach roads have direction to DH. All IEC are available except Citizens' charter, EDL protocol posters and JSSK.

PHC Bangaon: All IEC related materials are available except for protocol posters.

CHC Amgaon: All IEC related materials are available except timings of health facility, EDL, and Immunization schedule.

SC Padmapur: All IEC related materials are available except citizen charter, visit schedule of ANM, and area distribution of the ANM/VHND plan.

13. Referral Transport and MMUs

There are 3 MMUs operating in the district since 2011 viz: Aquarius Public Education society, Pratap memorial trust and Bhagwati Siksha Sanstha mendha with headquarters in Kudwa, Gondia and Mendha taluka respectively identifying 30 villages. Health staffs of 3 each of MOs, Pharmacists, SNs, LTS and 6 drivers in each MMU. The number of visits by MMUs during the reference period was 776 and 43,718 patients were treated. Sixty two ambulances and MMU are available in the district. On an average 1 ambulance is available per 21,330 populations, running an average 2310 km. Micro plan is prepared with GPS installed.

14. Community Processes

14.1 ASHA

During the reference period April-October 2014, ASHAs required are 1001(365 in tribal areas 636 non tribal areas) and all are available in the district. The number of block facilitator required are 58 (37 in tribal areas and 21 in non tribal areas) out of which 46 (25 in tribal areas and in 21 non tribal areas) are available. Three new ASHAs joined during this period. Module 6 & 7 for implementing home based new born care schemes training were given to 888 ASHAs at block level in the district. Oral Pills, ORS & Zinc, and family planning methods (condoms and oral pills) are available to all the ASHAs. An ASHA worker receives an average amount in the range of Rs. 1,322/-per month depending upon her performance. The highest incentive paid to ASHA worker is in the range of Rs. 25,000-30,000/- and the lowest is Rs. 1,000/-. Payments are disbursed in time to ASHAs however drug replenishment kits are not provided to ASHAs.

14.2 Telemedicine

In SDH Tirora During the reference period April-October 2014, 138 patients (20 in medicine, 1 in surgery, 3 in OBGY, 2 in cardiology, 2 in skin VD, 8 in Orthopedics, 6 in dentistry, and 9 in radiology) were referred and opinions received offline through telemedicine. VC 137 (136 in skin VD and 1 in medicine) were conducted during the reference period. The number of patients who were referred were 275 (138 in skin VD, 96 in radiology, 8 in orthopedics, 21 in medicine, 3 in OBGY, and 1 in surgery). As per telemedicine project of patient node 273 patients were treated according to opinions received at the same centre and 2 patients were treated as per doctors opinion. Doctors and paramedical staff attended the telemedicine and received expert comments from specialist doctors in JJ hospital and resource node, Epilepsy foundation, Mumbai.

15. Disease Control Programmes

15.1 Tuberculosis

During the reference period April-October 2014 6,176 sputum tests were conducted and 471 cases were found to be positive. During the period January-October 2014 4,27,488 slides were prepared out of which 859 were positives. During the reference period 570 new cases were detected out of

which 690 patients are under treatment. DOT medicines are available and RDK (644) were available. Out of the sanctioned 23 RNTCP contractual staff 14 are filled. RNTCP staffs and DOT providers have not received salaries since 3 months due to non availability of grants.

15.2 Sickle Cell

During the reference period April-October 2014 of the target 2,00,000 solubility test 99,688 solubility tests were conducted with completion of 49 percent of the target out of which 1,544 cases were found to be positive. Electrophoresis test were conducted out of which 57 cases were diseased; 1,257 carrier cases, and 230 negative cases. The Prabudh Vinayati kalyankari Sanstha Gondia is involved with 34 Electrophoresis machine of which only 27 is working.

16. HMIS and MCTS

Dedicated staffs of ANM/MPW at 238 SC, 39 PHs, SNs in 10 RHs and of PHN at WH and DH are available to assess the quality, completeness, and timeliness of data, processing and data validation. However, S.O post is vacant and statistical assistant looks in data issues related to HMIS and MCTS.

17. Good Practices and Innovations

PCPNDT: During the reference period 12 government, 18 private MTP centres and 56 MTO centre were inspected and notice was issued to none. During the same period 4 government, 25 private sonography centre and 48 sonography centre were inspected and the number of sonography tested during the programme were 15,288 and 6604 F forms were verified.

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