

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

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

**1. Executive Summary**

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Osmanabad District was carried during the period 13-17 June 2016. The District Health Office, DH, SDH Tuljapur, CHC Kalamb, WH, PHC Moha and SC Massa were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Osmanabad district as observed during the field visit for monitoring. The key findings are given below:

**Health Infrastructure:**

District in total has one each DH, WH, 3 SDHs, 7 CHCs, 42 PHCs and 402 SCs.

Health facilities visited, viz., **DH Osmanabad, WH Osmanabad, SDH, Tuljapur, CHC Kalamb, PHC Moha and SC Massa**, has electricity with power back up, running 24\*7 water supply. However, due to drought in recent times the water was purchased @ Rs 5000 per month through RKS funds. **SC Massa** is solely depending on water tanker since last one year and is purchased through AMG funds.

Staff quarters are available for the staffs in the visited facilities however, in CHC Kalamb and **PHC Moha** the staff quarters are not in good conduction

**Human Resources and Training:**

District as a whole is shortage of health staffs. Nearly, 30 percent of MPW (m) positions are vacant. Although, in DH all the sanctioned post of MO-II are filled there are only seven specialists available out of the sanctioned 19 posts. Substantial number of class-III and class-IV posts is vacant in DH.

In WH the only sanctioned post of pediatrician, assistant matron, and dietician are lying vacant.

There is severe shortage of health staffs in SNCU as more than half of the sanctioned positions are vacant. All the sanctioned posts of Paediatrician, Gynaecologist, Anaesthetist, Physician and Medical officers are vacant.

In SDH Tuljapur the posts of assistant matron, dietician and blood bank operator are vacant. Out of the sanctioned post of 13 ward boys only 7 are filled and out of the sanctioned two posts of sweeper only one is filled.

In CHC Kalamb the sanctioned post of Xray Technician is vacant and in PHC Moha the only sanctioned post of Lab technician is vacant.

### **Availability of Drugs, Diagnostics, and Equipment**

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

In the visited facilities EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. Essential supplies and equipments are available.

However in SC Massa IFA syrup with dispenser, Inj Magnesium sulphate and Misoprostol tablets are not available. Essential supplies are available except sugar testing kit.

### **AYUSH services**

AYUSH facilities are provided in Ayurvedic dispensary. AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is member of the RKS.

### **Maternal Health**

Pregnant women were provided with essential ANC care. Women were line listed for severe anaemic condition. Hypertensive pregnant women's were also identified. Pregnant women were provided with and IFA tablets. Mother's were advised to stay for atleast 48 hours after delivery in the hospital. All the mothers initiated breast-feeding within 1 hour of the delivery in the visited health facilities.

### **ANC and PNC**

During the reference period April-May, 2016 as per HMIS data, district recorded 82 percent first trimester registration.

### **JSSK**

Under JSSK free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to all the beneficiaries. In general it was observed a low percent in utilization of transport facilities from home to institute.

JSSK is implemented in all the visited health facilities wherein pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities.

### **JSY**

Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. JSY payment is done through AC payee.

### **Maternal death Review**

State/district task force is formed to conduct MDR the reports of which are published. Two maternal deaths were reported in the district during the reference period.

### **Child health**

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in WH Osmanabad with necessary equipment and trained manpower.

There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

### **Immunization**

Immunization sessions were planned and held in the district. Babies were provided with BCG doses; DPT 1, 2 and 3; DPT booster; Zero doses of polio; polio 1, 2 and 3 doses; Polio booster; Hepatitis 0,1, 2, and 3; and Measles 1 &2 were provided to babies. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain and there is no hindrance to stock management.

### **RBSK**

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child health screening and Teams are constituted for screening with proper plans of visit. Among those screened, process is in progress to identify health related problems.

### **Family planning**

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

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained. Health staffs can correctly insert IUD.

### **ARSH**

In district there exist 5 ARSH clinics with trained manpower. Under ARSH there is a provision of treatment, counseling, referral and outreach ARSH services.

### **Infection Control**

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Regular fumigation is done in the health facilities visited. Washing/laundry service and

dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place.

### **Record Maintenance**

In the visited health facilities all IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled. PIP fund is yet to be received in **PHC, Moha**

### **IEC**

Approach roads have direction to visited health facilities. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in the visited facilities.

### **Referral transport and MMUs**

District has 71 ambulances (ALS-4 and BLS-11) and 15 ambulances from 108 number and one MMU as referral transport. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis.

### **Disease control programmes**

Drugs and staffs are available. The number of sputum test conducted during the reference period April-May 2016 was 2128 and 164 was found to be positive. DOT medicines are available.

### **Good Practices and Innovations:**

In Osmanabad district one CHC is functioning in collaboration with an NGO. This is a model CHC in terms of service delivery.

Every CHCs, SDHs has been provided with internet facilities and connect to the DH-Osmanabad. This facilitates the use of tele medicine service.

Since large number of patient visit DH and WH the specialist Doctors from these health facilities visit at the grass root level in PHCs once or twice very week.

Under the Prane Program Baliraja chatana program all health workers visit village and discuss with the farmer's health related problem and do health checkup.

### **HMIS and MCTS**

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. Data entries are regularly updated in MCP and MCTS in the visited facilities.

## Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points.
- Infrastructure needs upgradation in the district. In CHC Kalamb and **PHC Moha** the staff quarters were not in good conduction. **SC Massa** is solely depending on water tanker since last one year and is purchased through AMG funds.
- Health care problems can be avoided with good quality of environment; proper waste management. Avoiding contamination of ground water may lead to accessibility of safe and potable drinking water.
- Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training. In PIP there should provision to provide more training in MCTS and HMIS.
- For effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation.
- Availability of experts also ensures timely and effective treatment. There is severe shortage of specialist and MOs in the district. Vacant position in the district needs to be filled at the earliest for timely provision of health and other related services. Available health providers are burden with administrative duties as well.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, district has low percentage usage of free transport facility from home to institute.
- It appears that there is some problem in software from transferring data DHIS-II to HMIS portal.
- PIP funds needs to be released on time.



## **1. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Osmanabad District was carried during the period 13-17 June 2016. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

In consultation with DHO, CMO and Nodal officer in the district, DH Osmanabad, WH Osmanabad, SDH Tuljapur, CHC Kalamb, PHC Moha and SC Massa was selected for monitoring of PIP. Accordingly, the District Health Office, DH Osmanabad, WH Osmanabad, SDH Tuljapur, CHC Kalamb, CHC Kalamb, PHC Moha and SC Massa were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, DPM, M&E, IPHS and RBSK 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 Osmanabad district as observed by the PRC team during the field visit.

## **2. State and District profile**

Osmanabad District is one of the eight districts of Marathwada Region of Maharashtra State. Osmanabad town is the district headquarters. Osmanabad & Bhoom are Revenue Sub-divisional headquarter. Osmanabad, Tuljapur, Omerga, Lohara, Kalamb, Bhoom, Vashi and Paranda are the eight blocks/taluka of the district.

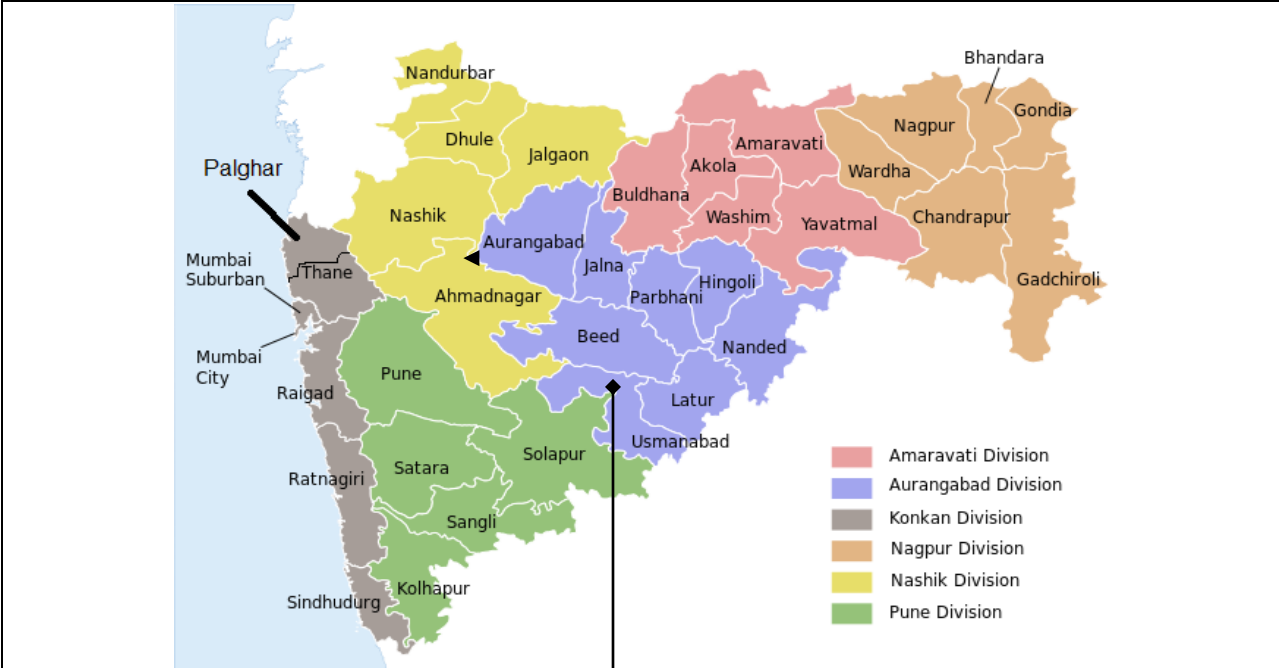
The district is surrounded by the Balaghat mountain hills. Omerga & Paranda blocks are situated at

plains whereas all other blocks are surrounded by the Balaghat Mountain. The District is located at an average height of 600 meters from the sea level. Total area of the district is 7512.4 sq.km. Some part of the major rivers like Godawari and Bhima come under this district. The district is located on east side of Marathwada region within North latitude 17.35 to 18.40 degree and east latitude 75.16 to 76.40 degree.

The Climate in the district is primarily dry. The District receives rains from South-east monsoon. The rainy season is during June to September. Average rainfall is about 600mm. Kalamb, Bhoom & Paranda blocks are declared as Drought Prone blocks. Both Kharif and Rabi crops are taken in the district. Main crop is jowar, sunflower, gram, Hybrid jawar, Sugarcane, Tur etc.

As per 2011 census, the percentage of literates is 76.33. However, literacy level among male and female varies considerably with male literacy rate at 85.31% whereas Female literacy rate at 66.67%. There are 950 primary schools 227 secondary schools, 31 higher secondary schools and 15 colleges. There are two Engineering colleges and one Ayurveda college and also one Polytechnic in the dist. There are five ITI's also.

**Map of Maharashtra State and Solapur District**





### Osmanabad: Key Demographic Indicators (2011)

Indicators	Values	Indicators	Values
No. of Blocks	8	Scheduled Caste (%)	15
No. of Villages	733	Scheduled Tribe (%)	2
Population – Total	1657576	Literacy Rate – Total (%)	76.33
Population – Male	861535	Literacy Rate – Male (%)	85.31
Population – Female	796041	Literacy Rate – Female (%)	66.67
Density of Population/Sq.km	219	Sex Ratio (f/m)*	943
Urban Population (%)	16.96		

Source: Census of India 2011; \* Survey of cause of death (2014)

### 3. Key Health and Service Delivery Indicators

Items	Values
Infant Mortality Rate (IMR) *	28.54
Neonatal Mortality Rate (NMR) *	25.18
OPD attendance (average per month) #	148175
IPD attendance (average per month) #	11353
Pregnant women who had at least one tetanus toxoid injection	80.5
Pregnant women who had three or more ANC visits	63.7

Home deliveries (%)	4.2
Unmet need for FP (%) total	16.2
Children received full vaccination (%)	58.8
Institutional deliveries (%)	95.8

Source: Source: DLHS4 (2012-13), \* Survey of cause of death (2014); # HMIS

**Osmanabad District: Key Service Utilization Parameters of visited facilities (April –May 2016)**

Service Utilization Parameter	DH	WH	SDH	CHC	PHC	SC
			Tuljapur	Kalamb	Moha	Massa
OPD	46034	4885	13518	10233	2636	
IPD	3149	1785	1587	625	185	
Expected number of pregnancies	-	-	-	73	47	6
MCTS entry of women registered in the first trimester	192	97	125	98	81	23
No. of pregnant women given IFA	166	183	126	129	76	25
Total deliveries conducted	-	750	160	110	27	3
Number of Deliveries conducted at home						0
No. of assisted deliveries (Ventouse/ Forceps)--		3	19	0	-	
No. of C section conducted		204	19	0		
Number of obstetric complications managed	-	213	57	2	6	
No. of neonates initiated breast feeding within one hour		858	179	110	27	3
No. of children screened for Defects at birth under RBSK	-	0	0	0	-	-
RTI/STI Treated	271	25	6	-	5	

No. of admissions in NBSUs/ SNCU, whichever available		341	16	0	-	
Inborn		249	8	0	-	
Outborn		92	8	0	-	
No. of children admitted with SAM		0	0	0	-	
No. of sick children referred		63	25	10	1	0
No. of pregnant women referred		48	31	30	8	2
ANC1 registration		182	32	98	81	25
ANC 3 Coverage		77	126	129	16	15
ANC 4 Coverage		62	-	91	12	9
No. of IUCD Insertions		9	24	17	12	2
No. of Tubectomy		75	139	63	74	
No. of Vasectomy	1	0	0	0	0	
No. of Minilap + Laparoscopy	0	-	139	1	0	
No. of children fully immunized	406	23	116	98	73	12
Measles coverage	406	23	116	98	73	12
No. of children given ORS + Zinc	-	0	22	910	1200	0
No. of children given Vitamin A	406	21	116	762	0	18
No. of Children given IFA syrup	0					0
No. of women who accepted post-partum FP	-	75	4	62	74	
No. of MTPs conducted in first trimester		25	7	7	0	
No. of MTPs conducted in second trimester		9	0	0		
Number of Adolescents attending ARSH clinic	1	0	185	0		
Maternal deaths, if any		0	1	-	0	0
Still births, if any		9	1	0	0	0
Neonatal deaths, if any		12	1	0	0	1
Infant deaths, if any		0	1	0	0	
Number of VHNDs attended						1
Number of VHNSC meeting attended						1
Service delivery data submitted for MCTS updation						18

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

#### 4. Health Infrastructure

##### Health Infrastructure in Osmanabad District

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District	1	1	1	326

Hospital				
WH	1	1	1	60
SDH	3	3	3	Tuljapur SDH and Umarga-100; Paranda-50;
CHC	7	7	7	30
PHC	42	42	-	6
SC	206	-	NA	NA
AYUSH facilities dispensary	3	NA	NA	NA

- = data not available; NA = Not Applicable

**DH Osmanabad:** is located in Osmanabad. DH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are available for the staffs. DH has electricity with power back up, running 24\*7 water supply. However, due to drought the water was purchased @ Rs 5000 per month through RKS funds. Clean wards and toilets are available separately for males and females. Complaint/suggestion box is available. Biomedical waste is outsourced collected by one NGO (Champavati waste management) during alternate days.

**WH Osmanabad:** is located in Osmanabad city and although 60 beds are sanctioned the hospital receives heavy inflow of patients and demand is for more than 200 beds. WH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are available for the staffs. WH has electricity with power back up, running 24\*7 water supply. However, due to drought the water was purchased @ Rs 5000 per month through RKS funds. Clean wards, and toilets are available separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBSU are available. Complaint/suggestion box is available. Biomedical waste is outsourced collected by one NGO (Champavati west management) during alternate days.

**SDH Tuljapur:** is located in Tuljapur block and approximately 22 km from headquarter. It is a 100 bedded hospital. SDH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are available for the staffs. SDH has electricity with power back up, running 24\*7 water supply. However, due to drought the water was purchased @ Rs 5000 per month through RKS funds. Clean wards, and toilets are available separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBSU are available. Wards are separate for males and females. Complaint/suggestion box is available. Biomedical waste is outsourced collected by one NGO (Champavati west management) during alternate days.

**CHC Kalamb:** is located in Kalamb block and approximately 50 km from headquarter. At present this CHC is functioning as a 30 beded hospitals and construction work for 20 beded is completed but it is not yet

handed over. CHC is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are available for the staffs but not in good condition. CHC has electricity with power back up, running 24\*7 water supply. However, due to drought the water was purchased @ Rs 4000 per month through RKS funds. Clean wards and toilets are available separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBCC are available. Wards are separate for males and females. Complaint/suggestion box is available. Biomedical waste is outsourced collected by one NGO (Champavati west management) during alternate days.

**PHC Moha:** is located in Kalamb block covering 10 villages. The catchment population of this PHC is 25500, and PHC is situated approximately 40 kms from headquarter. There are 5 SCs under this PHC. The selected PHC is easily accessible from nearest road and is functioning in a government building. Staff quarter for MO, SN, and other categories are available but not in good condition. PHC has electricity with power back up. Running 24\*7 water supplies are not available and water is supplied through tankers. Toilets available are clean for males and female. Functional clean labour room is available. Wards are clean but male and female wards are not separate. There is a mechanism for Waste management. Complaint/suggestion box is not available.

**SC Massa:** comes under PHC Moha, in Kalamb block which is situated approximately 12 Km from this SC. SC is located in main habitation covering one village with a population of 4,498. SC is functioning in a government building which is in a good condition. It has electricity but power back although available is under repair. There is no supply running water 24\*7. SC has been relying on water tanker since last one year and is purchased through AMG funds. Two ANM are residing in the quarters available at SC. Functional clean labour room is available with attached toilet. As compound wall is available general cleanliness is maintained in surrounding areas of the SC building. Complain/ suggestion box is not available. Biomedical waste management is available in the form of deep burial pit.

### **Human Resources and Training**

There is shortage of health staffs in various grades. As seen in table below nearly 30 percent of MPW (m) positions are vacant. In DH although all the post of MO-II are filled there are only seven specialist available in Class-I out of the sanctioned 19 posts. As well as substantial number of posts are vacant in class-III and class-4 positions in DH.



**No. and types of HRH required vs available, postings in Osmanabad District**

Sr. No.	Name of Post	Sanctioned	Available	Vacant
1	MOs	97	90	7
2	Extinction Officer	10	9	1
3	HA	70	64	6
4	LHV	42	34	8
5	MPW (M)	214	150	64
6	ANM	248	228	20

**Human Resource at DH Osmanabad:**

Sr. No.	Name of Post	Sanctioned	Available	Vacant
1	Class- 1	19	7	12
2	Class-2	32	32	0
3	Class-3	250	175	75
4	Class-4	173	129	44

In WH there are only one post sanctioned of pediatrician, assistant matron, and dietician and all these posts are vacant in DH.

**Human Resource at WH Osmanabad:**

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	1	0
2	OBG	4	3	1
4	Paediatrician	1	0	1
7	Anaesthetist	5	5	0
8	LT	2	2	0
9	Assistant Matron	1	0	1
10	Sister In charge	5	5	0
11	Staff nurse	20	17	3
13	Dietician	1	0	1
14	Pharmacist	3	3	0
18	Senior Clerk	2	2	0
19	Junior Clerk	2	2	0
20	Peon	3	1	2

21	Ward boy	8	4	4
22	OT attendant	3	1	2
<b>Transferred DH to WH</b>				
1	MOs			2
2	SN			9
3	Ward boy			7

There is severe shortage of health staffs in SNCU as observed in the table given below as more than half of the sanctioned positions are vacant. It needs urgent priority. All the sanctioned posts of paediatrician, Gynaecologist, Anaesthetist, Physician and medical officers are vacant.

SNCU HR under NRHM

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Paediatrician	1	0	1
2	Medical Officer	2	0	2
3	Staff Nurse	12	7	5
4	Data Entry Operator	2	1	1
5	Support staff	9	5	4
6	Paediatrician IPHS	1	0	1
7	Gynaecologist	2	0	2
8	Anaesthetist	1	0	1
9	Physician	1	0	1
	<b>Total</b>	31	12	18

In SDH Tuljapur the posts of MOs although filled, the posts of assistant matron, dietician and blood bank operator are vacant. Out of the sanctioned post of 13 ward boys only 7 are filled and out of the sanctioned two posts of sweeper only one is filled.

#### Human Resource at SDH Tuljapur

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	1	0
2	MO CI-II	16	13	3
3	Administrative officer- CL II	1	1	0
4	X ray technician	3	3	0
5	LT	2	2	0
6	Assistant Matron	1	0	1
7	Sister In charge	5	5	0
8	Staff nurse	30	30	0
9	Dietician	1	0	1
10	Pharmacist	3	3	0
11	ECG technician	1	1	0
12	Assistant LT	3	3	0
13	Senior Clerk	1	0	1
14	Junior Clerk	3	2	1
15	Peon	2	2	0
16	Ward boy	13	7	6
17	OT attendant	2	2	0
18	Sweeper	2	1	1
19	Driver	0	0	0
20	Blood bank attainer	1	0	1

In CHC Kalamb the sanctioned post of Xray Technician is vacant.

### CHC kalamb

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS CI-I	1	1	0
2	MO CI-II	3	2	1
3	MO CI-III	1	1	0
4	Office Supriendent	1	1	0
5	X ray technician	1	0	1
6	LT	1	1	0
7	Staff nurse	7	6	1
8	Pharmacist	1	1	0
9	Assistant LT	1	1	0
10	Junior Clerk	2	1	1
11	Peon	1	1	0
12	Ward boy	4	4	0
13	Sweeper	2	1	1
14	AYUSH Officer	3	3	0
15	RBSK M.O.	4	3	1
16	Pharmacist	2	2	0
17	SN	4	4	0
18	Dresser	1	1	0

In PHC Moha the only sanctioned post of Lab technician is vacant.

### Human Resources at PHC Moha

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	HA	2	2	0
3	ANM	5	4	1
4	MPW (Male)	4	2	2
5	Pharmacist	1	1	0
6	LHV/PHN	1	1	0
7	Lab. Tech.	1	0	1
8	Others	7	6	1
	<b>Total</b>	23	18	5

**SC Massa:** SC has one ANM and one ANM (NRHM) staying in the SC building and also one male MPW available in the SC.

## Other Health System Inputs

### Training status /skills of various cadres of Osmanabad district.

Trained All Cadre					
S.N.	Type of Training	MO	ANM	LHV	SN
1	SBA		64	23	15
2	LSAS	2			
3	BEmOC	52			
4	NSV	7			
5	Minilap	22			
6	PPIUCD	29			
7	IMEP	59	232+67(cont.)	42	18
8	NSSK Trg.	72			

### Training status /skills of various cadres in the visited health facilities Osmanabad district

Training programmes	WH	SDH Tuljapur	RH Kalamb	PHC Moha	SC Massa
EmOC	MO-1	0		MO-1,ANM-1	
LSAS	MO-1	0		-	
BeMOC	MO-1	2	SN-2	-	
SBA	SN-9, SI-1	9		MO-1	-
MTP/MVA		2	SN-2	-	
NSV				-	
F-IMNCI/IMNCI	SN-2	2	SN-1	MO-1	-
NSSK	SN-1, SI-1	4	SN-1	-	-
Mini Lap-Sterilisations		3		-	
Laparoscopy-		0		-	
IUCD	SN-8, SI-2	2		MO-1,ANM-1	-
Fileria and CUT 375				-	-
PPIUCD	SN-2	1	SN-1	-	
RTI/STI			SN-1	MO-1,ANM-1	
IYCF				-	ANM
Immunization and cold chain	PHN-1	1	SN-3	MO-1,ANM_1	
RNTCP				-	
Blood storage				-	

IMEP	SN-1, SI-1			-	
RI				-	-
Blood transfusion				-	-
HBNC				-	-
Others				-	-
CMLT, DOTS, RNTCP				-	-
BMW			SN-1	-	-
CTC				-	-
MCTS & DHIS2				-	-
MCH				-	-

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

### 7. Availability of Drugs and diagnostics, Equipments

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

**DH Osmanabad:** EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. Essential supplies and equipments are available in DH. During the reference period April-May, diagnostics tests such as 2016 Hemoglobin (3458), HIV (990),Ultrasound Scan General (1610), X-ray (1418) were conducted.

**WH Osmanabad:** EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. All the essential supplies and equipments are available in WH. All types of diagnostics test were available. During the reference period April-May, 2016 Hemoglobin (2422), CBC (1045), Urine albumin and sugar (907), Blood sugar (429), RPR (808), Malaria (38), HIV (1072),LFT (441) were conducted.

**SDH, Tuljapur:** EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. All the essential supplies and equipments are available in SDH. All types of diagnostics test were available. During the reference period April-May, 2016 Hemoglobin (728),CBC (1440), Urine albumin and sugar (247), Blood sugar (58), RPR (267), Malaria (662), TB (136), HIV (357), were conducted.

There is a functional Blood Storage Unit in SDH. Registers for blood bag are available.

**CHC, Kalamb:** EDL is available and displayed. Computer inventory system is in place. Essential drugs are available except IFA tablets(blue)and IFA syrup which are not supplied. Essential supplies and consumables are available. Adequate vaccine stocks are available. All the essential supplies and equipments are available in CHC. All types of diagnostics test were available. During the reference period April-May, 2016 Hemoglobin (1385), Urine albumin and sugar (1831), Blood sugar (2891), RPR (302), Malaria (2213), TB (214), HIV (777), were conducted.

**PHC Moha:** EDL is available and displayed in PHC and essential drugs are available. Essential supplies and equipments are available except MVA/EVA equipments which are not supplied. Among laboratory equipments Semi auto analyzer and Centrifuge is not available as it is not supplied. Major diagnostics tests are available except CBC, serum Bilirubin test, and Blood sugar kit are not supplied for it. During the reference period April-May, 2016 Hemoglobin (750), Urine albumin and sugar (750) Malaria (670), TB (1264), HIV (791) were conducted.

**PHC Moha:** Essential drugs and equipments are available in PHC. Functional Microscope, Centrifuge and semi autoanalyzer are not available in the PHC

**SC Massa:** Essential drugs and equipments are available in SC except for IFA syrup with dispenser and Inj Magnesium sulphate and Misoprostol tablets. Essential supplies are available except sugar testing kit.

### **AYUSH services**

AYUSH facilities are provided in Ayurvedic dispensary. AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is member of the RKS.

### **AYUS Service During the reference period April-May, 2016**

Ayush	April 2016		May 2016	
	OPD	IPD	OPD	IPD
<b>Ayurveda</b>	4653	78	5243	82
<b>Panchakarma</b>	476	53	646	37
<b>Homoeopathy</b>	5361	72	6583	89
<b>Unani</b>	4165	49	4400	87

### **User Fees**

No user fee for ANC, PNC services and to BPL patients. No user fee is charged for any services in SC.

## **8. Maternal health**

### **8.1 ANC and PNC**

During the reference period April-May, 2016 as per HMIS data, 4950 new ANC registrations were done out of which first trimester registrations was 4050 in the district. Thus district recorded 82 percent first trimester registration. Women were line listed for severe anaemic condition. Hypertensive pregnant women's were also identified. Pregnant women were provided with TT (4403) and IFA tablets (3114).

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

### 8.2 Institutional deliveries

During the reference period, April to May, 2016 as per HMIS data, 4187 deliveries were reported as institutional deliveries.

### 8.3 Maternal death Review

State/district task force is formed to conduct MDR the reports of which are published. 2 maternal deaths were reported in the district during the reference period April-May, 2016.

Sr.No.	Age	Caste	Place of death	Education Mother	Education Father	Date of Death	Cause of Death
1	23	Other	In traveling	8th	8th	22/5/2016	Aspiration Stomach
2	25	Other	In traveling	8th	8th	9/5/2016	PPH

### 8.4 JSSK

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

In the district, 2996 pregnant women's availed JSSK facilities during the reference period. The number of mothers who were provided with free transport from home to institute in government vehicles was 1793. Referrals from institute to institute were utilized by 572 beneficiaries. Drop back to home from government vehicle were utilized by 2759 beneficiaries.

Number of infants provided free transport from institute to institute was 148. Drop back facilities to home in government vehicle were provided to 227 infants. In general it was observed a low percent in utilization of transport facilities from home to institute.

**WH Osmanabad:** During the reference period April-May, 2016, 357 women beneficiaries were provided with free transports from home to institute, 48 women beneficiaries were provided with inter facility and drop back facility to home were provided to 852 beneficiaries. As per sick infants 61 beneficiaries were provided with free transports from home to institute, 114 beneficiaries were provided with inter facility and drop back facility to home were provided to 204 beneficiaries.



**SDH Tuljapur:** During the reference period April-May, 2016, 86 women beneficiaries were provided with free transports from home to institute, 30 women beneficiaries were provided with inter facility and drop back facility to home were provided to 138 beneficiaries. Eight number of sick infants were provided with free transports from home to institute, 3 beneficiaries were provided with inter facility and drop back facility to home were provided to 13 beneficiaries.

**CHC Kalamb:** During the reference period April-May, 2016, 7 women beneficiaries were provided with free transports from home to institute, 30 women beneficiaries were provided with inter facility and drop back facility to home were provided to 110 beneficiaries. As per sick infants 8 beneficiaries were provided with inter facility.

**PHC Moha:** 40 beneficiaries utilized the services of free transport from home to PHC and 27 got free drop back service. Eight number of sick infants were provided with inter transport facility. One infant received inter facility transport facility during the reference period April-May, 2016.

### 8.5 JSY

During the reference period April-May, 2016; as per HMIS data out of the total 27980 public institutional deliveries JSY incentive paid to mothers was 19855 and to ASHAs 6929. Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. During this period JSY benefits were also provided to 968 beneficiaries for home deliveries. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. JSY payment is done through AC payee.

## 9. Child health

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in WH Osmanabad with necessary equipment and trained manpower.

### Details SNCU in WH-Osmanabad April-May, 2016

Sr. No	Indicators	No.
1	Deliveries	954
2	Still Births	9
3	Admitted to SNCU	341
4	<b>Weight at the time of admission</b>	
i.	<1000gm	1
ii.	1000gm-1499gm	63

iii.	1500-2499gm	98
	<2500gm	179
5	<b>Outcome</b>	
I.	Discharged	207
II.	Referred	63
III.	LAMA	13
IV.	Died	12
6.	<b>Cause of death</b>	
I.	Sepsis/Pneumonia/Meningigitis	0
II.	Birth Asphyxia	5
III.	Preterm	4
IV.	Low birth weight	2
V.	RDS	0
Vi.	Other	1

### 9.1 Immunization

During the reference period April-May, 2016; as per HMIS data 37,301 children's were fully vaccinated in the district. Immunization sessions (2234) were planned and held in the district. Babies (4849) were provided with BCG doses. DPT 1, 2 and 3 were provided respectively to 4742; 4277; and 4047 babies. DPT booster was provided 4330 children's. Zero doses of polio were provided to 4235 babies and polio 1, 2 and 3 doses were provided respectively to 4470; 4079; and 3978 babies. Polio booster was provided to 4330 children's. Hepatitis 0, 1, 2, and 3 were provided respectively to 0; 110; 140; and 220 babies. Measles 1 &2 were provided respectively to 4070 & 4330 babies. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

In the visited health facilities mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV, BCG and hepatitis B were provided to the babies. Health staffs can correctly administer vaccines. Zero doses of OPV, BCG, and hepatitis B are provided to the babies. Health staffs can correctly administer vaccines.

## **9.2 RBSK**

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child healthy screening and no early intervention services are available at district level. Teams (20) are constituted for screening with proper plans of visit. The number of children screened during the reference period April – May 2016. Children and young adults covered in the age group 6-18 years were 284812. Among those screened, process is in progress to identify health related problems. Every month visits are planned.

## **10. Family planning**

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

As per DHIS 2 data During the reference period April-May, 2016 NSV (0), female sterilization (1738), IUCD (775), Condoms (69660),and Oral pills(6623).

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained. Health staffs can correctly insert IUD.

## **11. ARSH**

In district there exist 5 ARSH clinics with trained manpower. Under ARSH there is a provision of treatment, counseling, referral and outreach ARSH services.

## **12. Quality in health services**

### **12.1 Infection Control and Biomedical Waste Management**

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Specifically cleaning, disinfecting and reprocessing of reusable equipments, and waste management, need to be adapted in every facility in protecting and preventing infections.

Regular fumigation is done in the visited health facilities. Washing/laundry service, and dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place.

### **12.2 Record Maintenance**

**DH Osmanabad:** In WH all IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled.

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

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

**CHC, Kalamb:** IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, FP, immunisation, Referral, and drug stock registers are available, updated and correctly filled.

**PHC, Moha:** IPD/OPD, ANC, payment under JSY, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated microplan are available, updated and correctly filled in PHC only Indoor bed ticket and line listing of severely anemic pregnant women registers not available . During the reference period April-May, 2016 PIP fund was yet to be received.

**SC Massa:** Payments under JSY VHND plan are available and stock register are available, updated and correctly filled. MCH, delivery, referral registers, records are available.

### **12.3 IEC**

**SDH Tuljapur:** Approach roads have direction to SDH. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in SDH.

**PHC Moha:** Approach roads have direction to PHC. Citizen charter, timing of health facility, protocol posters, immunization schedule, and JSSK and JSY entitlements are displayed in PHC

**CHC, Kalamb:** Approach roads have direction to CHC. Citizen charter, Timings of health facility, Protocol posters, immunization schedule, EDL , JSSK and JSY entitlements are available and displayed in CHC.

**SC, Massa:** Approach roads have no directions to SC. visit schedule of ANM. Citizen charter, timing of the SC, area distribution of the ANM/VHND plan and JSY entitlements are not available in SC.

### **12.4 Referral transport and MMUs**

District has 71 ambulances (ALS-4 and BLS-11) and 15 ambulances form 108 number and one MMU as referral transport. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis. Number of patients served in MMU during the period April-May 2016 was 10468.

## **13 Community Processes**

### **13.4 ASHA**

During the reference period April-May, 2016 there is a requirement of 1161 ASHAs as per sanctioned post. Out of which 1147 are in place in the district. During the same period 14 ASHAs left and 14 new

ASHAs joined. In Family planning methods condoms and pills are provided to all the ASHAs. However, ORS and Zinc (3483) are provided to ASHAs. The highest incentive paid to ASHA worker is Rs. 51761/- and the lowest is Rs. 300/-. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA resource centre is available.

#### **14. Disease control programmers**

The number of slides (Malaria) prepared during April-May 2016 as per passive agencies and health worker including ASHAs 14 positive slide. Drugs and staffs are available. The number of sputum test conducted during the reference period April-May 2016 was 2128 and 164 was found to be positive. DOT medicines are available.

#### **15. Good Practices and Innovations:**

- 1) In Osmanabad district one CHC is run by NGO. This is a model CHC in collaboration with NGO.
- 2) Every CHC, SDH has been provided with internet facilities and connected to the DH-Osmanabad which facilities for tele medicine service.
- 3) Since large number of patient flocks to the DH and WH the specialist Doctors visit at the grass root once or twice a day every week.
- 4) Under the Prane Program Baliraja chatana program all health workers visit village and discuss with the farmer's problem and health checkup.

#### **16. HMIS and MCTS**

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. Data entries are regularly updated in MCP and MCTs in the visited facilities.

## List of Abbreviations

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

MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee