

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

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**Monitoring and Evaluation of Programme Implementation Plan, 2013-14:  
Nandurbar 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 Nandurbar District was carried out by the PRC team during 5-9 May, 2014. The District Health Office, District Hospital, SDH Nawapur, RH Khandbara, PHC Palsun and SC Palshi were visited for the study by the PRC team. For the field visit the PRC team was accompanied by District Quality Control Assurance Coordinator and District Monitoring and Evaluation Officer (as the Nodal Officer was not yet appointed for the district and IPHS Coordinator post is vacant for more than six months they could not accompany the PRC team). This report discusses in detail the implementation of PIP in Nandurbar district as observed during the field visit for monitoring. The key findings are given below:

**Key Conclusions and Recommendations**

- Under NRHM, 2374 posts of different discipline are sanctioned of which 2339 are filled and 35 are vacant for the district as a whole. A total of 1544 regular positions of different discipline are sanctioned and 1400 are filled and 59 positions are vacant. Nandurbar is one of the high focus districts of Maharashtra, all positions should be filled on priority basis. Sixty six positions of Health Worker (male) are vacant in the district, which may affect the performance of service delivery in rural areas.
- AYUSH is integrated with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. Homeopathy and Ayurveda is available in the district.
- Under JSSK, the pregnant women in Nandurbar district receives 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.
- 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 paid to the drivers for 24 hours duty. 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

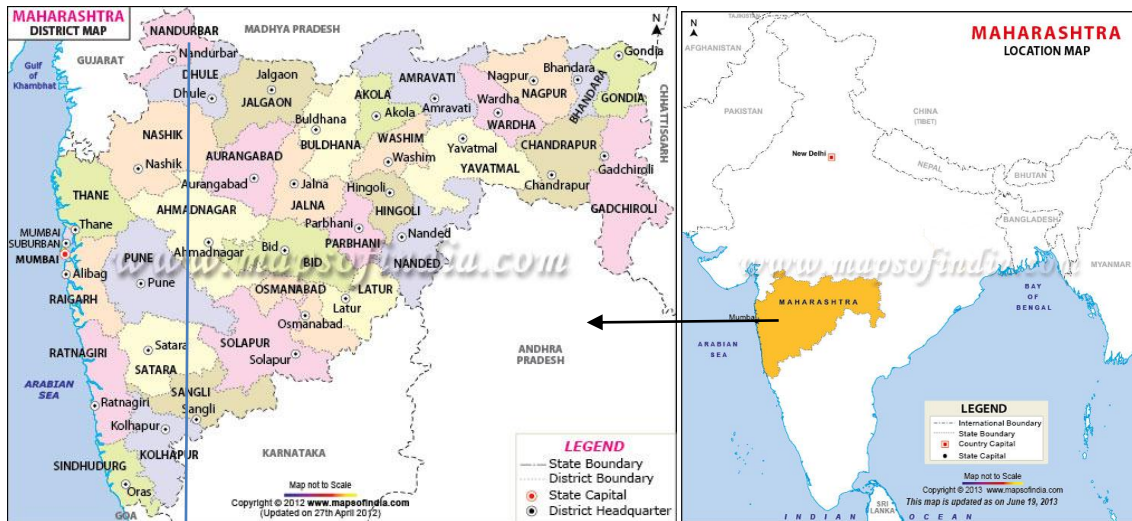
verification of JSY beneficiaries. In connection with payment of JSY for beneficiaries, it is told to the team that beneficiaries are facing problems in getting JSY payment as it is paid by cross cheque of nationalised bank. To get the benefit, they have to open a bank account with a minimum balance of Rs.500/- and most of the time there is no national banks in the villages.

- During April 2013 to March 2014, the JSY benefits were given to 17709 institutional deliveries and 5199 home deliveries in both rural and urban areas. During the reference period, 29928 women were registered under JSY. Looking at the registration of JSY, 41 per cent of women have not to receive the benefit. To receive the JSY benefit the beneficiary has to travel to the block place with recently delivered child; which is really inconvenient and even if somebody opens an account in the bank they will get only Rs. 100-200/- after maintaining of minimum balance in the account. If we deduct the travelling cost (from village to block place and return to home for two persons) the benefit amount will be further reduced. Given the difficulties involved in claiming the small JSY benefit for tribal beneficiaries living in remote areas, the amount is too small. This is also one of the reasons for lower performance in disbursement of JSY benefit. The amount may be revised upwards.
- 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. It is noted by the team that there is no staff nurse or MO is available round the clock in the ward. As Nandurbar is a tribal and high focus district in Maharashtra with higher level of child malnutrition, the districts deserves a better and efficient service for malnourished children. Total SAM/MAM cases reported in RBSK are 6682 in the district.
- SNCU is located in district hospital. Sanctioned beds are 10. All the required staff, regular as well as contractual, is available. Maintenance of records to be improved. General cleanliness is not there in the district hospital and space is also inadequate.
- Rashtriya Bal Swasthya Karyakram (RBSK) is monitored by District Hospital. District nodal person for RBSK is appointed (Outreach RMO). It is being implemented in all the 6 blocks of the district and 22 teams are working under the programme.
- ARSH clinic (MAITRI) is established at the District Hospital, SDH Navapur, SDH Taloda and RH Shahada. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. Regular staff is given additional responsibility of ARSH. At the SDHs, existing staff is given additional responsibility. The clinic provides health information, counselling and testing to persons aged between 10-19 years.
- Segregation of bio medical waste is not being done at all the facilities visited. Particularly at PHC Palsun and SC Palshi.

- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at RH Khandbara and at SDH Navapur. Very few are seen at PHC Palsun and SC Palshi. At district hospital, most of the IEC material is displayed, but needs to be displayed in prominent locations (at the front of the hospital, at the entrance of the hospital and in the OPD). Among the visited facilities, RH Khandbara follows all protocols and displays all the materials as per guidelines.
- Screening of Non Communicable diseases are available at District Hospital.
- 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.
- 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.
- Supervision and monitoring visits needs to be increased. PHC Palsun which is just 28 Kms away from the district headquarter is a delivery point. However, only four deliveries were conducted at the facility in 2013-14 (March to April). All the required staff is available, 15 out of 18 staff positions are filled. There is lot of problem such as electricity and water supply for 24\*7. Even the facility could not keep their deep freezer and ILR on due to frequent power cuts. Staff is not staying at headquarter and no team work.
- All SDHs, RH and PHCs are given Data Entry Operator cum accountant for the purpose of HMIS and MCTS data entry. Committees are established at all levels for quality check of the data. Timeliness is being followed. There is consistency in data. With regard to completeness, MCTS updating is low as only 23 per cent of PHCs are having good connectivity of net. Data validation checks are applied at district level. Due to non-connectivity, ANM needs to spent whole day for updation of MCTS data and she needs to go to block office and most of the funds of RKS and Untied Funds are being spent on data updation. Data validation checks are applied at district level. However, there are some technical issues with the DHIS software.
- At SDH Navapur, registers for Untied Funds, AMG and RKS funds are maintained. During the year 2013-14, the facility received Rs. 225155/- under the heads of RKS, AMG and Untied funds, of which Rs. 34630/- was the expenditure. It is only 15 per cent of received grants. It is a clear sign of lack of interest of the responsible officials about the utilization of funds. Toilets are in bad shape due to blockage in the sewerage line.
- At DHO side (regular positions), 144 positions are vacant of which 66 positions are Male Health Worker. Service delivery in rural areas may affect due to this vacancy.

- There is one DH, two SDHs and eleven RHs in the district. But except SDH Taloda and DH Nandurbar, C-section deliveries are not being performed at other facilities. This is a tribal and high focus district and the facility for C-Section delivery should be extended to all the referral facilities and particularly in tribal blocks.
- At District Hospital, total 179 positions are sanctioned of which 125 are filled and 54 are vacant. Sixteen Class-I Medical Officers posts are sanctioned of which 7 are filled and 9 are vacant; 29 Class-II Medical Officers posts are sanctioned and filled; 121 Nursing cadre positions are sanctioned and 80 positions are filled and 41 are vacant. In Class-III cadre, 13 positions are sanctioned of which 9 positions are filled and 4 are vacant. Vacancies at difference levels in district hospital may affect the service delivery of the facility.
- For two SDHs in the district, total 57 positions are sanctioned and 47 are filled. One position of Class-I MO is vacant and 7 positions of nursing cadre are vacant.
- At 11 Rural Hospitals, total 168 positions are sanctioned, of which 110 are filled and 58 are vacant. In MO Class-I category, 12 posts are sanctioned, 5 are filled and 7 are vacant. In MO Class-II, 36 posts are sanctioned and 28 are filled and 8 posts are vacant. In Class-III, 36 posts are sanctioned, 18 are filled and 18 positions are vacant.
- Class-I MO position is vacant at RHs Ranala, Khandbara, Akkalkua, Jamana, Visarwadi and Molagi. In connection with the nursing positions, RH Toranmal is most vulnerable in the district because out of 7 sanctioned positions only 1 position of Staff Nurse is filled. The lone Staff Nurse also remains absent for longer period of time. RH Jamana is having 2 SN out of 7. RH Dhadgaon and Natawad are having 3 and 4 staff nurses respectively out of 7. As RH Toranmal and Dhadgaon are catering to the most vulnerable population of the district, the human resources related issues need to be looked into immediately.
- Looking at the vacancies at various positions and under performance of some facilities, it quite natural that district will continue to be under the tag of high focus district in the state.

## Location of Nandurbar District in Maharashtra



## **2. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2013-14 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union Territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by 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 Nandurbar District of Maharashtra for the period of April – March, 2013-14.

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Nandurbar District was carried out during the period 5-9 May, 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 5-9 May, 2014 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, District Hospital, one SDH, one RH, one PHC and one SC were selected for the study. PRC team was accompanied by District Monitoring and Evaluation officer and Monitoring & Evaluation Officer. 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 Nandurbar district as observed by the PRC team during the field visit.

## **3. District Profile**

Nandurbar is an administrative district in the northwest corner (Khandesh Region) of Maharashtra bordering with Gujarat. Nandurbar district was bifurcated from Dhule district in 1998. The district headquarter is located at Nandurbar city. The district occupies an area of 5034 kms<sup>2</sup> and has a population of 16,48,295 as per 2011 census. The northern boundary of the district is defined by the great Narmada River. Ahirani, Bhili, Pardhi, Marathi, Hindi and Gujarati are the dialects/languages spoken in the district. Nandurbar is well connected with railways and surface transport. Nandurbar is one of most backward districts of the state with high Infant and maternal mortality rates, high level of malnutrition of children and high concentration of tribal population. The district comprises 6 talukas i.e. Akkalkuwa, Akrani Mahal (also called Dhadgaon), Taloda, Shahada, Nandurbar and Navapur.

As per 2011 Census, the total population of the district is 16,48,295 with male population of 8,33,170 and female population of 8,15,125. The district constitutes about 1.46 per cent of total population of the state. The district has a population density of 276 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 25.5 per cent. The population



### Key Demographic Indicators: Nandurbar District (2011)

Sr.No.	Items	Values
1	No. of Blocks	6
2	No. of Villages	957
3	Population (2011)	1648295
4	Population - Males (2011)	833170
5	Population - Females (2011)	815125
6	Literacy Rate (2011)	64.38
7	Literacy Rate - Males (2011)	72.17
8	Literacy Rate - Females (2011)	56.14
9	Sex Ratio (2011)	972
10	Child Sex Ratio (2011)	944
11	Density of Population (2011)	276
12	Per cent Urban (2011)	16.71
13	Per cent SC Population (2011)	2.91
14	Per cent ST Population (2011)	69.27

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

Sr.No.	Indicators from DLHS-3	Maharashtra	Nandurbar
1	Mothers registered in the first trimester (%)	61.6	29.4
2	Mothers who had at least three ANC visits (%)	74.4	38.3
3	Mothers who got at least one TT injection (%)	88.7	55.4
4	Institutional births (%)	63.5	25.4
5	Home deliveries assisted by SBA (%)	5.7	8.6
6	Children fully immunised (%)	69.0	17.0
7	Children breastfed within one hour of birth (%)	52.5	37.7
8	Per cent of women using modern FP methods	63.9	58.1
9	Total Unmet Need for FP (%)	13.6	16.3
10	Unmet need for spacing (%)	5.9	6.3
11	Unmet need for limiting (%)	7.7	10.0

### Number and type of government health facilities in Nandurbar district

Name of the facility	Number	No. of Beds
District Hospital	1	100
Ophthalmic Hospital	1	0
SDH	2	50
Rural Hospitals	11	30
Primary Health Centers	58	6
Sub Centers	290	--
AYUSH facilities (Ayurvedic)	4	--
AYUSH facilities (Homeopathy)	1	--
AYUSH facilities (Unani)	--	--
AYUSH facilities (Yoga) at DH	--	--

**Nandurbar District: Key Service Utilization Parameters (April 2013 to March 2014)**

Service Utilization Parameter	District Hospital	SDH Navapur	RH Khandbara	PHC Palsun	SC Palshi
OPD	77674	29456	25066	5720	
IPD	23379	4939	4823	300	
Expected number of pregnancies	1167	344	*	704	*
MCTS entry on per centage of women registered in the first trimester	100% (588)	33%	125	424	110%
No. of pregnant women given IFA	1697	258	66	704	92
Total deliveries conducted	3131	622	814	4	8
Number of Deliveries conducted at home					2
No. of assisted deliveries( Ventouse/ Forceps)	02	25	**	--	
No. of C section conducted	991	--	**		
Number of obstetric complications managed, pls. specify type	577	10	202	--	
No. of neonates initiated breast feeding within one hour	2260	622	814	4	10
Number of children screened for Defects at birth under RBSK	86	*	*	--	*
RTI/STI Treated	208	*	*	--	
No of admissions in NBSUs/ SNCU, whichever available	860	50	*	--	
Inborn	387	22	*	--	
Outborn	474	28	*	--	
No. of children admitted with SAM	481	00		--	
No. of sick children referred	14	6	32	4	*
No. of pregnant women referred	66	224	140	5	*
ANC1 registration	1235	344	--	704	55
ANC 3 Coverage	851	331	--	325	45
ANC 4 Coverage	365	155	--	779	*
No. of IUCD Insertions	53	21	25	24	--
No. of Tubectomy	694	--	86	--	
No. of Vasectomy	--	--	2	--	
No. of Minilap + Laparoscopy	761	147	**	--	
No. of children fully immunized	1280	447	**	679	24
Measles coverage	1280	484	**	679	24
No. of children given ORS + Zinc	207	56	125	539	42
No. of children given Vitamin A	2238	1348	*	679	117
No. of Children given IFA syrup					*
No. of women who accepted post-partum FP	3815	52	355	--	
No. of MTPs conducted in first trimester	(Govt. 106 + Non Govt. 760) 866	7	6	--	
No. of MTPs conducted in second trimester	--	--	--	--	
Number of Adolescents attending ARSH clinic	4821	**	**	**	
Maternal deaths, if any	24	--	--	--	--
Still births, if any	268	3	14	--	--
Neonatal deaths, if any	70	--	--	--	--
Infant deaths, if any	218	--	--	--	--
Number of VHNDs attended					4
Number of VHNSC meeting attended					4
Service delivery data submitted for MCTS updation					April 2014

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

by sex shows that males constitute about 50.54 per cent and females constitute about 49.45 per cent of the total population of the district. Nandurbar has a sex ratio of 972 females for every 1000 males.

The child sex ratio in the district is 944 female children per 1000 male children in 2011. Total literacy of the district is 64.38 per cent as per 2011 census. Sex wise literacy rates shows that it is 72.17 per cent for males and 56.47 per cent for females with a gap of almost 15.7 per cent between males and females. Female literacy is much lower than the state average of 75 per cent.

## **5. Health Infrastructure**

The District Hospital of Nandurbar has 100 beds. There are two SDHs are available in Nandurbar district one at Navapur (50 bedded) and another at Taloda (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 58 Primary Health Centres and 40 of them are functioning from government buildings as per norms and 18 are functioning in buildings provided by local bodies i.e. Grampanchyats. The district has 290 Sub Centres.

AYUSH facility is co-located and is available at five facilities in the district. Ayurveda and Homeopathy are the most popular medicines and Yoga is not available in the district. District has established linkages to fill service delivery gaps. Three Mobile Medical Units are there in the district run by three different NGOs. These MMUs are functioning in mainly three blocks (1) in Akkalkua run by Satpuda Tribal Academic & Health Research Centre, (2) in Taloda block run by Shivparvati Medical Pratishthan, and (3) in Dhadgaon run by JMMSSUM and catering about 120 villages. There is a good impact of the services in periphery.

## **6. Human Resources**

In the district, a total 1544 regular positions of different discipline are sanctioned and 1400 are filled and 144 positions (10.28 per cent) are vacant. Under NRHM, 2374 posts of different discipline are sanctioned of which 2339 are filled and 35 are vacant (1.49 per cent) for the district as a whole.

District Hospital has 100 beds capacity. Two Women Hospitals are sanctioned to the district, but it will take time to establish them.

## **7. Other Health System Inputs**

Following services are available at various health facilities of the Nandurbar district: Surgery (major OTs are available only at DH and 2 SDHs, minor OTs are available at 40 PHCs of the district); Medicine, Obstetrics and Gynaecology services are available at DH, two SDH, and 11 RH; FP services are available at all facilities; Cardiology is available at DH; Emergency and Trauma Care is available at 2 SDHs, 11 RHs and at DH; Ophthalmology, ENT, Ancillary Services of Blood Bank, Radiology are available at DH; Pathology, Mild In-patient management are available at all facilities; C-section

### Regular Staff under District Health Officer (DHO) in Nandurbar 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	0	1
3	Additional/Asst./ District Health Officer CI- I	2	1	1
4	District RCH Officer CI- I	1	1	0
5	District Tuberculosis Officer CI- I	1	0	1
6	Medical officer, ZP Services, CI-II, Group A	1	1	0
7	Administrative Officer CI- II	1	0	1
8	Asst. Administrative Officer CI- III	1	1	0
9	Jr. Administrative Officer	2	1	1
10	District Malaria Officer CI-II	1	1	0
11	Asst. District Malaria Officer CI-III	1	1	0
12	Taluka Health Officer Group A	6	2	4
13	MO Group CI-II	76	74	2
14	MO Group CI-III	67	67	0
15	Epidemiology MO CI-III Group- B	1	1	0
16	Dist. Extension officer and Publicity officer CI-II	1	0	1
17	Statistical Officer CI-II	1	0	1
18	Asst. Finance officer	1	0	1
19	Jr. Finance officer	1	1	0
20	Sr. Clerk/Jr. Clerk/Typist	15	14	1
21	Extension Officer (Stat.)	1	0	1
22	Public Health Nurse	1	0	1
23	Health Worker ZP (Male)	180	164	16
24	Health Worker State (Male)	99	49	50
25	Health Assistant, ZP (Male)	95	89	6
26	Health Assistant, State (Male)	42	42	0
27	ANM	355	348	7
28	Health Assistant ZP (Female)	65	58	7
29	Pharmacists	74	74	0
30	District Health Supervisor Group-C	1	1	0
31	Health Supervisor, ZP	9	6	3
32	Health Supervisor State	8	4	4
33	Leprosy Technician			
34	Laboratory Technician, ZP	56	56	0
35	Laboratory Technician, State	6	4	2
36	Driver	62	53	9
37	Class- IV	308	285	17
	<b>Total</b>	<b>1544</b>	<b>1400</b>	<b>144</b>

deliveries are performed only at SDH Taloda and DH; and OPD Medicines and OPD Gynaecology are available at DH.

*Availability of drugs and diagnostics and equipment*

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

#### *AYUSH Services*

AYUSH services are co-located in District Hospital and various SDHs and RHs of the District. Ayurveda and Homeopathy services are available at DH, SDH Navapur and RHs at Akkalkuwa and Dhadgaon. Yoga facility is available only at DH. AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during April 2013 to March 2014 at OPD is 85,737 and IPD is 624. AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Total 14 positions are sanctioned for AYUSH and 14 are filled.

#### **Contractual staff appointed under NRHM in Nandurbar District**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	3	3	0
2	M&E	4	4	0
3	IPHS	59	59	0
4	FMG	2	2	0
5	IDW	4	4	0
6	ASHA	1987	1956	31
7	RKS	1	1	0
8	RBSK	89	89	0
9	AYUSH	13	10	3
10	Sickle Cell	5	5	0
11	BPMU	6	6	0
12	Procurement	1	1	0
13	Urban RCH	36	36	0
14	RCH	0	0	0
15	Tele Medicine	2	2	0
16	Quality Assurance	1	1	0
17	Referral Transport	0	0	0
18	PCPNDT	2	2	0
19	ARSH	1	1	0
20	IDSP	2	2	0
21	Co-ordinator cell	5	5	0
22	NPCB	4	3	1
23	ANM	116	116	0
24	LHV	6	6	0
25	Staff Nurse	6	6	0
27	IMMUNATION	1	1	0
28	MMU	18	18	0
	<b>Total</b>	<b>2374</b>	<b>2339</b>	<b>35</b>

## Regular Staff at Civil Hospital Side

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
<b>District Hospital</b>				
1	Specialists CL-I (Gynec./Paediatrician/Surgery /Anaesthetic, etc.)	16	7	9
2	MO General Physician CL-II	29	29	0
3	Nursing Cadre	121	80	41
4	Class III	13	9	4
	<b>Total</b>	<b>179</b>	<b>125</b>	<b>54</b>
<b>2 Sub District Hospitals</b>				
1	SDH CL-I	2	1	1
2	MO General Physician CL-II	14	14	0
3	Nursing Cadre	33	26	7
4	Class III	8	6	2
	<b>Total</b>	<b>57</b>	<b>47</b>	<b>10</b>
<b>11 Rural Hospitals</b>				
1	11 Rural Hospitals CL-I	12	5	7
2	11 Rural Hospitals CL-II	36	28	8
3	Nursing Cadre	84	59	25
4	Class III	36	18	18
	<b>Total</b>	<b>168</b>	<b>110</b>	<b>58</b>

### Title:

Sl. No.	Type of Training	Total District	Remarks
1	SAB	38	LHV/SN/ANM
2	BEmOC	21	MO
3	LSAS	1	MO
4	MTP / MVA	2	MO
5	IMNCI/F-IMNCI	26	MO
7	Minilap	2	MO
10	IUCD	91	MO (All), LHV, SN, ANM
11	PPIUCD	14	MO (All), LHV, SN, ANM
12	IMEP	29	MO (All), LHV, SN, ANM
14	Routine Immunization and cold chain	69	MO (All), LHV, SN, ANM, HA, MPW
15	NSSK Trg.	156	MO, LHV, SN, ANM

### User Fees

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

## 8. Maternal Health

### 8.1 ANC and PNC

As per HMIS data, ANC registration is 35284 from April 2013 to March 2014 of which 18429 women were registered in first trimester. Severely anaemic pregnant women (HB below 11) reported in HMIS are 36812 and HB level below 7 are 1727. Number of Hypertension cases reported during April 2013 to March 2014 is 664. Number of women received TT and IFA tablets during April 2013 to March 2014 are 29935 and 18935 respectively. Number of women received post natal services are reported as 19599.

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

Training programmes	District Hospital	SDH Navapur	RH Khandbara	PHC Palsun	SC Palshi
EmOC	--	1 MO	--	1 MO	
LSAS	1	1 MO	--	--	
BeMOC	21	1 MO, 1SN	2 MO	--	
SBA	38	--	1 SN	2ANM	
MTP/MVA	2	2 MO	1 MO	--	
NSV	--	--	2 MO	--	
F-IMNCI/IMNCI	26	--	2 MO,2SN	1ANM	--
NSSK	156	2 SN	2 MO	--	1ANM
Mini Lap-Sterilisations	2	--	1 MO	--	
Laproscopy-Sterilisations	--	--	--	--	
IUCD	91	1MO,1SN	3 SN	--	--
PPIUCD	14	--	--	--	
RTI/STI	--	--	4 SN	--	
HIV	--	--	--	--	1 ANM
Leprosy	--	--	--	--	
RNTCP	--	--	--	--	
Blood storage	--	1MO, Lab Tech	--	--	
IMEP	29	--	--	--	
Immunization and cold chain	69	1 SN	2 MO, 7 SN	1ANM	--

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

#### 8.2 Institutional Deliveries

During April 2013 to March 2014, number of public institutional deliveries conducted in the district, including C-Section, is 22681 (public institutions deliveries 18552 and private institutions deliveries 4129).

#### 8.3 Maternal Death Review

During April 2013 to March 2014, 43 maternal deaths were reported in the district. Of which 35 cases were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Causes of three maternal deaths are reported as Anaemia, PPH, and Sickle Cell disease. District task force is established in the district.

#### 8.4 JSSK

As per Government of Maharashtra Resolution dated 26<sup>th</sup> September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Nandurbar 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 year 2013-14, 22681 pregnant women have delivered at various public institutions i.e., District Hospital, Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery. Totally 2336 women were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 6612 women were provided with home to hospital free transport, 1340 women were provided hospital to hospital transport in referral services and 10137 women were provided drop back facility. With respect to neonates, 316 neonates were provided with home to institute free transport, 20 were provided Institute to Institute referral transport service and 612 neonates were provided drop back facility. Utilisation of the free transport for neonates is too low. There may be lack of awareness among people. Only 44 per cent of women were 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 should have been 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 per cent of beneficiaries of JSY is not taking place in the district.

The number of women received JSY benefit is 17709 for institutional deliveries and 5199 for home deliveries in both rural and urban areas. During the year 2013-14, 29928 women were registered under JSY in the district. Looking at the registration, about 41 per cent of women have yet to receive the benefit.

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 nationalised bank. To get the benefit they have to open Bank Account with a minimum balance of Rs.500/- and opening and maintaining minimum balance is problem for most of the cases.



## 9. Child Health

### 9. NICU

NICU is located in District Hospital with 9 warmers and 3 phototherapy units and 863 sick neonates were admitted during the year 2013-14. Of which 387 were inborn and 474 were out born, 501 were cured and discharged, 47 referred to higher facility, 60 left against medical advice, and 255 have died. There are 4 MOs (2 Regular, 2 NRHM), six staff nurses (4 Regular, 2 NRHM) and one Data Entry Operator for NICU.

### 9.2 NRC

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. Basic infrastructure is available in the NRC. But it was noted by the team that there is no staff nurse or MO is available round the clock in the ward as Nandurbar is a tribal district and one of the high focus district of Maharashtra. SAM/MAM cases reported by RBSK are 6682.

### 9.3 Immunization

Immunisation is being done at all the facilities as per Government of India guidelines. All the newborns delivered at District Hospital and other facilities i.e. SDHs, RHs and PHCs are getting 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 fixed days for immunisation at all the facilities.

### 9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by Civil Surgeon. District Nodal Person for RBSK is appointed (RMO Outreach). It is being implemented in all the 6 Blocks of the district of Nandurbar, viz., Akkalkuwa, Dhadgaon, Taloda, Shahada, Nandurbar and Navapur. Child Health Screening and Early Intervention Centre at district level are established. A total 22 teams are working under the programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. All the positions are filled in all blocks except one pharmacist in Shahada block. 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 170304 and the achievement was 113369 and 56935 children were absent. Total number of SAM and MAM children detected is reported as 1335 and 5347 respectively. Target for screening of 6-18 years children was 208831, achievement was 193167 and 15664 children were absent. Cases identified with some problem in 6 weeks to 6 years and 6 years to 18 years are 7517 and 1548 respectively. All thyroid function tests are being done under RBSK for 1 year to 18 years old children free of cost.

Even if Government facility is not having infrastructure for this test, it is being done in private facilities for free of cost.

## **10. Family Planning Services**

Family planning services are being provided in all major facilities of the District. During April 2013 to March 2014, 7416 female Sterilisations and 626 NSVs were performed. Total number of IUCD insertion was 1886, oral pills distribution was 32668 and condom pieces distributed was 357070. 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 District Hospital, SDH Navapur, SDH Taloda, and RH Shahada. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. ICTC counsellors are given additional charge at respective SDH and RH. All those who are involved in ARSH programme are trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years. A total of 56 outreach camps were organised in the schools.

## **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 the visited facilities except SC Palshi. SC Palshi is not having any proper arrangement for Bio medical waste management.

*12.3 IEC:* Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at District Hospital, SDH Navapur and RH Khandbara. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities, except PHC Palsun.

*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 79. For the ambulance services a 24\*7 Call Centre is now shifted to Pune as centralised Call Centre for entire state. During April 2013 – March 2014, 19037 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. An average 50 kms per day is the running distance of each ambulance

and about 30 kms is running for every visit. There are three MMUs functioning in the district. They are operated by three different NGOs for 120 villages in three blocks of Nandurbar district.

#### **14. Community Processes**

Three Mobile Medical Units are there in the district run by three different NGOs. These MMUs are functioning in mainly three blocks. In Akkalkua block it is run by Satpuda Tribal Academic & Health Research Centre, in Taloda block it is run by Shivparvati Medical Prtishthan and in Dhadgaon it is being run by JMMSSUM. These three MMUs are catering to 120 villages. There is good impact of the services provided by the MMUs.

During April 2013 to March 2014, total 60948 patients were treated and 18475 lab tests were done by all three MMUs from 1357 villages. Advance tour programme is supplied to all the concerned Sub Centres. Community Based Monitoring System is being implemented in four blocks of the district.

##### *14.1 ASHA*

Total number of ASHAs required in the district is 1801 and total positions filled are 1796. Five positions of ASHAs are vacant. The number of ASHAs trained for HBNC is 1787. ORS and Zinc are supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution. Most of the ASHAs receive, on an average, the incentive amount of Rs. 1000/- to 2000/- per month. The highest annual incentive of Rs. 40000/- to 50000/- was paid to 11 ASHAs in the district and 52 ASHAs have not received any incentive during the year. Their incentive amount payment is directly deposited in the bank account.

#### **15. Disease Control Programmes**

##### *15.1 National Malaria Control Programme*

Data are not available.

##### *15.2 Revised National Tuberculosis Programme (RNTCP)*

Number of sputum test conducted during the year 2013-14 is 1718 of which number of positive cases are 188. DOT medicines are available at all the facilities. One MO, Five positions of Lab Technician and two positions of Senior Tuberculosis Supervisors are vacant in the district. 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 498, of which 141 are detected by ASHAs and 230 patients are under treatment in the district.

## **16. Non Communicable Diseases**

The facility is set up in the District Hospital for screening of Non Communicable diseases. Screening and treatment of non-communicable disease are provided free of cost for Sr. Citizens. All SDHs and RHs are having set up for screening of NCD, but there are some limitations as all of them are not having diagnostic facilities. All thyroid function tests are being done under RBSK for 1 year to 18 years old children free of cost. Even if Government facility is not having infrastructure for this test it is being done in private free of cost. IEC materials are available in the district and all medicines are also available for NCDs.

## **17. Good Practices and Innovations**

Nandurbar with higher concentration of tribal population is one of the high focus districts in the state. There are some hard to reach areas in Dhadgaon and Akkalkuwa blocks. Twenty one fibre Sub Centres are established in these two blocks. One floating dispensary also serves in the Narmada Dam affected villages. The district has PHC wise score card for better monitoring of performance of the facility. For effective implementation of JSSK, there are instructions from DHO to all the facilities.

## **18. HMIS and MCTS**

All SDHs, RHs and PHCs are given Data Entry Operator cum Accountant for the purpose of HMIS and MCTS data entry. Committees are established at all levels for quality check of the data. 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. Timeliness is being followed for uploading the data. With regard to completeness, MCTS updating is low as only 23 per cent of PHCs are having good connectivity. Due non connectivity, ANM needs to spent whole day for updation of MCTS data and she needs to go to block office and most of the funds of RKS and Untied Funds are being spent on data updation. Data validation checks are applied at district level.

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

### 19.1 District Hospital: Nandurbar

- The District Hospital is having sanctioned bed strength of 100 beds. It is a Government building and in good condition with some minor repairs.
- The health facility is easily accessible from nearest road. Staff quarters are not available for all categories of the staff. It is occupied by MO CI-I 3, MO CI-II 15, CI-III 64 and CI-IV 28. DH has electricity with express feeder, solar and inverter power back up, running 24\*7 water supplies from Well, and separate toilets in male and female wards. There is a scope to increase the cleanliness of the toilets in IPD. Toilets in the OPD are not 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.
- NICU facility is available in the hospital.
- Separate room for ARSH clinic is available.
- IEC materials are displayed in the District 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 District 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.
- Blood bank 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 under JSSK.
- There is 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 newborn care.
- IMEP protocol information and posters are displayed in the facility.
- There is a committee for reviewing of MDR and IDR.
- All important registers are available and they are maintained in the facility. IEC material is displayed in the OPD as well as 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. 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 Civil Surgeon.
- At District Hospital total 179 positions are sanctioned of which 125 are filled and 54 are vacant. 16 Class-I Medical Officers posts are sanctioned of which 7 is filled and 9 are vacant; 29 Class-II

Medical Officers posts are sanctioned and filled; 121 Nursing cadre positions are sanctioned and 80 positions are filled and 41 are vacant; In Class-III cadre, 13 positions are sanctioned of which 9 positions are filled and 4 are vacant. Vacancies at different levels, particularly at Class-I MO and nursing cadre level, affect the service delivery of the facility.

- At 2 SDHs, total 57 positions are sanctioned and 47 are filled. One position of CI-I MO is vacant and 7 positions of nursing cadre are vacant.
- At 11 Rural Hospitals, total 168 positions are sanctioned, of which 110 are filled and 58 are vacant. In MO CI-I, 12 posts are sanctioned, 5 are filled and 7 positions are vacant. In MO CI-II, 36 posts are sanctioned, 28 are filled, and 8 posts are vacant. In CI-III, 36 posts are sanctioned, 18 are filled and 18 positions are vacant.
- AT RHs in Ranala, Khandbara, Akkalkua, Jamana, Visarwadi and Molagi, CI-I MO position is vacant. With regards to the nursing positions, RH Toranmal is most vulnerable among the district because out of 7 sanctioned positions only 1 position of Staff Nurse is filled. Moreover, she also remains absent for longer period of time. RH Jamana is having 2 SN out of 7. RH Dhadgaon and Natawad are having 3 and 4 respectively out of 7. Though RH Toranmal and Dhadgaon are catering to the most vulnerable population of the district, the vacancies are there.

### **19.2 Sub District Hospital (SDH): Navapur**

- Navapur Sub District Hospital is in Navapur Block and is about 50 kms from the district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. Regular MS post is vacant, charge given to MO CI-II. Bed strength of the hospital is 50. Hospital is located in government building. The building needs major repairs. Total 19 quarters are available for MOs, Staff Nurses and other category workers, of which 15 are occupied, none of the Medical Officers stay at the headquarter. Electricity is available with power back up of generator and running water is available 24\*7. Separate toilets are there for male and female wards and labor room, but they are unclean and not in usable condition. Facility is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available with 6 warmers and 2 Phototherapy units. There are separate wards for male and female patients. Blood storage unit is sanctioned but not functional. Children Treatment Centre is sanctioned but not functional. There is no separate room for ARSH clinic. Functional help desk is available in the facility. Waste management is outsourced. Though it is outsourced, agency is not collecting BMW on daily basis. Suggestion and complaint book are 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 supplied separately. Emergency contraceptive pills are available. 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 payee cheque is being given.
- Diet is being provided to the patients free of cost.
- No facility of management of high risk pregnancy at the facility. All essential new-born and sick neonates care is available. Partograph is not being used as shortage of paper.
- 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. During the year 2013-41 facility received Rs. 225155/- under the heads of RKS, AMG and Untied Funds, of which Rs.34630/- was the expenditure. It is only 15 per cent of received grant. It is a clear sign of lack of interest of the responsible MS/MO about utilization of funds.

#### Human Resource at SDH Navapur (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	0	1
2	MO CI-II	7	7	0
3	Asst. Superintendent	1	1	0
4	Asst. Matron	1	1	0
5	Staff Nurse	12	12	0
6	Parisevika	2	0	2
7	X-Ray Technician CI-III	1	1	0
8	Pharmacist	3	3	0
9	Lab Technician	1	1	0
10	OPD Clerk	1	1	0
11	Dental Asst.	1	0	1
12	Sr. Clerk	1	0	1
13	Jr. Clerk	1	1	0
14	OPD Attendant	1	1	0
15	Dresser	1		1
16	OT Attendant	1	1	0
17	Peon	2	1	1
18	Ward Boy	5	3	2
	<b>Total</b>	<b>43</b>	<b>34</b>	<b>9</b>

- Under JSSK, during the reference period, 15 women have received home to facility pick up service; 189 women have received inter facility vehicle services; and 189 women have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are not displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are not displayed in ANC and PNC Clinics.

- Regular fumigation is being done and last fumigation was one on April 8, 2014. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

### **19.3 Rural Hospital: Khandbara**

- Khandbara Rural Hospital is in Navapur Block and is about 25 kms away from district headquarters. On the day of PRC team visit to RH, all staff was present on duty. In-charge Medical Superintendent has given all the information as MS post is vacant. It is a 30 bedded hospital and is located in government building. The building is in good condition. Quarters are available for 2 MOs, 5 SNs and 3 Class-IV – of which 1 each is vacant in SN and CI-IV categories. Electricity is available with power back up (inverter). 24\*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is clean. Wards, Toilets and bathrooms are really maintained well, one should learn from this model. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization are available. But phototherapy unit is under repair. Waste management is outsourced to a private agency. Suggestion and complaint book are available.
- All the essential equipment is available at the CHC. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is available. Lab tests kits and chemicals are available.
- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablet blue, IFA syrup with dispenser, sanitary napkins are not being supplied.
- All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. No Immunisation is done at CHC. Routine Immunisation need is catered by Sub Centre which is located in the same village. Only zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery. JSY payment is made at the time of discharge, on production of necessary documentation. 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. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is done at facility in deep burial pit.
- All important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained.
- All required IEC material is displayed in the facility.



- During the reference period, under JSSK not a single woman or child received pick from home to facility. Total 140 women have received inter facility vehicle services, and 433 women have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Regular Fumigation is being done. Last fumigation was done on May 4, 2014. 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 (Regular) in CHC Khandbara

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Medical officer CI-II	3	2	1
3	Asst. Superintendent	1	1	0
4	Jr. Clerk	2	2	0
5	Staff Nurse	7	7	0
6	X-Ray Technician CI-III	1	0	1
7	Pharmacist	1	1	0
8	Lab Technician	1	0	1
9	Lab Asst.	1	1	0
10	Peon	1	1	0
11	Ward Boy	4	2	2
12	Driver	1	1	0
13	Sweeper	2	2	0
	<b>Total</b>	<b>26</b>	<b>20</b>	<b>6</b>
	<b>Staff under NRHM</b>			
1	Staff Nurse	1	1	0
2	X-Ray Technician	1	1	0
3	Data Entry Operator	1	1	0
	<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>

#### 19.4 Primary Health Centre: Palsun

- PHC Palsun is in Navapur Block and is located about 28 KMs from the district headquarters. It caters to 54 villages and about 46000 population. It is functioning in Government building and in good condition. Staff quarters are available, one each for MO, LHV, ANM and Pharmacist. But none of them are staying at headquarters. PHC has electricity with power back up. But due to 18 hours of power cuts per day, the batteries are not getting charged. Water source is available for 24\*7 water supplies, but due to some technical problems the supply is not there for 24\*7. Partially clean toilets are there in the wards. Labour Room is available but is not utilized and

partially clean. New Born Care Corner and stabilizing unit is not available. Separate wards for male and female are available with 3 beds each. Bio Medical Waste is outsourced.

- 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, Malaria, TB, HIV and Sickle Cell.
- All the listed drugs are available at the facility except IFA syrup, tablet Misoprostol and Mifepristone. Drugs for BP, Diabetics and other common ailments are not available. No stock of vaccine is there as all the vaccine is kept at RH Khandbara.
- 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 Account payee cheque. For poor beneficiaries, it is difficult to get the benefit because of that 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 specialized 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. No vaccination is administered at PHC. No use of partograph, IUCD insertion, no alternative vaccine delivery system is in place. No wastes are segregated in colour coded bins.

#### Human Resources at PHC Palsun (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	1	1
2	Health Assistant	3	2	1
3	ANM	1	1	0
4	LHV	1	0	1
5	Pharmacist	1	1	-
6	Lab Technician	1	1	-
7	MPW	1	1	0
8	OPD ANM	1	1	0
9	Jr. Asst.	1	1	0
10	Ward Attendant Male	1	1	0
11	Ward Attendant - Female	3	3	0
12	Driver	1	1	-
13	Sweeper	1	1	0
	<b>Total</b>	<b>18</b>	<b>15</b>	<b>3</b>
NRHM				
1	ANM	3	3	0

- Records are not maintained at the facility. Though registers are available but not filled properly. Vehicle log book was not made available to the team for reference.
- Citizens Charter, timings, EDL, JSSK entitlement and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are not displayed.

- During reference period only 4 deliveries are conducted at facility and 8 cases are referred to higher facility. But in the expenditure Rs. 46445/- is booked for the period. There is no any record for free transport provided to the patients.
- **Weaknesses:** Staff quarters are available for all essential staff but are not occupied. Most of the staff is commuting from their native place.

### 19.5 Sub Centre: Palshi

- Palshi Sub Centre is under the catchment area of Palsun PHC and is about 2 KMs from the PHC. This SC is catering for six villages and covering a population 6800. Majority of beneficiaries are from tribal community.
- Though the Sub Centre is located in main habitation and functioning in a Government building, it needs major repairs. The ANM also stays in the same house. There is no running water and electricity for 24\*7. Electricity for SC is cut by MSEB as bill is not paid for longer period. Labour room is available but due to non-supply of water and electricity it is not functional. There is no functional NBCC. No deep burial pit is available for biomedical waste management and wastes are buried in open ground.
- There are two ANM in place one is regular and another under NRHM. One of them is trained in HIV and other is trained in NSSK.
- All the essential equipment is available at SC. Essential drug list is 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, Antibiotics, and drugs used for common ailments. But Zinc tablets and Inj. Magnesium Sulphate, Misoprostol tablets are not available at the facility.
- Pregnancy test kit and OCPs are available in the facility but there is no supply of emergency contraceptives and sanitary napkins.
- All the essential Registers are available but not 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 but records are not maintained.
- Approach road is there but in rainy season it is difficult to reach the facility. Posters of JSSK entitlements, villages under the SC, JSY entitlement and VHND plans are displayed. Citizens Charter, Information related to phone number, timings, SBA protocols and immunisation schedule are not displayed. Grievance redressal mechanism is not in place.

## 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