

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

Nashik District, Maharashtra

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Monitoring and Evaluation of Programme Implementation Plan, 2017-18

Nashik District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP 2017-18 of Nashik District was carried out during the period 3-7 July 2017. The District Health Office, DH, one SDH, CHC, & One each of PHC and SC were visited for the study this report discusses in detail the findings with regard to activities under NRHM in Nashik district as observed during 2017-18.

Key Observations of Nashik District.

- ❖ Services of ANC, PNC, Deliveries, and Neonatal care, Immunization, JSY and JSSK are being implemented at various levels of service points in the district.
- ❖ JSSK scheme was launched from 2011 in all the districts in all Maharashtra, Under JSSK the pregnant women who avail the government facilities in Nashik district. Receive benefits like free registration, check-up treatment and delivery including caesarean section and blood transfusion.
- ❖ ARSH clinics are functional with trained manpower in DH, SDH and CHCs.
- ❖ Computerized Drug Unit managing system is in place to manage drugs and logistics in the district hospital. And the main server is located at state office the list of essential drugs is formulated and is available in all types of the facilities.
- ❖ Shortage of manpower is noticed in the visited health facilities, Infrastructure, and manpower has increased at the various facilities. There is a shortage of medicine and equipment in some visited health facilities.
- ❖ NRC is functioning well in the district.
- ❖ AYUSH facility is available in the district. AYUSH OPD are conducted separately and is functioning well.

- ❖ It has been observed from our visit the number of patients in IPD and OPD has increased considerably. Deliveries at DH, SDH to almost 500 deliveries per month due to JSSK. Maternal and neonatal mortality rates have also reduced. The neonatal complication is managed effectively.
- ❖ Functional SNCU, NBSU and NBCC are available in the district, all essential equipment's and trained manpower is available.
- ❖ Comparatively, District Hospital and SDH Kalwan have a heavy work load.

Suggestion

- Vacant positions of health and supporting staffs need to be filled on urgent basis especially the Specialist post. Considering the demand for JSSk and other health services available the present health staff are not sufficient and hence there is an urgent requirement for additional health staffs.
- Norms for permanent posts should be relaxed depending upon the workload.
- Funds should be released on time for smooth and efficient functioning.
- Some posts are reserved at district headquarter. However, many doctors are either on long or on lien for higher studies creating a back log of vacant health staffs.
- Without the availability of health and supporting staffs the health facilities eventually became dysfunctional hence, rather than building new health facilities focus should be on filling up the vacant health and supporting staff positions.
- Training at frequent intervals need to be provided to health and supporting staffs.
- There is no diet facility in PHC Pandhurli and hence necessary steps should be taken on urgent basis for provision of diet facilities in PHC pandhurli.

2. Introduction

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

As directed by MOHFW, the monitoring and evaluation of PIP 2017-18 for Nashik District were carried during the period 3rd of July to 7th of July 2017. In order to carry out quality monitoring and evaluation of important components of PIP, various types of checklist developed by the Ministry were used. The checklist for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

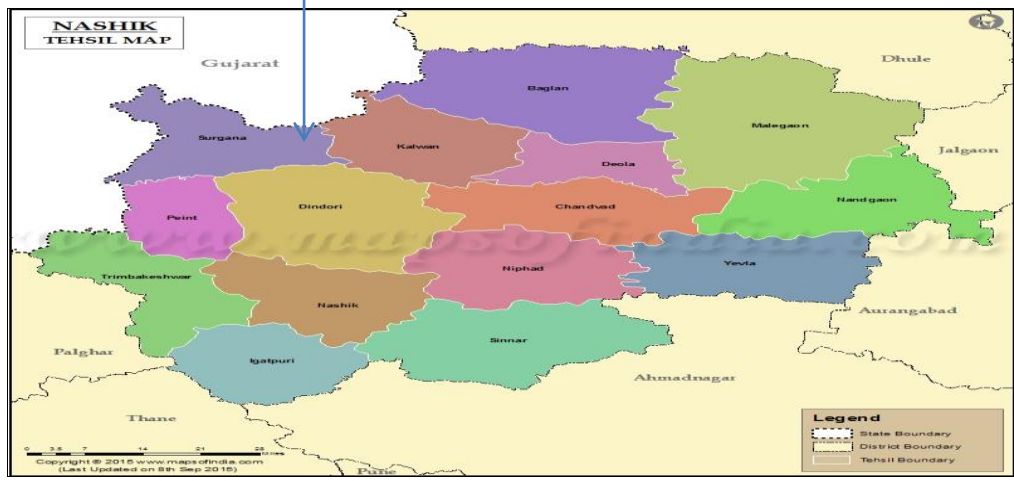
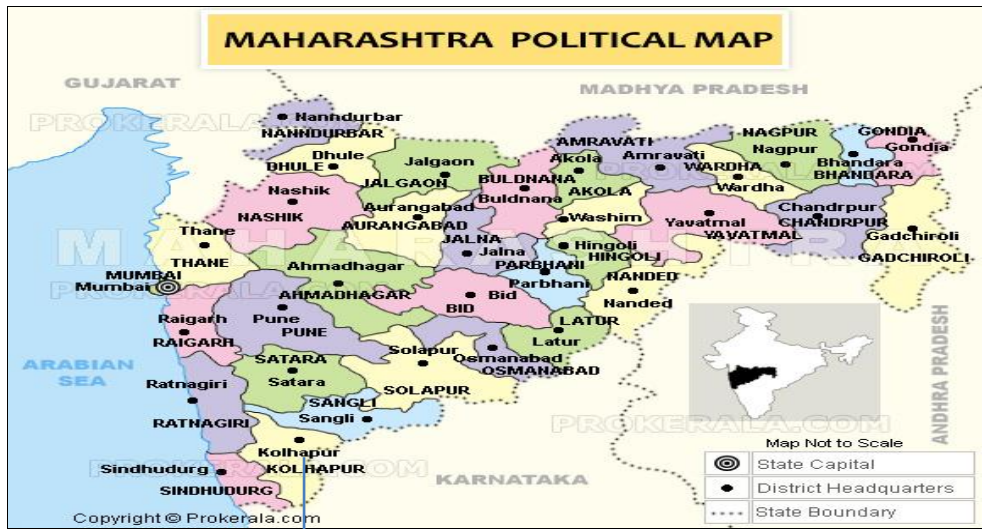
In consultation with DHO, CS, DPM, MS, IPHS Coordinator in the district, DH Nashik, SDH Kalwan, CHC Vani, PHC Pandhurli, and SC Konambe were selected for monitoring of PIP. Accordingly, the District Health Office, DH Nashik, SDH Kalwan CHC VANI, PHC Pandhurli, and SC Konambe were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS, DPM 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 Nashik district as observed by the PRC team during the field visit.

3. District Profile

Nashik district has a great mythological background. Lord Rama lived in Panchvati during his vanvas. Agasti rishi also stayed in Nashik for Tapasya. The Godavari River Originates from Trimbakshwar in Nashik.

Nashik district also has some following National important Institutions.

India Security Press (ISP), Currency Note Press(CNP), Thermal Power station, Maharashtra Engineering Research Institute(MERI), Maharashtra state Health University, Yashwantrao Chav a Maharashtra Open University(YCMOU), Maharashtra Police Academy(MPA), and Artillery centre at Deolali.



Key Demographic Indicators: Nashik District

Sr. No.	Items	Values	
1	No. of Blocks	15	
2	No. of Villages	1931	
3	Population	6107187	Census 2011
4	Population - Males	3157186	Census 2011
5	Population - Females	2950001	Census 2011
6	Literacy Rate	82.31	Census 2011
7	Literacy Rate - Males	88.17	Census 2011
8	Literacy Rate - Females	76.08	Census 2011
9	Sex Ratio	934	Census 2011
10	Child Sex ratio	890	SCD
11	Density of Population	393 per sq.	Census 2011
12	Percent Urban	42.52%	Census 2011
13	Percent SC Population	9.08%	Census 2011

14	Percent ST Population	25.61%	Census 2011
15	OPD attendance (average per month)*	147658	HMIS
16	IPD attendance (average per month)*	20384	HMIS
17	Women receiving at least 3 ANC*	12797	HMIS
18	Home delivery*	191	HMIS
19	Home delivery with SBA*	105	HMIS
20	Children fully immunized (9-11 months)*	11505	HMIS

Source: Census 2011; *= HMIS

Key Health and Service Delivery Indicators

Items	Values	Items	Values
IMR	19.18	ANC	120945
NMR	12.44	SBA	105
MMR	68	PNC	7360
OPD (average per month)	147658	Immunization	110.2
IPD (average per month)	20384	Unmet need of FP	65.2

Source: Census 2011 & HMIS

Health Infrastructure.

Number and type of government health facilities in Nashik district

Name of the facility	Number	Located in government building	No. of Beds
District Hospital	01	YES	541
General Hospital	01	YES	200 Malegaon
Sub Dist. Hospital	06	YES	(50 only) Kalwan SDH 100 Beds available
Rural Hospitals	22	YES	30 Beds
Primary Health Centers	104	YES	07
Sub Centers	577	532	
AYUSH facilities(Ayurveda)	11	YES	
AYUSH facilities(Homoeopathic)	05	YES	
AYUSH facilities(Others)	03	YES	
PHU	26	YES	

Key Health and Service Delivery Indicators: Maharashtra and Nashik District (2011)

Sr. No.	Indicators from DLHS-4	Maharashtra	Nashik
1	Mothers registered in the first trimester (%)	67.9	66.3
2	Mothers who had at least three ANC visits (%)	77.9	78.5
3	Mothers who got at least one TT injection (%)	90.6	91.1
4	Institutional births (%)	92.0	87.9
5	Home deliveries assisted by SBA (%)	95.9	5.9
6	Children fully immunised (%)	66.2	70.2
7	Children breastfed within one hour of birth (%)	71.2	94.0
8	Per cent of women using modern FP methods	65.7	65.2
9	Total Unmet Need for FP (%)	19.0	20.6
10	Unmet need for spacing (%)	10.8	14.0
11	Unmet need for limiting (%)	8.2	6.6

Source: DLHS-4

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Medical Officer A +B	212	166	46
2	Taluka Health Officer	15	15	00
3	Medical Officer Ayurveda	10	10	00
4	Medical Officer PHU	16	12	04
5	Medical officer DTT.	01	01	00
6	Medical Officer Epidemic	01	01	00
	Total	255	205	50
7	Pharmacists	119	102	17
8	Laboratory Technician	69	53	16
9	Leprosy Technician	07	07	00
10	Health Supervisor	19	10	09
11	Health worker	574	299	275
12	ANM	1060	597	463
13	Health Assist(Male)	154	144	10
14	Health Assist(Female)	115	71	44
	Total	2117	1283	834
	National health Mission Posts			
1	DPMU	08	08	00
2	BPMU	33	31	02
3	IPHS	91	40	51
4	Non IPHS	03	00	03
5	SNCU	53	25	28
6	FMG	04	03	01
7	EMS	01	01	00
8	RBSK	303	211	92
9	NRC	07	06	01
10	NBSU	20	0	20
11	Urban RCH	14	10	04
12	PCPNDT	01	01	00
13	Telemedicine	03	03	00
14	Nursing School PHN	10	07	03
15	ASHA dept.	251	230	21
16	IDW	05	03	02

17	AYUSH	24	17	07
18	SICKLE Cell	13	05	08
19	DQAC	02	01	01
20	Drug ware house	02	02	00
21	RI	01	0	01
22	MMU	06	06	00
23	RKSK	01	01	00
24	Infrastructure Human Resources	330	296	34
25	Hematology	07	05	02
26	DEIC	13	08	05
27	NCD	95	06	89
28	NCD-NPHCE	08	00	08
29	NCD palliative Care	02	01	01
30	DMHP	08	07	01
31	RNTCP	60	55	05
32	Leprosy	12	11	01
33	NPCB	04	02	02
34	IDSP	04	03	01
35	NPPCD	03	02	01
36	NTCP	03	00	03
37	BTT	04	02	02
38	DTT	01	01	0
39	Co-ordination Cell	06	05	01
40	Training-DHTC	01	01	00
41	NHUM	15	09	06
42	Health wellness Clinic	10	10	00
43	District CCU/ICU/Cancer care	02	00	02
	TOTAL	1444	1035	409

Training status/skills of various cadres at visited facilities during April to June 2017

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
EmOC	05	---	---	----	---	----
BeMOC	188	---	---	---	---	----
LSAS	04	---	---	---	--	----
SBA	10	68	78	322	---	---
MTP/MVA	118	-----	-----	----	---	---
NSV	60	---	----	----	---	----
F-IMNCI/IMNCI	67	---	246	713	----	211
NSSK	222	92	83	644	----	----
Mini Lap-Sterilisations	146	---	----	---	-----	----
Laparoscopy-Sterilisations	---	----	---	---	-----	----
IUCD	214	134	163	547	-----	---
PPIUCD	42	60	----	46	----	-----
Blood storage	16	---	-----	---	15	-----
RTI/STI	----	---	---	--	-----	----
IMEP	291	---	----	---	----	----
RI/Immunization and cold chain	276	171	104	823	----	184
Others	-----	---	----	---	-----	-----

Note: Figure in parenthesis denotes the number of personnel.

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor, ANM.HA health assit.

Other Health System Inputs

Following services are made available at various health facilities in the district: Surgery (major 1734 and minor 1465), Medicine 38017, Obstetrics 3584 & Gynecology 1102, Cardiology, Emergency 18639, Trauma Care 547, Ophthalmology 4757, ENT 6964 Radiology 7423, Pathology 140231, Mild In-patient Management, C-Section deliveries 881, OPD Medicines 38017 and OPD Gynecology 11052, Others 356.

Maternal Health.

ANC and PNC

ANC registration during the reference period April 2017 to May 2017 is 12688 in the district. Of which 9942 women are registered in first trimester. Severely anemic pregnant women are reported as 739. Hypertension cases reported during April to May 2017, is 58; The number of women who received TT and IFA tablets during April to May 2017 are 9403 and 19763 respectively. Total number of tests conducted for Blood Sugar, Urine Sugar and Protein tests are 3213 in the district and number of women who received post natal services are reported as 7360.

Institutional Deliveries

During the period April 2017 to June 2017, 6327 deliveries were conducted in public Institution among which 881 were C-section deliveries in the district. Mothers initiated breastfeeding within 1 hour of delivery. EmOc facilities were provided to 325 patients in the district

Maternal Death Review

During April 2017 to Jun 2017, 12 maternal deaths were reported in the district and the review meeting was not conducted in this quarter. Only two cases of maternal death are reviewed in the district. District Maternal Death Review committee is in place in the district under the chairmanship of Civil Surgeon. District Health Officer is a secretary of the said committee.

JSSK

As per Government of Maharashtra Resolution dated 26th September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Nashik district receive free benefits like registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-30 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to the residence. They also receive free diet during their stay in the hospital.

During the reference period, 6327 pregnant women delivered at various public institutions i.e. DH, SDH, Community Health Centres and Primary Health Centres. All of them have received free and zero expense services for their delivery. Out of the total deliveries, 881 are caesarean section deliveries. All of them have provided with free diet for 3 days for normal delivery (5238) and seven days for C-section deliveries (881), free medicines and free diagnostic test.

During the reference period, 2912 beneficiaries provided free transport service home to institute. And 1076 women provided institute to institute transport service. Then 4954 have provided drop back to home transport service.

JSY

During the period April 2017 to May 2017, 9817 beneficiaries registered for JSY and 3099 beneficiaries received JSY payments as per JSY guidelines. The full amount of financial assistance is provided in the form of only account transferred to the beneficiaries. Now 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.

Child Health.

SNCU

SNCU is located at DH Hospital and GH Malegaon and is functioning well. There is necessary equipment available in SNCU unit and trained manpower is available. During the reference period, the number of total admissions was 703 out of which 502 were cured, 79 referred, 31 LAMA cases, and 91 died.

NBSU

NBSU are located in nine CHCs and one SDH in the district. Necessary equipment is available in all NBSU units but trained manpower is not available in some CHCs. During the reference period, total admissions were 196 out of which 134 were Cured, 58 referral cases, and 3 deaths were reported in the district.

NBCC

NBCC unit is available in the district and is functioning well. Necessary equipment's and manpower are available for NBCC unit. During the reference period, the total admission in NBCC unit was 173 out of which 168 got cured and 05 were referred cases.

NRC

Nutrition Rehabilitation Centres are established at DH, SDH, and two CHCs Dindori, Surgana. District level centre and SDH centres are well-developed with necessary equipment and 10 beds are available in the centre. Trained manpower of M.O. and in charge Sister is available at only two centres but no training was provided. The average length of stay in NRC is less than 15 days. During the period April & May total admissions were 89 in the district

Immunization

During the period April 2017& May 2017, 11505 children were fully vaccinated in the district; 13799 babies were provided with BCG doses; DPT/Penta 1, 2 and 3 are provided respectively to 12367, 11737, 11921, babies; DPT booster was provided to 9878 children. Polio Booster was provided to 1021 children. Measles 1 and 2 are provided respectively to 11551 and 9604 babies. During this period, the number of Immunization sessions planned was 5330 and 5330 were held. Immunization micro and outreach plan are available in the district.

RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving the 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 the district level. In the district, 75 teams are available during the reference period April & May 2017, 2446 Anganwadi check-ups were conducted covering 172653 children. Teams are constituted and advance tour programs me for screening with proper plans of the visit is done in the district.

Family Planning Services

Family planning services are being provided in District Hospital, SDH and all CHCs. During April 2017 to June 2017, 714 female sterilizations were performed. The number of Oral Pills cycles distributed is 14345 and condoms are 48852. IEC material is 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. All family planning activities ASHAs are involved.

ARSH

In the district, Six ARSH clinics are established in the district with trained counsellor. Under ARSH, there is a provision of primitive, 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.

Quality in Health Services:

Infection Control:

Health staffs are following the protocols' fumigation of Operation Theatre is done on the regular basis. The autoclave is being used on regular basis for disinfection of the instruments.

Bio Medical waste Management:

Segregation of Bio medical waste is outsourced to an NGO at all the visited facilities.

IEC:

Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc. are seen all the visited facilities, EDL and important phone numbers, clinical protocols etc., are prominently displayed in the health facilities.

Referral Transport:

The total number of the vehicle used on road is 190, and are fitted with GPS system; There are 144 Ambulances providing 102 toll-free services. During the reference period, 1073 Clients utilized the ambulance services.

MMUs

An NGO, Maratha Vidya prasark samajs Medical College is operating an MMU in the district. MMU staff is appointed for the operation of MMU. During April to May.2017, the number of services provided by MMU was (OPD 5393) and (ANC 147). Patients. Advance tour programme is supplied to all the concerned Sub Centres.

Community Processes

ASHA

The sanctioned post of ASHAs is 3474 and 3381 ASHAs are in place. About 20 ASHAs have left and 10 new ASHAs have joined during the reporting period. ASHAs training was provided to 3154 ASHAs in Module 6 & 7. ORS and Zinc are supplied to all the ASHAs. FP methods (condoms and oral pills) are available to all ASHAs. In the district, most of the ASHAs receive, on an average an incentive amount of Rs. 1100. The highest incentive paid to ASHA in the district is Rs. 13475/-. ASHA kits are not replenished regularly. Payments are disbursed on time to ASHA.

AYUSH Services

AYUSH facilities such as Ayurveda (in 13 health facilities) homoeopathic (in 5 health facilities), and Unani (in 3 health facilities) are provided in the district. AYUSH MO is a member of RKS. Stocks positions of AYUSH medicines are available. AYUSH is co-located in District Hospital, DH, GH, and SDH and CHCs. AYUSH OPD clinics are monitored separately. At district hospital Ayurveda, Homeopathy, Unani and Yoga clinics are available. SDH Kalwan is having Ayurveda and Homeopathy departments and AYUSH services provided are very good in the district. At the district level, one 30 beds hospital should be established in the district.

Disease Control Programs

National Malaria Control Program me

During the reference period April 2017 to Jun 2017 there were two cases which were found to be positive. Diagnostic Kits are available and provided to health workers in the district.

TB

During the reference period, April 2017 to Jun 2017, 4960 cases were identified and referred for sputum. The number of positive cases of sputum test was 300 and 3097 cases are under treatment. All posts are filled and timely payment of the staff in the district.

Non-Communicable Disease

During the reference period, April 2017 to June 2017, Diabetes cases screened in the district was 3296 and cancer cases identified was 341, Hypertension cases are 4041 in the district. NCD drugs are available and IEC material available in the district.

HMIS and MCTS

There are dedicated staffs for HMIS and MCTS. M&E is responsible for reporting of the data for the district. Data is being uploaded in time with regard to completeness and data validation checks applied at the district level.

Availability of Drugs and Diagnostics and Equipment

EDL has 441 medicines, out of which 197 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from SDH, CHC, PHCs and SCs. Computer inventory management is in place and e-medicine software is in place.

District: Nashik Key Service Utilization Parameters (April 2017 to June. 2017)

Service Utilization Parameter	District Hospital Nashik	SDH Kalwan	CHC Vani	PHC Pandhurli	SC Kona mbe
OPD	78918	14345	7484	1992	
IPD	13510	2121	669	150	
Expected number of pregnancies	1073	506	---	152	132
MCTS/RCH entry on percentage of women registered in the first trimester	257				----
No. of pregnant women given IFA	518	376	40	150	106
Total deliveries conducted	1564	393	102	56	03
Number of Deliveries conducted at home	---				00
No. of assisted deliveries(Ventouse/ Forceps)	32	01	23	00	
No. of C section conducted	595	88	00		
Number of obstetric complications managed, pls. specify type	169	75	11	00	
No. of neonates initiated breast feeding within one hour	1208	388	99	56	03
Number of children screened for Defects at birth under RBSK	-----	11	---	00	00
RTI/STI Treated	755	145	07	08	

No of admissions in NBSUs/ SNCU, whichever available	838	96	22		
Inborn	464	67	22		
Out born	374	29	00		
No. of children admitted with SAM	55	07	00		
No. of sick children referred	----	21	03	03	00
No. of pregnant women referred	29	122	65	18	00
ANC1 registration	257	In PHC	05	201	32
ANC 3 Coverage	280	In PHC	20	269	35
ANC 4 Coverage	347	In PHC	35	337	39
No. of IUCD Insertions	48	98	67	06	00
No. of Tubectomy	296	82	01	47	
No. of Vasectomy	---	00	00	00	
No. of Minilap + Laparoscopy	361	82	01	47	
No. of children fully immunized	150	In PHC	In Sub centre	275	39
Measles coverage	150	In PHC	26	275	39
No. of children given ORS + Zinc	131	In PHC	07	00	00
No. of children given Vitamin A (All doses)	591	151	53	410	00
No. of Children given IFA syrup					84
No. of women who accepted post-partum FP	134	23	62	12	
No. of MTPs conducted in first trimester	147	09	01	00	
No. of MTPs conducted in second trimester	31	00	00		
Number of Adolescents attending ARSH clinic	730	392	00		
Maternal deaths, if any	08	00	00		00
Still births, if any	119	08	03		00
Neonatal deaths, if any	129	00	00		00
Infant deaths, if any	18	00	00		00
Number of VHNDs attended					03
Number of VHNSC meeting attended					03
Service delivery data submitted for MCTS updation					

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

District Hospital:

Nashik District Hospital is located in Nashik city. The sanctioned bed strength of the hospital is 541 and total catchment population is 6,107,187. It is functioning in government building which is in good condition. Health facility is easily accessible from the nearest road. Staff quarters are not available. Only one quarter for the civil surgeon is available at the district hospital. DH has electricity with generators. Running water is available 24*7 Separate rooms for ARSH clinic are available. Complaint or suggestion box, Functional help desk, and ICTC/PPTCT centre are available.

DH. Nashik:

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I	22	13	09
2	Specialists CL-II	40	40	00
3	Specialists CL-III	241	220	21
4	Specialists CL-IV	278	204	74
	Others	279	212	77

Staff under National health Mission at District Hospital

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	SNCU	26	11	15
2	NRC	07	06	01
3	IPHS	23	05	18
4	Hematolgy	07	05	02
5	PCPNDT	01	01	00
6	DEIC	13	08	05
7	ARSH	01	01	00
8	OTHER	47	20	27
9	AYUSH	06	04	02
	TOTAL	131	65	66

Training status/skills of various cadres at District Hospital during April to June 2017

Training programmes	MO	Staff Nurse	LHV	ANM	LT
EmOC	01	00			
BeMOC	03	00			
LSAS	01	00			
SBA		19			
MTP/MVA	03	00			
NSV	03	00			
F-IMNCI/IMNCI	07	00			
NSSK	05	00			
Mini Lap-Sterilisations	03	00			
Laparoscopy-Sterilisations	03	00			
IUCD	03	00			
PPIUCD	03	16			
Blood storage	00	00			03
RTI/STI	05	00			
IMEP	All staff trained				
RI/Immunization and cold chain	10	00			
Others	05	00			

Note: Figure in parenthesis denotes the number of personnel.

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor, ANM.HA health assist.

Pickup-and drop back services provided at Civil Hospital.

(During the reference period April to June 2017)

Sr.No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	No of children 1-6 years	Free/paid
1.	Home to facility	Govt.	441	101	00	free
2.	Inter facility.	Govt.	05	33	00	free
3.	Facility to Home Drop back.	Govt.	572	197	00	free

SDH Kalwan.

SDH Kalwan is located in Kalwan Block and is located about 75 km from district headquarter. On the day of PRC team visit to SDH, Medical Superintendent and all staffs were present in the hospital. Medical Superintendent and in charge staff provided all the required information. SDH is a 100 bedded hospital functioning in a government building which is in a good condition and the main road is attached to the hospital. Quarters are available for MS, staff nurses and other health and supporting staffs. Quarters are in good condition, but additional quarters are required. Electricity is available and 24*7 power back up available and running water is available. Separate toilets are available for male and female wards. Labour room is functional in the hospital with attached toilets SDH is a very loaded hospital in the city and is functioning very well.

Staff under Sub Divisional Hospital (SDH) Kalwan in Nashik District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	OBG	02	02	
2	Anaesthetist	01	01	
3	Paediatrician	01	00	Vacant
4	General Surgeon	01	00	Vacant
5	Other Specialist	05	05	ENT,Ortho,Eye,Physician,Dental.
6	MO	04	03	1 is Vacant
7	SNs	27	26	
8	ANM	01	01	
9	Pharmacist	03	03	
10	LHV	00	00	
11	Radiographer	00	00	
13	RMNCHA+ counsellor	00	00	
14	LTs	03	03	
	Total	48	44	04 Vacant

Staff under NHM Sub Divisional Hospital (SDH) Kalwan in Nashik District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer Male (RBSK)	04	04	00
2	Medical officer female (RBSK)	04	03	01
3	Pharmacist	04	03	01
4	ANM	04	02	02
5	Facility Manager (telemedicine)	01	01	00
6	Sickel cell lab technician	01	01	00
7	IPHS lab technician	01	01	00
8	IPHS dresser	01	01	00
9	AYUSH Medical officer (Homeopathy)	01	00	01
10	Total	21	16	05

Training status/skills of various cadres at visited facilities of SDH Kalwan during April to June 2017

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
EmOC	03	---				
BeMOC	02	----				
LSAS	01	---				
SBA	----	20				
MTP/MVA	02	----				
NSV	-----	---				
F-IMNCI/IMNCI	02	01				
NSSK	05	15				
Mini Lap-Sterilisations	03	---				
Laparoscopy-Sterilisations	---	---				
IUCD	---	07				
PPIUCD	---	07				
Blood storage	01	---				
RTI/STI	---	---				
IMEP	---	---				
RI/Immunization and cold chain	---	02				
Others	---	---				

Note: Figure in parenthesis denotes the number of personnel. MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor, ANM.HA health assistant.

Pickup-and drop back services provided at SDH KALWAN.

(During the reference period April to June 2017)

Sr.No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	No of children 1-6 years	Free/paid
1.	Home to facility	Govt.	304	29	04	free
2.	Inter facility.	Govt.	122	14	07	free
3.	Facility to Home Drop back.	Govt.	354	81	00	free

CHC VANI:

CHC VANI is in DINDORI block this block is a tribal block in Nashik district. The total population of the blocks is 381136 and caters to 29840 population of the village and 116 villages in the block. On the day of PRC team visit to CHC, 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 a government building. The building is in good condition. Quarters are available for MS 1, 2 Mos. Quarters for 8 Staff Nurses and 5 Class-IV workers are also available. 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 the labour room and is clean. It is well accessible from the main road. Functional New Born Care Corner is available New Born Stabilization Unit is available. Waste management is outsourced to a private agency. Suggestion and complaint book are available. ICTC Center is available.

Staff under (CHC) Vani in Nashik District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical sup-I	01	00	1
2	OBG	01	01	00
3	Anesthetist	01	00	1
5	Pediatrician	01	01	00
6	Other Specialist	02	02	Physician, Dental.
7	MO class II	03	03	00
8	SNs	07	07	00
9	Pharmacist	01	01	00
10	LTs	04	04	00
	Total	21	19	02

Training status/skills of various cadres at visited facilities of CHCs Vani during April to June 2017

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
EmOC	00	00				
BeMOC	00	00				
LSAS	00	00				
SBA	00	04				
MTP/MVA	00	00				
NSV	00	00				
F-IMNCI/IMNCI	00	04				
NSSK	00	05				
Mini Lap-Sterilisations	00	00				
Laparoscopy-Sterilisations	00	00				
IUCD	00	07				
PPIUCD	00	04				
Blood storage	00	00				
RTI/STI	00	00				
IMEP	00	03				
RI/Immunization and cold chain	00	02				
Other	00	02				

Pickup-and drop back services provided at CHCs VANI.

(During the reference period April to June 2017)

Sr.No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	No of children 1-6 years	Free/paid
1.	Home to facility	Govt.	22	00	00	free
2.	Inter facility.	Govt.	64	13	03	free
3.	Facility to Home Drop back.	Govt.	87	09	02	free

Primary Health Centre: Pandhurli

PHC Pandhurli is in Sinnar Block and is located about 30 Km from the district headquarter. It caters to 22 villages covering 510038 population and is easily accessible from the nearest road head. It is functioning in a government building which is not in a good condition. The building is old, and space is very congested. Quarters for

MOs

and other staffs are not sufficient. PHC has electricity but without power back up. Water source is available for 24*7. Clean toilets are available separately for males and females. Labour Room is available with clean attached toilet but it needs repair. There are separate wards for male and female. New Born Care Corner is available. Warmer is not in working condition. Bio Medical Waste is out sourced. Complaint or suggestion box is not available in the facility. All the essential equipment is available at PHC except functional radiant warmer and lab equipment Microscope is available. Centrifuge, autoanalyzer is not available in the PHC and Reagents and testing kits are available and functional semi auto analyzer is not supplied. Malaria lab technician is available in the facility. So lab testing work is very poor.

Human Resources under PHC Pandhurli:

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	02	01	01
2	LHV/PHN	01	01	00
3	H A	02	01	01
4	LTs	01	01	00
5	Pharmacist	01	01	00
6	ANM	07	07	00
7	Clark	01	00	01
	Total	15	12	03

Pickup-and drop back services provided at PHC Pandhurli.

(During the reference period April to June 2017)

Sr.No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	No of children 1-6 years	Free/paid
1.	Home to facility	Govt.	22	00	00	free
2.	Inter facility.	Govt.	16	03	00	free
3.	Facility to Home Drop back.	Govt.	27	00	00	free

Sub Centre Konambe

Konambe Sub Centre is under the catchment area of Pandurli PHC and is about 11 KMs from the PHC. This SC is catering for three villages and covering a population 6633.

Sub Centre is located in the main habitation and functioning in a Government building but in a very bad condition. The ANM stays at headquarter. There is no running water and electricity for 24*7. Labour room is available but not in good condition and attached toilet is not available. There is no functional NBCC. Biomedical waste wastes are buried in the open ground. There is only one ANM in regular position and there is no additional ANM under NRHM.

All the essential equipment and drugs are available. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar. Blood sugar testing kits not available since one year

In sub centre Vitamin A and Ing Oxytocin and drug for common ailments and antibiotics is available but IFA tablets, Vitamin Syrup, ORS packets. 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.

Counselling on IYCF and Family Planning is being done. Breast feeding initiated with within one hour of normal delivery. ANM is having knowledge and skills of quality parameters.

Untied Funds and AMG are received by the ANM and records are not maintained.

Approach road is there for the facility. Posters of JSSK entitlements, villages under the SC, JSY entitlement and VHND plans are not displayed. Information related to phone number, timings, SBA protocols and immunisation schedule is displayed. Grievance redressal mechanism is not in place.

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
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