

**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Nanded District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan 2016-17: Nanded District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Nanded district was carried during the period 5th of December to 9th of December 2016. The District Health Office, SDH Hadgaon, CHC Bokar, PHC Malegaon and SC Kamta were visited for the purpose of the PIP monitoring in the district. 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:

Health Infrastructure

- **WH Nanded** has functional government building but there are no staffs quarters available. One new building is constructed since long and yet to be handed over.
- **SDH Hadgaon** has functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic.
- **CHC Bhokar** has functional government building has functional NBCC, NBSU, BSU, ICTC/PPTCT, help desk.
- **PHC Malegaon** is located less than one km from the main road. Staff quarters are available. Building is good condition, toilet facilities are available, and there are attached labour wards. Water supply and Electricity with power backup are available.
- **SC Kamta**, the building condition is good; electricity is available. Labour room is attached with toilet.

Availability of Drugs, Diagnostics and Equipment

- EDL has 441 medicines, out of which 185 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from PHCs and SCs. Computer inventory management is in place and e-medicine software is in place.
- **SDH Hadgaon:** EDL is available and displayed in SDH. Computer inventory system is in place. All the essential drugs, except for IFA syrup with dispenser are not available. Vitamin A syrup is available. Sanitary napkins are not available. OT equipment's such as foetal Doppler /CTG, laparoscopes and C-arm units are available.
- **CHC Bhokar:** EDL list is available and displayed in the hospital. IFA tablets (blue), IFA syrup with dispenser, and Misoprostol tablets and Mifepristone tablets are available
- **PHC Malegaon:** EDL is available and displayed in PHC. Computer inventory management is in place. All the essential drugs are available. All the essential supplies and equipment's are available except for laboratory equipment semi auto analyser; MVA/EVA equipment not available.
- **SC Kamta:** All the essential drugs are available except for IFA syrup with dispenser

Maternal Health

- During the period April-October 2016, the district recorded 80.7 percent first trimester registration. Nearly, 2118 women were line listed for severe anaemic condition.
- **SDH Hadgaon** manages high risk pregnancies and provides essential newborn care. During the reference period April-October 2016, 3 MTPs were conducted in first trimester.
- **CHC Bhokar:** 303 women were referred to other institutes. The institute can manage high risk pregnancies, and provide essential new-born care.
- **PHC Malegaon:** 20 women were referred to other institutes. The institute can manage high risk pregnancy.
- **SC Kamta ANMs** have the requisite skills to identify high risk pregnancy.

Maternal Death Review

- District task force is formed to conduct MDR. Twelve maternal deaths were reported in the district during the reference period April to October 2016. The findings from MDR during the period April- October 2016 indicates maternal deaths could have been avoided if high risk pregnant women were not only identified but provided with timely referral and treatment.

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. There are 62 government vehicles in the district. During the reference period April to October 2016, free drugs and diagnostics were provided.

Child Health

- NBCC and NRC units are established in the district to provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children. Functional NBSU and NBCC units are established in PHCs of the district.
- **In WH** NRC unit is available. During the period April to October 2016, 111 children's were admitted.

Family Planning

- Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of contraceptives. IEC materials related to family planning are displayed in all the facilities. Family planning services, in both public and private institutions, of vasectomy, laparoscopic, minilap, post-partum sterilization, female and male sterilization, IUCD, oral pills, services are provided in the district.

Infection Control

- Regular fogging is done in **SDH Hadgaon** as well as laundry service is available. Wards are clean. Toilets are clean. Labour room is available in **CHC Bhokar** wards are clean and Toilets available are clean. **PHC Malegaon**, toilet is attached to ward. General cleanliness is okay in **SC Kamta**. Clean Toilets are attached to the labour room.

Record Maintenance

- Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled in the facilities visited.

IEC

- Approach roads have direction to **SDH Hadgaon**. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed. Approach roads have direction to **PHC Malegaon**. Citizens' charter is displayed list of services available, protocol posters, and JSSK entitlements are displayed. However, timing of health facility, immunization schedule, EDL, and JSY entitlements are displayed. Citizen charter, timings of health facility, and immunization schedule are not displayed.
- **CHC Bhokar** EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services are not available and not displayed.
- **SC Kamta** Citizens' charter is displayed list of services available, protocol posters, and JSSK entitlements are displayed. However, timing of health facility, immunization schedule, EDL, and JSY entitlements are displayed. Citizen charter, timings of health facility, and immunization schedule are displayed.

Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY and JSSK are provided at various levels of service points.
- Previously, JSY payment of mother is provided through cross cheques, but since last two months payments are directly transferred to the mother's bank account (DBT). However, it is observed that most of the mother has no bank account and also banks are not cooperative to open the new accounts.
- SC Kamta is located in a government building and building is in good condition but there is no compound wall. Although, they have demanded for a compound wall several times it could not be provided due to shortage of PIP fund.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists. **SDH Hadgaon** requires Medical Officers in Grade II as well as supporting staffs in Grade III as per sanctioned post.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, under JSSK, the district has low percentage of usage of free transport facility from home to institute for delivery and neonatal care. Even though ambulances are fitted with GPS drivers are yet to receive training on GPS.
- Supplies such as, pregnancy testing kits, OCPs, EC pills, IUCDs are available however sanitary napkins were not available.
- All the essential drugs are available, except for IFA syrup with dispenser, and Misoprostol.
- In **PHC Malegaon** IFA syrup with dispenser, misoprostol and mifepristone tablets were not available. In **SC Kamta** IFA syrup (blue) was not available. Generally, it is observed that some essential drugs are available in excess where as there are shortages in some. It is recommended to procure drugs as per need basis of the facilities.
- MDR report of the maternal death during the period April- October 2016 indicates the maternal deaths could have been avoided if high risk pregnant women were identified with timely referral and treatment.
- **ANM from SC Kamta** was awarded Anandibai Joshi Award in the year 2015-16.
- **WH Nanded urgently requires** Blood Bank in the Hospital premises, Laparoscopy Instrument, Sonography machine with color Doppler, 300 MA X' Ray machine and ICU attached 6 beds.

- **In SDH Hadgaon** sanctioned post of Gynaecologist and Paediatrician are not filled and also SN posts need to be filled. Presently, the appointment of class IV workers, Sweeper and Drivers etc are done from a higher level authority through contract. The salaries of the same are managed at higher authority. In practice, salaries are irregular and due to which it adversely affect the quality of work. Hence, it is recommended that appointment of class IV worker should be done at the local level and salary should be dispersed in time. So that quality of work improves.
- In **SDH Hadgaon** although one additional building is completed but drainage line is not available in the hospital due to which dirty water gets accumulated around the hospital. The PWD work is not completed.
- Payment of contractual driver is as per daily wages in **SDH Hadgaon** but they have do not have guideline for driver payment.
- **CHC Bhokar has** developed a good AYUSH Garden in the hospital premises along with rain water harvesting. Local Leader actively supported the CHC to fund the AYUSH garden.
- In **CHC Bhokar** under P.M. Surakshit Matrotva abhyan Mother and child care and treatment are provided by the Gynaecologists and paediatrician. They also identify low Hb (Anaemic) patients. Since this region is prone to farmer suicide, The CHC Bhokar provide counselling to farmer in dealing mental health issues.
- **CHC Bhokar has** SAM/MAM children treatment centre. Sonography machine is available but technician post is not filled. Compound wall is available in hospital but Animal track not in the place.
- In Nanded district a new program known as Choto Bheem has been started on 1th Jan. 2016. In that program new born children are identified and accordingly treated.
- Under PIP 39% funds has been utilised till October 2016.

Timeline: PRC, Pune has completed PIP in Nanded district twice in the year 2014 and 2016

Table below gives the recommendation during both the years:

Sr.No.	Recommendations of year 2014	Recommendations of year 2016	Remark
1	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.	Under NHM, 1118 posts of different discipline are sanctioned of which 928 are filled and 190 (17.0 percent) are vacant for the district as a whole. Total 1338 regular positions of different discipline are sanctioned and 1646 are filled and 292 (21.8 percent) positions are vacant.	Increase in vacant post in year 2016 as compared to 2014 Need to fill vacant posts on priority basis
2	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	AYUSH is integrated and mainstreamed with the system. Awareness about AYUSH is also good in the district. AYUSH OPD (195431) 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 32 positions are sanctioned for AYUSH and 29 are filled	Slight increase in vacant post in year 2016 as compared to 2014
3	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.	Under JSSK, the pregnant women in Nanded district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Infants receive free registration, check-up and treatment within 0-365 days of birth. Free transportation facility to mother and infants 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.	Well implemented
4	During the reference period,	During the reference period,	Increase in no. of

	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.	39817 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 (3609).	beneficiaries in year 2016 as compared to 2014
5	Nutrition Rehabilitation Centre is established at the Women 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.	Nutrition Rehabilitation Centre is established at the Women 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.	In both the years 2016 and 2014 Out of the sanctioned two position of staff nurse only one is filled.
6	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.	SNCU is located in women hospital. Total admissions are 310 out of which 175 cases are inborn and 135 cases are out born. 245 cases are recovered and 51 cases are referral to the teaching hospital handed.	In the year 2014 SNCU was established and in 2016 it is functioning in full strength.
7	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.	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.	Well implemented
8	Supervision and monitoring visits at all levels are done regularly	Supervision and monitoring visits at all levels are done regularly	Well implemented
9	District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Gramin Shikshan Prasarak	District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Gramin Shikshan Prasarak	Well implemented

	Mandal in 40 villages of 4 Blocks. There is good impact of the services in periphery.	Mandal in 40 villages of 4 Blocks. There is good impact of the services in periphery.	
10	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. Gynecologist position is also vacant. EDL, protocol posters, list of services available are not displayed at Women's Hospital.	Blood Bank or blood storage unit is not available in the Women's Hospital, there is no provision of management of high risk pregnancies, sick neonates and infants at Women's Hospital. Gynecologist position is also vacant. EDL, protocol posters, list of services available are not displayed at Women's Hospital.	In 2014 PRC team recommended for blood bank in WH as well as specialist post to be filled on priority basis. However, it seems the situation in WH is more or less same in 2016. Hence, It is requested for immediate availability of blood bank in WH and filling up of specialist on priority basis.

2. Introduction

In keeping with the goal of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 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 2016-17 for Nanded District was carried during the period 5th of December to 9th of December 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, CS, DPM, IPHS Coordinator and DQAS Coordinator in the district, WH Nanded, SDH Hadgaon, CHC Bhokar, PHC Malegaon, and SC Kamta(Bh) were selected for monitoring of PIP. Accordingly, the District Health Office, WH Nanded, SDH Hadgaon, CHC Bhokar, Malegaon, and SC Kamta(Bh.) were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS, DQAS Coordinator and M & E Officer have also 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 Nanded district as observed by the PRC team during the field visit.

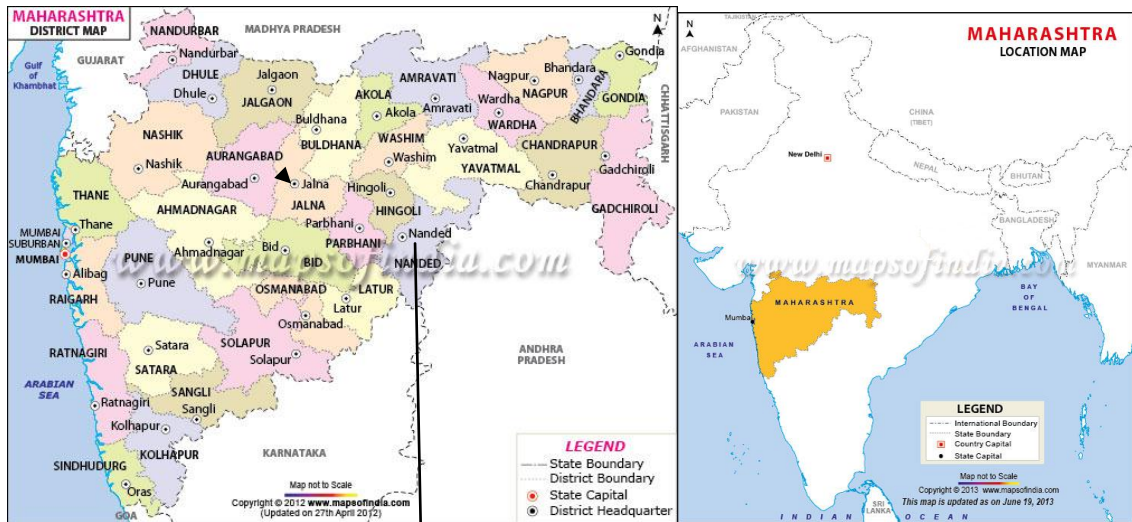
3. State and District Profile

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.

Map of Maharashtra State and Dhule District



Key Demographic Indicators: Maharashtra and Dhule District (2011)

Indicators	Values		Indicators	Values	
	Nanded	Maharashtra		Nanded	Maharashtra
No. of Blocks	16	355	Scheduled Caste (%)	19.05	11.8
No. of Villages	1645	43,663	Scheduled Tribe (%)	8.38	9.4
Population – Total	3361292	11,23,72,972	Literacy Rate – Total (%)	75.45	82.91
Population – Male	1730075	5,83,61,397	Literacy Rate – Male (%)	84.27	89.82
Population – Female	1631217	5,40,11,575	Literacy Rate – Female (%)	66.15	75.48
Density of Popn/Sq.km	273	365	Sex Ratio (f/m)	943	925
Urban Population (%)	27.18	45.23	Child Sex Ratio	910	883

Source: Census of India, 2011

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

Sr.No.	Indicators from DLHS-4	Maharashtra	Nanded
1	Mothers registered in the first trimester (%)	61.6	58.3
2	Mothers who had at least three ANC visits (%)	74.4	72.8
3	Mothers who got at least one TT injection (%)	88.7	79.5
4	Institutional births (%)	63.5	87.2
5	Home deliveries assisted by SBA (%)	5.7	11.6
6	Children fully immunised (%)	69.0	49.2
7	Children breastfed within one hour of birth (%)	52.5	67.9
8	Per cent of women using modern FP methods	63.9	63.2
9	Total Unmet Need for FP (%)	13.6	22.8
10	Unmet need for spacing (%)	5.9	11.5
11	Unmet need for limiting (%)	7.7	11.3

The Mother and Child Health programme includes all pregnant women should be registered for ANC within the first 12 weeks of pregnancy. Accordingly, the first antenatal check-up should take place at least during the first trimester of the pregnancy. It also includes the provision of 3 ANC checkups and at least one tetanus toxoid injection. According to DLHS4, the percent of mothers received 3 ANC check-ups in Nanded district (72.8 percent). Home deliveries assisted by SBA 11.6 percent is much higher than the state as a whole (5.7 percent). 87.2 percent of the births took place in the institution in the district.

District: Nanded Key Service Utilization Parameters (April 2016 to October 2016)

Service Utilization Parameter	WH Nanded	SDH Hadgaon	CHC Bhokar	PHC Malegaon	SC Kamta
OPD	36055	67238	53815	10673	
IPD	3235	5564	5653	571	
Expected number of pregnancies	734	315	661	700	187
MCTS entry of women registered in the first trimester	344				
No. of pregnant women given IFA	3092	341	434	920	33
Total deliveries conducted	1205	733	467	106	40
Number of Deliveries conducted at home	0				0
No. of assisted deliveries(Ventouse/ Forceps)	5				
No. of C section conducted	108	4			
Number of obstetric complications managed, pls. specify type	281		42		
No. of neonates initiated breast feeding within one hour	1218	720	465	106	40
Number of children screened for Defects at birth under RBSK	18	0			0
RTI/STI Treated	180	2	555	16	
No of admissions in NBSUs/ SNCU, whichever available					
Inborn	281	44	59		
Out born	116	0	4		
No. of children admitted with SAM	111	0			
No. of sick children referred	49	37	17	6	2
No. of pregnant women referred	97	328	303	20	15
ANC1 registration	344	300	200	381	75
ANC 3 Coverage	392	279	52	405	81
ANC 4 Coverage	355	248	48	0	67
No. of IUCD Insertions	288	12	30	12	15
No. of Tubectomy	67	65	75	55	
No. of Vasectomy	0	6	1	0	
No. of Minilap + Laparoscopy	0	65	0		
No. of children fully immunized	352	299	381	488	98
Measles coverage	501	299	381	488	98
No. of children given ORS + Zinc	42	97	6240	1350	12
No. of children given Vitamin A	847	1566	381	488	369
No. of Children given IFA syrup	0				0
No. of women who accepted post-partum FP	3	733	467		
No. of MTPs conducted in first trimester	6	3	0		
No. of MTPs conducted in second trimester	0		0		
Number of Adolescents attending ARSH clinic	0	896	0		
Maternal deaths, if any	3	0	0	0	0
Still births, if any	0	8	2	1	0
Neonatal deaths, if any	0	0	0	0	0
Infant deaths, if any	0	1	0	2	0
Number of VHNDs attended	0				

Number of VHNSC meeting attended	0				1
Service delivery data submitted for MCTS updation	0				

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
Women Hospital	1	1	1	Sanctioned beds are 100 but effectively functioning with 60 beds
SDH	4	4	4	100 beds at Mukhed 50 beds at Gokunda, Deglur and Hadgaon
CHC	12	12	12	30
PHC	65	65	65	6
SC	377	377	NA	NA
AYUSH facilities (Ayurvedic)	7	7	NA	NA
AYUSH facilities (Others)	6	NA	NA	NA

NA = Not Applicable

WH: is easily accessible from nearest road. WH is functioning in a government building which is in a good condition. There is no staff quarter available for MO, other categories of staff. Electricity is available with power back up as well as running 24*7 water supply is available. Toilets are available separately for males and females. There is a functional and clean labour room with attached toilet. Also, it has functional SNCU. The wards are clean and separate for males and females. ARSH with separate room's clinic is available. Complaint and suggestion box, help desk are available. Biomedical waste is outsourced. WH NRC functional. There are functional Dialysis unit.

SDH Hadgaon is easily accessible from nearest road. SDH is functioning in a government building which is in a good condition. There is 22 staff quarter available for two quarters for MO, 20 quarters for other categories of staff. Electricity is available with power back up as well as running 24*7 water supply is available. Toilets are available separately for males and females. There is a functional and clean labour room with attached toilet. Also, it has functional NBCC and NBSU. The wards are clean and separate for males and females. BSU and ARSH are separate rooms clinic are also available. Complaint and suggestion box, help desk are available. Biomedical waste is outsourced, but last two months used hospital old pit because of contracted not collected. ICTC/PPTCT centres are available.

CHC Bhokar: The selected CHC Bhokar is easily accessible from nearest road. CHC is functioning in a government building and is in a good condition. CHC has electricity with power back up, running 24*7 water supplies, clean wards, toilets separately for males and females and clean labour room

having attached toilet. Staff quarters are available for MOs, SNs and other categories of staff. It has functional NBCC and NBSU with clean wards separately for males and females. Complain or suggestion box is available and biomedical waste is outsourced.

PHC Malegaon: The selected PHC is easily accessible from nearest road. The population under this PHC is 41468 covering 21 villages. Under this PHC there are 5 SCs which are at an average distance of 10 kms from this PHC. The PHC is functioning in a government building which is in a good condition. Staff quarters available for MO and ANM, for other categories of staffs are available. PHC has electricity with power back up, running 24*7 water supplies and clean toilets separately for males and females. Functional clean labour room is available with toilet attached to it. NBCC is available and is functional. There is a mechanism for waste management.

SC Kamta: comes under PHC, Malegaon which is approximately 5 Km from this SC. SC is located in main habitation with catchment population of 9089 covering 4 villages. The building condition is good. ANM quarters are available and ANMs are residing in the quarters. Running 24*7 water supplies and electricity is available. It has functional separated labour room and NBCC. Although, toilet is attached. Complain or suggestion box is available. Biomedical waste is managed by burying the waste in a pit.

6. Human Resources and Training

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Medical Officer Class I	156	149	7
2	Medical Officer Class II	43	10	33
3	Health Coordinator	34	29	5
4	Pharmacists	99	90	9
5	Laboratory Technician	15	13	2
6	Leprosy Technician	23	23	0
7	Health Assistant (Male)	134	124	10
8	Health Assistant (Female)	77	77	0
9	Health Worker (Male)	287	186	101
10	ANM	460	439	21
11	Assistant	91	88	3
12	Drivers	81	22	59
13	Ward Boy	438	396	42
14	Sweeper	0	0	0
	Total	1938	1646	292

Contractual staff appointed under NRHM in Nanded District

Sr. No.	Programme Name	No. of Post (As per PIP 2016-17)		
		No. of Sanctioned Posts	No. of Filled Posts	No. of Vacant Posts
1	DPMU	5	5	0
2	M&E	4	4	0
3	IPHS	136	98	38
4	NON IPHS	4	1	3
5	FMG	5	3	2
6	ASHA	91	86	5
7	EMS	1	1	0
8	RBSK	181	166	15
9	AYUSH	32	29	3
10	SICKLE CELL	14	14	0
11	IDW	5	5	0
12	BPMU	32	29	3
13	Procurement/Store/	2	2	0
14	INFRASTRUCTURE	358	342	16
15	URBAN RCH	28	23	5
16	RKSK	18	15	3
17	TELEMEDICINE	3	3	0
18	PCPNDT	1	1	0
19	QUALITY ASSURANCE	3	3	0
20	NOHP (National Oral Health Prog.)	3	0	3
21	NURSING SCHOOL	10	10	0
22	NPCB	3	3	0
23	SNCU	21	15	6
24	NBSU	16	13	3
25	NRC	7	4	3
26	DHTC	1	0	1
27	NCD	63	9	54
28	NCD NTCP	3	0	3
29	NCD NPHCE (National Prog.for Health Care Elderly)	7	0	7
30	IDSP	4	4	0
31	RNTCP	32	22	10
32	NLEP	16	9	7
33	NUHM	8	8	0
34	Fluorosis	1	1	0
	Total	1118	928	190

SDH Hadgaon:

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	1	1	0
2	Clerk Jr./Sr.	4	3	1
3	MO General Physician CL-II	7	7	0
4	Nursing Cadre	15	9	6
5	Class IV Cadre	19	11	8
	Total	47	32	15

Contractual staff appointed IPHS and NHM

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
	Dentist	1	1	0
	SN	2	2	0
	Pharmacist	1	1	0
	Unani MO/Homeo Path MO	2	2	0
	Drivers	2	2	0
	Total	8	8	0

SDH Hadgaon: During the reference period April 2016 to December, 2016 out of the total 47 sanctioned posts in SDH only 32 are filled. During the reference period April 2016 to October 2016 medical officers received training in F-IMNCI, NSSK, PPIUCD, Immunization and cold chain, Adult and paediatric ventilator, RTI/STI, AYUSH, IYCF, and PPTCT multiday regimen. Staff nurses received training in SBA, F-IMNCI, NSSK, IUCD, PPIUCD, Immunization and cold chain, SAB, NRC/CTC, PPTCT, HIV and RTI/STI. Lab technician received training in blood storage.

CHC Bhokar

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	1	0	1
2	MO General Physician CL-II	3	3	0
3	Nursing Cadre	7	3	4
	Clerk Jr./Sr.	4	4	0
	Pharmacist	1	1	0
	LT	2	1	1
4	Class IV Cadre	8	7	1
	Total	26	19	7
Trama Care Canter				
1	MO	5	5	0
2	SN	4	4	0
3	Ward Boys	3	2	1
	Total	12	11	1
Contractual staff				

	Ayuse MO	3	3	0
	Dental MO	1	1	0
	Anaesthetic	1	0	1
	Pharmacist	2	1	1
	Matron	2	2	0
	RBSK MO	4	4	0
	RBSK ANM	2	2	0
	RBSK Pharmacist	2	2	0
	NBSU SN	2	2	0
	Urban ANM	3	1	2
	RCTC	2	2	0
	Total	24	20	4

CHC Bhokar The post of grade one is vacant. All the three posts of medical officers in grade II are filled. There are 26 sanctioned posts out of which 19 posts are filled. During the period April-2016 December 2016 MO received training in, BeMOC, NSSK, IUCD and PPIUCD. Staff nurses received training in SAB.

PHC Malegaon: All the sanctioned posts are filled in PHC.

SC Kamta: has 2 ANMs (1 regular and one under NRHM) and one male MPW. Regular ANM received training in IMNCI, RTI/STI and contractual ANM received training in RTI/STI, during this reference period.

Training status up to October 2016

Sr.No.	Name of Training	Trained Up to March 2016	During Year 2016-17 Load
1.	SAB (SN)	117	24
2.	SAB (ANM/LHV)	219	48
3.	EMOC	8	0
4.	LSAS	15	1
5.	MTP/MVA	66	9
6.	RTI/STI (MO)	175	15
7.	BEMOC	194	10
8.	RTI/STI (SN)	143	80
9.	Induction Trg. Of 5 days for 150 Lab.Tech. from 1090 24*7 PHC's	1	0
10.	Induction Trg. Of 5 days on Untrained 99 ANM from 1090 24*7 PHC's	1	0

11.	Refresher Training of 5 days of 150 Lab.Tech. from 24*7 PHC's	1	0
12.	Refresher Training of 3 days of 150 ANM's from 24*7 PHC's	1	0
13.	F-IMNCI Training for Medical Officer 11 days	50	15
14.	F-IMNCI Training for Staff Nurse 11 days	48	15
15.	CTC Training	63	0
16.	NSSK Training for Medical Officer	245	30
17.	NSSK Training for Staff Nurse	246	96
18.	NSSK Training for ANM/LHV	568	192
19.	IYCN for Medical Officer/ ANM/LHV/SN	968	150
20.	VCDC/CTC Training	65	0
21.	Laparoscopic Sterilisation Training for Doctors	4	0
22.	Minilap Training for Medical Officer	63	10
23.	NSV Training for Medical Officer	18	16
24.	Training of Medical Officer in IUD Insertion	97	0
25.	Training of AYUSH MO in IUD Insertion	11	0
26.	Training of Staff Nurse in IUD Insertion	109	0
27.	Training of ANM/LHV in IUD Insertion	212	0
28.	Contraceptive Update & Standard of	117	0
29.	Newer CuT-375 sensitization of Medical Officer for 1 day	117	0
30.	Newer CuT-375 sensitization of Staff Nurses for 1 day	96	0
31.	Newer CuT-375 sensitization of ANM/LHV for 1 day	308	0
32.	Newer CuT-375 sensitization of Cont.ANM	60	0
33.	PPIUCD Training of Medical Officer of PHC DH/WH/SDH	40	30
34.	PPIUCD Training of AYUSH MO of DH/WH/SDH	21	10
35.	PPIUCD Training of Staff Nurse of PHC DH/WH/SDH	149	50
36.	RKSK(ARSH)Training for Medical Officer's	94	80
37.	RKSK (ARSH) Training for ANM/LHV	53	180
38.	RKSK (ARSH) Training for MPW	62	180
39.	RLSL Training for peer educator dist. Level	0	0
40.	RLSL Training for peer educator Block Level	0	
41.	WIFS Training Dist. Level	34	0
42.	WIFS Training Block Level	117	0
43.	MCTS Training of DLO/THO/MO/PHS/ M&E & SO for 2 days	69	0

44.	District Level Orientation Training Including Hep.B, Measles & JE (Wherever required) for 2 days ANM,MPW, LHV,HA, NM, BEEs & Other Staff (as per RCH Norms)	46	0
45.	2 days Cold Chain Handlers Training for Block Level cold Chain Handlers by state & district cold chain officers	245	60
46.	RTI/STI LT	51	30
47.	IMEP MO/ANM/LHV/SN	699	0
48.	IMEP Class IV Support staff	130	0
49.	IMNCI ANM/LHV/ANM Cont./LHV Cont.	873	24
50.	IMNCI (Supervisor) HA/LHV	256	0
51.	FIMNCI (5days) Trained IMNCI 8 Days MO/SN	32	0
52.	RI MO	260	22
53.	RI SN/ANM/LHV/MPW/HA/Cont.ANM/LHV	1672	24
54.	RBSK MO/ANM/Pharmacist	377	0
55.	RBSK ANM/LHV/ASHA	65	0
56.	RBSK Mobile team software training	0	0
57.	Sickle Cell Disease Control Programme MO/LT/ANM/MPW/HA	1223	0
58.	ASHA Block Facilator 6&7 Modl. Trg 1st phase	31	39
59.	ASHA Block Facilater 6&7 Modl. Trg 2nd phase	30	40
60.	ASHA HBNC 6&7 Modl. Trg 1st phase	1297	126
61.	ASHA HBNC 6&7 Modl. Trg 2nd phase	1180	243
62.	ASHA HBNC 6&7 Modl. Trg 3rd phase	883	540
63.	ASHA HBNC 6&7 Modl. Trg 4th phase	30	1393
64.	ASHA HBNC 6&7 Modl. Trg Refreshment phase 1st & 2nd	122	0
65.	BPMU TRG FOR Contractual Staff/ & DPMU TRG FOR Contractual Staff	34	5 & 5
66.	Asha Induction	166	126
67.	ASHA Modl.6 & 7 TOT 3rd phase	35	0
68.	Basic Training of Lab Technician	30	0
69.	Quality Assurance Training	37	0
70.	HMIS	1084	0
71.	Asha software	15	0
72.	Revise RCH Trg Workshop	105	0
		460	0

73.	Birth & Death Registration Law	36	0
74.	Cdr 1 day idcf workshop THO,MO ,MO DTT Prbn/Ned	42	0
75.	NUHM & IMEP ANM	29	60
76.	NUHM NSSKANM,LHV,SN&mpw	33	32
77.	NUHM RIANM,LHV,SN&mpw	41	20
78.	NUHM RTI/STI ANM,LHV,SN	0	40
79.	NUHM IYCN ANM,LHV,SN	0	66
80.	NUHM IYCN MO	0	13
81.	NUHM PPIUCD MO & SN	0	20
82.	NUHM RSK ANM/LHV	0	66
83.	NUHM RSK MO	0	13
84.	NUHM Cold Chain Handler	40	20
85.	NUHM Sickle cell	0	48
86.	NUHM SAB ANM,LHV & SN	0	4
87.	NUHM BeMoc MO	0	4
88.	NUHM IMNCI ANM,LHV & SN	0	48
89.	NUHM CPMU	1	
90.	Pear Educators Block Level	1566	2025
91.	ASHA with Pear Educators Block Level	304	200
92.	ASHA HBNC of BCM 2nd Phase	15	0
93.	ASHA HBNC of BCM 3rd Phase	15	0
94.	NRC S.N./Dietation	2	
95.	Dakshata Training	211	180
96.	Total	18848	6767

During the period April 2016 to December 2016, under RCH, trainings were conducted on SAB, BEmoc, MTP/MVA, Cu.T 375, and RTI/STI for SN and MO. A total of 6767 health staffs were trained during this period in IMNCI, IYCN, NSSK, Cold Chain, WIFS and VCDC/VCTS. Under NRHM ASHA induction training, ASHA HBNC 6&7 Modl.trg in all Phase were conducted during this period.

7. Other Health System Inputs

During the period April 2016 to October 2016, 74 Major and minor surgeries were conducted in the district. Services of surgeries and medicines are provided in WH, SDHs and CHCs. All the major health services such as OPD, IPD, OT Surgery (major and minor), Medicines, Obstetrics, FP services, Ancillary Services of Blood Bank, Pathology, Gynaecology, C-section Deliveries, Cardiology, Emergency, Ophthalmology, ENT, Mild patient management, OPD Medicines and Gynaecology are available in the district.

WH: during the period April 2016 to October 2016 total of 36055 OPD and 3235 IPD cases were attended in the facility. 108 c sections were conducted.

SDH Hadgaon, during the period April 2016 to October 2016 total of 67238 OPD and 5564 IPD cases were attended in the facility. Four c sections were conducted.

CHC Bhokar, a total of 53815 OPD and 5653 IPD cases were attended in the facility and 42 cases of obstetric complications were managed during this period.

PHC Malegaon a total of 10673 OPD and 571 IPD cases were attended in the facility. Zero cases of obstetric complications were managed during this period.

Availability of Drugs and Diagnostics and Equipment

EDL has 441 medicines, out of which 185 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from WH, SDH, CHC, PHCs and SCs. Computer inventory management is in place and e-medicine software is in place.

WH: EDL is available and displayed in WH. Computer inventory system is in place. WH demands drugs from district Drugs stores, if they are unable to supply them, they purchase the medicines locally. Pregnancy testing kits, OCPs, EC pills, IUCDs available and sanitary napkins were not available All the essential equipment are available in WH only Ventilators, Laparoscopes and C-arm unit not available.

SDH Hadgaon: EDL is available and displayed in SDH. Computer inventory system is in place. SDH demands drugs from district Drugs stores, if they are unable to supply them, they purchase the medicines locally. During the reference period, the entire essential drugs, except for IFA syrup with dispenser. Pregnancy testing kits, OCPs, EC pills, IUCDs available and sanitary napkins were not available All the essential equipments are available in SDH.

CHC Bhokar: EDL list is available and displayed in the hospital. In EDL, IFA tablets, Zinc tablets were available. Misoprostol and mifepristone tablets are available. All the essential supplies are available in CHC. All the equipment's were available. All the equipment's were functioning. All the laboratory equipments are available in CHC.

PHC Malegaon: EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available. All the essential supplies and equipments are available.

Among the laboratory equipments, Semi auto analyzer is not available. All the major diagnostics tests were available.

SC Kamta: All the essential drugs were available except for IFA syrup with dispenser is not available. In equipment's blood sugar testing kits is available, and needle and hub cutter. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit were available in the SC. All the essential medical supplies were available in SC.

Lab Services

WH: All the major tests are conducted. . During the reference period April 2016 to October 2016

Sr.No.	Lab Services	Number of stats
1	Haemoglobin	14346
2	CBC	4028
3	Urine albumin	2930
4	Blood Sugar	2762
5	RPR	1697
6	Malaria	2154
7	HIV	3704
8	Liver fuction tests	101
9	Ultrasound scan	600 (Monthly)
10	X-ray	350
11	ECG	88

SDH Hadgaon: In SDH, All the major tests are conducted. During the reference period April 2016 to October 2016, 2942 HIV tests were done out of which 14 cases were tested positive; 479 TB tests were conducted; Malaria tests were conducted on 6042 cases.

CHC Bhokar: All the major tests are conducted in CHC. During the reference period April 2016 to October 2016, 5084 malaria tests; 1793 HB tests; 2098 Urine albumin and sugar; and 1369 Blood sugar tests were conducted in CHC; 4930 HIV and 555 TB tests were done.

PHC Malegaon: During the reference period April 2016 to October 2016,944 HB, 6126 malaria tests were conducted. 315 TB tests were conducted.

SC Kamta: HB test, blood sugar is done. Record is maintained in the SC.

AYUSH Services

AYUSH facilities such as Ayurveda, homeopathic, Panchkarma, Unani and Illaj Bid Tajbid are provided in 12 facilities AYUSH MO is a member of the RKS. Stocks positions of AYUSH medicines are available.

Sr.No.	Department	OPD	IPD
1	Ayurveda	53442	880
2	Panchkarma	4016	483
3	homeopathic	67640	949
4	Unani	63814	1297
5	Illaj Bid Tajbid	6519	424
	Total	195431	4224

8. Maternal Health

8.1 ANC and PNC

During the period April 2016 to October 2016 46042 ANC registrations are done out of which first trimester registrations was 37152. Thus district recorded 80.7 percent first trimester registration. During the reference period 8171 women were registered for JSY. 2118 women were line listed for severe anaemic condition. 4091 hypertensive pregnant women were identified. Pregnant women provided with TT2 booster 37703 and IFA tablets were 43576. During this period, 39623 mothers received postnatal visits. Total deliveries in the district were 39817. C section deliveries were 3609.

WH: During the period April to October 2016, WH recorded 1205 deliveries, with 108 c section deliveries. Pregnant women provided with IFA tablets were 3092. WH can manage high risk pregnancy and provide essential new born care. In WH, obstetric complicated cases were managed and 6 MTPs were conducted in first trimester. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were no still births and infant death. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 72 hours after delivery. Diet is provided in post-natal wards.

SDH Hadgaon: During the period April to October 2016, SDH recorded 733 deliveries, with four c section deliveries. Pregnant women provided with IFA tablets were 341. SDH can manage high risk pregnancy and provide essential newborn care. In SDH, obstetric complicated cases were managed and 3 MTPs were conducted in first trimester. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were 8 still births, and one infant death. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

CHC Bhokar: During the period April 2016 to October 2016. Total deliveries conducted during this period were 467 and all the mothers initiated breast-feeding within 1 hour of delivery. There were two still births, no maternal death, neonatal and infant death during this period. MTPs are not conducted. 42 obstetric complication cases were managed in the institute and 303 women and 17 sick children were referred to other institutes. All the essential services of breastfeeding, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. However, there

is provision of diet in postnatal wards. The institute can manage high risk pregnancy, provide essential newborn care.

PHC Malegaon: 106 deliveries were recorded. All the pregnant women registered for ANC were provided with IFA tablets. PHC can manage high risk pregnancy and provide essential newborn care. In PHC, obstetric complicated cases were managed. MTPs not conducted during the period April-October 2016. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were one still birth and two infant deaths during the reference period. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

SC Kamta : During the reference period 40 deliveries were reported. All the mothers initiated breast-feeding within 1 hour of delivery. There was no maternal death, still birth, neonatal deaths reported during the reference period. ANMs have the skills to identify high risk pregnancy.

8.2 Institutional Deliveries

During the period April 2016 to October 2016, 39817 deliveries were in public and private Institution among which 3609 were C-section deliveries in the district. Mothers initiated breastfeeding within 1 hour of delivery.

8.3 Maternal Death Review

District task force is formed to conduct MDR. 12 maternal deaths were reported in the district during the reference period April 2016 to October 2016. Two deaths belong to caste SC and ten were other cases. Twelve cases of maternal deaths were hospital deaths. The cause of death is given bellow.

Sr No	Age	Cast SC/ST/other	Place of death	Cause of Death
1	22	other	GMC Nanded	CRA with APH with HELLP SYNDROME with sepsis
2	25	SC	GMC Nanded	CRA with APE with severe Anaemia with CCF with RF
3	25	other	GMC Nanded	CRA with sepsis with septic shock with RF
4	21	other	GMC Nanded	CRA with ARD with Pul .Oedema with sepsis
5	20	other	GMC Nanded	PNC with DIC with HELLP with shock with CRA
6	20	other	GMC Nanded	Preterm(32wks)APE with DIC with Septic shock with IC bleeding.
7	30	other	GMC Nanded	Septicaemia shock with RF
8	30	other	GMC Nanded	Terminal CRA with PNC with Renal Failure with Electrolyte Imbalance with RF.
9	20	other	GMC Nanded	CRA with primi para post LSCS Day 1 with DIC with septic shock.
10	22	other	GMC Nanded	CRA with PNC with Septic Shock with Hepatitis.
11	25	SC	GMC Nanded	PNC with post-partum eclampsia with Severe Anaemia with CRA.
12	25	other	GMC Nanded	2 nd para with CRA with post LSCS with abruption with DIC with shock.

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.

During the reference period April 2016 to October 2016, Ambulance services from home to institute were provided to 5836 beneficiaries; 7860 were provided free transport from institute to institute; and 10190 received drop back facilities. Transport facilities were also provided to neonates of home to institute, institute to institute transport and drop back to home.

WH: JSSK is implemented in WH and all the pregnant women receive free transport, medicine, diagnostics, and diet. In WH, 71 beneficiaries were provided with free transport from home to institute, 85 beneficiaries were provided with free inter facility transport and 735 were provided with drop back facility to home.

SDH Hadgaon: JSSK is implemented in SDH and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, and diet. In SDH, 98 beneficiaries were provided with free transport from home to institute, 65 beneficiaries were provided with free inter facility transport and 557 were provided with drop back facility to home. 2 neonates received inter transport facilities.

CHC Bhokar: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities. In CHC, only 251 beneficiaries were provided with free transport from home to institute, 303 beneficiaries were provided with free inter facility transport and 296 were provided with drop back facility to home. . 23 neonates received inter transport facilities.

PHC Malegaon: During the reference period, beneficiaries utilized the services of free transport from home to PHC 262 and 202 got free drop back service. 93 beneficiaries were provided with inter transport facility. 4 neonates received inter transport facilities.

8.5 JSY

During the period April 2016 to October 2016, 8171 beneficiaries received JSY payments as per JSY guidelines. Full amount of financial assistance is provided in the form of only account transferred to the beneficiaries. Last year remaining payment given to a/c payee cheque within 15 days of delivery recently last one to two months back JSY payment is given through PFMS only. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check malpractices, if any and whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district; wherein if any complaint is registered to THO who in turn report to DHO/CS.

9. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, and NRC units are established at various facilities in the district SNCU in the WH. NBSU units are available in SDHs and CHCs. During the period April 2016 to October 2016, total 281 children were admitted of which 221 were cured. Nutritional Rehabilitation Centre exists in WH with necessary equipment and trained manpower.

In SDH Hadgaon, functional NBSU and NBCC units exist in SDH. During the reference period, 44 children were admitted of which 0 were out born cases. The unit has trained manpower of two ANMs, one each of paediatrician and dietician.

9.1 Immunization

During the period April 2016 to October 2016, 39992 children were fully vaccinated in the district; 47354 babies were provided with BCG doses; DPT/Penta 1, 2 and 3 are provided respectively to 44851; 42074 and 41036 babies; DPT and OPV booster were provided respectively to 35970 and 35970 children above 16 months of age; polio 0, 1, 2 and 3 doses are provided respectively to 43712; 44591; 41848 and 40957 babies; and Measles 1 and 2 is provided respectively to 40673 and 35970 babies. During this period, number of children's who were fully immunized were 39992. 17714 Immunization sessions were planned and held.

WH: during the reference period April- October 2016, 352 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 847.

SDH Hadgaon: In SDH, BCG, Hepatitis B and OPV were provided during the reference period April-October 2016, 299 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 1566.

CHC Bhokar: In CHC, BCG, Hepatitis B and OPV were provided during the reference period April-October 2016, 381 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 381.

PHC Malegaon: During the period April- October 2016, 488 children were fully vaccinated and the same numbers of children were covered under Measles, ORS plus Zinc, and Vitamin A doses. All the mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B were provided to the babies.

SC Kamta: During the period April- October 2016, 98 children were fully immunized with the same number of children were covered under measles and provided with vitamin A. Zero doses of OPV and Hepatitis B were provided to the babies.

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 persons were identified for child health screening and early intervention services were established at district level. During the reference period April- October 2016, 2373 school check-ups were conducted covering 369389 students.

Teams are constituted and advance tour programme for screening with proper plans of visit is done. Nanded block has 10 teams with each team consisting of 4 members of 2 doctors, 1 each of pharmacist, and ANM. Students are mainly identified through anganwadi, schools and junior colleges. The number of anganwadi centre screened during the period April- October 2016 in the district under this scheme 4098. Numbers of children screened in the age group 0-6 were 281453.

9.3 SNCU

SNCU is available in WH with necessary equipment and phototherapy unit. The management of babies were provided through phototherapy, antibiotics and oxygen. Total admissions 310 out of 175 cases are inborn and 135 cases out born. Out of this 245 cases are recovered and 51 cases are referral to the teaching hospital Nanded.

9.4 NRC

Nutrition Rehabilitation Centre is established in the WH, with necessary equipment and 10 beds are available in the centre. Trained manpower of M.O. and SNs is available. The average length of stay in NRC is less than 15 days. During the period April-December 2016, 111 admissions in the NRC, criteria of 14 MUAC <115 mm and 97 <-3SD WFH. Bed Occupancy rate is 63.1 per cent. Discharge from NRC 102 and no deaths in the reference period.

10. Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of contraceptives. IEC materials related to family planning are displayed in all the facilities. During the period April 2016 to October 2016, 5919 female sterilization were conducted during this reference period. IUCD conducted in public institution were 3706. Condoms users are 211048 and oral pills users are 56410.

WH: Family planning records are well maintained; 288 IUCD insertion, 67 tubectomy were conducted during the reference period April 2016 to October 2016. Counselling is also provided in family planning.

SDH Hadgaon: Family planning records are well maintained; 12 IUCD insertion, 65 tubectomy were conducted during the reference period April 2016 to October 2016. Counselling is also provided in family planning.

CHC Bhokar: Family planning records are well maintained; 30 IUCD insertion, 75 tubectomy were conducted during the reference period April 2016 to October 2016. Counselling is also provided in family planning.

PHC Malegaon: During the period April 2016 to October 2016, 12 IUCD insertions and 55 tubectomy cases were conducted in the PHC. And 0 Vasectomy cases conducted in the PHC. Counselling of family planning is provided and the record of FP is also maintained.

SC Kamta: Family planning counselling is provided. 15 IUD insertions during the period April 2016 to December 2016, women accepted postpartum family planning services

11. ARSH

Four ARSH clinics are established in the district with trained manpower. Under ARSH, there is a provision of promotive, preventive, curative, referral and outreach ARSH services. Clinical services were provided mainly related to menstrual problems, RTI/STI, Skin problems, ANC, contraceptives as well as counselling. Mode of outreach is through schools, VHNDs, MMU, teen clubs, SHGs, vocational training centres, youth festival, health mela etc.

12. Quality in Health Services

12.1 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 equipment and waste management need to be adapted in every facility.

WH: Regular fogging is done as well as laundry service is available. Toilets although available are clean. Wards are clean. There are three aqua guard fitted for safe drinking water supply.

SDH Hadgaon: Regular fogging is done as well as laundry service is available. Toilets although available are clean. Wards are clean. There are three aqua guard fitted for safe drinking water supply.

CHC Bhokar: regular fogging is done. Laundry service is outsourced and diet facility is available in the hospital. Clean toilets are available separately for males and female. Clean labour room is there with clean toilet attached. Biomedical waste is outsourced. Segregation of waste is done in three colour coded bins.

PHC Mahegaon: Fumigation is done once in a week. Clean toilets are available separately for males and females. Labour room does not have a toilet attached to it. Biomedical waste is dump in pit. Segregation of waste is done in three colour coded bins. Washing and diet services are available.

SC Kamta: General cleanliness is good.

12.2 Record Maintenance

WH: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled.

SDH Hadgaon: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled.

CHC Bhokar: Registers for IPD/OPD, registers are available. ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, immunisation, Referral, and drug stock registers are not available, during the period April 2016 to October 2016.

PHC Mahegaon: Registers/records for IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anaemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated micro plan are available, updated and correctly filled in PHC.

SC Kamta: Eligible couple registers, MCP cards, village register, referral register, delivery and stock register, due list, Payments under JSY, line listing of severely anaemic pregnant women, updated microplan, due list and work plan received from MCTS, vaccine supply are available, updated and correctly filled. However, Records of families with 0-6 year old children under RBSK, VHND plan, and VHSNC meetings records are not available.

12.3 IEC

WH: Approach roads have direction to SDH. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed in SDH.

SDH Hadgaon: Approach roads have direction to SDH. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed in SDH.

PHC Malegaon: Approach roads have direction to PHC. Citizen's charter is displayed list of services available, protocol posters, and JSSK entitlements were displayed. However, timing of health facility, immunization schedule, EDL, and JSY entitlements are not displayed in PHC.

CHC Bhokar: Approach roads have direction to CHC. List of services available, EDL, protocol posters, JSY and JSSK entitlements were not displayed. Citizen charter, timings of health facility, and immunization schedule are not displayed in CHC.

SC Kamta: Approach roads, Citizens Charter, timing of the SC, Immunization schedule, JSSK and JSY entitlements, visit schedule of ANM, area distribution of the ANM/VHND plan are displayed in SC. However, SBA protocol posters are not displayed in SC.

13. Referral Transport and MMUs

MMUs

RSK PHC Sindhi is the NGO of MMU in Nanded district. There is one MO, one SN, one Pharmacist, one DMLT and two drivers available in the MMU. Vehicle goes in the villages and ETP are plan. Total OPD in the reference period are 37960 and ANC cases are 3152.

Referral Transport:

Total number of vehicle used is 99, out of 91 vehicles are on road and 8 vehicles off road. All vehicles fitted with GPS system; 25 Ambulances are 108. Up to October 2016 the calls in 102 pune centre are 2438, this is the height number of calls in Maharashtra.

14. Community Processes

14.1 ASHA

During the period April 2016 to October 2016, out of the sanctioned 1,423 position, 1423 ASHAs are in place in the district. During this period no ASHAs left. HBNC 6 & 7 Module training 1st to 4th phase was given to 2302 ASHAs in the district and ORS plus zinc, family planning methods (condoms and pills) are provided to all the ASHAs. An ASHA worker receives an average of Rs. 11200/- during the reference period. The highest incentive paid to ASHA worker is Rs. 46900/- and the lowest is Rs. 150 during the reference period. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA Resource Centre exists in the form of District Community Mobilizer and Block Community Mobilizer.

15. Disease Control Programmes

Malaria

In the district mesquite reduce program started year 2016. All the villages started this program. During the reference period April 2016 to October 2016, 4809 sos Khada in progress; 40272 home visits and 611 corner meetings.

TB

During the reference period April 2016 to October 2016, 583633 new cases were detected. The number of positive cases of sputum test was 664 and treatment was given to 229 cases.

16. Non Communicable Disease

During the reference period April 2016 to October 2016, 98537 persons attended NCD clinics, out of which 1610 are Diabetes and 2588 was Hypertension cases.

17. HMIS and MCTS

Trained staffs are available for HMIS and RCH to assess the quality, completeness and timeliness of data, processing and data validation. Proper record of due list and work plan received from RCH portal is maintained. Data entries are regularly updated in RCH in the visited facilities

18. Good Practices and Innovation**Choto Bheem:**

One new innovation of choto Bheem started in 1st Jan 2016. In this program all the birth given the weight and classify in to 1) more than 3Kg.2) 2.5 to 3 Kg. 3) Less than 2.5 Kg.

In this classification no.2 and 3 categories children were provided with treatment, foods, Immunization, Awareness of care taking of child illness.

In the Nanded district 20741 live birth out of 9107 births weight are more than 3 Kg.(44%),10291 births weight 2.5 to 3 Kg (50%) and 1351 birth less than 2.5 Kg. (7%)

PIP Expenditure:

Up to October 2016 total PIP fund 39.04 per cent are utilized.

Sr.No	Activities	Sanctioned Budget	Opening Balance	Exp.	%
A	RCH	2348.99	1287.02	858.99	36.57
B	NRHM	1053.95	521.38	493.93	46.86
C	R.I.	162.58	97.20	38.90	70.62
Total		3565.52	19.5.60	1391.82	39.04

(Rs. In Lacs)

19. Annexure

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