

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

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

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2013-14 of Nanded District was carried during the period of March 3-8, 2014. The District Health Office, Women's Hospital, RH Gokunda (Kinwat), PHC Shivani and SC Sunasgaon were visited for the study. As there is a Medical College in the district, District Hospital does not exist. The District Hospital is recently sanctioned for the district. PRC team visited Nanded during 3-8 March, 2014. Team comprised of two officials from PRC side and Monitoring and Evaluation Officer of the district. The M&E officer has accompanied the PRC team at some places (Nodal Officer is not yet appointed for the district and Quality Control Assurance Coordinator is recently joined the duties and he has not received any direction from the appointing authorities about joint visit of PRC. IPHS Coordinator was not available during the visit). This report discusses in detail the implementation of PIP in Nanded district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 754 posts of different discipline are sanctioned of which 688 are filled and 72 (9.5 percent) are vacant for the district as a whole. Total 1335 regular positions of different discipline are sanctioned and 1276 are filled and 59 (4.4 percent) positions are vacant.
- AYUSH is integrated and mainstreamed with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. As all the departments of AYUSH are functioning well in the district. Adequate medicine is being supplied for all AYUSH facilities. Total 26 positions are sanctioned for AYUSH and 25 are filled.
- Under JSSK, the pregnant women in Nanded district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 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, 37316 pregnant women delivered at various public institutions i.e. Women's Hospital, Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery of JSSK. All of them were provided with free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery.

- Regarding the implementation of free transport under JSSK, it is observed that there is non-response of drivers to pick-up the pregnant women at night. This is mainly due to the low salary (Rs. 6,000/- per month) paid to the drivers for 24 hours duty. However, the drivers get much more salary than this amount for private service. Ideally there should be at least two drivers; one for the daytime and another for the night time.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. In connection with payment of JSY, it is told to the team that beneficiaries are facing problems in getting JSY payment as it is paid by cross cheque of national bank. To get the benefit, they have to open an account with minimum balance of Rs.500/- and most of the time there is no national banks in the villages, in that case they have to travel to the Block place with recently delivered women; which is really inconvenient and even if somebody open an account in the bank they will get only Rs. 100-200/- after maintaining of minimum balance in the account. If travelling cost will be deducted from village to Block place and return to home for two persons will be more than the amount they are going to get. Tribal beneficiaries are more sufferers due to this problem. This may be one of the causes for low of performance JSY benefit.
- Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse are sanctioned of which one is filled, and one position of dieticians is sanctioned and filled. Basic Infrastructure is there.
- SNCU is located in women hospital. It has recently inaugurated on February 23, 2014. But still some work is in progress. Therefore, it is not yet started functioning.
- Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District Nodal Officer for RBSK is appointed. It is being implemented in all the 14 blocks of the district. Total 42 teams are working under the programme.
- ARSH clinics (MAITRI) are established at Women's hospital in the District, SDH Mukhed, SDH Degloor, and SDH Gokunda and at Government Medical College. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. One Male Medical Officer and one Female Medical Officer are given additional responsibility of ARSH. In all the SDHs, the existing staffs are given additional responsibility. The clinic provides health information, counselling and testing to persons aged between 10-19 years.
- Segregation of bio medical waste is being done at all the facilities visited.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Gokunda and SC Kupti, except in PHC Shivani. Working hours of the facility, EDL, important

phone numbers, clinical protocols etc. are prominently displayed at all the above three facilities.

- As there is no DH in the district screening and treatment of Non Communicable Diseases are done there at Medical College in the district. But it is not under the control of district authorities i.e. CS or DHO.
- For effective implementation of JSSK, there are instructions from DHO to all the facilities and officials. Also if there is any shortage for POL from NRHM funds, funds are being made available from regular grants.
- There is no dedicated staff given for HMIS and MCTS. Additional responsibilities are given to the regular staff in addition to their regular duties. With regard to completeness of MCTS updation, it is 74.71 percent.
- Supervision and monitoring visits at all levels are done regularly.
- District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Gramin Shikshan Prasarak Mandal in 40 villages of 4 Blocks. There is good impact of the services in periphery.
- In the district, most of the ASHAs receive on an average the incentive amount of Rs. 1000/- and highest monthly incentive paid to ASHA is Rs. 2100/-.
- Official physical verification of 5 percent of beneficiaries of JSY is not taking place in the district.
- As per expected level of achievement, JSY benefit needs to be given to 19786 women whereas it is given to 12643 (64 percent) women.
- There is no set up of Non-Communicable diseases in District Hospital for screening.
- As there is no Blood Bank or blood storage unit available in the Women's Hospital, there is no provision of management of high risk pregnancies, sick neonates and infants at Women's Hospital. Gynaecologist position is also vacant. EDL, protocol posters, list of services available are not displayed at Women's Hospital.

2. Introduction

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

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Nanded District was carried during the period 3-8 March, 2014. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during 3-8 March, 2014 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, Women's Hospital, one SDH, one CHC, one PHC and one SC were selected for the study. PRC team was accompanied by Monitoring & Evaluation Officer at some places. 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 Nanded district as observed by the PRC team during the field visit.

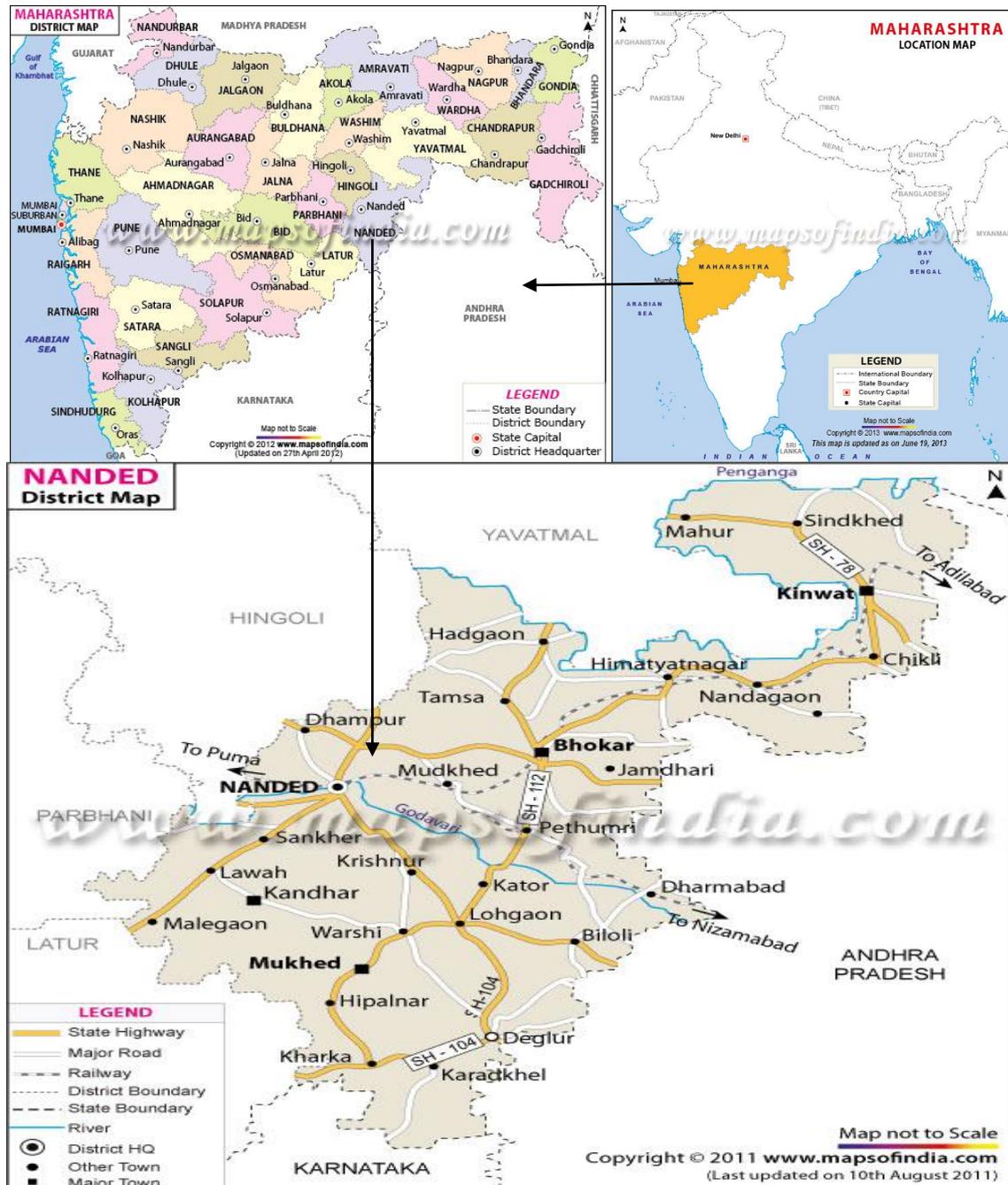
3. District Profile and Key health and service delivery indicators

Nanded is one of the district of Marathwada regions of Maharashtra and have a predominantly agrarian economy. It comprises of sixteen talukas viz. Mahur, Nanded, Hadgaon, Kinwat, Bhokar, Billoli, Degloor, Mukhed, Kandhar, Himayatnagar, Ardhapur, Mudkhed, Umri, Dharmabad, Naigaon and Loha. Majority of its population is engaged in agricultural activities. Very few industries exist in the district. The existing industries are agriculture based. Majority of its population lives in rural areas. The total literacy rate of Nanded district is 75.45% as compared to 82.34% of Maharashtra in 2011.

As per 2011 Census, the total population of the district is 33,61,292 with male population of 17,30,075 and female population of 16,31,217. The district constitutes about 3 percent of total population of the state. The district has a population density of 319 inhabitants per square kilometre (830 /sq mi). Its population growth rate over the decade 2001-2011 was 16.7%. The population by sex shows that males constitute about 51.47 percent and females constitute about 48.52 percent of the total population of the district. Nanded has a sex ratio of 937 females for every 1000 males.

The child sex ratio in the district is 910 female children per 1000 male children in 2011. In 2011 the sex wise literacy rates shows that it is 57.33 percent for males and 44.72 percent for females with a gap of almost 12.61 percent between males and females. Female literacy is much lower than the state average of 75 percent.

Location of Nanded District in Maharashtra



Key Demographic Indicators: Maharashtra and Nanded District (2011)

Sr. No.	Items	Maharashtra	Nanded
1	No. of Blocks	355	16
2	No. of Villages	43,663	1546
3	Population (2011)	11,23,72,972	33, 61,292
4	Population - Males (2011)	5,83,61,397	17, 30,075
5	Population - Females (2011)	5,40,11,575	16, 31,217
6	Literacy Rate (2011)	82.91	75.45
7	Literacy Rate - Males (2011)	89.82	57.33
8	Literacy Rate - Females (2011)	75.48	44.72
9	Sex Ratio (2011)	925	937
10	Child Sex Ratio (2011)	883	910
11	Density of Population (2011)	365	319
12	Percent Urban (2011)	45.23	27.18
13	Percent SC Population (2011)	11.8	19.05
14	Percent ST Population (2011)	9.4	8.38

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

Sr. No.	Indicators from DLHS-3	Maharashtra	Nanded
1	Mothers registered in the first trimester (%)	61.6	59.8
2	Mothers who had at least three ANC visits (%)	74.4	76.2
3	Mothers who got at least one TT injection (%)	88.7	97.8
4	Institutional births (%)	63.5	55.9
5	Home deliveries assisted by SBA (%)	5.7	5.5
6	Children fully immunised (%)	69.0	72.3
7	Children breastfed within one hour of birth (%)	52.5	45.3
8	Percent of women using modern FP methods	63.9	59.8
9	Total Unmet Need for FP (%)	13.6	14.9
10	Unmet need for spacing (%)	5.9	5.9
11	Unmet need for limiting (%)	7.7	9.0

Source: DLHS-3

Number and type of government health facilities in Nanded district

Name of the facility	Number	No. of Beds
Women Hospital	1	Sanctioned beds are 100 but effectively functioning with 45 beds
Sub District Hospital – Mukhed	1	100
Sub District Hospital – Deglur	1	50
Sub District Hospital – Hadgaon	1	50
Cottage Hospital - Gokunda	1	50
Rural Hospitals	12	30 each
Primary Health Centers	65	6 each
Sub Centers	377	
AYUSH facilities (Ayurvedic)	11	1
AYUSH facilities (Homeopathy)	11	1
AYUSH facilities (Unani)	11	1
AYUSH facilities (Yoga) at DH	0	

Nanded District: Key Service Utilization Parameters (April 2013 to February 2014)

Service Utilization Parameter	Women's Hospital	RH Gokunda, (Block Kinwat)	PHC Shivani (Block Kinwat)	SC Kupti (Block Kinwat)
OPD	37729	79256	5096	
IPD	5183	5994	793	
Expected number of pregnancies (reported)	410	124	276	81
MCTS entry on percentage of women registered in the first trimester	100%	100%	--	100%
No. of pregnant women given IFA	114	124	276	85
Total deliveries conducted	1732	750	85	63
Number of Deliveries conducted at home				0
No. of assisted deliveries(Ventouse/Forceps)	0	0	--	
No. of C-Section conducted	396	4	--	
No. of obstetric complications managed	396	47	--	
No. of neonates initiated breastfeeding within 1 hr	2117	740	85	63
No. of children screened for defects at birth under RBSK	0	3	--	--
RTI/STI Treated	0	310	4	
No. of admissions in NBSUs/SNCU	0	125	--	
In-born	0	60	--	
Out-born	0	65	--	
No. of children admitted with SAM	34	4	--	
No. of sick children referred	5	79	4	1
No. of pregnant women referred	231	250	4	6
ANC1 Registration (reported)	410	124	276	80
ANC 3 Coverage	138	96	251	85
ANC 4 Coverage	102	92	232	82
No. of IUCD Insertions	32	12	--	9
No. of Tubectomy	254	272	119	
No. of Vasectomy	0	2	1	
No. of Minilap	0	272	119	
No. of children fully immunized	458	98	254	86
Measles coverage	458	98	254	86
No. of children given ORS + Zinc	2500	0	--	4
No. of children given Vitamin A	833	98	254	1381 all 9 doses
No. of women accepted post-partum FP services	25	272	--	
No. of MTPs conducted in first trimester	4	0	--	
No. of MTPs conducted in second trimester	0	0	--	
Number of Adolescents attending ARSH clinic	0	330	--	
Maternal deaths, if any	0	0	--	0
Still births, if any	22	8	4	0
Neonatal deaths, if any	1	1	--	3
Infant deaths, if any	0	0	11	
Number of VHNDs attended				6
Number of VHNSC meeting attended				6
Service delivery data submitted for MCTS updation				January 2014

4. Health Infrastructure

Nanded is having Government Medical College, therefore no district hospital exists. But 100 bedded Women's Hospital is functioning. However, due to paucity of space, it is functioning as 45 bedded and it is in government building, which is newly constructed. Many of the departments are not functioning as there is a severe problem of space. Construction work is in progress. Once it will over it will be function in full strength. There are four SDHs in Nanded district: at Mukhed (100 bedded), Deglur (50 bedded), Hadgaon (50 bedded) and Gokunda (50 bedded). There are twelve Rural Hospitals in the district and all of them are with 30 beds. All of them are located in Government buildings. The district has 65 Primary Health Centres and all of them are functioning from government buildings. The district has 377 Sub Centres and all of them are located in government buildings.

AYUSH facility is co-located and is available at eleven facilities in the district and Ayurveda, Homeopathy and Unani are the most popular medicines and Yoga is not available in the district. District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Gramin Shikshan Prasarak Mandal in 40 villages of 4 Blocks. There is good impact of the services in periphery.

5. Human Resources

In the district, a total 1335 regular positions of different discipline are sanctioned and 1276 are filled and 59 positions (4.4 percent) are vacant. Under NRHM, 754 posts of different discipline are sanctioned of which 688 are filled and 72 are vacant (9.5 percent) for the district as a whole.

There is a Government Medical college in the district. Hence, District Hospital is not there. District hospital is sanctioned but it will take time to establish. Some of the administrative posts are there i.e., Civil Surgeon, RMO outreach, Office Superintendent and clerical staff to assist overall monitoring of SDH and RH. Civil Surgeon is administrative head of these facilities. There are four SDH and thirteen RH in the district.

Nursing cadre positions sanctioned are 117 and 98 positions are filled on regular basis and nine are filled on contractual basis. In Class-III cadre, 154 various positions are sanctioned for SDH and RH i.e., Ophthalmic Assistant, Pharmacist, Audiologist, Laboratory Technician, Accountant cum Data Entry Operator, Dental Technician, X-Ray Technician. Out of 154 sanctioned positions, 52 positions are filled.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	-
2	Asst. Director Leprosy CI-I	1	1	-
3	Additional District Health Officer CI-I	1	1	-
4	Asst. District Health Officer CI-I	1	0	1
5	District RCH Officer CI-I	1	1	-
6	District Tuberculosis Officer CI-I	1	1	-
7	Administrative Officer CI-II	1	0	1
8	District Malaria Officer CI-II	1	1	-
9	Taluka Health Officer Group A	16	14	2
10	MO Group A	141	141	-
11	Epidemiology MO	1	1	-
12	Statistical Officer	1	1	-
13	Section Officer	1	1	-
14	Office Superintendent	3	3	-
15	Accounts Assistant	1	1	-
16	Jr. Accountant	1	1	-
17	Sr. Assistant	4	3	1
18	Sr. Assistant Accounts	1	1	-
19	Junior Assistant	8	8	-
20	Stenographer	1	1	-
21	Extension Officer (Stat.)	1	1	-
22	Extension Officer (Ayurved.)	1	1	-
23	Public Health Nurse	1	1	-
24	Attendant	11	11	-
25	Dresser	-	-	-
26	Health Worker (Male)	287	265	25
27	Health Assistant	134	116	16
28	Health Worker (Female)	460	451	9
29	Health Assistant (Female)	76	76	-
30	Pharmacists	99	97	2
31	Health Supervisor	34	32	2
32	Leprosy Technician	29	29	-
33	Laboratory Technician	15	14	1-
34	Sweeper	-	-	-
	Total	1461	1291	154

Contractual staff appointed under NRHM in Nanded District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	6	6	-
2	M&E	3	3	-
3	IPHS	37	34	3
4	FMG	2	2	-
5	IDW	6	6	-
6	ASHA	91	90	1
7	RKS	1	1	-
8	RBSK	153	156	3
9	AYUSH	26	25	1
10	Sickle Cell	22	17	5
11	BPMU	30	30	-
12	Procurement	2	2	-
13	Urban RCH	176	120	56
14	RCH	1	1	-
15	Tele Medicine	2	2	-
16	Quality Assurance	1	1	-
17	Referral Transport	5	4	1
18	PCPNDT	2	1	1
19	ARSH	1	1	-
20	IDSP	3	3	-
21	NPCB	3	3	-
22	ANM	155	155	-
23	LHV	6	6	-
24	Staff Nurse	5	5	-
25	IMMUNATION	1	1	-
26	Nursing School	7	6	1
27	MMU	7	7	-
	Total	754	688	72

Training status of all cadres in the district up to 31.10.2013

Sl.No.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	9	2	4	0	0	0
2	BEmOC	7	0	0	0	0	0	0
3	CEmOC/EmOC	1	0	0	0	0	0	0
4	LSSA	1	0	0	0	0	0	0
5	MTP / MVA	0	0	0	0	0	0	0
6	IMNCI	0	0	0	0	0	0	0
7	IMNCI (Sup)	0	0	0	0	0	0	0
8	F-IMNCI	0	0	0	0	0	0	0
9	IMNCI Sensitization	0	0	0	0	0	0	0
10	Minilap	0	0	0	0	0	0	0
11	NSV	0	0	0	0	0	0	0
12	Laparoscopic Sterilization	0	0	0	0	0	0	0
13	IUD 380A	12	11	7	12	0	0	0
14	Newer CuT-375 Sensitization	36	49	23	20	0	0	0
15	Routine Immunization	3	2	0	19	0	0	0
16	ARSH Trg.	9	16	5	0	3	7	0
17	RTI/STI	0	0	0	0	0	0	0
18	Induction Trg. Contra.	0	0	0	0	0	0	0
19	ASHA-Module-2 TOT	0	0	0	0	0	0	35
20	ASHA-Module-3 TOT	0	0	0	0	0	0	0
21	ASHA-Module-4 TOT	0	0	0	0	0	0	0
22	ASHA-Module-5 TOT	0	0	0	0	0	0	0
23	ASHA-Module-6 & 7 TOT	0	0	0	0	0	0	0
24	ASHA-INDUCCTION 8DAYS	0	0	0	0	0	0	0
25	ASHA-Module-2 TOT Block level	0	0	0	0	0	0	0
26	ASHA-Module-3 & 4 Block level	0	0	0	0	0	0	0
27	ASHA-Module-4 Block level	0	0	0	0	0	0	0
28	ASHA-Module-5 Block level	0	0	0	0	0	0	0
29	ASHA-M-6 & 7 NT Block level Ph-I	0	0	0	0	0	0	0
30	ASHA-M-6 & 7 T_Block level Ph-I	0	0	0	0	0	0	0
31	ASHA-M-6 & 7 T_Block level Ph-II	0	0	0	0	0	0	0
32	ASHA-M-6 & 7 T_Block level Ph-III	0	0	0	0	0	0	0
33	ASHA GatpravartakTrg. PM&E	0	0	0	0	0	0	0
34	IYCN Trg. 3 days	6	38	11	5	0	0	0
35	NSSK Trg.	0	27	7	35	0	0	0

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

Training programmes	Women's Hospital	SDH Gokunda	PHC Shivani	SC
EmOC		-	-	
LSAS		-	-	
BeMOC		1	2 MO	
SBA		3	2 MO, 2SN, 4 ANM	
MTP/MVA		-	1 MO	
NSV		-	-	
F-IMNCI/IMNCI		6	2 MO, 2SN, 4 ANM, 2 LHV	-
NSSK		-	2 MO, 2SN, 4 ANM, 2 LHV	-
Mini Lap-Sterilisations		-	1 MO	
Laparoscopy-Sterilisations		-	-	
IUCD		2	2 MO, 2SN, 4 ANM, 2 LHV	1 ANM
PPIUCD		-	-	
RTI/STI		-	2 MO, 2SN, 4 ANM, 2 LHV	
HIV		-	2 MO, 2SN, 4 ANM, 2 LHV	
Leprosy		-	2 MO, 2SN, 4 ANM, 2 LHV	
RNTCP		-	2 MO, 2SN, 4 ANM, 2 LHV	
Blood storage		-	-	
IMEP		-	-	
Immunization and cold chain		7	2 MO, 2SN, 4 ANM, 2 LHV	2 ANM

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

7. Other Health System Inputs

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

Availability of drugs and diagnostics and equipment

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

AYUSH Services

AYUSH services are co-located in various SDHs and RHs of the District. Ayurveda, Homeopathy and Unani services are available at four SDHs namely Mukhed, Hadgaon, Degloor, Gokunda and in eight RHs namely Umari, Loha, Khandar, Naigaon, Biloli, Bhokar, Dharmabad and Mahur. AYUSH OPD clinics are monitored separately. Total OPD of AYUSH services during April to January 2014 is 1,39,491 and IPD is 3,470.

AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Total 26 positions are sanctioned for AYUSH and 25 are filled.

User Fees

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

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 54173 from April 2013 to January 2014 of which 39415 women were registered in first trimester. Severely anaemic pregnant women reported in HMIS are 41308, HB below 11 are 40261 and HB level below 7 are 1047. Number of Hypertension cases reported during April to January 2014 is 1041. Number of women received TT and IFA tablets during April to January 2014 are 45074 and 45619 respectively. No tests are available for Blood Sugar, Urine Sugar and Protein. Number of women received post natal services are reported as 35823.

8.2 Institutional Deliveries

During April to January 2014, number of institutional deliveries conducted in the district is 37316 including C-Section deliveries at public institutions and 10725 deliveries are conducted including C-Section deliveries at private institutions.

8.3 Maternal Death Review

During April 2013 to January 2014, 7 maternal deaths were reported in the district. Out of 7 cases, 3 were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Causes of three maternal deaths are reported as TB (1) and PPH (2).

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 Nanded district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 (recently issued circular by state Govt.) 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, 37316 pregnant women delivered at various public institutions i.e. Women's Hospital, Sub District Hospitals, Community Health Centres and Primary Health Centres

under free and zero expenses delivery. All of them were provided with free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 8406 women were provided with home to hospital free transport, 5226 women were provided hospital to hospital transport in referral services and 12967 women were provided drop back facility. With respect to neonates, 37 neonates were provided hospital to hospital free transport, 530 were provided Institute to Institute referral transport service and 76 neonates were provided drop back facility. Utilisation of the free transport for neonates is too low. There may be lack of awareness among people or they may prefer to go to private facilities. Number of drop back to is also not half of the deliveries conducted in public institution in the district. Only 34 percent of women provided with drop back facility. It clearly shows that there is some problem with service providers. Ideally all those women have delivered at public institutions may be provided with drop back facility.

8.5 JSY

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

The number of women received JSY benefit of Rs. 500/- for home delivery is 325, Rs. 600/- for institutional delivery in rural area is 11307, Rs. 600/- for institutional delivery in urban area is 1001 and 425 women have received Rs. 1500/- for C-section deliveries in both rural and urban area. As per expected level of achievement, benefit should have been given to 19786 women whereas it is given to 12643 (64 percent) women.

In connection with payment of JSK, it is told to the team that beneficiaries are facing problems in getting JSY payment as it is paid by cross cheque of national bank. To get the benefit they have to open Bank Account with minimum balance of Rs.500/- and most of the time there is no national bank in the villages, in that case they have to travel to the block place with recently delivered women. Which is really inconvenient and even if somebody opens an account in the Bank, they will get only Rs.100-200/-. If travelling cost will be deducted from village to Block place and return to home for two persons, it will be more than the amount they are going to get. This is also one of the causes for low JSY performance.

9. Child Health

9.1 SNCU

SNCU is located in Women's Hospital. It was recently inaugurated on February 23, 2014. But still some work is in progress. Therefore, it is not yet fully functional.

9.2 NRCs

Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse is sanctioned and filled, and one position of dieticians is sanctioned and filled. Basic infrastructure is available in the NRC.

9.3 Immunization

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

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by DPMU. District Nodal Person for RBSK is appointed. It is being implemented in all the 14 Blocks of the district and municipal corporation area of Nanded, viz., Nanded, Ardhapur, Mukhed, Bhokar, Hadgaon, Himayatnagar, Kinwat, Mahur, Loha, Kandhar, Degloor, Biloli, Naigaon, and Umri. Child Health Screening and Early Intervention Centre at district level is not yet established. Total 42 teams are working under the programme. Each 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 for the screening of Anganwadi children (3 to 6 years) is fixed for the year 2013-14 as 486423 and the achievement was 445250. Children were identified with some problem were referred to higher facilities. Total number of SAM /MAM detected was reported as "zero".

10. Family Planning Services

Family planning services are being provided in all major facilities of the District. During April to January 2014, 16328 female Sterilisation and 36 NSVs were performed. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

11. ARSH

ARSH clinics (MAITRI) are established at Women's Hospital, SDH Mukhed, SDH Degloor, SDH Gokunda and at Medical College. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. One Male Medical Officer and one Female Medical Officer are given additional responsibility of ARSH. At all SDHs, existing staff is given additional responsibility. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

12. Quality in Health Services

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

12.2 Biomedical Waste Management: Segregation of bio medical waste management is outsourced at all the visited facilities except SC Kupti. SC Kupti is having deep burial pit for Bio medical waste management.

12.3 IEC: Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at Women's Hospital, SDH Gokunda. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities, except Shivani PHC.

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

13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 102. For the ambulance services a Call Centre is established at the District Hospital. During April 2013 – January 2014, 27242 patients have utilized ambulance services. Performance monitoring is carried out on regular basis.

14. Community Processes

An NGO, 'Gramin Shikshan Prasarak Mandal' is operating an MMU in the district. Six positions are sanctioned and filled for MMU. MMU is covering 40 villages from four blocks. During April to January 2014, 24178 patients were treated. Advance tour programme is supplied to all concerned Sub Centres.

14.1 ASHA

Total number of ASHAs required in the district is 1423 and total positions filled are 1423, a 100 percent. The number of ASHAs posted in non-tribal area is 1208 and in tribal areas is 215. Training for ASHAs in Module-I is completed for 1208 ASHAs of non-tribal areas and 215 for tribal areas. ORS and Zinc is supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution; oral pills are not being given to ASHAs for distribution as they are not qualified to deal any complication i.e., excessive bleeding etc. In the district, most of the ASHAs receive on an average the incentive amount of Rs. 1000/- and highest monthly incentive paid to ASHA is Rs. 2100/-. Payment is deposited in the bank account. ASHA kits are not replenished regularly as there was problem in supplies of medicine.

15. Disease Control programmes

15.1 National Malaria control programme

Number of slides prepared during the reference period is 479201, of which 197 are positive. Rapid Diagnostic kits are not available since three months.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period is 14548 of which number of positive cases are 1181. DOT medicines are available at all the facilities. All contractual 27 positions are filled. Timely payment of salaries is made to RNTCP staff. Timely payments are made to DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 305 and 230 are under treatment.

16. Non Communicable Diseases

There is no facility set up in District Hospital for screening of Non Communicable diseases. It is available at Medical College and it is not under the control of district authority. Therefore, no reporting of Non Communicable Diseases.

17. Good Practices and Innovations

For effective implementation of JSSK, there are instructions from DHO to all the facilities. Also if there is any shortage for POL from NRHM funds, then funds are being made available from regular grants.

18. HMIS and MCTS

There is no dedicated staff is given for HMIS and MCTS. Additional responsibilities are given to the regular staff in addition to their regular duties. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data. Data is being uploaded in time. With regard to completeness, MCTS updating is 74.71 percent. Data validation checks are applied at district level.

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

19.1 Women's Hospital: Nanded

- New building has been completed. However, some facilities are still under construction i.e., Blood Bank, SNCU, ARSH clinic and X-Ray.
- The Women's Hospital is having sanctioned bed strength of 100 beds. But it is functioning currently with 45 beds as to paucity of space. Construction of new departments is going on.
- The health facility is easily accessible from nearest road. Staff quarters are not available for any of the staff. WH has electricity with power back up with generator of 82 KV, running 24*7 water supplies; separate toilets are there females in the ward and are clean. Overall cleanliness is maintained. Toilets in the OPD are clean.
- Nutritional Rehabilitation Centre with 10 beds is available in the district. NRC is functioning from this facility. Both child and mother are getting diet from the Centre. In addition to that, mother is getting paid for loss of wages for the period of staying in the NRC.
- SNCU facility is not available in the hospital.
- Separate room for ARSH clinic is not available.
- IEC materials are displayed in the Women's Hospital. Complain or suggestion box is available.
- Segregation of waste in colour coded bins is followed. Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at the Women's Hospital. All operation theatre and laboratory related equipment is available. Essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Neither Blood bank nor blood storage unit is available in the hospital.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 72 (as per new norm) hours after normal delivery.
- JSY payment is made at the time of discharge by cheque, on production of necessary documents. Diet is being provided to the patients free of cost.
- There is no provision of management of high risk pregnancies, sick neonates and infants. Staffs are trained for using of partograph. Vaccination is done properly.
- Hospital provides essential new born care.
- Either the IMEP protocol information or posters are not seen.
- There is a committee for reviewing of MDR and IDR.
- All important registers are available for maintenance of records. IEC material is displayed in the OPD as well in the wards. Information about JSY and JSSK is displayed. Citizens Charter is displayed. EDL, protocol posters, list of services available are not displayed.
- Immunization schedule is displayed in the OPD.
- Regular Fogging is being done by Municipal Corporation. Laundry/washing services are outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism are available.

- Grievance Redressal mechanism is available under the chairpersonship of Medical Superintendent.
- During the reference period following officers have visited the facility for the purpose of supervision: MD NRHM, Mumbai visited on January 2013; Director Health Services, Mumbai visited on October, 2013; Deputy Director Health and Family Welfare, Latur Division visited on June 19, 2013 and February 25, 2014; the CS used to visit regular on monthly basis.
- At Women's Hospital, 5 Class-I Medical Officers posts are sanctioned of which 1 is filled and 4 are vacant; 12 Class-II Medical Officers posts are sanctioned of which 11 are filled and 1 is vacant; 34 Nursing cadre positions are sanctioned and 22 positions are filled and 12 are vacant; In Class-III cadre, 22 positions are sanctioned of which 16 positions are filled and 6 are vacant; and 21 Class IV positions are sanctioned and 13 positions are filled and 8 are vacant. Many vacancies at difference levels affect the service delivery of the facility.

19.2 Sub District Hospital: Gokunda

- Gokunda Sub District Hospital is in Kinwat Block and is about 150 kms from district headquarters. On the day of PRC team visit to SDH, all staff was present on duty, except In-charge Medical Superintendent. One of the MO has given all the information. Bed strength of the hospital is 50. Hospital is located in government building. Building is in good condition. Quarters are available for MOs, Staff Nurses and other category workers. Electricity is available with power back up of generator, running water is available 24*7. Separate toilets are there for male and female wards and labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available. Neither Blood Bank nor Blood storage unit is available at the facility. Nutritional Rehabilitation Centre is also not available but Child Treatment Centre is available at the facility. Separate room for ARSH clinic is available. Functional help desk is available in the facility. Waste management is outsourced. Suggestion and complaint book is available.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are not available. Emergency contraceptives and sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All essential consumables are being supplied.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers asked to stay for 72 hours after normal delivery.
- JSY payment is made at the time of discharge on production of necessary documentation. Account bearer cheque is being given.
- Diet is being provided to the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly.

- Segregation of waste in colour coded bins is available. Bio waste management is outsourced. The facility is adhered to IMEP protocols.
- All important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Registers for Untied Funds, AMG and RKS funds are maintained.
- Under JSSK, during the reference period, 148 women have received home to facility pick up service; 250 women and 79 sick infants have received inter facility vehicle services; and 763 women and 52 sick neonates have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on November 6, 2013. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource at SDH Gokunda (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	1	0
2	MO CI-II	7	7	0
3	Asst. Superintendent	1	1	0
4	Asst. Matron	1	1	0
5	Staff Nurse	12	11	1
6	Parisevika	2	1	1
7	X-Ray Technician CI-III	1	1	0
8	Pharmacist	3	2	1
9	Lab Technician	1	1	0
10	Dental Asst.	1	0	1
11	Sr. Clerk	1	1	0
12	Jr. Clerk	2	0	2
13	Driver	1	1	0
14	OPD Attendant	1	1	0
15	Lab. Attendant	1	0	1
16	Dresser	1	1	0
17	OT Attendant	1	0	1
18	Peon	2	2	0
19	Ward Boy	5	4	1
20	Sweeper	2	2	0
21	Total	47	38	9
1	Aesthetic	1	1	0
2	Pharmacist	1	1	0
3	Dresser	1	1	0
4	Homeopathy MO	1	1	0
5	Ayurveda MO	1	1	0
6	Dentist	1	1	0
7	Sickle Cell Lab Tech.	1	1	0
8	Lab Tech.	1	1	0
9	Counsellor	1	0	1
	Total	9	8	1

19.3. Primary Health Centre: Shivani

- PHC Shivani is one of the tribal PHCs of the district (in Kinwat Block) and is located about 120 KMs from the district headquarters. It caters to 14 villages and about 14900 of population in the periphery. It is functioning in Government building and in good condition. Staff quarters are available, one each for MO, LHV, SN, HA and Pharmacist. Additional six beds are sanctioned to the facility and building is also constructed. PHC has electricity with power back up, running 24*7 water supplies and partially clean toilets separately for male and female wards. Labour Room is partially clean. New Born Care Corner is available. Separate wards for male and female are available. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility.

Human Resources at PHC Shivani (Regular)

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

- All the essential equipment is available at PHC. Essential drug list is available but not displayed for public. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Blood Sugar, RPR, Malaria, TB, HIV and Sickle Cell.
- 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 72 hours after delivery but patients are reluctant to stay even for 24 hours. JSY payments are made at the time of discharge. The mode of payment is by JSY in Account payee cheque. For poor beneficiaries, it is difficult to get the benefit because of they are unable to open the bank account with “zero” balance account. Free diet is being provided to the patients under JSSK.
- There is no specialised manpower to manage high risk pregnancies as they referring such cases to the higher facilities. Essential new born care is being given. There is no provision to manage sick neonates at the facility. Vaccines are administered correctly. No use of partograph. IUCD insertion is done correctly. No Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins.

- As the MO was not available at the time of visit of the PRC team, the registers were not available for the team for reference.
- IEC materials are not displayed in the facility; only citizen charter is displayed in the facility.
- Grievance redressal mechanism is in place.
- Protocol Posters and JSSK entitlements are not displayed in the facility.
- Under JSSK 89 women and 4 sick neonates have received home to institute transport; inter institute transport is provided to 4 women and 4 sick neonates; drop back facility from PHC to home was given to 85 women.
- **Weaknesses:** Staff quarters are available for all essential staff but are not occupied. Most of the staff is commuting from their native place. On the day of our visit to the facility, 7 staff, including first MO was not available. IEC materials are not displayed in the facility.

19.4 Sub Centre: Kupti

- Kinwat is tribal block of Nanded district. Kupti Sub Centre is under the catchment area of Shivani PHC is about 8 KMs from the PHC. This SC is catering for six villages and covering population about 4058. Majority beneficiaries are from tribal community
- Though the Sub Centre is located in main habitation but functioning in rental building. The ANM also stays in the same house. There is no running water and electricity for 24*7. Labour room is not available. There is no functional NBCC. No deep burial pit is available for biomedical waste management.
- All the essential equipment is available at SC. Essential drug list is available. IFA syrup with dispenser is not available. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar.
- Following medicines are available at the facility: IFA tablets, Vit. Syrup, ORS packets, Inj. Oxytocin, Antibiotic, drugs used for common ailments. But Zinc tablets and Inj. Magnesium Sulphate. Misoprostol tablets are not available at the facility.
- Pregnancy test kit, OCPs and emergency contraceptives are available in the facility but there is no supply of sanitary napkins.
- All the essential Registers are maintained at the facility.
- Breast feeding initiated with 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.
- Untied Funds and AMG are received by the ANM and records are maintained.
- JSY payment made to the beneficiaries as per the norms at the time of discharge.
- Approach road is having directions to the health facility. SBA protocol posters are not displayed in the facility. Posters of JSSK entitlements, villages under the SC, VHND plans and Citizens Charter are displayed in the facility. Information related to phone number, timings, immunisation schedule and JSY entitlement are not displayed. Grievance redressal mechanism is not in place.
- **Recommendation:** This is a better performing facility. During reference period (April 2013 to February 2014), 63 deliveries were conducted at the facility. Therefore, separate building must be constructed for the facility at the earliest.

20. List of Abbreviations

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