

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

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Table of Contents

1	Executive Summary.....	4
2	Introduction.....	8
3	District Profile.....	8
4	Key health and service delivery indicators.....	9
5	Health Infrastructure.....	10
6	Human Resource and Training.....	10
7	Other health system inputs.....	12
8	Maternal health.....	13
	8.1 ANC and PNC.....	13
	8.2 Institutional deliveries.....	13
	8.3 Maternal death Review.....	13
	8.4 JSSK.....	13
	8.5 JSY.....	14
9	Child health.....	14
	9.1 SNCU.....	14
	9.2 NRCs.....	14
	9.3 Immunization.....	15
	9.4 RBSK.....	15
10	Family planning.....	15
11	ARSH.....	15
12	Quality in health services.....	15
	12.1 Infection Control.....	15
	12.2 Biomedical Waste Management.....	16
	12.3 IEC.....	16
13	Referral transport and MMUs.....	16
14	Community processes.....	16
	14.1 ASHA.....	16
15	Disease control programmes.....	16
	15.1 Malaria.....	16
	15.2 TB.....	17

15.3 Leprosy.....	17
16 Non Communicable Diseases.....	17
17 Good Practices and Innovations.....	17
18 HMIS and MCTS.....	17
19 Observations from the Health Facilities visited by the PRC Team.....	18
19.1 District Hospital, Jalna.....	18
19.2 Women's Hospital, Jalna.....	18
19.3 Community Health Centre, Partur.....	20
19.4 Primary Health Centre, Viregaon.....	21
19.5 Sub Centre, Dukre Pimpri.....	22
20. List of Abbreviations.....	24

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

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP 2013-14 of Jalna District was carried out during the period 23-27 September, 2013. The District Health Office, DH, one CHC, one PHC and one SC were visited for the study. The Exit Interviews of beneficiaries were also carried out at Women's Hospital and in SC to understand the services received by the beneficiaries under the NRHM schemes. This report discusses in detail the findings with regard to activities under NRHM in Jalna district as observed during 2013-14.

Key Observations

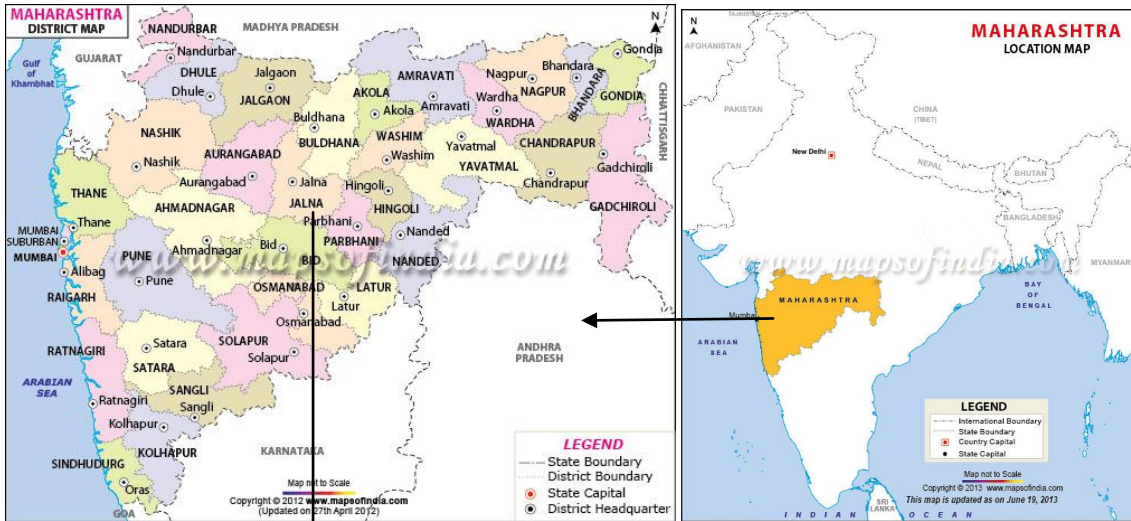
- In addition to the District Civil Hospital, one Women's Hospital is functioning in Jalna with 60 beds and provides maternal and child health services. Women's Hospital has a heavy case load. The building of the hospital is very old and in bad shape. The PWD has already declared the building as non-usable. Shifting of the facility is going on but the process is so lengthy and slow.
- Under NRHM 514 posts of different categories 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 for the district is 27 of which 14 are filled. Vacancies at all levels are causing difficulty for service delivery in the district.
- Since last one year, the renovation work at the District Hospital is stopped which is causing problems for maintaining cleanliness.
- The budget for travelling for monitoring visits is cut down in PIP for the year 2013-14 and it has affected the day to day monitoring activities. Up to March 2013, two vehicles were available for the monitoring. From April 2013 onwards there is no vehicle available for monitoring. Supervision and monitoring visits are not done regularly. Even though it is being done, it is superficial.
- SC Dukare Pimpari is having delivery room but it is in a bad shape and deliveries cannot be performed in such conditions. But during April to August 2013, 8 deliveries are reported in the SC. The delivery room certainly needs face-lifting.
- There is no proper disposal of Bio-Medical waste at periphery. Staff working at PHC and Sub Centre are lacking in current knowledge of hygienic practices and observing of protocols.

- AYUSH is integrated with the main system as AYUSH is co-located in District Hospital, SDH and in five CHCs. AYUSH OPD clinics are monitored separately. Awareness about AYUSH is also good in the district. The performance of AYUSH OPD is quite remarkable as compared to the regular main OPD.
- During the year 2012-13 advertisement was given for the filling of contractual positions of MOs under NRHM @ Rs. 40,000/- per month but the response was very poor. Many MOs appointed under NRHM did not join either due to low remuneration or due to inconvenient place of work.
- As per the suggestion of Civil Surgeon, the budget can be curtailed for RBSK programme. He feels that there is no need for many teams under RBSK and the regular doctors can also do the same job by giving some additional incentives.
- The drivers operating the free referral transport vehicles under JSSK are getting only Rs. 4,000/- per month for 24*7 duty. This remuneration for the drivers is too low compared to the remuneration in the market.
- During April to August 2013, 16,824 deliveries are reported in the district, of which 16,028 are institutional deliveries (95 percent).
- All the services (registration, diagnostics, drugs, medicines, transport and diet) for pregnancy, delivery and neonatal care are provided free of charge in the district.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through bearer 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.
- The lists of essential drugs are formulated and are available in all types of facilities. Supplies are allocated to various facilities depending upon case load and demand. Computerised Drug Inventory System is in place.
- ARSH clinics (MAITRI) are established in District Hospital, Women's Hospital, SDH Ambad and CHC Bhokardan.
- During April to August 2013, three maternal deaths were reported in the district but the review meeting did not take place till the end of September 2013.
- Nutrition Rehabilitation Centre (NRC) is not in place in any of the health facilities in Jalna.
- A total of 52 ambulances (different types) are available in the district for the referral transport. A Call Centre is established at District Hospital. Average distance covered by an ambulance is

60 Km's per day and average per trip covered by an ambulance is 30 KMs. All vehicles are fitted with GPS.

- Under JSSK most of the mothers and neonates get free drop back facility after delivery/treatment. However, pick-up services from home to facility need to be improved as many women are not aware about the services and there is a lack of co-ordination between the pregnant women and health workers.
- As the city roads are narrow, the Jalna Civil Hospital has arranged the free Auto Rickshaw services for bringing women for delivery to the facility and to drop back. The Rotary Club of Jalna city provides Baby Kit for the mothers delivered in the government health facilities.
- Quality of HMIS data is average. HMIS data are uploaded in time as per the schedule. Data validation checks are applied. MCTS data entry and updating the same is not satisfactory in the district.
- Against the 1,471 ASHAs sanctioned for the district, 1,456 ASHAs (99 percent) are in place. In the district, most of the ASHAs receive, on an average an incentive amount of Rs. 1,200 to Rs. 1,500 per month. The highest incentive paid to ASHA in the district is Rs. 5,000/-.

Location of Jalna 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 the states 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 of the PIPs for the districts of Maharashtra.

The present report deals with the findings of the monitoring and evaluation of PIP conducted in Jalna District of Maharashtra for the period of April-August 2014. Two officials from PRC, Pune visited the district during 23-27 September, 2013 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, DH, Women Hospital, one CHC, one PHCs and one SC were selected for the study. For the purpose of PIP monitoring, following facilities are visited by the PRC team: District Hospital at Jalna, Women's Hospital at Jalna, CHC at Partur, PHC at Viregaon and SC Dukare Pimpri under PHC Viregaon. The observations from these facilities are given separately for each facility.

3. District Profile

Jalna district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. It is divided into eight taluks. Jalna district is approximately situated at the central part of Maharashtra state and in northern direction of Marathwada region. It covers an area of 7,612 Sq.Kms, which is 2.47 percent of the total area of the state. The Jalna shares district boundaries with Jalgaon at north, Parbhani and Buldhana at east, Beed at south and Aurangabad at west. The district has a sub-Tropical climate, in which the bulk of rainfall is received from the southwest monsoon, between June to September. The average annual rainfall of the district ranges between 650 to 750 mm. The district often experiences drought with rainfall recording as low as 400 to 450 mm. The Economy of the Jalna district is based on Agriculture and Agro-industries, as the 85 percent of the geographical area is under agricultural use.

Demographic Profile of Jalna District

As per 2011 Census, the total population of the district is 19,58,483 which is 1.74 percent of the total population of the state. The literacy for the district is 77.5 percent. The child sex ratio in the district is very low at 870 female children per 1000 male children in the age group 0-6. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 13.9 percent and 2.2 percent respectively. 19.6 percent of the population in the district is living in urban areas. The population density of the district is 209 persons per sq/km.

Demographic Profile of Jalna District

Sr. No.	Items	Values
1	No. of Blocks	8
2	No. of Villages	960
3	Population (2011)	19,58,483
4	Population - Males (2011)	10,15,116
5	Population - Females (2011)	9,43,367
6	Literacy Rate (2011)	77.5
7	Literacy Rate - Males (2011)	87.3
8	Literacy Rate - Females (2011)	67.3
9	Sex Ratio (2011)	931
10	Child Sex Ratio (2011)	870
11	Density of Population (2011)	209
12	Percent Urban (2011)	19.6
13	Percent SC Population (2011)	13.90
14	Percent ST Population (2011)	2.15

Source: Census of India, 2011

4. Key Health and Service Delivery Indicators (DLHS-3)

Sr. No.	Indicators from DLHS-3	Maharashtra	Jalna
4	Mothers registered in the first trimester (%)	61.6	58.1
5	Mothers who had at least three ANC visits (%)	74.4	69.3
6	Mothers who got at least one TT injection (%)	88.7	88.3
7	Institutional births (%)	63.5	65.5
8	Home deliveries assisted by SBA (%)	5.7	6.0
9	Children fully immunised (%)	69.0	68.5
10	Children breastfed within one hour of birth (%)	52.5	52.6
11	Percent of women using modern FP methods	63.9	55.1
12	Total Unmet Need for FP (%)	13.6	19.1
13	Unmet need for spacing (%)	5.9	9.0
14	Unmet need for limiting (%)	7.7	10.1

Source: DLHS-3

Number and type of government health facilities in Jalna district

Name of the facility	Number	No. of Beds
District Hospital	01	200
Women Hospital	01	60
Sub District Hospital	01	50
Rural Hospitals	08	30
Primary Health Centers	41	06
Sub Centers	213	--
AYUSH facilities (Ayurvedic)	07	--
AYUSH facilities (Homeopathy)	03	--

5. Health Infrastructure

Jalna has a District Civil Hospital with 200 beds. It also has one 'Women and Child Hospital' with a bed strength of 60. Both facilities are located in Government buildings. There is one 50 bedded SDH located in Ambad taluk. The district has eight CHCs with 30 beds each and seven of them are located in government buildings. Remaining one is under construction. AYUSH facility is available at seven CHCs. District has established linkages to fill service delivery gaps. One Mobile Medical Unit is run by an NGO, Deepak Medical Foundation.

6. Human Resources

Out of the regular sanctioned staff of 540 in the district 466 (86 percent) are filled and 74 (14 percent) are currently vacant. Under NRHM 514 posts of different categories are sanctioned in the district of which 465 are filled and 49 (9.5 percent) are vacant for the district as a whole.

At the district Civil Hospital, 27 Class-I Medical Officers' posts are sanctioned of which only half are filled. Thirty two Class-II Medical Officers' posts are sanctioned of which 20 are filled on regular basis, 5 are filled on contract basis and 4 are filled on bonded tenure. One Blood Transfusion Officer is sanctioned but is vacant. One of each Dental Surgeon and Administrative Officer Class II positions are sanctioned and filled.

Sanctioned Class-II Medical Officers for Rural Hospitals and other health facilities in the district are 75 of which 61 are filled and 14 are vacant. Many MOs appointed under NRHM did not join either due to low remuneration or due to inconvenient place of work.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	25	17	08
2	MO General Physician	10	10	00
3	Dentists	02	01	01
4	Pharmacists	62	50	12
5	Laboratory Technician	20	12	08
6	Staff Nurses	104	102	02
7	LHVs	62	46	16
8	ANMs	255	228	27
	Total	540	466	74

Contractual staff appointed under NRHM in Jalna District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	5	5	-
2	M&E	3	3	-
3	IPHS	55	32	23
4	FMG	2	2	-
5	IDW	4	4	-
6	ASHA	41	37	4
7	RKS	1	1	-
8	RBSK	174	169	5
9	AYUSH	28	28	-
10	BPMU	16	16	-
11	Procurement	2	2	-
12	Urban RCH	36	26	10
13	Tele Medicine	2	2	-
14	Quality Assurance	2	2	-
15	Referral Transport	5	4	1
16	PCPNDT	2	2	-
17	ARSH	1	1	-
18	IDSP	3	2	1
19	NPCB	2	2	-
20	ANM	76	75	1
21	LHV	2	2	-
22	Staff Nurse	33	33	-
23	IMMUNATION	1	1	-
24	Nursing School	12	8	4
25	MMU	6	6	-
	Total	514	465	49

Regular Staff at Civil Hospital

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Medical Officer CL-I	27	14	13
2	Medical Officer CL-II	32	29	3
3	Blood Transfusion Officer	1	-	1
4	Dentist	1	1	-
5	Administrative officer CL-II	1	1	-
	Total	62	45	17

Training status /skills of various cadres at visited facilities

Training Programmes	DH	CHC Partur	Women Hospital	PHC	SC
EmOC	-	-	4 MO	--	-
LSAS	-	-	-	--	-
BeMOC	-	2 MO	19 (5MO,14SN)	1 MO	-
SBA	-	4 SN	SN 14	-	-
MTP/MVA	-	-	SN 14	-	-
NSV	1	-	-	-	-
F-IMNCI/IMNCI	2	10 (3 MO, 7 SN)	10 (2MO, 8 SN)	1 MO	1
NSSK	2	5 (3 MO,2 SN)	17 SN	1 LHV	1
Mini Lap-Sterilisations	6	1 MO	4 MO	-	-
Laproscopy-Sterilisations	-	-	-	-	-
IUCD	-	10 (3 MO, 7 SN)	MO 4	1 MO, 1LHV	-
PPIUCD	-	-	MO 2	-	-
Blood Storage	2	-	MO 1	-	-
IMEP	16	-	24 (7 MO, 17 SN)	-	-
Immunization &cold chain	8	Yes	No formal training	1 MO, 1 LHV	1

7. Other Health System Inputs

Following services are made available at various health facilities in the district: Surgery (major and minor), Medicine, Obstetrics &Gynecology, 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, 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 case load and demand. Computerised Drug Inventory System is in place.

AYUSH Services

AYUSH is co-located in District Hospital, SDH and in five CHCs. AYUSH OPD clinics are monitored separately. At district hospital Ayurveda, Homeopathy, Unani and Yoga clinics are being available. SDH Ambad is having Ayurveda and Homeopathy departments. CHC Partur, Jafrabad, Tembhorni are having Ayurveda, Homeopathy and Unani departments. CHC Bhokardan is having only Homeopathy department. CHC Mantha is having only Ayurveda clinic. All the facilities have filled the AYUSH MO post expect one position of Unani at Women Hospital. Pharmacist post is sanctioned for District Hospital but not filled. Graduate Yoga and Naturopathy Doctor's position is sanctioned and filled in District Hospital and Women's Hospital. Massagist cum Attendant post is sanctioned and filled in District Hospital and Women's Hospital. AYUSH doctors are not a member of RKS committees. Adequate medicine is being supplied for AYUSH facilities.

User Fees: User fee is at par with all Government facilities across the state.

8. Maternal Health

8.1. ANC and PNC

As per HMIS data, ANC registration during April to August 2013 is 22,397 in the district. Of which 14,644 women (65.38 percent) are registered in first trimester. Severely anaemic pregnant women are reported as 403. Hypertension cases reported during April to August 2013 are 372. Number of women received TT and IFA tablets during April to August 2013 are 17,384 and 18,539 respectively. No data are available for the number of tests conducted for Blood Sugar, Urine Sugar and Protein tests. Number of women received post natal services are reported as 2,906.

8.2 Institutional Deliveries

During April to August 2013, 16,824 deliveries are reported in the district, of which 16,028 are institutional deliveries (95 percent). 852 C-Section deliveries are conducted during the reference period. The number of women provided with Emergency Obstetric Care is 1,749.

8.3 Maternal Death Review

During April to August 2013, three maternal deaths were reported in the district but the review meeting did not take place till the end of September 2013. District Maternal Death Review committee is in place in the district under the chairmanship of Civil Surgeon. District Health Officer is a secretary of the said committee.

8.4 JSSK

As per Government of Maharashtra Resolution dated 26th September, 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Jalna district receives free benefits like 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 6,977 pregnant women delivered at various public institutions i.e. Women Hospital, Community Health Centers and Primary Health Centers. All of them have received free and zero expense services for their delivery. Out of the total deliveries 67 are caesarean section deliveries. All of them have provided with free diet for 3 days, free medicines and free diagnostic tests. About 1,980 women were provided home to hospital free transport. 1,837 women were provided with hospital to hospital referral services and 5,025 women were provided with 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, as there are only seven ambulances available at District Women Hospital and District Hospital.

The number of neonates up to the age of 30 days admitted and treated at Women Hospital (as SNCU of the district is located at this hospital) are 158, of which 101 were provided hospital to hospital free transport and all of them were provided with drop back at home. But none of them have received pick up facility from home.

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through bearer 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. Five percent verification of beneficiaries is not taking place in the district.

During the visit of PRC team to two facilities (CHC Partur and PHC Viregaon), some ambiguity is observed for the payment to the caesarean section deliveries of JSY beneficiaries. Guidelines states that Rs. 1500/- has to be given for C-Section delivery for JSY beneficiaries against the production of bills of payment made by her in private hospital. However, in the above facilities the benefits were given to the women who had undergoing C-section delivery.

9. Child Health

9.1 SNCU

As per Government of Maharashtra Resolution dated 26th September, 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, in Jalna district Neonates receive free registration, check-up and treatment within 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 Women's Hospital having strength of 16 beds. 16 warmers and 11 phototherapy units are in place. As far as HR is concerned, 3 MOs and 10 SNs are trained in child care. During the period of April to August 2013, 809 admissions are reported, of which 553 are cured, 142 referred, 74 discharged against medical advice and 40 are died.

9.2 NRCs

Nutrition Rehabilitation Center is not in place in any of the health facilities in Jalna.

9.3 Immunization

Immunisation is being done at all the health facilities in the district as per GOI guidelines. All the newborns delivered in Women's Hospital get birth dose of immunization of Polio-0 and BCG. Immunisation Programme is being carried out as per the guidelines. No facility is having Immunisation services on daily basis. There are fixed days for all the facilities and for periphery.

9.4 Rashtriya Bal Swasthya Karkram

Rashtriya Bal Swasthya Karkram is monitored by district hospital. District Nodal Person for Rashtriya Bal Swasthya Karkram is appointed. It is functioning in all the eight blocks of Jalna (Jalna, Bhokardan, Partur, Ambad, Badanapur, Ghansangvi, Jafrabad and Partur) and connected to the concerned CHCs of the block. Child Health Screening and Early Intervention Centre at district level are not yet established. Total 43 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 sent to the respective authorities by the RBSK teams. Target is fixed (2,04,269) for the screening of children below the age of 6 Below 6 years and 1,42,792 children have been already screened. Out of the screened children 4,908 are treated and 2,922 are referred. Total SAM detected are 424 and MAM are 1,512. Total number of children referred to Village Child Development Centre (VCDC) is 1,180 and to CTC are 316. A total of 238 children are detected with diseases and defects of which 102 are on treatment.

10. Family Planning Services

Family planning services are being provided in District Hospital, Women's Hospital, SDH and all CHCs. During April to August 2013, 2,436 female sterilizations and 2 NSV were performed. Number of Oral Pills cycles distributed are 746 and condoms are 6,884. IEC material is available in the district. During the ANC clinic, counseling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 375 is available in the district.

11. ARSH

ARSH clinics (MAITRI) are established in District Hospital, Women's Hospital, SDH Ambad and CHC Bhokardan. One counsellor is appointed on contractual basis under NRHM and she is trained for the purpose. She is visiting to all the facilities on fixed days and conducting ARSH clinics. 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 Theater 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 PHC Viregaon. Bio Medical Waste management is outsourced in all the facilities visited, except PHC Viregaon. Dukri Pimpri SC is using deep burial pits for disposal of bio medical waste.

12.3 IEC: Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen in all the facilities visited. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at District Hospital, Women Hospital and RH Partur. At PHC Viregaon, immunisation schedule is not displayed and at SC Dukri Pimpri Citizens Charter, timings of the facility and SBA protocol posters are not displayed.

Clinical Establishment Act: Authorities could not share any information on this.

13. Referral Transport and MMUs

A total of 52 ambulances (different types) are available in the district for the referral transport. A Call Centre is established at District Hospital. During April-August 2013, 8,842 patients have utilized the referral transport services. Average distance covered by the ambulances per day is 60 kms and average per trip covered by the ambulances is 30 KMs. All vehicles are fitted with GPS. Performance of the referral transport is being monitored regularly.

14. Community Processes

An NGO, Deepak Medical Foundation Research Center & Charitable Trust is operating an MMU in the district. Six staff are appointed for the operation of MMU. Forty villages are covered by the MMU. During April to August 2013, the MMU has provided the service for 11,258 patients. Advance tour programme is supplied to all the concerned Sub Centers.

14.1 ASHA

Against the 1,471 ASHAs sanctioned for the district, 1,456 ASHAs are in place. About 115 ASHAs have left and 13 new ASHAs have joined during the reporting period. Training for ASHAs in Module 6 & 7 (IMNCI) started from September 23, 2013. ORS and Zinc are supplied to all the ASHAs. FP methods (condoms and oral pills) are available to all ASHAs. In the district, most of the ASHAs receive, on an average an incentive amount of Rs. 1,200 to Rs. 1,500. The highest incentive paid to ASHA in the district is Rs. 5,000/-. ASHA kits are not replenished regularly.

15. Disease Control programmes

15.1 Malaria

National Malaria control programme data are not made available.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum tests conducted during the reference period is 2,270 of which the number of positive cases is 701. DOT medicines are available at all the facilities. All key RNTCP contractual staff positions are filled up. Timely payment of salaries is made to RNTCP staff and DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 73 of which 5 new cases are detected through ASHAs. At present 117 patients are under treatment in the district.

16. Non Communicable Diseases

There is a facility for screening of Non Communicable Diseases at the District Hospital. A post of Public Health Manager is sanctioned but not filled up. PIP is prepared for NCD. IEC material is available in the facility.

17. Good Practices and Innovations

As the roads are narrow in the centre of the city, ambulance cannot reach the pregnant women for pickup. For effective implementation of referral transport for JSSK, the Civil Surgeon has introduced an innovative method. Auto Rickshaws are arranged for the pickup of pregnant women in Jalna city with a fixed amount on the basis of KMs. The driver of Auto rickshaw is provided with the due list of pregnant women and he uses the list to call the pregnant women for going to the hospital. It helps to increase number of institutional deliveries, assured trip for the auto rickshaw and awareness about JSSK in the community.

As infection for the newborn may happen due to the unhygienic cloths worn by the poor mothers, the Women's Hospital has approached the Rotary Club to provide the Baby Kits. The Rotary Club of Jalna city is providing Baby Kit containing 2 towels, cap, pair of socks, bed-spread and baby mattress to the hospital during the last one year.

18. HMIS and MCTS

There is no dedicated staff for HMIS and MCTS in the district. Additional responsibilities are given to the regular staff in addition to their regular duties. Quality of data is average. HMIS data are uploaded in time as per the schedule. Data validation checks are applied. MCTS data entry and updating the same is not satisfactory in the district.

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

19.1 District Hospital: Jalna

- The District Hospital is 200 bedded and it is located in a government building and the building is in a good condition. The hospital has established a linkage with a local NGO for MMU services. The health facility is easily accessible from the nearest road. Staff quarters are not available for all the staff. DH has electricity with power back up, running 24*7 water supplies, clean toilets separately for males and females in the ward. Both male and female wards are clean. Toilets in the OPD are under renovation for the last one year. There is no NRC in the district. Blood Bank is available in the hospital. Separate room for ARSH clinic is available. There is no NBSU at the facility and no deliveries takes place in the hospital as there is a dedicated Women's Hospital in Jalna. No complain or suggestion box is available and mechanism for biomedical waste disposal is in place and outsourced.
- All the essential equipment are available at the District Hospital. As deliveries are taking place in a separate women's hospital, delivery sets, functional foetal Doppler, delivery tables and MVA/EVA equipment are not available. All the required equipment for operation theatre and laboratory are available. Essential drug list is available except Inj. Magnesium Sulphate, Inj. Oxytocin, Misoprostol tablets, and Mifepristone tablets.
- With regard to lab tests, Liver Function Test and Ultrasound Scan (Ob.) are not being done at DH. All other essential tests are being conducted. Blood Bank is having functional blood bag refrigerators with chart for temperature recording with sufficient blood bags. 171 blood bags are given for blood transfusion during the April- August 2013.
- During April to August 2013, 90649 patients are treated in OPD and 8574 patients are treated in IPD. Total number of children admitted for SAM is 140.
- Segregation of waste in colour coded bins is available. Biomedical waste management is outsourced.
- All important registers are available for maintenance of records.
- Most of the IEC materials are displayed except citizen charter and EDL. Fogging is done on regular basis. Grievance redressal mechanism is not in place.

19.2 Women's Hospital: Jalna

- The 60 bedded Women's Hospital is located in a government building and the building is in bad condition. It is going to be demolished very soon. The health facility is easily accessible from nearest road. Staff quarters are not available for all the staff. It has electricity with power back up, running 24*7 water supplies, toilets separately for males and females in the ward

(but it is not clean). Wards are not clean. There is functional NBCC and NBSU are available. Blood bank is not available in the hospital. Separate room for ARSH clinic is available. Complain box / suggestion book is available and mechanism for biomedical waste disposal is in place and outsourced. ICTC is available. Functional Helpdesk is available.

- All the essential equipment is available at Women's Hospital. All operation theatre related equipment is also available and functional, except functional O.T. lights (ceiling), functional anaesthesia machine and functional ventilators. Laboratory related equipment is available. Essential drug list is available. Mifepristone tablets are not available.
- With regard to lab tests, TB, Blood Sugar and Endoscopy are not being done at Women's Hospital. All other essential tests are being conducted. Blood storage unit is available with functional blood bag refrigerators with chart for temperature recording. Blood bags are not available.
- During April to August 2013, 16329 patients are treated in OPD and 5423 patients are treated in IPD. MCTS data for April to August 2013 for the hospital show the following: the pregnant women registered in the first trimester is 75 percent; number of women given IFA is 2602; total deliveries conducted are 2320; number of assisted deliveries is 930; C-Section deliveries are 139; number of obstetric complications managed is 912; number of neonates initiated breast feeding within one hour is 2306; RTI/STI patients treated are 1312; number of admissions to SNCU is 809, of which inborn are 491 and out born are 363; number of sick children referred are 142; number of pregnant women referred are 376; ANC registration during the reference period is 1,538 and coverage during third and fourth ANC check-ups is 393 and 132 respectively; number of IUCD Insertions is 97; number of Tubectomy done is 1123; number of Minilap is 123; Measles coverage is 319; number of children given Vitamin A is 841; number of MTPs conducted in first trimester is 83; number of adolescents attended ARSH clinic is 187; still births are 37; neonatal deaths are 40; and 1 infant deaths.
- All the 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. Diet is being provided to the patients free of cost.
- Segregation of waste in colour coded bins is available. Biomedical waste management is outsourced.
- All important registers are available for maintenance of records. Most of the IEC materials are displayed except citizen charter and EDL. Fogging is done on regular basis, Grievance redressal mechanism is not in place.

- Approach roads have directions to the health facility. Citizen Charter, timings, list of services, Essential Drug List, Protocol Posters, JSSK entitlements are displayed prominently in the facility. Immunization Schedule and JSY entitlements are displayed in ANC and PNC Clinics.
- Regular fogging is not being done in the facility. Functional laundry/washing services, dietary services, drug storage facilities, equipment maintenance and repair mechanisms and Grievance Redressal Mechanism are available in the facility.
- **Exit Interviews:** Exit interviews of four beneficiaries were conducted in the Women's Hospital. The beneficiaries were interviewed at the time of discharge from maternity ward of the hospital. The beneficiaries came to the hospital for delivery. Two of them are from SC category and two are from open category. One of them has received the JSY benefit at the time of discharge. One woman did not carry her documents hence; she has been called later with the documents to claim the JSY incentive. All of them have reached the hospital with their own transport arrangement. All of them have received free services under JSSK (free medicine, diagnostic tests, transport for drop back, and meal). The hospital has made free transport arrangement for dropping them back at their respective places. Prior to the delivery, all of them had received all the ANC services free of charge from the respective health facility/worker.

19.3 Community Health Center: Partur

- Partur CHC is a 30 bedded hospital functioning from a government building and it is in good condition. There is no staff quarter available for MO. Staff quarters for Staff Nurse and for other category is available. Electricity is available with power back up. 24*7 running water is available. Separate and clean toilets are available for male and female wards and separate toilet is attached to Labour Room and is also clean. The CHC is easily accessible from main road. Functional New Born Care Corner and functional New Born Stabilization Unit are available. Biomedical waste management is outsourced to a private agency. Suggestion and complaint book is available.
- All the essential equipment are available at the CHC. Laboratory related equipment are available. Essential drug list is available. IFA tablets blue is not available. Lab tests kits and chemicals are available. All types of lab tests are being done except Serum Bilirubin Test.
- During April to August 2013, 10,881 patients are treated in OPD and 2,322 patients are treated in IPD. MCTS data entry shows the following: percentage of women registered in the first trimester is 61; number of women given IFA tablets is 323; total deliveries conducted are 102; 102 children screened for defects at birth under RBSK; number of obstetric complications managed is 03; number of neonates initiated breast feeding within one hour is 102; RTI/STI patients treated are 61; number of admissions to SNCU is 13; number of sick children referred is 13; number of pregnant women referred is 80; ANC registration during the reference period is 229 and coverage of third and fourth ANC check-ups is 193 and 179 respectively; number of

IUCD Insertions is 51; number of Tubectomy and Minilap is 29 and 20 respectively; Measles coverage is 185; and number of children given ORS+Zinc is 705; number of children given Vitamin A is 185; number of women who accepted post-partum FP service is 03. During the reference period, there is no MTP, no still births, and no neonatal death.

- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given to the newborns. 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. Diet is being provided to the patients free of cost under JSSK.
- All the high risk pregnancies are being managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly. Vaccines are administered correctly.
- Biomedical wastes are segregated in a colour coded bins and its management is outsourced.
- All important registers are available for maintenance of records. Most of the IEC materials are displayed except citizen charter and EDL. Fogging is done on regular basis, Grievance redressal mechanism is not in place.
- During the reference period, under the JSSK free transport facility, 142 women have received home to facility pick up service, 70 women and 10 sick infants have received inter facility referral vehicle services, and 102 women 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 and PNC Clinics.
- Regular Fogging is not being done. Functional laundry/washing services, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

19.4 Primary Health Center: Viregaon

- PHC Viregaon is easily accessible from nearest road. PHC is functioning in a newly constructed government building as per new pattern. 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. Although the building is newly constructed, due to leakage in the slab, Labour Room looks unclean. NBCC and NBSU are not available. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Waste is being disposed in a pit in the premises.

- All the essential equipment is available at PHC. Essential drug list is available. IFA syrup with dispenser is not available. Lab tests kits and chemicals are not available in the facility, therefore there is no lab test is being conducted.
- During April to August 2013, 7246 patients are treated in OPD and 200 patients are treated in IPD. MCTS data for the period April to August 2013 in facility show the following: percentage of women registered in the first trimester is 52; number of women given IFA tablets is 227; total deliveries conducted are 56; number of neonates initiated breast feeding within one hour is 56; RTI/STI patients treated are 21; 6 children are referred to higher facilities; number of pregnant women referred are 65; ANC registration during the reference period is 392 and coverage during third and fourth ANC check-ups is 227 and 258 respectively;;no cases of IUCD Insertions, Tubectomy and Minilap; Measles coverage is 352; number of children given ORS+Zinc is 87; number of children given Vitamin A is 352; zero case of post-partum family planning; no MTPs in first trimester; 2still births; and 2 neonatal deaths.
- 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. Diet is being provided to the patients free of cost under JSSK.
- All high risk pregnancies are managed at the facility. All essential new-born and sick neonates care is available. Vaccines are administered correctly. Wastes are segregated in colour coded bins. No adherence of IMEP protocols.
- Funds received during April to August 2013 are as follows: Untied Funds Rs. 12,500/-; AMG Rs. 2,500/-; RKS Rs. 1,00,000/. There is a pit for disposal of Bio medical waste, which is not as per the norms.
- All important registers are available for maintenance of records. Most of the IEC materials, EDL, phone numbers, timings and citizen charter are not displayed in the facility. Fogging is not done on regular basis. Grievance redressal mechanism is not in place. Records are not maintained for JSSK services.
- Approach roads have no directions to the health facility. No Protocol Posters and JSSK entitlements are displayed in the facility.

19.5 Sub Centre: Dukare Pimpri

- Sub Centre is located in main habitation and is functioning in government building which is not in good condition. Electricity is available but no power back up. Water source is available but running water is not available for 24*7. Two ANMs, one regular and one under NRHM, are available at SC. However, one ANM is deputed at PHC head quarter Viregaon. ANM quarter is available but she is not residing at head quarter. Labour room is available but windows are not

fitted and overall it is not in good shape. Toilet is attached to the labour room but not in use. 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 Sub Centre. Laboratory related equipment is available. Essential drug list is available. IFA syrup with dispenser is not available. Lab tests kits and chemicals are not available in the facility, therefore there is no test is being conducted.
- Pregnancy test kit, OCPs, emergency contraceptives and sanitary napkins are not available.
- MCTS data entry for the SC during April to August 2013 shows the following: total ANC registration is 67; percentage of women registered in the first trimester is 57; number of women given IFA tablets is 57; deliveries conducted at SC are 7; delivery conducted at home is 1; number of neonates initiated breast feeding within one hour is 8; number of pregnant women referred is 01; ANC registration during the reference period is 57 and coverage of during third and fourth ANC check-ups is 57 and 48 respectively; IUCD Insertions are 10; Measles coverage is 21; children given ORS+Zinc are 8; number of children given Vitamin-A is 34; 1 still birth; number of Village Health and Nutrition Days and Village Health and Sanitation Committee attended by the ANM is 18.
- All mothers have initiated 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 the following; correct use of partograph, insertion of IUCD, segregation of waste in colour coded bins, awareness of on-site administration of vaccine and functionality of AVD system.
- All the registers are available but not maintained. Untied Funds and AMG received by ANM is Rs. 18,880/- which was unspent at the time of visit.
- JSY payment made to 19 beneficiaries. Under JSSK 10 women received drop back facility from PHC. Approach roads have no directions to the health facility. No Protocol Posters displayed in the facility. JSSK entitlements are displayed in the facility. Phone number, timings and citizen charter is not displayed. Grievance redressal mechanism is not in place.

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
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
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