

**Monitoring and Evaluation of Programme Implementation Plan, 2015-16
Nagpur District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan 2015-16: Nagpur District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Nagpur District was carried during the period 18-22 January 2016. The District Health Office, WH, SDH Kamtee, CHC Kalmeshwar, PHC Dhapewada and SC Dhapewada Kh. were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Nagpur district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

WH, Nagpur: WH is functioning in a government building which is in a good condition. Functional SNCU is available.

SDH, Kamtee: SDH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Functional NBCC, NBSU are available. SNCU is not available.

CHC, Kalmeshwar: CHC is functioning in a government building which is under renovation and minor repairing work under DPDC is in progress. Staff quarter construction is under progress. There is a no separate room for ARSH clinic.

PHC Dhapewada: The selected PHC is easily accessible from nearest road but the road is narrow. Staff quarter for MOs (2), SN, and other categories are available but not in good condition. Wards are clean but male and female wards are not separate.

SC Dhapewada Kh.: SC has electricity but no power back up and running water 24*7 supply. ANM is residing in the quarters available at SC. Functional clean labour room is available but not functioning. As compound wall is not available general cleanliness could not be maintained in surrounding areas of the SC building.

Human Resources and Training

District as a whole is facing severe shortage of health staffs. District In total has 468 regular posts and only 408 are filled. Out of the sanctioned 123 regular MOs 110 are available. Out of the sanctioned 27 regular LHV 17 are available; Out of the sanctioned 256 regular ANM 245 are available; Out of the sanctioned regular 62 SN 36 are available.

Under regular staff in DHO all the 3 sanctioned posts of ADHO and 2 posts of Additional District Health Officer are vacant; Out of the sanctioned 99 MOs 10 are vacant; Out of the sanctioned assistant 68 MOs 11 are vacant. Large number of vacant posts is of Health assistant female (17) and ANM (73) are vacant.

Under contractual staff of NRHM large number of vacant posts is of ASHA (129), LHV (9) and RBSK (35) are vacant.

Availability of Drugs and diagnostics, Equipments

EDL and EDL lists of medicines are available in the district.

SDH, Kamtee: Adequate vaccine stocks are available except IFA syrup with dispenser.

CHC, Kalmeshwar: All the essential drugs are available except IFA tablets which are in shortage and sanitary napkins are not supplied.

PHC Dhapewada: Essential supplies and equipments are available except IFA tablets (blue), IFA syrup with dispenser, Zinc tablets are in shortage. Among laboratory equipments Semi auto analyzer is not available as it is not supplied. Major diagnostics tests are available except serum Bilirubin test as kit required for it is not supplied.

SC Dhapewada Kh.: Essential drugs and equipments are available in SC except IFA syrup with dispenser.

ANC and PNC

In the visited facilities mothers were counseled to initiate breast-feeding within 1 hour of the delivery. Mother's were also advised to stay for at least 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets.

Maternal death Review

State/district task force is formed to conduct MDR the reports of which are published. Seven maternal deaths was reported in the district during the reference period April-December, 2015.

JSSK

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

JSY

Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. JSY payment is done through AC payee.

Child health

SNCU unit is established in WH-Daga Hospital with necessary equipment and trained manpower. Nutrition Rehabilitation Centre is established in WH Nagpur.

Immunization

In the visited health facilities mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV, BCG and hepatitis B were provided to the babies. Health staffs can correctly administer vaccines. Zero doses of OPV, BCG, and hepatitis B are provided to the babies. Health staffs can correctly administer vaccines.

Family planning

Family planning along with counselling services are provided in the district. IEC materials related to family planning are available.

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained.

Quality in health services

Regular fumigation is done in the visited health facilities. Washing/laundry service, and dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place.

Referral transport and MMUs

District has total 113 vehicles available (49 PHC,15 SDH,CHC and 6 WH) and 43 ambulances form 108 number. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis.

HMIS and MCTS

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal

is maintained. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. Data entries are regularly updated in MCP and MCTs in the visited facilities.

Key Conclusion and Recommendation

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points.
- IFA tablets and syrups are in shortage in most of the facilities visited. Mechanism should be developed to ensure uninterrupted supply of IFA tablets and syrups.
- Health care problems can be avoided with good quality of environment; proper waste management. Avoiding contamination of ground water may lead to accessibility of safe and potable drinking water.
- Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training. In PIP there should provision to provide more training in all type of training.
- Availability of experts also ensures timely and effective treatment. There is severe shortage of specialist and MO in the district. Vacant position in the district needs to be filled at the earliest for timely provision of health and other related services. Available health providers are burden with administrative duties as well.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, district has low percentage usage of free transport facility from home to institute.
- It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. M& E officer suggested computer lab specifically for HMIS and MCTS.
- Heavy work load is observed in WH hospital, Nagpur. Moreover, there is shortage of Specialist and M.Os hence many cases are referred to the teaching hospital in Nagpur. If provision is made for accessibility of teaching hospital surgeons in WH itself then patients may receive timely treatment.
- Transport service can be improved. Free transport pick up (Home to institute is only 30%) and Drop back to home is only 67 %.

- During the reference period number of still births increased in WH. Equipment and fund need to provided for diagnosis of thyroid.

- Due to heavy intake of patient In WH there are is little or no facilities for accompanying person of the patients to stay hence WH require one lodging facility in the vicinity.

- AMC fund for equipment in WH needs to be increased.

- THO can be provided with more manpower for preventive treatment to THO.

- PHC can work more efficiently if all the M.Os. Posts are filled.

1. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2015-16 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Nagpur District was carried during the period 18-22 January 2016. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

In consultation with DHO, CMO and Nodal officer in the district, SDH Kamtee, CHC Kalmeshwar, PHC Dhapewada and SC Dhapewada Kh. was selected for monitoring of PIP. Accordingly, the District Health Office, SDH Kamtee, CHC Kalmeshwar, PHC Dhapewada and SC Dhapewada Kh. were visited for the purpose of PIP monitoring in the district. As per the direction of the State Mission Director, QAC and IPHS officer accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Nagpur district as observed by the PRC team during the field visit.

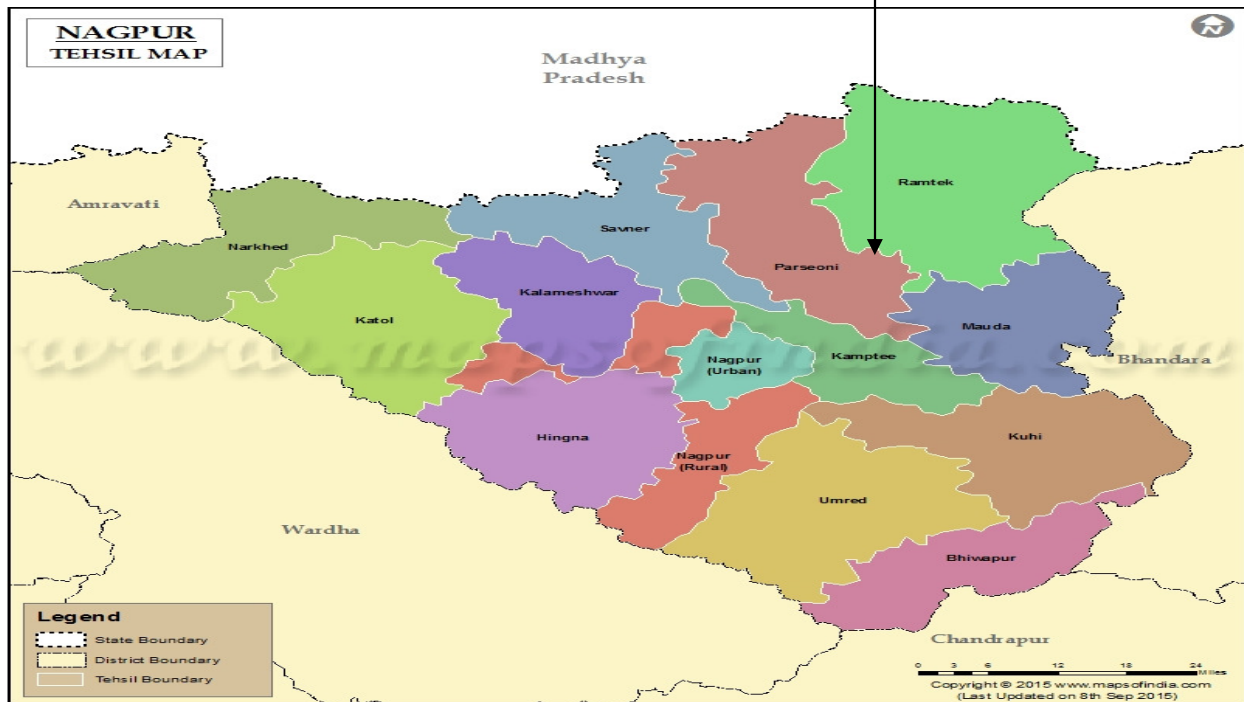
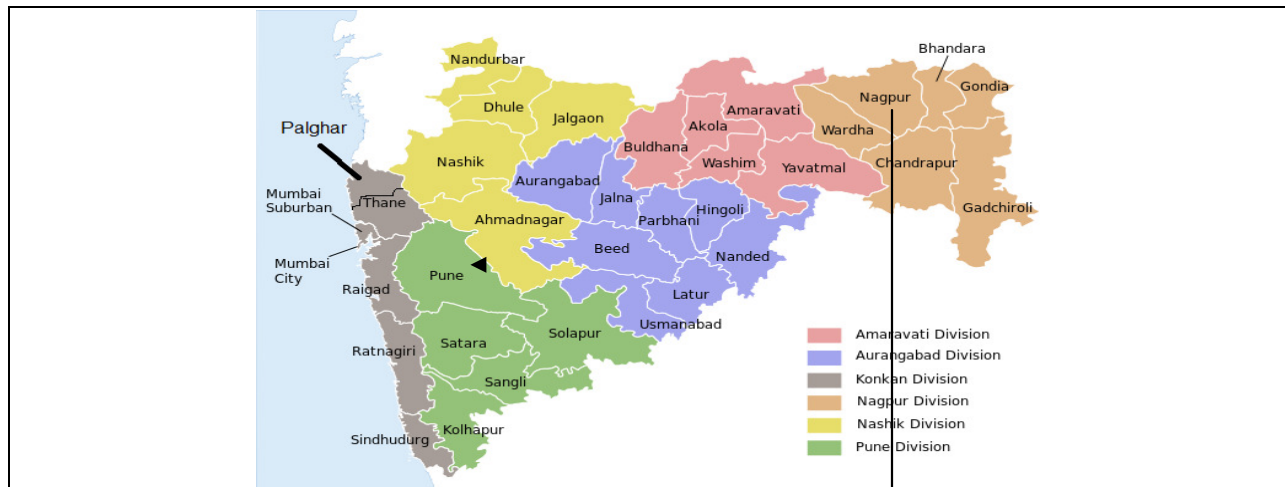
2. State and District profile

Nagpur city is the winter capital of the state of Maharashtra, with a population of 2,405,421. It has also recently been ranked as the cleanest city and the second greenest city of India. In addition to being the seat of annual winter session of Maharashtra state assembly "Vidhan Sabha", Nagpur is also a major commercial and political center of the Vidarbha region of Maharashtra. "

Nagpur is also famous throughout the country as "Orange City" for being a major trade center of oranges that are cultivated in the region. Nagpur city was established by prince of Gond tribe "Bhakt Buland" in first half of 18th century. Nagpur lies precisely at the center of the country with the "Zero Mile Marker" indicating the geographical center of India. It has 14 Talukas and 12 Assembly Segment Constituencies.

As of 2011 census, Nagpur District comprises of 14 tahsils with a population of 46,53,171 (Nagpur city with a population of 24,05,421 and the urban agglomeration with a population of 25,23,911). The sex ratio of the district improved to 948 per 1000 male in 2011 as compared to 932 in 2001 census. The total literacy rate is 89.52 per cent compared to 84.03 per cent in 2001; with male literacy 93.76 per cent and female literacy was 85.07 per cent. A slightly more than half (52.5 per cent) of Nagpur's population is in the age group 15–59 years and 10.35 per cent of the population were under six years old. Out of the total district population for 2011 census, 68.30 percent lives in urban regions of district. Sex Ratio in urban region of Nagpur district is 951 as per 2011 census whereas for rural area it is 942.

Map of Maharashtra State and Solapur District



3 Nagpur: Key Demographic Indicators (2011)

Indicators	Values	Indicators	Values
No. of Blocks	13	Scheduled Caste (%)	18.6
No. of Villages	1628	Scheduled Tribe (%)	9.4
Population –Total	4653570	Literacy Rate – Total (%)	88.4
Population – Male	2384975	Literacy Rate – Male (%)	53.3
Population – Female	2268595	Literacy Rate – Female (%)	46.7
Density of Population/Sq.km	470	Sex Ratio (f/m)	951
Urban Population (%)	68.3	Child Sex Ratio (f/m)	931

Source: Census of India 2011

4. Key Health and Service Delivery Indicators (DLHS-3&4): Nagpur District

Sr. No.	Indicators from DLHS-3	DLHS-3	DLHS-4
1	Mothers registered in the first trimester (%)	74.7	72.5
2	Mothers who had at least three ANC visits (%)	95.5	81.1
3	Mothers who got at least one TT injection (%)	97.3	97.0
4	Institutional births (%)	82.2	97.0
5	Home deliveries assisted by SBA (%)	17.8	2.4
6	Children fully immunised (%)	90.5	62.0
7	Children breastfed within one hour of birth (%)	60.8	66.1
8	Percent of women using modern FP methods	69.9	71.5
9	Total Unmet Need for FP (%)	12.0	14.5
10	Unmet need for spacing (%)	3.8	5.9
11	Unmet need for limiting (%)	8.2	8.6

Source: DLHS 4 factsheet

Nagpur District: Key Service Utilization Parameters of visited facilities (April to Dec.2015)

Service Utilization Parameter	WH Daga Nagpur	SDH Kamtee	CHC Kalmesh war	PHC Dhapewada	SC Dhapewada Kh.
OPD	162787	106421	63778	20188	
IPD	28249	3313	1388	1312	
Expected number of pregnancies	15517	--	--	59	13
MCTS entry of women registered in the first trimester (%)	100	100	100	100	100
No . of pregnant women given IFA	15968	--	200	181	27
Total deliveries conducted	11472	339	171	43	0
Number of Deliveries conducted at home					0
No. of assisted deliveries(Ventouse/ Forceps)--	3320	--	60	0	
No. of C section conducted	4630	18	0		
Number of obstetric complications managed	6849	688	0	0	
No. of neonates initiated breast feeding within one hour	6777	339	171	35	0
No. of children screened for Defects at birth under RBSK	0	0	0	0	0
RTI/STI Treated	3590	0	0	32	
No. of admissions in NBSUs/ SNCU, whichever available	1762	127	0	0	
Inborn	1136	--	0	--	
Outborn	626	--	0	--	
No. of children admitted with SAM	103	--	0	--	
No. of sick children referred	209	20	5	8	0
No. of pregnant women referred	1427	688	203	50	0
ANC1 registration	18321	--	200	86	27
ANC 3 Coverage	11677	--	156	84	22
ANC 4 Coverage	10375	--	177	52	24
No. of IUCD Insertions	631	7	22	71	12
No. of Tubectomy	1903	82	75	43	
No. of Vasectomy	1	1	11	4	
No. of Minilap + Laparoscopy	1903	0	0	0	
No. of children fully immunized	3142	--	1049	53	20
Measles coverage	5734	--	310	53	20

No. of children given ORS + Zinc	0	--	0	0	0
No. of children given Vitamin A	15016	--	310	53	20
No. of Children given IFA syrup					0
No. of women who accepted post-partum FP	1696	--	--	47	
No. of MTPs conducted in first trimester	303	14	112	0	
No. of MTPs conducted in second trimester	6	0	0		
Number of Adolescents attending ARSH clinic	1880	0	0		
Maternal deaths, if any	0	0	0	0	0
Still births, if any	81	1	2	4	3
Neonatal deaths, if any	74	0	0	6	1
Infant deaths, if any	0	0	1	0	0
Number of VHNDs attended					0
Number of VHNSC meeting attended					6
Service delivery data submitted for MCTS updation					27

Note: -- = Nil; * = No data; ** = Services not available

5. Health Infrastructure

Health Infrastructure in Nagpur District

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	--	--	--	--
WH	1	1	1	
SDH	2	2	2	50
CHC	9	9	9	30
PHC	49	49	49	6
SC	316	314	--	1
AYUSH facilities dispensary	11	--	--	--

NA = Not Applicable

WH, Nagpur: WH is located in a main habitant. The surroundings are clean around WH. The health facility is easily accessible from nearest road. WH is functioning in a government building which is in a good condition. In Nagpur district it is one of the full functional 100 beded women hospital. Staff quarters work is under progress. WH has electricity with power back up, running 24*7 water supply, clean wards, and toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional SNCU is available. Wards are separate for males and females. Complaint/suggestion box is available. Biomedical waste is outsourced.

SDH, Kamtee: is located in Kamtee block and is at a distance of approximately 15 km from headquarter. SDH is functioning in a government building which is in a good condition. In Nagpur district it is one of the full functional 50 bedded hospital. The health facility is easily accessible from nearest road. SDH has electricity with power back up, running 24*7 water supply, clean wards, and toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. NBCC, NBSU are available. SNCU is not available. Wards available are separate for males and females. There is a separate room for ARSH clinic. Complaint/suggestion box is available. Biomedical waste is outsourced.

CHC, Kalmeshwar: is located in Kalmeshwar block and located approximately 22 km from headquarter. In Nagpur district it is one of the full functional 30 bedded hospital. CHC is functioning in a government building which is under renovation and minor repairing under DPDC, is in progress. The health facility is easily accessible from nearest road. Staff quarter is under construction. CHC has electricity with power back up, running 24*7 water supply, clean wards, and toilets separately for males and females. Functional and clean labour room is available but is under repair for extension. Functional NBCC and NBSU are available. SNCU is not available. Wards are separate for males and females. There is no separate room for ARSH clinic. Complaint/suggestion box is available. Biomedical waste is outsourced. NRC and BB/BSU are not available.

PHC Dhapewada: is located in Kalmeshwar block covering 24 villages with a catchment population of 30609. PHC is located approximately 35 kms from headquarter. There are 6 SCs under this PHC. The selected PHC is easily accessible from nearest road but the road is narrow. PHC is functioning in a government building which is in a good condition. Staff quarter for MOs (2), SN, and other categories are available but not in good condition. PHC has electricity with power back up; running 24*7 water supplies are available. Toilets are clean and are available separately for males and females. Functional clean labour room is available. Wards are clean but male and female wards are not separate. There is a mechanism for waste management. Complaint/suggestion box is available.

SC Dhapewada Kh.: comes under PHC Dhapewada, in Kalmeshwar block which is approximately 3 Km from this SC. SC is located in main habitation covering 5 villages with a population of 1456. SC is functioning in a government building which is in a good condition. SC has electricity but no power back up and running water 24*7 supply. ANM is residing in the quarters available at SC. Functional clean labour room is available but not functioning. As compound wall is available general cleanliness could not be maintained in surrounding areas of the SC building. Complain/ suggestion box is not available. Biomedical waste management is available.

6. Human Resources and Training

District as a whole is facing severe shortage of health staffs. District In total has 468 regular posts and only 408 are filled. Out of the sanctioned 123 regular MOs 110 are available. Out of the sanctioned 27

regular LHV 17 are available; Out of the sanctioned 256 regular ANM 245 are available; Out of the sanctioned regular 62 SNs 36 are available.

No. and types of HRH required vs available, postings in Nagpur District

Sr. No.	Name of Post	Sanctioned	Available
1	MOs	123	110
2	LHV	27	17
3	ANM	256	245
4	MPHW (M)	0	0
5	SN	62	36
	Total	468	408

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	ADHO	3	0	3
3	Additional District Health Officer CI- I	2	0	2
4	District RCH officer CI- I	1	1	0
5	Administrative Officer CI- II	1	0	1
6	District Malaria officer CI-II	1	1	0
7	Taluka Health Officer Group A	13	12	1
8	MO Group A	99	88	10
9	Assistant Medical Officer	68	57	11
10	Statistical Officer	1	1	0
11	Section Officer	1	1	0
12	Extension Officer (Stat.)	1	1	0
13	Extension Officer (Ayurveda.)	1	1	0
14	Public Health Nurse	2	2	0
15	Attendant	196	196	0
16	Health Assistant Male	79	74	5
17	Health Assistant (Female)	50	33	17
18	MPW	195	194	1
19	ANM	366	293	73
20	Pharmacists	76	75	1
21	Health Supervisor	21	18	3
22	Laboratory Technician	6	6	0
23	Sweeper	8	8	0
24	Medical Officer Training Centre	1	1	0

Contractual staff appointed under NRHM in Nagpur District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	6	5	1
2	M&E	4	4	0
3	IPHS	57	54	3
4	FMG	4	3	1
5	IDW	5	5	0
6	ASHA	1749	1620	129
7	RBSK	151	16	35
8	AYUSH	14	13	1
9	Sickle Cell	5	5	0
10	BPMU	26	26	0
11	Procurement	2	2	0
12	Urban RCH	10	7	3
13	Tele Medicine	1	1	0
14	Quality Assurance	2	2	0
15	PCPNDT(mo.la. d o)	1	1	0
16	ARSH	1	0	1
17	IDSP	5	5	0
18	NPCB	2	2	0
19	ANM	195	187	8
20	LHV	26	17	9
21	Staff Nurse	12	11	1

WH Nagpur: Human Resources at WH (Daga) Hospital Nagpur

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	Class I	7	4	3
2	Class II	21	20	0
3	Class III	170	157	13
4	Class IV	77	70	7
	Total	275	252	23

SDH Kamtee: Human Resources at SDH Kamtee Nagpur

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	Class I	1	0	1
2	Class II	7	7	0
3	Class III	25	25	0
4	Class IV	12	10	2
	Total	45	42	3

HR, CHC-Kalmeshwar

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	OBG	1	1	0
2	MOs	3	1	2
3	SNs	7	6	1
4	ANMs	2	1	1
5	LTs	1	1	0
6	Pharmacist	2	2	0
7	Assis. Superintendent	1	1	0
8	Jr. Clerk	2	2	0
9	X-ray Tach.	1	1	0
10	Class IV	7	5	2
	Total	27	21	6

PHC Dhapewada: is managed by 2 MOs and 1 LHV post is vacant since June, 2015.

Human Resources at PHC Dhapewada

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	SN/GNM	1	1	0
3	ANM	2	1	1
4	Pharmacist	1	1	0
5	LHV/PHN	1	0	1
6	Lab. Tech.	1	1	0
7	Others	9	7	2
	Total	17	13	4

SC Dapewada: SC has two ANMs and one MPW(M)

Training status /skills of various cadres of Nagpur district.

Trained All Cadre					
S.N.	Type of Training	MO	ANM	LHV	SN
1	SBA	40	283	36	35
2	LSAS	4	0	0	0
3	BEmOC	111	0	0	0
4	NSV	28	0	0	0
5	Minilap	33	29	8	2
6	PPIUCD	42	0	0	7
7	IMEP	112	50	42	22
8	NSSK Trg.	122	316	34	48
9	MTP	22	33	1	0
10	RTI	171	278	34	31
11	IYCN	17	29	18	0

Training status /skills of various cadres in the visited health facilities,Nagpur district.

Training programmes	RH Kalmeshwar	PHC Dhapewada
EmOC	MO(2)	--
LSAS	--	--
BeMOC	MO(2)	MO (1)
SBA	--	MO(1),ANM(2)
MTP/MVA	MO(1)	--
NSV	MO(1)	--
F-IMNCI/IMNCI	MO(2)	MO(1),ANM(8)
NSSK	MO(2)	MO(1),ANM(8)
Mini Lap-Sterilisations	MO(1)	--
Laproscopy-	--	--
IUCD	MO(1)	MO (1)
Fileria and CUT 375	--	--
PPIUCD	MO(1)	--
RTI/STI	--	MO(1),ANM(8)
Immunization and cold chain	SN(4),ANM(1)	MO(1),ANM(3)

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor

7. Availability of Drugs and diagnostics, Equipments

EDL and EDL lists of medicines are available in the district.

WH, Nagpur: EDL is available and displayed in the facility. Computer inventory system is in place. All the essential drugs are available. All the essential supplies and consumables are available. Adequate vaccine stocks are available. All the essential supplies and equipment are available in WH. All types of diagnostics tests were available.

SDH, Kamtee: EDL is available and displayed. Computer inventory system is in place. All the essential drugs are available. All the essential supplies and consumables are available. Adequate vaccine stocks are available except IFA syrup with dispenser. All the essential supplies and equipments are available in SDH. All types of diagnostics test are available. During the reference period April-December, 2015 Hemoglobin (6831), Urine albumin and sugar (3907), Blood sugar (628), RPR (1170), Malaria (5984), and TB (927) tests were conducted.

CHC, Kalmeshwar: EDL is available and displayed. Computer inventory system is in place. All the essential drugs are available except IFA tablets which are in shortage and sanitary napkins are not supplied. All the essential supplies and consumables are available. Adequate vaccine stocks are available. All the essential supplies and equipments are available in CHC. All types of diagnostics test are available. During the reference period April-December, 2015 Haemoglobin (1833), Urine albumin and sugar (2113), Blood sugar (663), RPR (311), Malaria (9112), TB (1300), and HIV (2741) tests were conducted. LFT was not conducted.

PHC Dhapewada: EDL is available and displayed in PHC essential drugs are available. Essential supplies and equipments are available except IFA tablets (blue), IFA syrup with dispenser, Zinc tablets are in shortage. Among laboratory equipments Semi auto analyzer is not available as it is not supplied. Major diagnostics tests are available except serum Bilirubin test as kit required for it is not supplied. During the reference period April-December, 2015 Hemoglobin (686), CBC (136) Urine albumin and sugar (367) Malaria (5335), HIV (281) tests were conducted.

SC Dhapewada Kh.: Essential drugs and equipments are available in SC except IFA syrup with dispenser.

9. AYUSH services

AYUSH facilities are provided in Ayurvedic dispensary. AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is not a member of the RKS.

User Fees

No user fee is charged for ANC, PNC services and to BPL patients and JSSK.

8 ANC and PNC

During the reference period April-December 2015 as per HMIS data, 24247 new ANC registrations were done out of which first trimester registrations was 18346 in the district. Thus district recorded 76 percent first trimester registration. The number of women having severe anemia and treated in institute was 177. Hypertensive pregnant women's (263) were also identified. Pregnant women provided with TT were (17938) and IFA tablets (17622). During this period, 11891 mothers's received postnatal visits. In the visited facilities mothers were counseled to initiate breast-feeding within 1 hour of the delivery. Mother's were also advised to stay for at least 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets.

8.1 Institutional deliveries

During the reference period, April to December, 2015 as per HMIS data, 11773 deliveries were reported as institutional deliveries out of which 1336 were C-section deliveries in the district.

8.2 Maternal death Review

State/district task force is formed to conduct MDR the reports of which are published 7 maternal deaths was reported in the district during the reference period April-December, 2015. The detail of the report is given below:

Sr.No.	Age	Caste	Place of death	Education Mother	Education Father	Date of Death	Cause of Death
1	20	SC	Hospital	10th	10th	29/4/2015	Respiratory Distress Syndrome
2	24	SC	Home	9th	8th	13/5/2015	PCF due to Respiratory failure
3	28	ST	Hospital	8th	12th	16/9/2015	PIH with AKI with ARDS
4	30	Other	Hospital	Illiterate	8th	22/9/2015	DIC with reviewed cardiac arrest
5	24	OBC	Home	8th	10th	23/10/2015	TL Death NVD with Ascites Baeteremia
6	25	Other	Hospital	8th	8th	9/11/2015	Septic abortion with septicemia
7	35	OBC	Home	4th		12/12/2015	Severe Anemia HIV Positive

8.3 JSSK

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

In the district, 16043 pregnant women's availed JSSK facilities during the reference period. The number of mothers who were provided with free transport from home to institute in government vehicles was 4805. Referrals from institute to institute were utilized by 6001 beneficiaries. Drop back to home from government vehicle were utilized by 10816 beneficiaries.

Number of infants admitted were 2123 and 331 infants were provided free transport from home to institute in government vehicle. Number of infants provided free transport from institute to institute was 610. Drop back facilities to home in government vehicle were provided to 521 infants. In general it was observed a low percent in utilization of transport facilities from home to institute.

WH Nagpur: During the reference period April-December, 2015, 1548 women beneficiaries were provided with free transports from home to institute, 1237 women beneficiaries were provided with inter facility and drop back facility to home were provided to 6696 beneficiaries. Sick infants (182) were provided with free transports from home to institute, 251 sick infants were provided with inter facility and (319) drop back facility to home.

SDH, Kamtee: During the reference period April-December, 2015, 337 women beneficiaries were provided with free transports from home to institute, 688 women beneficiaries were provided with inter facility and drop back facility to home were provided to 337 beneficiaries. Sick infants (37) were provided with free transports from home to institute and (2) drop back facility to home.

CHC Kalmeshwar: During the reference period April-December, 2015, 226 women beneficiaries were provided with inter facility and drop back facility to home were provided to 226 beneficiaries.

PHC Dhapewada: Beneficiaries (43) utilized the services of free transport from home to PHC and 43 got free drop back service. 55 beneficiaries were provided with inter transport facility. Eight infants were provided with inter facility transport facility during the reference period April-December, 2015.

8.4 JSY

During the reference period April-December, 2015; as per HMIS data out of the total 16043 public institutional deliveries JSY incentive paid to mothers was 3873 and to ASHAs 8442. Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. JSY payment is done through AC payee.

9. Child health

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in WH-Daga Hospital with necessary equipment and trained manpower. During the reference period April -December, 2015, 1762 babies were admitted under SNCU.

Details SNCU in SDH-WH-Daga Hospital, Nagpur April-December, 2015

Sr. No	Indicators	WH-Daga Hospital
1	Deliveries	11472
2	Still Births	115
3	Admitted to SNCU	1762
4	Weight at the time of admission	
i.	<1000gm	25
ii.	1000gm-1499gm	124
iii.	1500-2499gm	1042
	>=2500gm	571
5	Morbidity profile	
I.	Respiratory distress syndrome	407
II.	Meconium aspiration syndrome	94
III.	Moderate-severe birth asphyxia	125
IV.	Sepsis	43
V.	Other causes of respiratory distress	--
VI.	Jaundice requiring phototherapy	283
VII.	Hypothermia	27
VIII.	LBW with prematurity	246

6	Outcome	
I.	Discharged	1563
II.	Referred	148
III.	LAMA	1
IV.	Died	62

Nutrition Rehabilitation Centre is established in WH Nagpur which was started recently. During the reference period male (3) and female (13) were admitted. Space available for NRC is adequate.

9.1 Immunization

During the reference period April –December 2015; as per HMIS data 47967 children’s were fully vaccinated in the district. Immunization sessions (17922) were planned and 12356 were held in the district. Babies (43602) were provided with BCG doses. DPT 1, 2 and 3 were provided respectively to 42476; 45221; and 45246 babies. DPT booster was provided to 45778 children’s. Zero doses of polio were provided to 32725 babies and polio 1, 2 and 3 doses were provided respectively to 44955; 45367; and 45238 babies. Polio booster was provided to 45759 children’s. Hepatitis 0, 1, 2, and 3 were provided respectively to 28704; 42515; 45172; and 45217 babies. Measles 1 & 2 were provided respectively to 47968 & 45961 babies. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

In the visited health facilities mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV, BCG and hepatitis B were provided to the babies. Health staffs can correctly administer vaccines. Zero doses of OPV, BCG, and hepatitis B are provided to the babies. Health staffs can correctly administer vaccines. In SC Mundewadi: ANM have necessary skill and knowledge to correctly use partograph, provide essential newborn care, correctly administer vaccine, guidance/support for breastfeeding, and correctly identify sign of pneumonia and dehydration, and awareness of immunization schedule.

9.2 RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child healthy screening and no early intervention services are available at district level. Teams are constituted for screening with proper plans of visit.

10. Family planning

Family planning along with counselling services are provided in the district. IEC materials related to family planning are available.

As per DHIS 2 data during the reference period April – December 2015 NSV (289), laparoscopic sterilization (4792) were conducted.

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained. Health staffs can correctly insert IUD.

11. Quality in health services

11.1 Infection Control and Biomedical Waste Management

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

Regular fumigation is done in the visited health facilities. Washing/laundry service, and dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place.

11.2 Record Maintenance

WH, Ngpur: In WH all IPD/OPD, ANC, PNC, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled.

SDH Kamthee: In SDH all IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled.

CHC, Kalmeshwar: IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, FP, immunisation, Referral, and drug stock registers are available, updated and correctly filled. However, CHC did not receive any untied fund.

PHC Dhapewada: IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated microplan are available, updated and correctly filled in PHC.

SC Dhapewada Kh. : Payments under JSY, Untied fund, Annual maintenance grant, VHND plan register are not available. MCH, delivery, referral registers, Records of families with 0-6 year's children under RBSK, records are available.

11.3 IEC

WH, Nagpur: Approach roads have direction to WH. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in WH. IEC material are available in every part of hospital.

SDH Kamthee: Approach roads have direction to SDH. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in SDH. However, citizen charter is displayed in SDH.

CHC, Kalmeshwar: Approach roads have direction to CHC. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed.

PHC Dhapewada: Approach roads have direction to PHC. Citizen charter, timing of health facility, protocol posters, immunization schedule, and JSSK and JSY entitlements are displayed in PHC. However, list of services available, and EDL are displayed in PHC.

SC Dhapewada Kh. : Approach roads have no directions to SC. Immunization schedule, JSSK and SBA protocol are not displayed in SC. Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and JSY entitlements are not available in SC.

12. Referral transport and MMUs

District has total 113 vehicles (49 PHC, 15 SDH, CHC and 6 WH) and 43 ambulances form 108 number. One MMU is used as referral transport. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis. Number of patients served in MMU during the period April-December 2015 was 21914.

13. ASHA

During the reference period April-December, 2015 there is a requirement of 1749 ASHAs as per sanctioned post. Out of which 1636 are in place in the district. During the same period 25 ASHAs left and 36 new ASHAs joined. Module 6 & 7 training was given to (I-1585, II-1568, III-414) ASHAs in the district. In Family planning methods condoms and pills are provided to all the ASHAs. However, ORS and Zinc are provided to ASHAs. The highest incentive paid to ASHA worker is Rs. 49239/- and the lowest is Rs. 225/-. Average incentive to an ASHAs Rs. 1532/-. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA resource center is not available.

14. Disease control programmers

The number of slides (Malaria) prepared during April-December 2015 as per passive agencies and health worker including ASHAs was 303258 and 187 positive slide. Drugs and staffs are available. The number of

sputum test conducted during the reference period April-December 2015 was 1833 and 121 was found to be positive. DOT medicines are available.

15. HMIS and MCTS

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. Data entries are regularly updated in MCP and MCTs in the visited facilities.

16. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LHV	Lady Health Visitor
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration

NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee