

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

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

**1. Executive Summary**

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2013-14 of Jalgaon District was carried during the period of 12-15 November, 2013. The District Health Office, District Hospital, SDH Jamner, CHC Pahur, PHC Neri and SC Sunasgaon were visited for the study. The Exit Interviews of beneficiaries were carried out at DH to understand the services received by the beneficiaries under the NRHM schemes. PRC team visited Jalgaon during 12-15 November, 2013. Team comprised of two PRC staff, Nodal Officer, Quality Assurance Coordinator and IPHS Coordinator. DPM, IPHS Coordinator and Quality Assurance Coordinator have accompanied the PRC team during the entire period of field visit of four days. This report discusses in detail the implementation of PIP in Jalgaon district as observed during the field visit for monitoring. The key findings are given below:

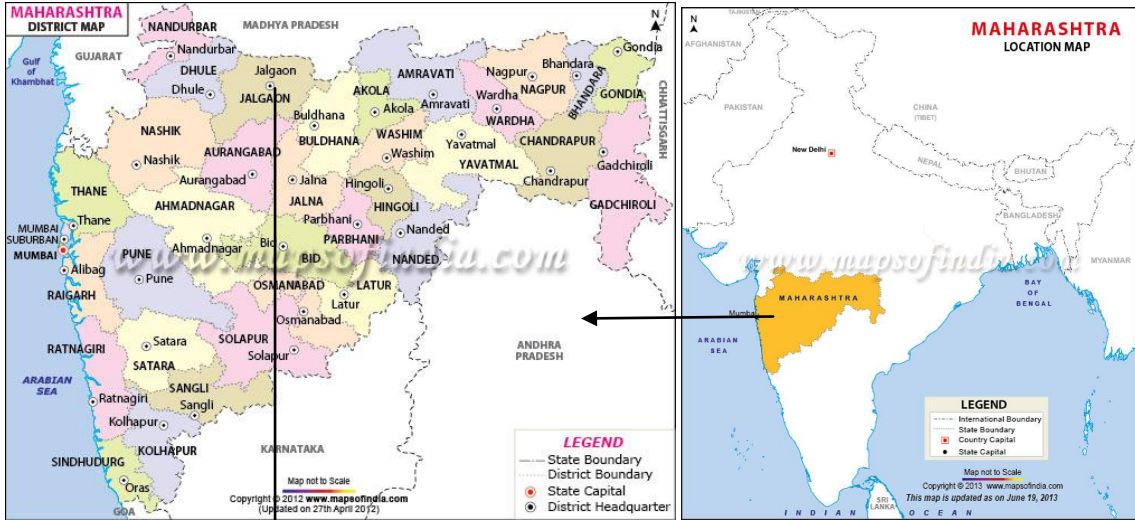
**Key Conclusions and Recommendations**

- Under NRHM, 514 posts of different discipline are sanctioned of which 465 are filled and 49 are vacant for the district as a whole. Total 540 regular positions of different discipline are sanctioned and 466 are filled and 74 positions are vacant. Specialist doctors sanctioned are 27, of which 14 are filled. Vacancies at all levels are cause of concern for provision of the services efficiently in the district.
- Under NRHM 752 posts of different discipline are sanctioned of which 684 are filled and 69 are vacant for the district as a whole. Total 1461 regular positions of different discipline are sanctioned and 1291 are filled and 154 positions are vacant.
- Though most of the facilities have outsourced the disposal of bio medical waste, still there is no proper disposal of Bio-Medical waste at periphery. The Agency which supposed to collect the bio medical waste is not picking the waste on regular basis. The production of biomedical waste is not very high in smaller facilities. However, outsourcing of biomedical waste collection is costlier and half of the RKS funds are being utilised for that purpose. In this connection the visiting team felt the need to continue with the earlier practice of disposal in deep burial pit under strong supervision.
- AYUSH is integrated with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. As all the departments of AYUSH are functioning well in the district. But at the district hospital, adequate space is not available for the AYUSH department. AYUSH department is somewhere in the backyard. AYUSH doctors are sitting in a small hall (about 20 X 15) and there is no privacy.

- Under JSSK, the pregnant women in Jalgaon district receives benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-30 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.
- There is an ambiguity about JSY guidelines which was released for 2013-14.
- Regarding the implementation of free transport under JSSK, it is observed that there is non-response of drivers to pick-up the pregnant women at night. This is mainly due to the low salary (Rs. 4,000/- per month) paid to the drivers or 24 hours duty. However, the drivers get much more than this amount for private service. Ideally there should be at least two drivers; one for the daytime and another for the night time. Also some of the facilities are running short of funds for POL for implementation of free transport under JSSK.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries.
- Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse is sanctioned of which one is filled, one position of dieticians is sanctioned and filled, one position of cook cum care taker is sanctioned and filled and one position of sweeper cum attendant is sanctioned and filled.
- SNCU is located at District Hospital with 12 beds, 15 warmers and 8 phototherapy units. During the period of April to September 2013, 1192 neonates were admitted in SNCU of which 705 were in-born and 507 were out-born, 714 were cured and discharged, 59 were referred to higher facility, 125 were discharged against medical advice and 294 were deaths during the reference period.
- Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District nodal person for RBSK is appointed. It is being implemented in all the 15 blocks of the district. Child Health Screening and Early Intervention Centre at district level is not yet established. Total 38 teams are working under the programme.
- ARSH clinics (MAITRI) are established in District Hospital, SDH Chopda, SDH Mukatainagar and SDH Jamner with required human resources. The clinic provides health information, counselling and testing to persons aged between 10-19 years. Outreach activities are being provided by organising lectures in the schools.

- Segregation of bio medical waste is being done at all the facilities visited except SC Sunasgaon. Bio medical waste management is outsourced in all the facilities visited, except PHC Neri.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Jamner, RH Pahur and PHC Neri. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above three facilities.
- There is a facility for screening of Non Communicable Diseases at District Hospital. PIP is prepared for NCD. IEC material is available in the facility. Special camps are being organized for disease detection. Medicines are available for NCDs.
- For effective implementation of JSSK, there are instructions from DHO to all the facilities to make payments of transport for using auto rickshaw. Also if there is any shortage for POL from NRHM funds, then funds are being made available from regular grants. Best performing Sub Centres may be given additional grants for diet and transport under JSSK. Kalapathak are used for the dissemination of information to the beneficiaries.
- For referral transport services a Call Centre is established at the District Hospital. On an average 55 calls are responded per day. All the vehicles are fitted with GPS.
- There is no dedicated staff is given for HMIS and MCTS. Additional responsibilities are given to the regular staff in addition to their regular duties.
- Supervision and monitoring visits at all levels are done regularly.

## Location of Jalgaon District in Maharashtra



## **2. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2013-14 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra for each month of 2013-14. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Jalgaon District of Maharashtra for the period of April-October 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Jalgaon District was carried during the period 12-15 November 2013. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during 12-15 November 2013 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, DH, one SDH, one CHC, one PHC and one SC were selected for the study. PRC team was accompanied by ADHO, DPM, Quality Control Assurance Co-ordinator and IPHS Co-ordinator. 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 Jalgaon district as observed by the PRC team during the field visit.

## **3. District Profile and Key health and service delivery indicators**

Jalgaon 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 42,29,917 with male population of 21,97,365 and female population of 20,32,552. The district constitutes about 3.76 percent of total population of the state. The district has a population density of 359 inhabitants per square kilometre (930 /sq mi). Its population growth rate over the decade 2001-2011 was 14.71%. The population by sex shows that males constitute about 51.94 percent and females constitute about 48.05 percent of the total population of the district. Jalgaon has a sex ratio of 925 females for every 1000 males.

The child sex ratio in the district is extremely unfavourable to the girl child with 827 female children per 1000 male children in 2011. Further, the child sex ratio in the district declined by 51 points from 2001 (880) to 2011 (829), which is higher than the decline in the state. Sex wise literacy rates shows that it is 38.51 percent for males and 29.85 percent for females with a gap of almost 8.66 percent between males and females. Female literacy is much lower than the state average of 75 percent.

### Key Demographic Indicators: Maharashtra and Jalgaon District (2011)

Sr. No.	Items	Maharashtra	Jalgaon
1	No. of Blocks	355	15
2	No. of Villages	43,663	1,448
3	Population (2011)	11,23,72,972	42,29,917
4	Population - Males (2011)	5,83,61,397	21,97,365
5	Population - Females (2011)	5,40,11,575	20,32,552
6	Literacy Rate (2011)	82.91	68.36
7	Literacy Rate - Males (2011)	89.82	74.4
8	Literacy Rate - Females (2011)	75.48	62.12
9	Sex Ratio (2011)	925	922
10	Child Sex Ratio (2011)	883	829
11	Density of Population (2011)	365	359
12	Percent Urban (2011)	45.23	46.50
13	Percent SC Population (2011)	11.8	9.20
14	Percent ST Population (2011)	9.4	14.28

### 4. Key Health and Service Delivery Indicators (DLHS-3): Maharashtra and Jalgaon District

Sr. No.	Indicators from DLHS-3	Maharashtra	Jalgaon
1	Mothers registered in the first trimester (%)	61.6	46.6
2	Mothers who had at least three ANC visits (%)	74.4	58.2
3	Mothers who got at least one TT injection (%)	88.7	71.9
4	Institutional births (%)	63.5	53.1
5	Home deliveries assisted by SBA (%)	5.7	12.1
6	Children fully immunised (%)	69.0	52.1
7	Children breastfed within one hour of birth (%)	52.5	44.3
8	Percent of women using modern FP methods	63.9	66.6
9	Total Unmet Need for FP (%)	13.6	11.2
10	Unmet need for spacing (%)	5.9	4.0
11	Unmet need for limiting (%)	7.7	3.8

Source: DLHS-3

### Number and type of government health facilities in Jalgaon district

Name of the facility	Number	No. of Beds
District Hospital	1	354
Ophthalmic Hospital	1	20
Sub District Hospital – Chopada	1	100
Sub District Hospital – Jamner	1	50
Sub District Hospital – Mukatainagar	1	50
Cottage Hospital	1	30
Rural Hospitals	17	30 each
Primary Health Centers	77	6 each
Sub Centers	442	--
AYUSH facilities (Ayurvedic)	8	--
AYUSH facilities (Homeopathy)	8	--
AYUSH facilities (Unani)	8	--
AYUSH facilities (Yoga) at DH	1	--



#### **4. Health Infrastructure**

District Hospital at Jalgaon has bed strength of 354 and functioning from a Government building. There are three SDHs in Jalgaon district at Chopada (100 bedded), Jammer (50 bedded) and Mukatainagar (50 bedded). The Cottage Hospital at Parola has bed strength of 30. There are seventeen Rural Hospitals in the district and all of them are with 30 beds. Sixteen of them are located in Government buildings and one is functioning from a rental building. Only one RH is having residential quarters for essential staff. The district has 77 Primary Health Centres and 76 of them are functioning from government buildings. The district has 442 Sub Centres of which 300 are located in government buildings. The district also has one 20 bedded Ophthalmic Hospital.

AYUSH facility is co-located and is available at eight facilities in the district and Ayurved, Homeopathy and Unani are the most popular medicines and Yoga is being used only at DH. District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Godavari Foundation in 39 villages of 4 blocks. There is good impact of the services in periphery.

#### **5. Human Resources**

In the district, a total 1454 regular positions of different discipline are sanctioned and 1291 are filled and 154 positions (10.6 percent) are vacant. Under NRHM, 752 posts of different discipline are sanctioned of which 684 are filled and 69 are vacant (9.2 percent) for the district as a whole.

At the District Hospital, 19 Class-I Medical Officers' posts are sanctioned of which only 6 are filled. Out of the sanctioned 35 Class-II Medical Officers' posts, 33 are filled. Nursing cadre positions sanctioned are 164 and 140 positions are filled. In Class-III cadre, out of 106 sanctioned positions, 80 positions are filled. In Class-IV cadre, out of 186 sanctioned positions, 156 positions are filled. All together 3 SDHs and one Cottage Hospital are having 4 Class-I positions, out of which 2 are filled. All seventeen RHs together are having 15 Class-I Medical Officers positions sanctioned, of which only one position is filled at Chalisgaon RH. 48 CL-II Medical Officers positions are sanctioned of which 39 positions are filled.

#### **Ophthalmic Department**

One Class-I Medical Officer is sanctioned for ophthalmic department which is not filled. One Ophthalmic Surgeon's position is sanctioned and filled, one Ophthalmic Assistant position is sanctioned and filled, and five Staff Nurses, 2 OT Assistants and 2 Class-IV employees are sanctioned and filled. The district has two mobile units with all necessary staff. Twenty five facilities including SDH, RH and PHCs are having ophthalmic services. Under National Blindness Control Programme, 28 different positions are sanctioned of which 27 are filled.

**Regular Staff under District Health Officer (DHO) in Jalgoan District**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	-
2	Asst. Director Leprosy CI- I	1	0	1
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH Officer CI- I	1	0	1
6	District Tuberculosis Officer CI- I	1	0	1
7	Administrative Officer CI- II	1	0	1
8	District Malaria Officer CI-II	1	0	1
9	Taluka Health Officer Group A	15	0	15
10	MO Group A	154	145	9
11	Epidemiology MO	1	0	1
12	Statistical Officer	1	1	-
13	Section Officer	1	1	-
14	Office Superintendent	3	3	-
15	Accounts Assistant	1	1	-
16	Jr. Accountant	1	1	-
17	Sr. Assistant	4	3	1
18	Sr. Assistant Accounts	1	1	-
19	Junior Assistant	13	13	-
20	Stenographer	1	1	-
21	Extension Officer (Stat.)	1	1	-
22	Extension Officer (Ayurved.)	2	1	1
23	Public Health Nurse	2	1	1
24	Attendant	11	11	-
25	Dresser	1	1	-
26	Health Worker (Male)	294	263	31
27	Health Assistant	114	92	12
28	Health Worker (Female)	519	487	32
29	Health Assistant (Female)	107	93	14
30	Pharmacists	79	78	1
31	Health Supervisor	26	19	7
32	Leprosy Technician	16	16	-
33	Laboratory Technician	8	8	-
34	Sweeper	77	55	22
	<b>Total</b>	<b>1461</b>	<b>1291</b>	<b>154</b>

**Contractual staff appointed under NRHM in Jalgaon District**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	6	6	-
2	M&E	3	3	-
3	IPHS	37	35	3
4	FMG	2	2	-
5	IDW	6	6	-
6	ASHA	91	90	1
7	RKS	1	1	-
8	RBSK	160	157	3
9	AYUSH	25	24	1
10	Sickle Cell	22	17	5
11	BPMU	30	30	-
12	Procurement	2	2	-
13	Urban RCH	168	115	53
14	RCH	1	1	-
15	Tele Medicine	2	2	-
16	Quality Assurance	1	1	-
17	Referral Transport	5	4	1
18	PCPNDT	2	1	1
19	ARSH	1	1	-
20	IDSP	3	3	-
21	NPCB	3	3	-
22	ANM	155	155	-
23	LHV	6	6	-
24	Staff Nurse	5	5	-
25	IMMUNATION	1	1	-
26	Nursing School	7	6	1
27	MMU	7	7	-
	<b>Total</b>	<b>752</b>	<b>684</b>	<b>69</b>

**Regular Staff at Civil Hospital**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec./Paediatrician/Surgery /Anaesthetic, etc.)	19	6	13
2	MO General Physician CL-II	35	33	2
3	Nursing Cadre	164	140	24
4	Class IV Cadre	186	156	30
5	3 SDH & Cottage Hospital CL-I	4	2	2
6	17 Rural Hospitals CL-I	15	1	14
7	17 Rural Hospitals CL-II	48	39	9
	<b>Total</b>	<b>471</b>	<b>377</b>	<b>94</b>

**Training status of all cadres in the district up to 31.10.2013**

Sl.No.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	133	20	65	0	0	218
2	BEmOC	84	0	0	0	0	0	182
3	CEmOC/EmOC	3	0	0	0	0	0	03
4	LSSA	3	0	0	0	0	0	02
5	MTP / MVA	44	0	0	0	0	0	58
6	IMNCI	0	663	93	0	130	314	3521
7	IMNCI (Sup)	0	0	0	0	0	0	270
8	F-IMNCI	0	0	0	0	0	0	36
9	IMNCI Sensitization	0	0	0	0	0	0	26
10	Minilap	44	0	0	0	0	0	78
11	NSV	10	0	0	0	0	0	32
12	Laprosopic Sterilization	0	0	0	0	0	0	4
13	IUD 380A	57	130	76	85	0	0	401
14	Newer CuT-375 Sensitization	32	105	23	37	0	0	202
15	Routine Immunization	142	707	114	257	0	0	1607
16	ARSH Trg.	0	219	08	00	0	0	227
17	RTI/STI	0	35	12	63	0	0	40
18	Induction Trg. Contra.	0	191	0	0	0	0	00
19	ASHA-Module-2 TOT	0	0	0	0	0	0	135
20	ASHA-Module-3 TOT	0	0	0	0	0	0	120
21	ASHA-Module-4 TOT	0	0	0	0	0	0	133
22	ASHA-Module-5 TOT	0	0	0	0	0	0	119
23	ASHA-Module-6 & 7 TOT	0	0	0	0	0	0	77
24	ASHA-INDUCCTION 8DAYS	0	0	0	0	0	0	2931
25	ASHA-Module-2 TOT Block level	0	0	0	0	0	0	2571
26	ASHA-Module-3 & 4 Block level	0	0	0	0	0	0	2498
27	ASHA-Module-4 Block level	0	0	0	0	0	0	2325
28	ASHA-Module-5 Block level	0	0	0	0	0	0	2352
29	ASHA-M-6 & 7 NT Block level Ph-I	0	0	0	0	0	0	2362
30	ASHA-M-6 & 7 T_ Block level Ph-I	0	0	0	0	0	0	2571
31	ASHA-M-6 & 7 T_ Block level Ph-II	0	0	0	0	0	0	75
32	ASHA-M-6 & 7 T_ Block level Ph-III	0	0	0	0	0	0	77
33	ASHA GatpravartakTrg. PM&E	0	0	0	0	0	0	229
34	IYCN Trg. 3 days	0	0	0	0	0	0	146
35	NSSK Trg.	142	406	74	124	0	0	192

## Training status/skills of various cadres at visited facilities vs service delivery

Training programmes	DH	SDH Jamner	CHC Pahur	PHC Neri	SC Sunasgaon
EmOC	0	0	0		
LSAS	0	0	0		
BeMOC	6	2	2 MO	1 MO	
SBA	15	10	2 MO,SN 4	0	
MTP/MVA	0	2	1 MO	0	
NSV	0	2	0	0	
F-IMNCI/IMNCI	6		1MO,1 SN	1 MO	1
NSSK	18	5	3 MO,4 SN	1 LHV	1
Mini Lap-Sterilisations	2	2	1 MO	0	
Laprosopy-Sterilisations	1	0	0	0	
IUCD	6	13	2 SN	1 MO, 1LHV	0
PPIUCD	11	2	0		
Blood storage	3	1	0		
IMEP	71	2	0		
Immunization and cold chain	3	12	2 MO, 3SN	1 MO, 1LHV	1

MO= Medical officer, SN= Staff Nurse

## 7. Other Health System Inputs

Following services are available at various health facilities of the Jalgaon district: Surgery (major and minor), Medicine, Obstetrics and Gynaecology, Cardiology, Emergency, Trauma Care, Ophthalmology, ENT, FP services, Ancillary Services of Blood Bank, Radiology, Pathology, Mild In-patient management, C-section deliveries, OPD Medicines and OPD Gynaecology.

### *Availability of drugs and diagnostics and equipment*

The lists of essential drugs are formulated and are available in all types of facilities. Supplies are allocated to various facilities depending upon the case load and demand. Computerised Drug Inventory System is in place.

### *AYUSH Services*

AYUSH is co-located in District Hospital. Ayurveda, Homeopathy, Unani Yoga and Naturopathy services are available at District Hospital as well at three SDHs and in four RHs. AYUSH OPD clinics are monitored separately. SDH Chopda and Jamner are having Homeopathy and Unani facility. SDH Jamner is having Ayurvedic, Homeopathy and Unani clinics. RH Parola and Amalner are having Homeopathy and Unani facility. Pachora RH is having all three Ayurvedic, Homeopathy and Unani clinics. RH Dharangaon is having Ayurvedic and Unani clinics. Eighteen PHCs in the district are having Ayurvedic dispensaries. Total OPD of AYUSH services during April to October 2013 is 1,08,002 and IPD is 1,434.

AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Following positions are sanctioned and filled in the district for AYUSH.

Name of the post	Sanctioned	Filled
District Ayush Officer	1	1
Medical Officer (M.D.)	3	3
Medical Officer (Homeopathy)	7	7
Massagist(Male)	1	1
Pharmacist	1	1
Medical Officer (Unani)	9	9
Medical Officer (Ayurved)	3	3
Yoga Teacher	1	1
<b>Total</b>	<b>26</b>	<b>26</b>

#### *User Fees*

User fee is charged for only for few services i.e. registration Rs. 5/-, X-Ray-Rs. 30/-, and Dialysis Rs. 300/-. All services are free for patients come under JSSK, BPL and SCs/STs.

### **8. Maternal Health**

#### *8.1 ANC and PNC*

As per HMIS data,ANC registration is 48179uptoSeptember 2013 of which 26211 women were registered in first trimester. Severely anaemic pregnant women reported in HMIS are 10557, HB below 11 are 8964 and HB level below 7are 1593.Number of Hypertension cases reported during April to September 2013 is 691. Number of women received TT and IFA tablets during April to September2013 are 27919 and 32429 respectively. No tests are available for Blood Sugar, Urine Sugar and Protein. Number of women received post natal services are reported as 26499.

#### *8.2 Institutional Deliveries*

During April to September2013, number of institutional deliveries conducted in the district is 35508 of which 3563 (10 percent) are C-Section deliveries.

#### *8.3 Maternal Death Review*

During April to September 2013, 18maternal deaths were reported in the district. All 18 cases were reviewed by the District Quality Assurance Committee under the chairmanship of Civil Surgeon. Causes of maternal deaths are reported as Haemorrhage 7, Sepsis 3, Abortion 2, Anaemia 4, Hepatitis 1 and Eclampsia 1. Number of notified centres for Facility Based Maternal Death Review (FBMDR) is 49 of which 21 are Government institutions and 28 are Private institutions.

#### 8.4 JSSK

As per Government of Maharashtra Resolution dated 26<sup>th</sup> September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Jalgaon district receives benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-30 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period, 11182 pregnant women delivered at various public institutions i.e. District Hospital, Community Health Centres and Primary Health Centres under free and zero expenses delivery. Out of these, 1283 were caesarean section deliveries. All of them were provided with free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 8789 women were provided with home to hospital free transport, 2637 women were provided hospital to hospital transport in referral services and 10527 women were provided drop back facility. With respect to neonates, 282 neonates were provided hospital to hospital free transport, 208 were provided Institute to Institute referral transport service and 306 neonates were provided drop back facility. However, there is limitation in provision of transport facilities due to high demand catering to huge population hampering the timely service of transport facilities.

#### 8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. In case of at least 5% verification of beneficiaries are not taking place in the district.

The number of women received JSY benefit of Rs. 500/- for home delivery is 495, Rs. 600/- for institutional delivery in rural area is 781, Rs. 600/- for institutional delivery in urban area is 2877 and 336 women have received Rs. 1500/- for C-section deliveries.

### 9. Child Health

#### 9.1 SNCU

As per Government of Maharashtra Resolution dated 26<sup>th</sup> September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK in Jalgaon district, Neonates receive free registration, check-up and treatment within 0-30 days of birth. Free transportation

facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

SNCU is located at District Hospital with 12 beds, 15 warmers and 8 phototherapy units. As far as human resource is concerned, 3 Paediatricians, 1 MO, 1 Brother (male nurse), 4 Staff Nurses and 1 Data Entry Operator are filled under NRHM and 2 Paediatricians and Staff Nurses are available on regular basis. Medical Officers and 10 Staff Nurses are trained in child care. During the period of April to September 2013, 1192 neonates were admitted in SNCU of which 705 were in-born and 507 were out-born, 714 were cured and discharged, 59 were referred to higher facility, 125 were discharged against medical advice and 294 were deaths during the reference period.

### *9.2 NRCs*

Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse is sanctioned of which one is filled, one position of dieticians is sanctioned and filled, one position of cook cum care taker is sanctioned and filled and one position of sweeper cum attendant is sanctioned and filled. During the reference period 114 children were admitted and 13 children were referred to higher facility i.e. Ghati Hospital, Aurangabad. Average length of stay of the children is 7 to 14 days. Basic infrastructure is not available in the NRC i.e., refrigerator, cupboard, chairs and tables.

### *9.3 Immunization*

Immunisation is being done at all the facilities as per Government of India guidelines. All the newborns delivered at District Hospital get birth dose of immunization of (Polio-0 and BCG). Immunisation Programme is being per the guidelines. No facility is having Immunisation services on daily basis. There are six days for Immunisation at all the facilities and for periphery.

### *9.4 Rashtriya Bal Swasthya Karyakram (RBSK)*

Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District nodal person for RBSK is appointed. It is being implemented in all the 15 blocks of the district, viz., Amalner, Bhadgaon, Bodwad, Bhusawal, Chopada, Chalisgaon, Erandol, Dharangaon, Jalgaon, Jamner, Mukatainagar, Parola, Pachora, Raver and Yawal. Child Health Screening and Early Intervention Centre at district level is not yet established. Total 38 teams are working under the programme. Team consists of one male and one female Medical Officer, one ANM and one Pharmacist. Plans for the visits are prepared and send to the respective authorities by the RBSK teams. Anganwadi children (3 to 6 years) screening target fixed for the year 2013-14 was 170651 and achievement was 141091. 4759 children were identified with some problem, of which 705 referred to higher facilities. Target for screening of Std. 1 to 12 children was fixed at 523806 for check-up and 233591 children were screened, out of which 9868 were identified with some problems and 1249 were referred. Total number of SAM detected was 461 and MAM 1364.



## 10. Family Planning Services

Family planning services are being provided in District Hospital, 3 SDHs, 17 RHs and 77 PHCs. During April to October 2013, 8833 female Sterilisation and 184 NSVs were performed. Number of oral Pill cycles distributed was 50552 and condoms were 189618. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

## 11. ARSH

ARSH clinics (MAITRI) are established in District Hospital, SDH Chopda, SDH Mukatainagar and SDH Jamner. One counsellor is appointed on contractual basis under NRHM and she is trained in ARSH programme. Four Male Medical Officers and 3 Female Medical Officers are appointed, of which 3 male MOs and 1 female MO are trained. Eight Staff Nurses are appointed and they are trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years. Outreach activities are being provided by organising lectures in the schools.

## 12. Quality in Health Services

*12.1 Infection Control:* Health staffs are following the protocols. Fumigation of Operation Theatre is being done on regular basis. Autoclave is being used on regular basis for disinfection of the instruments.

*12.2 Biomedical Waste Management:* Segregation of bio medical waste is being done at all the facilities visited except SC Sunasgaon. Bio medical waste management is outsourced in all the facilities visited, except PHC Neri. Sunasgaon SC is not having any proper system of disposal of bio medical waste.

*12.3 IEC:* Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Jamner, RH Pahur and PHC Neri. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above three facilities. At District Hospital there is no proper display of IEC material related to MCH, JSY, JSSK, FP, etc. The reason may be due to the functioning of the hospital in two buildings - one is old and other is newly constructed and is not yet handed over to the hospital authorities by the contractor.

**Clinical Establishment Act:** Authorities could not share anything on this.

## 13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 101. For the ambulance services a Call Centre is established at the District Hospital. During April-October 2013, 23153 patients have utilized ambulance services. On an average the ambulances are used for 50 to 60 KMs per day and 30 KMs for per visit (it means one vehicle does two trips). On an average 55 calls

are responded per day. All the vehicles are fitted with GPS. Performance monitoring is carried out on regular basis.

#### **14. Community Processes**

An NGO, 'Godavari Medical Trust' is operating an MMU in the district. Six positions are sanctioned and filled for MMU. MMU is covering 39villages from four blocks. During April to October 2013, 3652 patients weretreated. Advance tour programme is supplied to all concerned Sub Centres.

##### *14.1 ASHA*

Total number of ASHAs required in the district is 2594 and total positions filled are 2594. The number of ASHAs posted in non-tribal area is 2504 and in tribal area is 90. About 8ASHAs are left and 21 new ASHAs have joined during the reporting period. Training for ASHAs in Module 6 & 7 (IMNCI) started and 2328 ASHAs were trained in Module 6 and 1027 in Module 7. ORS and Zinc is supplied to all ASHAs. FP methods (condoms and oral pills) aregiven to all ASHAs for distribution.In the district, most of the ASHAs receive on an average the incentive amount of Rs. 1000/- and highest monthly incentive paid to ASHA is Rs. 2100/-. Payment is deposited in the bank account. ASHA kits are not replenished regularly.

#### **15. Disease Control programmes**

##### *15.1 National Malaria control programme*

Number of slides prepared during the reference period is 309533, of which 198 are positive. Rapid Diagnostic kits are not available.

##### *15.2 Revised National Tuberculosis Programme (RNTCP)*

Number of sputum test conducted during the reference period is 5802 of which number of positive cases are 454. DOT medicines are available at all the facilities. There are 2 vacancies in contractual staff. Timely payment of salaries is made to RNTCP staff. Timely payments are made to DOT providers.

##### *15.3 National Leprosy Eradication Programme (NLEP)*

Number of new cases detected are 542 of which 8new cases are detected through ASHAs. At present 816 patients are under treatment.

## **16. Non Communicable Diseases**

There is a facility for screening of Non Communicable Diseases at District Hospital. PIP is prepared for NCD. IEC material is available in the facility. Special camps are being organized for disease detection. Medicine is available for NCDs.

## **17. Good Practices and Innovations**

For effective implementation of JSSK, there are instructions from DHO to all the facilities to make payments of transport for using auto rickshaw. Also if there is any shortage for POL from NRHM funds, then funds are being made available from regular grants. Best performing Sub Centres are given additional grants for JSSK. Kalapathak are used for the dissemination of information to the beneficiaries.

## **18. HMIS and MCTS**

There is no dedicated staff is given for HMIS and MCTS. Additional responsibilities are given to the regular staff in addition to their regular duties. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data after April 2013. Data are uploaded in time. With regard to completeness, MCTS updating is poor. Data validation checks are applied at district level.

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

### **19.1 District Hospital: Jalgoan**

- New building has been completed but not yet handed over to the hospital authorities. However, most of the departments are functioning from new building. The hospital has tied with an NGO for running MMU.
- The District Hospital is 354 bedded and 100 more beds are sanctioned and started in new building and it is located in a government building. Mostly all the wards are in old building and OPD and SNCU etc. are in new building.
- The old building is required urgent repairs in some of the part like staircases, lobbies and some internal area of the wards. Drainage and sewerage lines are broken and rubbish is flowing through. Overall cleanliness needs to be improved in the premises of DH.
- The health facility is easily accessible from nearest road. About 50 staff quarters are available for all the emergency staff. DH has electricity with power back up, running 24\*7 water supplies, separate toilets are there for males and females in the ward but not clean. Overall cleanliness is not therein the male and female wards. Toilets in the OPD are not clean.
- Nutritional Rehabilitation Centre with 10 beds is available in the district. NRC is functioning since October 2012 but still there is no provision of beds to mothers of admitted child. Both child and mother are getting diet from the Centre. In addition to that, mother is getting paid for loss of wages for the period of staying in the NRC.

- SNCU facility is available in the hospital. At the time visit 16 babies,were admitted in the ward.
- Separate room for ARSH clinic is available.
- No IEC material is displayed in the District Hospital. Complain or suggestion box is available.
- Segregation of waste in colour coded bins is not seen except in OT.Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at District Hospital. All operation theatrand laboratory related equipmentis available. Essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Blood bank is available in the hospital. Blood bank is having functional blood bag refrigerators with chart for temperature recording with sufficient blood bags. 450 blood bags are collected and given for blood transfusion during the reference period.
- During April to September 2013,99145 patients are treated on OPD basis and 22702patients are treated on IPD basis.
- MCTS data on percentage of pregnant women registered in the first trimester is 36%.Number of women given IFA is 614. Total deliveries conducted in the hospital are 2786. Number of assisted deliveries are 1232. C- Section deliveries are 521. Number of obstetric complaints managed are 1908. Number of neonates initiated breast feeding within one hour is 200. RTI/STI patients treated are 2278.
- Number of admissions to SNCU is 977, of which inborn are 132 and out born are 81; 108 are cured and discharged; 15 are referred to higher facility; 26 are Discharged Against Medical Advice; and 47 are deaths during the reference period. Number of children admitted with SAM are 108. Number of pregnant women referred are 45. ANC registration and coverage in I, II, III and IV trimester is respectively 1060, 346,263, and 132. Number of IUCD Insertions is 45.
- Number of Tubectomy done is 104 and one Vasectomy was done.Number of fully immunised children is reported as 209.Measles coverage is 360. Number of children given Vitamin A is 2321. Number of MTPs conducted in first trimester is 10 and in second trimester 56.
- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 48 hours after delivery.
- JSY payment is made at the time of discharge by cheque, on production of necessary documents. Diet is being provided to the patients free of cost.
- There is provision of management of high risk pregnancies, sick neonates and infants.Staffsare trained for using of partograph. Vaccination is done properly.
- Either the IMEP protocol information or posters are not seen.
- MDR is done in time.
- All important registers are available for maintenance of records.IEC material is not displayed in the OPD in the new building. No information about JSY and JSSK is displayed. Citizen charter and EDL are not displayed.
- Under the RKS funds, during the year Rs. 3.28 lacks is received and opening balance was Rs. 1.62 lacks and Rs. 3.78 lacks was spent during the reference period.
- Approach road has no directions to the health facility. Immunization schedule is displayed in the OPD.

- Regular Fogging is being done by Municipal Corporation. Laundry/washing services are outsourced. Dietary services, drug storage facilities, Equipment maintenance and repair mechanism are available.
- Grievance Redressal mechanism is available under the chairpersonship of Civil Surgeon.
- During the reference period following officers have visited to the facility for the purpose of supervision: Additional Director Health and Family Welfare, Pune visited on October 10, 2013; NRC state co-ordinator visited on October 3, 2013; District Collector (Jalgaon); and Circle Programme Manager (Nashik) visited on September 21, 2013.
- At civil hospital, 19 Class-I Medical Officers posts are sanctioned of which 06 are filled and 13 are vacant; 35 Class-II medical officers posts are sanctioned of which 33 are filled and 2 are vacant; 164 Nursing cadre positions are sanctioned and 140 positions are filled and 24 are vacant; In Class-III cadre, 106 positions are sanctioned of which 80 positions are filled and 26 are vacant; and 186 Class IV positions are sanctioned and 156 positions are filled and 30 are vacant.
- Altogether 3 SDHs and one Cottage Hospital are having 4 Class-I position sanctioned of which 2 are filled. All seventeen RHs are having a sanctioned strength of 15 Class-I Medical Officers of which only one position is filled at Chalisgaon RH. Out of sanctioned strength of 48 Class-II Medical Officers positions 39 positions are filled in the RHs.

#### **Exit Interviews**

- Exit interviews of four beneficiaries were conducted in District Hospital. Beneficiaries were interviewed at the time of discharge from maternity ward of the hospital. Three of them have come for delivery and one has come for neonatal care. One of them is from SC category, one is from ST, one from OBC category and one from open category. None of them have received JSY benefit at the time of discharge. Three of them have received free pickup from home to institute. All of them have received free services under JSSK (free medicine, diagnostic tests, transport and meal). Drop back facility was made available to all four of them. Prior to the delivery, all of them had received all the ANC services free of charge from the respective health facility/worker.

#### **19.2 Sub District Hospital: Jamner**

- Jamner Sub District Hospital is in Jamner Block and about 50 kms from district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. In charge Medical Superintendent has given all the information as regular MS post is vacant. Bed strength of the hospital is 50. Hospital is located in government building. Building is in good condition. Quarters are available for 3 MOs, 12 quarters are available for Staff Nurses and 8 quarters are available for Class-IV workers. Electricity is available with power back up of generator of 32 KV. 24\*7 running water is available. Separate toilets are there for male and female wards and labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available. Blood storage unit is available at the facility. Separate room for ARSH clinic is available. Child Treatment Centre is available at the facility. Functional help desk is available in the facility.

Waste management is done at facility in deep burial pit. Suggestion and complaint book is available.

### Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	0	1
2	OBG	1	1	0
3	Anaesthetic	1	1	0
4	Paediatrician	1	1	0
5	Medical officer CI-II	4	4	0
6	Matron	2	0	2
7	Staff Nurse	12	12	0
8	X-Ray Technician CI-III	1	1	0
9	Pharmacist	1	1	0
10	Lab Technician	1	1	0
11	Sr. Clerk	1	1	0
12	Jr. Clerk	1	1	0
13	OPD Clerk	1	1	0
14	Lab. Attendant	1	1	0
15	Dresser	1	0	1
16	OT Attendant	1	1	0
17	Peon	3	3	0
18	Ward Boy	5	5	0
19	Sweeper	2	2	0
20	Ophthalmic Asst.	1	1	0
	<b>Total</b>	<b>46</b>	<b>43</b>	<b>03</b>
Staff Under NRHM				
1	Medical Officer	03	3	0
2	Pharmacist	3	3	0
3	ANM	6	6	0
4	Homeopath MO	1	1	0
5	Unani MO	1	1	0
6	Ayurveda MO	1	1	0
6	Dentist	1	1	0
7	Sickle Cell Lab Tech.	1	1	0
8	Lab Tech.	1	1	0
9	Counsellor	1	1	0
10	Security Guard	1	1	0
11	Dhobi	1	1	0
12	Sweeper	5	5	0
	<b>Total</b>	<b>26</b>	<b>26</b>	<b>0</b>

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

- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- During April to October 2013, 34868 patients are treated on OPD basis and 2190 patients are treated on IPD basis. Expected numbers of pregnancies are 432. Data in MCTS show that till the end of October 2013, 25 percent of pregnant women were registered in first trimester. Number of women given IFA tablets is 352. Total deliveries conducted in the facility are 132; number of obstetric complaints managed is 11; number of neonates initiated breast feeding within one hour is 223; 18 patients were treated for RTI/STI; number of admissions to NBSU is 19; number of sick children referred is 12; number of pregnant women referred is 149; ANC registration and coverage in I, III, IV trimester is respectively 497, 34, and 17; number of IUCD insertions is 22; number of Tubectomy is 124; number of children fully immunised is 117; measles coverage is 134; ORS and Zinc was given to 11 children; and 136 children have received vitamin A doze.
- 24 women have accepted post-partum family planning services. During the reference period, 48 MTPs were conducted in second trimester. Five still births were reported. No maternal, neo-natal and infant deaths are reported.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers asked to stay for 48 hours after delivery.
- JSY payment is made at the time of discharge on production of necessary documentation. Account payee cheques are being given. During the reference period, Rs. 600/- was paid to 20 beneficiaries, Rs. 500/- was paid to one beneficiary and Rs. 1500/- was paid to one beneficiary.
- Under RBSK programme, from the age group 0 to 6 years, 30687 children were screened. Of which 745 children were treated for minor ailments and 519 were referred to higher facilities.
- Diet is being provided to the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is done at facility in deep burial pit. The facility is adhered to IMEP protocols.
- All important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Registers for Untied Funds, AMG and RKS funds are maintained.
- Under JSSK, during the reference period, 69 women have received home to facility pick up service; 105 women and 02 sick infants have received inter facility vehicle services; and 105 women and 12 sick neonates have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on November 6, 2013. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

- RKS funds are utilised properly. AMG and Untied Funds utilisation is very less i.e. 6.2% and 7.7% respectively.

### 19.3 Community Health Centre: Pahur

- Pahur Rural Hospital is in Jamner Block and is about 38 kms away from district headquarters. On the day of PRC team visit to RH, all staff was present on duty. In charge Medical Superintendent has given all the information as MS post is vacant. It is 30 bedded hospital and is located in government building. The building is in good condition. Quarters are available for 2 MOs. Quarters for 5 Staff Nurses and 5 Class-IV workers are available. Electricity is available with power back up (inverter). 24\*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is clean. It is well accessible from main road. Functional New Born Care Corner is available but New Born Stabilization Unit is not available. Waste management is outsourced to a private agency. Suggestion and complaint book is available.

#### *Human Resource (Regular)*

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	01	0	1
2	Medical officer CI-II	3	3	0
3	Asst. Superintendent	01	1	0
4	Jr. Clerk	2	2	0
5	Staff Nurse	7	7	0
6	X-Ray Technician CI-III	1	1	0
7	Pharmacist	1	1	0
8	Lab Technician	1	1	0
9	Lab Attendant	1	1	0
10	Ophthalmic Asst.	1	1	0
11	Peon	1	1	0
12	Ward Boy	4	4	0
13	Super	2	2	0
	Total	26	25	1
Staff under NRHM				
1	Dental Surgeon	1	1	0

- All the essential equipment are available at the CHC. Laboratory related equipment are available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available. Lab tests kits and chemicals are available.
- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablet blue is not being supplied.
- All lab tests are being done except Serum Bilirubin test and RPR.



- During April to October 2013, 20022 patients are treated on OPD basis and 1753 patients are treated on IPD basis. Number of women given IFA tablets is 64; total deliveries conducted are 80; number of obstetric complaints managed are 13; number of neonates initiated breast feeding within one hour is 78; 2-3 patients of RTI/STI are being treated daily; number of admissions to SBCC is 37; number of sick children referred is 32; number of pregnant women referred is 106; ANC registration and coverage in I, III, IV trimester is respectively 64, 07, and 20; number of IUCD Insertions is 20; number of Tubectomy carried out is 23; number of Minilap carried out is 78; and number of women who accepted post-partum family planning services is 11. During the reference period there 52 MTPs were conducted. No still births or neonatal death has occurred in the facility.
- All mothers have initiated breast feeding within one hour of normal delivery. No immunisation is done at CHC. Routine immunisation need is catered by Sub Centre which is located in the same village. Only zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 48 hours after delivery. JSY payment is made at the time of discharge, on production of necessary documentation. Diet is being provided to the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is done at facility in deep burial pit.
- All important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained.
- Most of the IEC material is displayed.
- During the reference period, under JSSK, 69 women have received home to facility pick up service, 105 women and 02 sick infants have received inter facility vehicle services, and 105 women and 12 sick neonates have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Regular Fumigation is being done. Last fumigation is done on November 6, 2013. Laundry/washing service is outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

#### 19.4 Primary Health Centre: Neri

- PHC Neri is easily accessible from nearest road. PHC is functioning in government building and in good condition. Additional six bedded ward is also built for the facility. Staff quarter for MO, SN and other categories are available. PHC has electricity with power back up, running 24\*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is not available. Warmers are provided to 32 PHCs, those who does not having warmers are managing with 100 watt bulb to keep babies warm, if needed. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility.

##### *Human Resource (Regular)*

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	8	8	0
3	LHV	1	1	0
4	Pharmacist	1	1	0
5	Lab Technician	1	1	0
6	MPW	7	6	1
7	Driver	1	1	0
8	Class IV	4	2	2
9	Sweeper	1	0	1
10	Total	26	22	5
Staff under NRHM				
1	ANM	1	1	0

- All the essential equipment is available at PHC. Essential drug list is available. IFA syrup with dispenser is not available. Diagnostic tests are available at the facility for HB, CBC, Urine albumin and sugar, Blood sugar, RPR, Malaria, TB, HIV and Sickle Cell.
- During April to November 2013, 692 patients are treated in OPD and 17(excluding family planning patients i.e. 91) patients are treated in IPD. Number of pregnant women registered in the first trimester is 531; number of women given IFA tablets is 543; total deliveries conducted are 50; one case was treated for obstetric complaint; number of neonates initiated breast feeding within one hour is 41; separate record is not maintained for the treatment of RTI/STI patients; ANC registration during the reference period is 531 and coverage during third ANC check-ups is 543; 88IUCD Insertions are done during the reference period; Tubectomy and Minilap are 96; Measles coverage and number of children fully immunised are same i.e. 384; no data are available for number of children given ORS+Zinc; number of children given Vitamin A is 438; zero case of post-partum family planning; no MTPs in first trimester; no maternal deaths during the reference period; 12neonatal deaths and one infant death occur during the reference period.

- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers asked to stay for 48 hours after delivery. JSY payment is made at the time of discharge. Number of mothers received JSY incentive during reference period is 91. Facility is unable to get provider as per the norms laid down for supplies of diet i.e. @ Rs. 100/- per patients per day. Hence diet is not being provided to the patients.
- All high risk pregnancies are managed at the facility. No thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion is done correctly. Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins. IMEP protocols are followed.
- Funds received during April to November 2013 are as follows: Untied Funds Rs. 23,000/-; AMG Rs. 49,200/-; RKS Rs. 1,00,000/. Expenditure is almost fifty percent for all the heads.
- All important registers are available for maintenance of records. All required IEC materials displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed. EDL, phone numbers, timings and citizen charter are displayed in the facility.
- Fumigation is done on regular basis. Last fumigation was done on November 13, 2013. Laundry services are outsourced. Grievance redressal mechanism is in place. Records are maintained for JSSK services.
- Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.
- Under JSSK 37 women have received drop back facility from PHC. Sick neonates are provided transport facility for referral service.

#### **19.5 Sub Centre: Sunasgaon**

- Sub Centre is located in main habitation and is functioning in government building which is not in good condition. Electricity is available with power back up. Water supply is available 24\*7. Though staff quarter is available the ANM is not residing at head quarter. Labour room is available with attached and clean toilet. There is no functional NBCC. General cleanliness is not good. No deep burial pit is available for biomedical waste management.
- All the essential equipment is available at SC. Essential drug list is available. IFA syrup with dispenser is not available. Diagnostic tests are available at the facility i.e. HB, CBC, Urine albumin and sugar, Blood sugar, RPR, Malaria, T.B., HIV, Sickle cell. RBSK tool kit is not available in the facility.

- Following medicine are available at the facility: IFA tablets, Vit A syrup, ORS packets, Zinc tablets, Inj. Magnesium Sulphate, Inj. Oxytocin.
- Pregnancy test kit, OCPs, emergency contraceptives and sanitary napkins are not available. IUCD 380 is available.
- MCTS data entry for the SC during April to November 2013 is not completed. ANC registration is 53; women registered in the first trimester is 53; number of women given IFA tablets is 57; deliveries conducted at SC are 3; no home deliveries conducted during the reference period; no data for number of neonates initiated breast feeding within one hour; number of pregnant women referred is 01; ANC registration during the reference period is 57 and coverage during third and fourth ANC check-ups is 66 and 54 respectively; no IUCD insertions; Measles coverage is 49 and fully immunised are 49; no data for children given ORS+Zinc; number of children given Vitamin-A is 963; no still birth; no data for Village Health and Nutrition Days and for Village Health and Sanitation Committee attended by ANM.
- No record maintained for initiation of breast feeding within one hour of normal delivery. Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters except segregation of bio medical waste.
- Untied Funds and AMG received by ANM but records are not maintained.
- No record for JSY payment made to beneficiaries. Approach roads have no directions to the health facility. No Protocol Posters displayed in the facility. JSSK entitlements are not displayed in the facility. Phone number, timings and citizen charter are not displayed. Grievance redressal mechanism is not in place.

## 20. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advise
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

Interviews conducted at Sunasgaon village, Sub Centre headquarter.

**Household Visit (Families with 0-6 years children)**

Indicators	Knowledge and Awareness	1	2	3	4	Total (Y)
Breast Feeding	Awareness on Breast feeding initiation within an hour after birth	Yes	Yes	Yes	Yes	04
	Adherence to Initiating BF within an hour of birth	Yes	Yes	Yes	Yes	04
	Awareness on Exclusive Breast feeding for Six months and continued BF till 2 years	Yes	Yes	Yes	Yes	04
	Adherence to Exclusive Breast feeding for Six months and continued BF till 2 years	Yes	Yes	Yes	Yes	04
Complementary Feeding Practices	Awareness on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	04
	Adherence on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	04
Diarrhea	Awareness about ORS+ Zinc	Yes	Yes	Yes	Yes	04
	Availability of the above with ASHAs	Yes	Yes	Yes	Yes	04
Pneumonia	Awareness about danger signs	Yes	Yes	Yes	Yes	04
	Awareness about whom to approach on recognizing the danger signs	Yes	Yes	Yes	Yes	04

**Household Visit (Pregnant Woman/ High Risk Pregnant Women)**

Key Questions	1	2	3	Total (Y)
Is the MCP card being regularly filled? *	Yes	No	Yes	02
Is the quality of ANC and regularity of ANCs adequate? *	Yes	Yes	Yes	03
Is the Pregnant Woman aware about Birth Preparedness?	Yes	Yes	Yes	03
Does the Pregnant Woman have knowledge of JSY and JSSK?	Yes	Yes	Yes	03
Whether the pregnant woman has received Safe motherhood booklet?	Yes	Yes	Yes	03
Does the Pregnant Woman have the telephone number of call centre for referral transport/ other available referral transport?	Yes	Yes	Yes	03
Does the Pregnant Woman have telephone numbers of ASHA/ ANM?	Yes	Yes	Yes	03
Is Guidance and Referral provided along with birth preparedness in case of High Risk Pregnant Woman?	Yes	Yes	Yes	03