

**Monitoring and Evaluation of Programme Implementation Plan, 2017-18
Nagpur District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan 2017-18: Nagpur District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Nagpur District was carried during the period 12-16 September 2017. The District Health Office, SDH Ramtake, CHC hingana, PHC Mansar and SC Khumari 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:

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points.
- There is shortage of OCP and ECP in SDH and CHC facilities.
- Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training.
- Availability of experts also ensures timely and effective treatment. There is severe shortage of specialist and MO in the district. Vacant positions 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.
- WH hospitals Nagpur has heavy work load. There is shortage of Gynecologists and M.Os and many cases are referred to the teaching hospital in Nagpur. Hence, it is recommended surgeons from teaching hospital to visit and provide health services in WH.

Table below gives the comparison of various health services provided and as observed by PRC team during the field visit in 2015-16 and 2017-18

Sr.No.	PIP 2015-16	PIP 2017-18
1	Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points	Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points
2	IFA tablet, syrups are shortage in more facilities	Irregular supply of OCP and EC pills
3	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.	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. RBSK MO are given the additional duties of OPD and other work to run the facilities.
4	District has low percentage usage of free transport facility from home to institute.	District has low percentage usage of free transport facility from home to institute.
5	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	Since April 2017 data is directly entered in the HMIS Portal
6	Heavy work load in WH hospitals Nagpur in addition to shortage of Gynecologist and M.Os. Hence, many cases are referred to the teaching hospital in Nagpur. Hence, it is suggested to make some arrangement for surgeons from teaching hospital to devote some time to treat patients in WH.	Heavy work load in WH hospitals Nagpur in addition to shortage of Gynecologist and M.Os. Hence, many cases are referred to the teaching hospital in Nagpur. Hence, it is suggested to make some arrangement for surgeons from teaching hospital to devote some time to treat patients in WH.
7	--	In WH out of the total 6 vehicles available 4 vehicles are under repair.
8	--	Repairing and maintenance work are given to the Sanduri Farm in the state level but many of equipment are not in the working condition and not repaired.
9	--	In most of the Sub-centers only one ANM available in place of two ANMs.

Key Conclusion and Recommendation

SC Khumari – In the visited SC only one ANM is available under regular post and the same ANM is deputed in PHC. In addition, there is no appointment of second ANM under NRHM. Hence, it is recommended to fill up the second position of ANM at the earliest.

PHC Manser– The condition of the PHC building is not good and need to be repaired. There are sanctioned two MO posts but one MO is deputed in another health facility. There is no Compound wall. Hence, it is recommended to fill up the vacant post of MOs and to build a compound wall.

CHC Hingana - There is one sanctioned post of MS, three MO, and one assistant MO . The services of MOs appointed under RBSK is mainly used for providing health services in CHC .

This CHC is located near to the main road and there are many PM cases but since MO is not available only MS is doing this work. There is no security person available. Hence, it is recommended to fill up the vacant post of MOS and security person at the earliest.

SDH Rmtaka– In SDH many of the MO post are lying vacant and MOs under RBSK is providing the health services in OPD.

Eventhough hospital is located in a hilly area it has no compound wall and the wild animals from hills enter the premises of hospital. Repairing and maintenance work is given to the Sanduri Farm but many of the equipments are not in working condition and not repaired. The 108 vehicles was not available in the hospital premises and it is generally observed during our field visit n Nagpur the 108 vehicle was not available at the hospital premises.

It is recommedbd to fill up the vacant position at the earliest as well as to construct the compound wall. There should be a mechanism in place to repair and maintain the equipments on timely basis.

Mechanism should be in place so that 108 vehicles are available in the hospital premises for timely emergency and referral services.

WH: There are total 6 vehicles available out of which 4 vehicles are under repair. To meet the demand under JSSK and referral services it is recommended that vehicles are repaired and made available at the earliest.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2017-18 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Nagpur District was carried during the period 12-16 September 2017. 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 Rmtaka, CHC Hingana, PHC Manser and SC Khumari was selected for monitoring of PIP. Accordingly, the District Health Office, SDH Ramtake, CHC hingna, PHC Manser and SC Khumari were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, DPM, QAC, RBSK and IPHS officers are 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.

3. State and District profile

Nagpur city is the winter capital of the state of Maharashtra, with a population of 240542. 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.

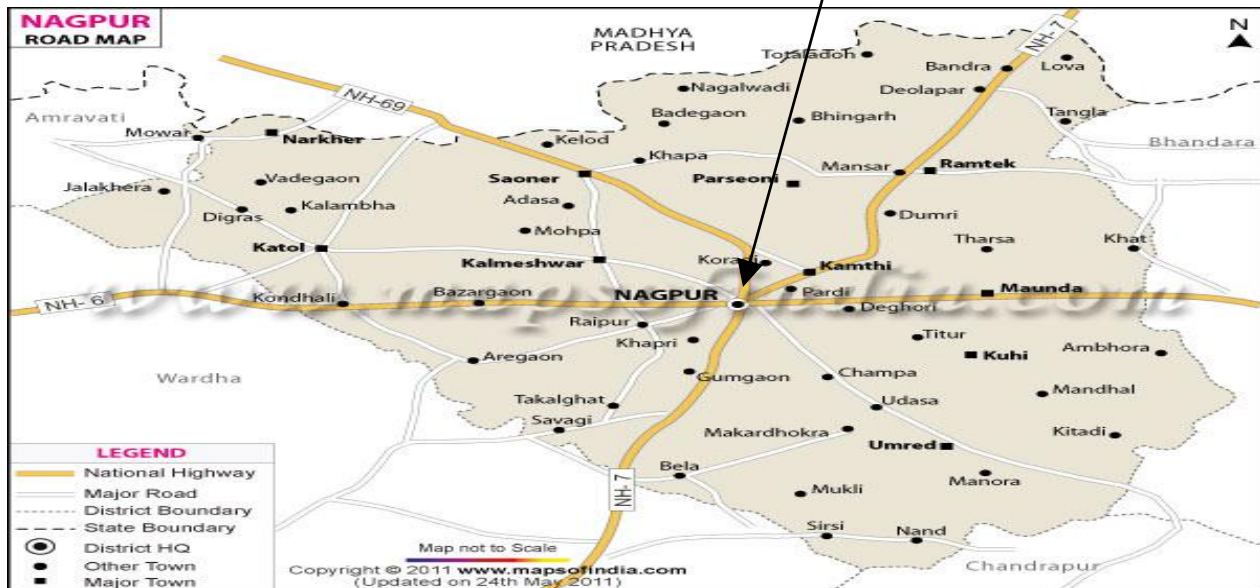
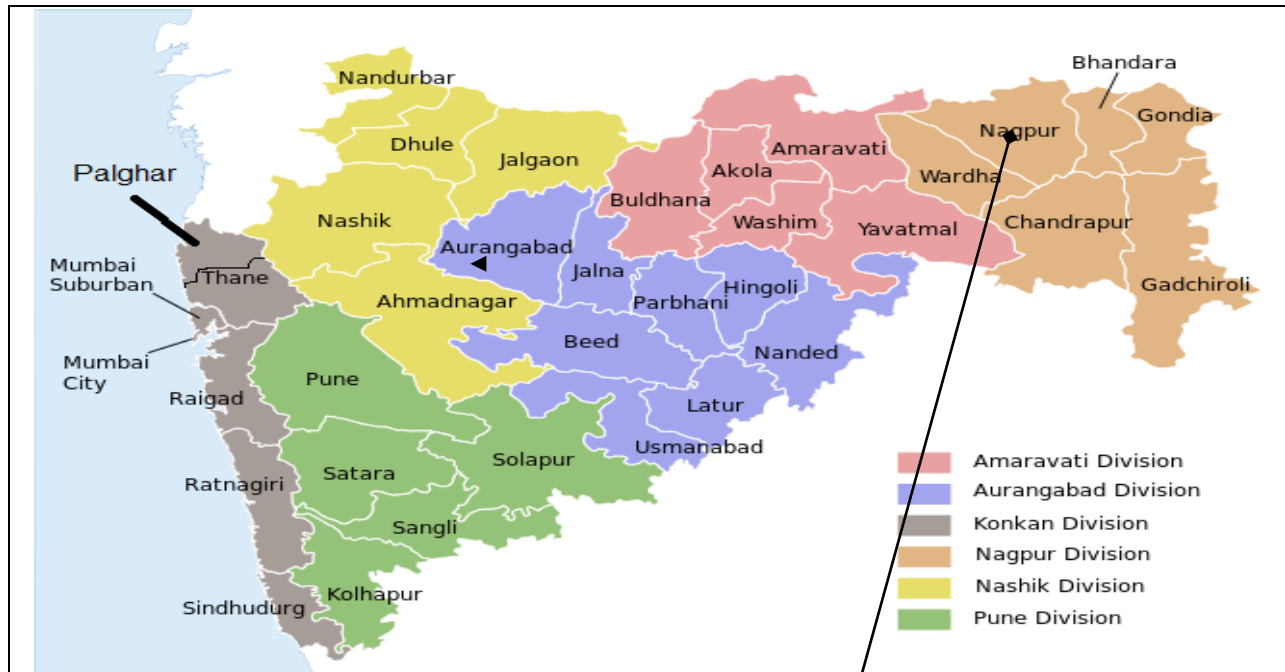
Nagpur is also famous throughout the country as "Orange City" for being a major trade center of oranges that are cultivated in the region. Nagpur city was established by prince of Gond tribe "Bhakt Buland" in first half of 18th century. Nagpur lies precisely at the center of the country with the "Zero Mile Marker" indicating the geographical center of India. It has 13 Talukas and 12 Assembly Segment Constituencies.

Demography

As of the 2011 census, Nagpur District comprising 13 tahsils had a population of 46,53,571 and Nagpur city had a population of 24,05,421 and the urban agglomeration had a population of 25,23,911. The district had a sex ratio of 951 per 1000 male compared to 2001 census figure of 932. Average literacy

rate was 89.52% compared to 84.03 of 2001; male literacy was 93.76% and female literacy was 85.07%. 52.5% of Nagpur's population is in the 15–59 years age category. 10.35% 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 Nagpur District



4. 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

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 August.2017)

Service Utilization Parameter	WH Daga Nagpur	SDH Ramtak e	CHC Hinga na	PHC Mansar	SC khumari
OPD	84105	18808	24216	14027	
IPD	15452	2043	1461	142	
Expected number of pregnancies		375	782	420	51
MCTS entry of women registered in the first trimester (%)				148	26
No. of pregnant women given IFA	1845	60	726	188	29
Total deliveries conducted	6076	177	81	27	2
Number of Deliveries conducted at home					0
No. of assisted deliveries(Ventouse/ Forceps)--	2664			0	
No. of C section conducted	2442	13			
Number of obstetric complications managed	2664	13	25	4	
No. of neonates initiated breast feeding within one hour	3633	125	81	27	2
No. of children screened for Defects at birth under RBSK			0	0	0
RTI/STI Treated	1747	15	8	1	
No. of admissions in NBSUs/ SNCU, whichever available	793		0	0	
Inborn					
Outborn					
No. of children admitted with SAM					
No. of sick children referred	52	0	10	1	0
No. of pregnant women referred	695	50	74	82	11
ANC1 registration	10559	152		186	26
ANC 3 Coverage	6565			123	22
ANC 4 Coverage	5145			114	17
No. of IUCD Insertions	1203	2	2	7	5
No. of Tubectomy	1285	19		24	
No. of Vasectomy	0	0		1	
No. of Minilap + Laparoscopy	139	19		24	
No. of children fully immunized	1369	107	81	198	16
Measles coverage	1369	167	57	198	16
No. of children given ORS + Zinc		0	261	46	2

No. of children given Vitamin A	5710	505	45	720	39
No. of Children given IFA syrup					2
No. of women who accepted post-partum FP	1146		2	24	
No. of MTPs conducted in first trimester	131	1	0	0	
No. of MTPs conducted in second trimester	3	0	0		
Number of Adolescents attending ARSH clinic			0		
Maternal deaths, if any		0	0	0	0
Still births, if any	53	2	0	0	0
Neonatal deaths, if any	46	0	0	0	0
Infant deaths, if any	0	0	0	0	0
Number of VHNDs attended					12
Number of VHNSC meeting attended					12
Service delivery data submitted for MCTS updation					

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

5. Health Infrastructure

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
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: is located in Nagpur city name as Daga. In Nagpur district It is one of the well-functioning hospital with 365 beds available in hospital. WH is functioning in a government building which is in a good condition. The health facility is easily accessible from the nearest road. WH has electricity with power back up, running 24*7 water supply, clean wards, and toilets separately for all females' wards. Functional and clean labour room is available with clean toilet attached to it. SNCU are available. There is a separate room for ARSH clinic. Complaint/suggestion box is available. Biomedical waste is outsourced.

SDH Ramtake: is located in Ramtake block and is located approximately 48 km from headquarter. In Nagpur district It is one of the well-functioning 50 bedded hospital. SDH is functioning in a government building which is in a good condition. The health facility is easily accessible from the 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. Functional NBCC. SNCU are not available. Wards are separate for males and females. There is a separate room for ARSH clinic. Complaint/suggestion box is available. Biomedical waste is outsourced.

CHC Hingana: is located in Hingna block and is located approximately 20 km from headquarter. In the Nagpur district one of the full functions 30 beds hospitals CHC is functioning in a government building. The health facility is easily accessible from the nearest road. Staff quarters are available. 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. Functional NBCC. SNCU are not available. Wards are separate for males and females. There is a no separate room for ARSH clinic. Complaint/suggestion box is available. Biomedical waste is outsourced. CHC has no NRC and BB/BSU.

PHC Mansar: is located in Ramtak block covering 24 villages. The total catchment population of PHC Mansar is 33497, and is located approximately 44 km from headquarter. There are 7 SCs under this PHC. The selected PHC is easily accessible from the nearest road. PHC is functioning in a government building. The condition of building is not good. Staff quarter for MO (2), SN, and other categories are available in good condition. PHC has electricity with power back up; running 24*7 water supplies are available. Toilets clean for males and female. Functional clean labour room is available. Wards are clean and male and female wards are separate. There is a mechanism for Waste management. Complaint/suggestion box is available.

SC khumari comes under PHC Mansar, in Ramtake block which is approximately 7 Km from this SC. SC is located in main habitation covering 7 villages with a population of 3177. SC is functioning in a government building which is in a good condition. SC has electricity but no power back up. ANM is residing in the quarters available at SC. Functional clean labour room is available. As compound wall is available general cleanliness maintained in surrounding areas of the SC building. No complaint/suggestion box is available. Biomedical waste management is available.

6. Human Resources

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	2	0	2
3	District RCH officer CI- I	1	0	1
4	District Tuberculosis officer CI- I	1	1	0
5	Administrative Officer CI- II	1	0	1
6	District Malaria officer CI-II	1	1	0
7	MO Group A	112	91	21
8	Assistant Medical Officer B	67	61	6

9	Statistical Officer	1	1	0
10	Section Officer	1	1	0
11	Office Superintendent	3	2	1
12	Sr. Clark	5	3	2
13	Jr. Clark	60	56	4
14	Extension Officer (Stat.)	1	1	0
15	Extension Officer (Ayurveda.)	1	1	0
16	Public Health Nurse	2	1	1
17	Attendant	206	192	14
18	Health Assistant Male	4	4	0
19	Health Assistant (Female)	50	48	2
20	MPW	193	179	14
21	ANM	366	294	72
22	Pharmacists	75	70	5
23	Health Supervisor	30	12	18
24	Leprosy Technician	8	8	0
25	Laboratory Technician	49	23	26
26	Sweeper	324	281	43
27	Medical Officer Training Centre	1	1	0
28	Driver	56	56	0
29	Health worker	2	2	0
30	Statistical investigator	1	1	0
31	supervisor	1	1	0
32	Cold chain tech	1	1	0
	Total	1627	1394	233

Contractual staff appointed under NRHM in Nagpur District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	6	6	0
2	M&E	4	4	0
3	IPHS	64	56	8
4	FMG	5	5	0
5	IDW	5	5	0
6	ASHA	1749	1664	85
8	RBSK	151	20	31
9	AYUSH	14	14	0
10	Sickle Cell	6	6	0
11	BPMU	26	26	0
12	Procurement	2	2	0
13	Urban RCH	17	16	1
14	Tele Medicine	1	1	0

15	Quality Assurance	2	2	0
17	PCPNDT(mo.la. d o)	1	1	0
18	ARSH	1	0	1
19	IDSP	5	5	0
20	NPCB	2	2	0
21	ANM	246	187	59
22	LHV	26	14	12
23	Staff Nurse	12	11	1
	Total	2145	1955	190

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

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	Class I	4	2	2
2	Class II	20	20	0
3	Class III	170	154	16
4	Class IV	77	69	8
	Total	247	222	25

WH: NRHM

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	IPHS	22	18	4
2	NURSING	10	10	0
3	SNCU	45	31	14
4	AYUSH	3	3	0
5	NRC	7	7	0
6	SICKL CELL	2	2	0
7	JSSK-DRIVER	6	6	0
	TOTAL	95	77	18

SDH Ramtak: Regular staff

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	MS	1	1	0
2	MO	7	5	2
3	ASSTATANT SUP	1	1	0
4	SR CLARK	1	1	0
5	JR CLARK	2	2	0
6	FARMASIST	3	2	1
7	LAB T	1	1	0
8	LAB ASST	1	1	0
9	TB T	1	1	0
10	METRON	1	1	0
11	STAFF NURSE	2	0	2
12	NUESE	12	9	3
13	POUN	2	2	0
14	SWEEPER	2	2	0
15	WARD BOY	5	5	0
16	DRESSER	1	0	1
17	OT ATTEDENT	1	0	1
18	OPD ATTEDENT	1	0	1
	TOTAL	45	34	11

SDH-Human Resources in NRHM

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Fcility manager	1	1	0
2	Sickal cell lt	1	1	0
3	Dentist	1	0	1
4	Gyuecologist	1	1	0
5	Ayush MO AYD	1	1	0
6	MO HOM	1	1	0
7	NBSU STAFF NURSE	2	0	2
	TOTAL	8	5	3

CHC - Hindana : Reguler staff

Sr. No.	Name of Post	Sanctioned	Available	Vacant post
1	MS	1	1	0
2	MO	3	1	2
3	ASSTATANT SUP	1	1	0
4	JR CLARK	2	2	0
5	FARMASIST	2	2	0
6	LAB T	1	1	0
7	LAB ASST	1	1	0
8	Exry t	1	1	0
9	STAFF NURSE	7	7	0
10	POUN	1	0	1
11	SWEEPER	2	2	0
12	WARD BOY	4	3	1
13	Driver	1	1	0
	TOTAL	27	23	4

CHC Hingana Human Resources in NRHM

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO	6	5	1
2	Farmasicist	3	2	1
3	ANM	3	2	1
4	Ayush MO HOM	1	1	0
6	LT	2	2	0
7	COUNCALER	1	0	1
	TOTAL	16	12	4

PHC Manser :**Human Resources at PHC mansar**

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0

2	ANM	8	8	0
3	Pharmacist	2	2	0
4	Health asst M	1	1	0
5	Health asst F	1	1	0
6	LHV/PHN	1	1	0
7	MPW M	4	4	0
8	Jr asst	1	1	0
9	Lab. Tech.	1	1	0
11	Lepresi T	1	1	0
12	LADIES SWEEPER	3	3	0
13	MALE SWEEPER	2	2	0
	Total	26	26	0

SC Khumari: SC has one regular ANM and one MPW(M)

7. Training status /skills of various cadres of Nagpur district.

Trained All Cadre					
S.N.	Type of Training	MO	ANM	LHV	SN
1	SBA	0	11	0	3
2	LSAS	0	0	0	0
3	BEmOC	6	0	0	0
4	NSV	0	0	0	0
5	Minilap	1	0	0	0
6	PPIUCD	3	0	0	0
7	IMEP	0	0	0	0
8	NSSK Trg.	0	0	0	0
9	MTP	0	0	0	0
10	RTI	9	9	0	0
11	Cold chain Handler	0	16	0	0
12	RI	8	25	3	0
13	FIMNCI	4	0	0	9
14	IYCN	0	40	1	

Availability of Drugs and diagnostics, Equipments

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

WH: 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 only EC pills are not supplied regularly. All the essential supplies and equipment are available in WH. All types of diagnostics test were available. During the reference period April-August, 2017 Hemoglobin (154657), Urine albumin and sugar (38295), Stool routine (505), Sonography (7128), X-ray (591), ECG (164), Malaria (2355), were conducted.

SDH Ramtaka: 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 only OCP and EC pills not supply regularly. All the essential supplies and equipments are available in SDH. All types of diagnostics test were available. During the reference period April-August, 2017 Hemoglobin (3962), Urine albumin and sugar (3944), Pregnancy Test (176), Malaria (4192), TB (1430) tests were conducted.

CHC Hingana: EDL is available and displayed. Computer inventory system is in place. All the essential drugs are available only Vit. A syrup is in shortage and sanitary napkins is 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 were available. During the reference period April-August, 2017 Hemoglobin (2325), Urine albumin and sugar (926), Malaria (2325), TB (643), HIV (542) tests were conducted.

PHC Mansar: EDL is available and displayed in PHC essential drugs are available. Essential supplies and equipments are available. Major diagnostics tests are available. During the reference period April-August, 2017 Hemoglobin (674), Blood group (208) Urine albumin and sugar (532) HIV (247) tests were conducted.

SC khumari: Essential drugs and equipments are available in SC.

8. Maternal Health

8.1 ANC and PNC

During the reference period April-August 2017 as per HMIS data, 27666 new ANC registrations were done out of which first trimester registrations was 14195 in the district. Thus district recorded 51.3 percent first trimester registration. The number of women having severe anemia and treated in institute was 335. Hypertensive pregnant women's (433) were also identified. Pregnant women were provided with TT (2782) and IFA tablets (22002). During this period, 8404 mother's received postnatal visits.

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

8.2 Institutional deliveries

During the reference period, April to August 2017 as per HMIS data, 9124 deliveries were reported as institutional deliveries out of which 3055 were C-section deliveries in the district.

8.3 Maternal death Review

State/district task force is formed to conduct MDR the reports and 2 maternal deaths were reported in the district during the reference period April-August, 2017.

Sr.No.	Age	Caste	Place of death	Education Mother	Education Father	Date of Death	Cause of Death
1	20	SC	Home	10th	10th	01/04/2017	Septicemia with PPH
2	28	Other	On Road	10th	10th	31/07/2017	ANC

8.4 JSSK

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

In the district, 8172 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 3354. Referrals from institute to institute were utilized by 2938 beneficiaries. Drop back to home from government vehicle were utilized by 5363 beneficiaries.

Number of infants admitted were 1114 and 515 infants were provided free transport from home to institute in government vehicle. Number of infants provided free transport from institute to institute was 207. Drop back facilities to home in government vehicle were provided to 898 infants. In general, it was observed a low percent in utilization of transport facilities from home to institute.

WH: During the reference period April-August, 2017, 1213 women beneficiaries were provided with free transports from home to institute, 221 women beneficiaries were provided with inter facility and drop back facility to home were provided to 3417 beneficiaries. Sick infants (11) were provided with free transports from home to institute and (507) drop back facility to home.

SDH Ramtaka: During the reference period April-August, 2017, 10 women beneficiaries were provided with free transports from home to institute, 50 women beneficiaries were provided with inter facility and drop back facility to home were provided to 115 beneficiaries. Sick infants (37) were provided with free transports from home to institute and (2) drop back facility to home.

CHC Hingana: During the reference period April-August, 2017, 21 women beneficiaries were provided with free transports from home to institute, 56 women beneficiaries were provided with inter facility

and drop back facility to home were provided to 81 beneficiaries. Sick infants (2) were provided with free transports from home to institute, 3 beneficiaries were provided with inter facility.

PHC Mansar: Five beneficiaries utilized the services of free transport from home to PHC and 23 got free drop back service. 12 beneficiaries were provided with inter transport facility. Three infants received inter facility transport facility during the reference period April-August, 2017.

8.5 JSY

During the reference period *April-August, 2017*; as per HMIS data out of the total 8172 public institutional deliveries JSY incentive paid to mothers was 1268 and to ASHAs 3509. Full amount of financial assistance is provided in the form of direct account transferred. 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.

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 -August, 2017, 793 were admitted under SNCU. In Nagpur district.

9.1 Immunization

During the reference period April –August 2017; as per HMIS data 14243 children’s were fully vaccinated in the district. 7049 Immunization sessions were planned and 6895 held in the district. Babies (11735) were provided with BCG doses. DPT (Penta) 1, 2 and 3 were provided respectively to 12068; 12467; and 13402 babies. DPT booster was provided 9462 children’s. Zero doses of polio were provided to 9911 babies and polio 1, 2 and 3 doses were provided respectively to 12050; 12453; and 13395 babies. Polio booster was provided to 10498 children’s. Hepatitis 0, 1, 2, and 3 were provided respectively to 7101; 15; 10; and 8 babies. Measles 1 &2 were provided respectively to 2163 & 10806 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.

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 health screening. No early intervention services are available at district level. Teams are constituted for screening with proper plans of visit. The number of children screened during the reference period April – August 2017 is 219975. Children and young adults covered in the age group 6-18 years is 6300. Among those screened, process is in progress to identify

health related problems. Every month visits are planned. There are 36 teams allotted under RBSK out of which 29 RBSK teams is functional. During the reference period 219975 children in the age group 0-6 years were screened out of 111869 male and 108106 female.

MOs who are working under RBSK are given additional work of working in the SDH and CHC facilities.

9.3 Details SNCU in WH-Daga Hospital district Nagpur April-August, 2017

Sr. No	Indicators	WH-Daga Hospital
1	Deliveries	6076
2	Still Births	52
3	Admitted to SNCU	793
4	Weight at the time of admission	
i.	<1000gm	21
ii.	1000gm-1499gm	69
iii.	1500-2499gm	202
iv	>=2500gm	501
5	Died	43

9.4 NRC:

NRC was established in WH with necessary equipment's and trained manpower.

During the reference period 96 children were admitted. Out of which, 79 children have gained weight after the treatment. Average length of duration of stay is 7-15 days; 14 children were referred by RBSK and, 10 still are undergoing treatment in NRC. During the reference period 79 were shifted to Pediatric ward after treatment in NRC.

10. BB:

Blood Bank service is available only in WH. During the reference period the total number of blood unit collected was 1465 and the total number of blood transfusions was 1279.

11. AYUSH services

AYUSH facilities are provided in Ayurveda 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.

12. User Fees

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

13. Family planning

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

As per HMIS data During the reference period April – August 2017 NSV (28), female sterilization (3366) 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.

14. Adolescent Health (ARSH Clinic)

ARSH clinic is functioning in WH, SDH and CHCs. Place & time is fixed for ARSH clinic. Trained manpower is available at ARSH clinics. Equipment's are available as well as medicines are available to adolescent. Required seating arrangement, toilet facility, and health education study material along with displays are in place in Hospital. Every clinic has provided outreach services as a part of which children. and young adults in the age group 10-19 years are given health education. Medical counselling as well as promotive, preventive, curative, referral and other services are provided to 10-19 years adolescents.

The number of adolescents attended ARSH clinic during the reference period April – August 2017, were 472 (144male and 328 female) in the district.

15. Quality in health services

15.1 Infection Control and Biomedical Waste Management

Implementation of effective infection control programmer 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.

15.2 Record Maintenance

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

CHC Hingana: 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 received any untied fund and RKS although funds are available.

PHC Mansar: 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 khumari: Payments under JSY, Untied fund, Annual maintenance grant, VHND plan register are available. MCH, delivery, referral registers, Records of families with 0-6 year's children under RBSK, records are available.

15.3 IEC

SDH Ramtake: 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.

CHC Hingana: 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 CHC.

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

SC khumari: Approach roads have directions to SC. Immunization schedule, JSSK and SBA protocol are displayed in SC. Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and JSY entitlements are available in SC.

16. Community Processes

16.1 . Referral transport and MMUs

The total number of vehicle available in the district is 100 (49 PHC,15 SDH, CHC and 6 WH) and 43 ambulances form 108 number. One MMU as referral transport. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis.

16.2 MMU : In the Nagpur district one Mobile Medical Unit working and provided by NGO Mure Memorial Hospital, Nagpur. One lady MO, One GNM, one LT, one Pharmacy officer and two Driver are appointed in MMU. ATP (Annual team plan) of MMU given to the district officers and visited villages also given. Number of patients served in MMU during the period April-August 2017 was 17691.

17. ASHA

During the reference period April-August, 2017 there is a requirement of 1751 ASHAs as per sanctioned post. Out of which 1664 are in place in the district. During the same period 35 ASHAs left and 14 new

ASHAs joined. Module 6 & 7 training was given to (I-1686,II-1686,III-1686,IV-1686,V-1686) 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. 8000/- and the lowest is Rs. 500/-. Average incentive to ASHAs Rs.3000 to 4000/-. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA resource center is available.

18. Disease control programmers

The number of slides (Malaria) prepared during April-August 2017 as per passive agencies and health worker including ASHAs was 10 positive slide. Drugs and staffs are available. The number of sputum test conducted during the reference period April-August 2017 was 7199 and 669 was found to be positive; 849 patients are under treatment. DOT medicines are available. Suspected cases during the reference period April-August 2017 was 453 out of which 236 patients are confirmed cases.

19. HMIS and MCTS/RCH

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

20. PIP budget and Expenses

Activity	Sanctioned Budget for the year 2016-17	Grant Received 2017-18	Pro Exp up to August 2017	Expdt. % on San.Budget	Expdt. % on Grant Recived
RCH Flexipool	1900.06	772.39	457.97	24.10	59.29
NRHM Additionalities	1071.45	521.29	254.00	23.71	48.73
Immunization	106.59	119.26	42.43	39.80	35.58
Total	3078.10	1412.94	754.40	24.51	53.39

In the district budget 53.39 per cent utilised for the grant received in the year 2017-18.

21. 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