

**Monitoring and Evaluation of Programme Implementation Plan, 2014-15
Pune District, Maharashtra**

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**Monitoring and Evaluation of Programme Implementation Plan 2014-15:
Pune, Maharashtra**

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Pune District was carried during the period 28-30 July and on 8th of August 2014. The District Health Office, DH, SDH Bhor, CHC Yavat, PHC Urali, and SC Shindavane were visited for the purpose of PIP monitoring in the district. This report discusses in detail the implementation of PIP in Pune district as observed during the field visit for monitoring during the reference period April-June 2014. The key findings are given below:

Health Infrastructure

- There is shortage of staff quarters for SN in **DH**. Functional Labour room, NBCC, NBSU, SNCU, NRC, BSU, AYUSH, ICTC/PPTCT, help desk, and separate room for ARSH clinic are available. DH has well equipped facilities of ICU, Dialysis, Burn treatment, Dental, and Physiotherapy.
- There is shortage of staff quarters for SNs in **SDH Bhor** as only 3 out of 12 quarters available are in living condition, and for class IV staffs only 3 quarters are available in living condition. The building has leakage problems in the main entrance, X-ray room, and T.B cell. Functional NBCC, SNCU are available and ARSH clinic is functioning in a multipurpose room. NRC and BB are not available.
- Staff quarter's work is under progress in **CHC Yavat** and will be available to stay in 2 to 3 month's time. Functional NBCC and clean labour room are available. NRC, BB, and separate room for ARSH clinics are not available.
- Staff quarters only for MO are available in **PHC Urali**. Radiant warmer in NBCC is not functioning properly due to some technical problem.
- The new government building constructed for **SC Shindavane is yet to be handed over to ANM** and presently SC is functioning in only one room of the new building. Electricity with no power back up is available and limited water supply is available from gram panchayat.

Human Resources and Training

- Regular sanctioned post of one each of District TB officer, RCH officer, chief accountant, and district media officer are vacant in the district. There is also vacant post of 22 class I MOs, 5 class II MOs, and in tribal areas 1 class I MO and 4 class II MOs. District requires specialist doctors of 15 Paediatrician, 21 Anaesthetist, 1 ENT, and 6 radiologists as per the sanctioned post. Among health and supporting staffs there are 36 vacant post of ANMs, 34 vacant post of MPWs, 30 vacant post of HAs, 12 vacant post of LHVs and 3 vacant post of pharmacists.

- Under NRHM, the vacant posts consist of 13 male MOs, 11 female MOs, 18 ANMs, and 17 Pharmacist. Programme wise vacant post are under RBSK of 15 specialists; under IPHS 10 SNs and 39 ANMs, under Infrastructure and human resource 19 ANMs and 12 link workers; and under Urban RCH 8 specialists.
- **DH Pune:** As per sanctioned post DH requires 5 class I MOs and 1 class II MO. Among health and support staffs DH requires 12 SNs and one each of general SN and SN in neurology department. Among support staffs DH requires one each of junior and senior clerk, one each of LT, ECG technician, Ortho assistant, occupation therapist, X-ray technician, two supervisors (sanitary), plumber, and carpenter,.
- **SDH Bhor:** As per sanctioned post SDH requires 3 assistant matrons, 2 class II MOs, and 1 each of clerk, pharmacist, and ward boy. MOs and SNs received training in EMOC, BEMOC, NSV, LSAS, Minilap, laparoscopy sterilisation, SBA, MTP/MVA, PPIUCD, Immunization and Cold Chain, NSSK, FIMNCI, PPIUCD, IMEP, LSAS and IUCD. None of the staff received training in IMEP.
- **CHC Yavat:** As per sanctioned post CHC requires 2 ward boys and 1 assistant matron. Although, Orthosurgeon is available, required instruments are not available and only minor surgeries could be conducted in CHC. Paediatrician and general surgeons are not available. SNs received training in IUCD and PPIUCD and MS received training in NSSK.
- **PHC Urali:** In PHC out of the two sanctioned post of MOs only one was available at PHC as the other MO is deputed in another PHC. Lab technician is not available since past two months. ANMs received training in IMNCI, Immunization and cold chain, and IUCD. SNs received training in SBA and BEMOC.
- **SC Shindavane:** One regular ANM, 1 assistant attendant (part time) and 1 MPW are available. ANM received training in SBA.

Availability of Drugs, Diagnostics, and Equipment

- ED are provided free of cost in the district. EDL is available and displayed in the visited SDH, CHC, PHC, and SC. Essential drugs such as Inj Oxytocin, Inj Pause, Inj lignocaine, and ORS powder are in shortage during the reference period April –June 2014, and hence purchased through local purchasing power.
- **DH Pune:** Essential equipment's are available except for foetal Doppler/CTG and among lab equipment's except for ultrasound and CT scanner all the other essential equipment's are available. DH has private collaboration with WIPRO Company for ultrasound test and CT scanner. ED (429) is available except for IFA tablets (blue) and Mifepristone tablets. Laboratory has shortage of manpower as well as shortage of lab registers. Essential lab services are available except for ultrasound scan (OB & general) and endoscopy patients are

mainly referred to the testing centre of WIPRO. Functional blood bag is available. Phone on call service is available through JEEVAN AMRUT YOJANA scheme. This, scheme aims to provide blood and blood components on phone call. A toll free number 104 has been provided and the call is received at a call centre set up in Pune and then diverted to respective blood bank.

- **SDH Bhor:** Except for IFA tablets (blue), IFA syrup with dispenser, Zinc tablets, and EC pills all the other ED, consumables and supplies are available in SDH.
- **CHC Yavat:** Except for radiant warmer and phototherapy unit, all the other essential equipment's and laboratory equipment's are available and are functioning well. However, there is shortage of ILR and Deep freezer. Except for urine albumin and sugar testing kits and sanitary napkins all the essential supplies are available.
- **PHC Urali:** MVA/EVA equipment's are not available in PHC Urali. Radiant warmer and foetoscope although available is not functioning properly since past 3 months. All the other equipment is available and functioning well except for laboratory equipment's Centrifuge and Semi auto analyzer which are not available. ED of 45 drugs is available except for IFA syrup with dispenser, Inj magnesium sulphate, and Mifepristone tablets. Inj Oxytocin is purchased through local purchasing power. Since April no lab test could be conducted due to non-availability of lab technician.
- **SC Shindavane:** Except for blood sugar testing kits, delivery equipment's, Neonatal ambu bag and Colour coded bins all the other equipment's are available. Among EDs except for IFA syrup with dispenser, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, and antibiotics all the other EDs are available. Urine albumin and protein kits are not available.

Maternal Health

- Essential ANC and PNC services are provided in the facilities. Under JSSK, all the services (transport, drugs, diagnostics, and diet) for mother and neo-natal illness are provided free of charge. During the reference period April to June, 2014 district reported first trimester ANC registration of 57 percent in the district.
- **DH Pune:** ANC services are available in the DH. Obstetric complications were managed and MTPs were also conducted during the reference period April to June, 2014. DH recorded 437 deliveries of which 146 were c section deliveries during the reference period.
- **SDH Bhor:** Pregnant women were provided with ANC services. Obstetric complications were managed and MTPs were conducted in the SDH. During the reference period April to June 2014, 95 deliveries were conducted of which 20 were C-section deliveries.

- **CHC Yavat:** ANC services are mainly provided at PHCs. Obstetric complications were managed and MTPs were also conducted in the CHC. During the reference period April to June 2014, 79 deliveries were conducted of which 4 were c section deliveries.
- **PHC Urali:** ANCs check-ups and treatment are conducted in camps which are mainly referred by SCs. Although, on an average 4-5 Obstetric complications are managed per month but no separate records are maintained. During the reference period April to June 2014, 67 deliveries were conducted.
- **SC Shindavane:** During the reference period April- June 2014, ANC 1, 2, and 3 services provided were 14, 13, and 4 respectively and 13 pregnant women were provided with IFA. Nil deliveries were reported during the reference period.

Maternal Death Review

- Three maternal deaths were reported in rural and urban areas of the district during the reference period April to June, 2014. The key causes of these three deaths were PPH, PM (Viscera preserve) and PPH (Haemorrhagic shock).
- The main reason identified was type III delay that is delay in decision making. State/district task force is formed to conduct MDR the report of which is published.
- Six deaths were reported in the corporation area. The key causes of the deaths were identified as after MLC provisional diagnosis postpartum help, P3D3 with acute Hepatic, P3LIDIAI with mild PIH, severe abdominal sepsis with DIC and MODS with stress cardiomyopathy, with multiple subarachnoid.
- Nil maternal deaths were reported in the visited SDH, CHC, PHC, and SC.

JSSK

- JSSK scheme is now extended to one year infants in Pune district. However, communication in this regard needs to be improved. The facilities visited are unaware of the extension of the scheme to infants as they have not received any written communication from the concerned district officials.
- Free transport pickup rate in PHCs were 99 percent whereas in CHCs was only 21 percent during the reference period April to June, 2014. CHCs: Saswad, Jejuri, Chakan, Shikrapur, and Shirur reported zero pick up among which CHC Shikrapur reported zero institutional deliveries. Drop back percent is 0 in SDH Manchar where 158 institutional deliveries were reported during the reference period.

JSY

- During the reference period April to June 2014, Dehu road, Khadki cantonment board, and CHCs: Supa, Alandi, Nhawara, Shikrapur, and Velha reported nil number of JSY beneficiaries. District level authorities do physical verification of beneficiaries (at least 5%) to check malpractices and whether proper records of JSY beneficiaries are maintained. There is a grievance redressal mechanism in the district.
- **CHC Yavat:** Majority of the deliveries are the migrant sugarcane workers, who although eligible for JSY benefits are unable to avail the benefits due to non-availability of required certificates.
- **PHC Urali:** During the reference period April to June 2014, 14 beneficiaries who received JSY benefits were the mothers who delivered in the months of November and December. The reason for the delay was non availability of JSY funds in time and is provided as and when the funds are available. Subsequently, the eligible beneficiaries delivered during the reference period as yet not received the JSY benefits.
- **SC Shindavane:** During the reference period only 2 beneficiaries received JSY payments..

Child health

- SNCU is available in DH with necessary equipment's, health, and supporting staffs. SNCU has shortage of medicines such as Syrup calcium which is available infrequently. ABC drops are purchased through local purchasing power and surfactant is not available. There is shortage of oxygen cylinder, immunoglobine, and radiant warmer. There is shortage of beds and requirement of clean disinfects, liquid soaps and pads.
- NBCC unit although exists in PHC Urali with trained manpower is non-functional due to non-functioning of radiant warmer.
- NDR for the 5 neonatal deaths happened in the month of March and April 2014 was done in the month of May 2014. The main cause of death was prematurity, extremely LBW, Septicaemia, RDS, and meconium aspiration. The death audit report identified the problems of delay in transport, high risk delivery conducted in inadequate facilities, referral not at proper plan, lack of surfactant therapy and ventilator facility, improper care during transport.
- The actions taken was instruction to PHC MO to identify the high risk delivery like twin delivery, and Eclampsia not to be conducted at PHC level and patient to be transferred in time and at the time of transport to intimate in higher centre; use of steroids in preterm delivery; instruction were also provided to MOs at periphery to transfer babies in transfer incubators, to avoid hypothermia, hypoglemia, and hypocalcaemia.

Family Planning

- Services of IUCD, condoms, NSV and oral pills are provided in the district. IUCD 380 was also available. Counselling services are also available for family planning. ASHAs are involved in social marketing of spacing methods. IEC materials on family planning are displayed in all 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.
- Training programmes were almost negligible during the reference period April-June, 2014 due to non-receipt of funds. Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training.
- To ensure 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. It is also advisable to ensure the availability of experts and case load at various facilities.
- Shortage of specialists may hamper the timely and effective treatment of patients. There is shortage of specialist in CHC Yavat, SDH Bhor and DH. A need was felt from SDH Bhor of emergency skilled worker preferably 24 hours for example Venosatic, tracheotomy, are such emergency skills for which the health staffs requires training and a mechanism to be developed so that they are available 24 hours
- JSSK scheme is now extended to infants in Pune district. However, communication in this regard needs to be improved, as the facilities visited seem to be unaware of this scheme, as they have not received any written instruction/communication from the concerned district officials. Free pick up transport is in general low in CHCs and SDHs.
- Essential equipment's in a proper working condition is required for timely treatment and preferably a backup of such equipment's are required. For example in PHC Urali, even tough trained manpower is available in NBCC radiant warmer is non-functional. Even after the repair of the equipment it is still not functioning properly, due to which the sick neonates are mainly referred. Hence, it is suggested that equipment's is available in proper working condition and a mechanism to be developed for in providing timely treatments.
- Public private partnership may relieve the burden on public facilities and staffs. However, it is suggested for a proper mechanism in place to ensure quality of care and negligible out of

pocket expenditure. DH has private collaboration with company WIPRO where in the patients are referred for ultrasound and CT scanner.

- Blood on call (JEEVAN AMRUT YOJANA) scheme is in place. As per this scheme blood and blood components are provided on phone call by transporting. IEC on this scheme is important as well as outreach of this scheme.
- In general essential drugs such as Inj Oxytocin, Inj Pausine, Inj lignocaine, and ORS powder are in shortage in the district and hence purchased through local purchasing power.
- NDR report identified the problems of delay in transport, high-risk delivery conducted in inadequate facilities, referrals improperly planned, lack of surfactant therapy and ventilator facility, improper care during transport. The necessary action and instruction given can be provided to all the concerned health workers and health facilities.
- PIP grants needs to be disbursed on urgent priority basis for the financial year 2014-15. Delay in releasing grants affects the overall performance of the health facilities.
- Beneficiaries are receiving JSY funds after a delay 4 to 5 months in PHC Urali due to non-availability of funds in time. Hence, it is suggested that an alternative arrangement or mechanism to be developed for timely receipt of funds.
- Cleaner the premises greater is the impact on health seekers and providers. Presently in CHC Yavat cleanliness is maintained by only by 2 sweepers and ward boys who are inadequate to manage the overall cleanliness.
- Help desk in SDH Bhor specifically caters snake bite patients by providing information on free and immediate treatment. This area is prone to snake bites and availability of such services helps in the immediate treatment to the health seekers. Identification of immediate health needs of the locals and providing such timely treatment will of great help to health seekers.
- SDH Bhor recommended counselling to health workers to increase their efficiency.
- The new building constructed for SC Shindavane is not yet handed over to ANM. The delay in handing over the charge may affect the overall health indicators of the facility
- BCG vaccines are provided during sessions and not at the time of birth in the visited health facilities. Women were line-listed for severe anaemia but separate records/registers are not maintained in the facilities.

- Operational difficulties in updating the MCTS data like double counting (mainly in urban areas), runtime entry (due to software and networking problem) and errors resulting in transfer of data can be minimized by training and coordination.
- Finally despite some operational challenges, impact of various schemes is growing, and by increasing public awareness of the schemes, improving targeting of the poor, and ensuring timely reimbursements to health providers, overall health performance can be further improved.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 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 conditionality's 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 2014-15 for Pune District was carried during the period 28-30 July and on 8th of August 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.

In consultation with DPM and IPHS coordinator in the district, District Hospital, SDH Bhor, CHC Yavat, PHC Urali, and SC Shindavane were selected for monitoring of PIP. Accordingly, the District Health Office, DH, SDH Bhor, CHC Yavat, PHC Urali, and SC Shindavane were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS 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 Pune district as observed by the PRC team during the field visit.

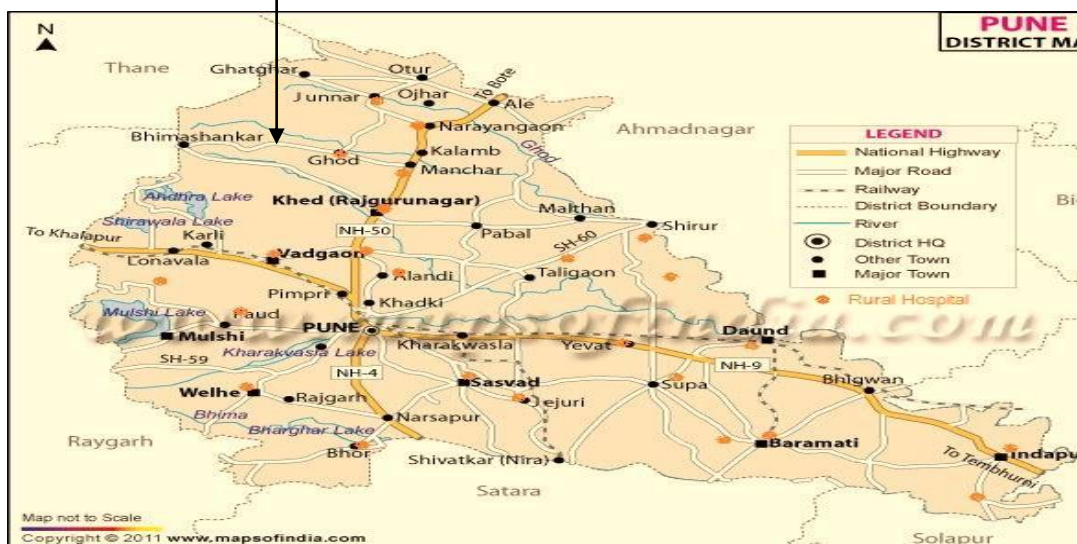
3. State and District profile

Pune District

Pune district is bounded by Ahmadnagar district on the north east, Solapur district on the south east, Satara district on south, Raigad district on the west, and Thane district on the North West. It is the second largest district in the state and covers 5.1 percent of the total geographical

area of the state. As per 2011 Census, the total population of the district is 94,26,959 with male population of 49,36,362 and female population of 44,90,597. The literacy for the district is 87.2 percent with male literacy rate of 92.7 percent and female literacy rate of 81.1 percent. Sex ratio is 910 per 1000 males and child sex ratio is 873 in census 2011, which has decreased considerably compared to the sex ratio of 919 and child sex ratio of 902 in census 2001. The density of the population is 603 per sq. Km with 60.9 percent of urban population. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 14.5 percent and 3.8 percent respectively.

Map of India, Maharashtra State, and Pune District



4. Key Health and Service Delivery Indicators

Items	DLHS 2		DLHS 3	
	Maharashtra	Pune	Maharashtra	Pune
Mothers registered in the first trimester (%)	51.7	---	61.6	75.4
Mothers who had at least 3 ANC check ups (%)	69.2	80.1	74.5	89.3
Mothers who got at least one TT injection (%)	87.6	89.1	89.6	97.2
Institutional births (%)	57.9	79.2	63.6	83.1
Children (12-23 months) fully immunized (%)	70.9	46.5	69.1	83.5
Using any modern method for family planning (%)	60.8	67.7	62.6	70.4
Unmet need for FP (%)	12.6	15.8	14.2	12.5

5. Health Infrastructure in Pune District

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	01	Yes	NA	300
SDH	04	Yes	04	Manchar CHC 100 bedded other SDH 50 bedded
CHC	20	Yes	20	30
PHC	96	Yes	---	---
SC	539	379	NA	NA

NA = Not Applicable

DH Pune: The District Hospital is easily accessible from nearest road and functioning in a government building which is in a good condition. Staff quarters are available for MOs, S.Ns, and other categories. However some staff quarters for MOs are under repair and there is shortage of staff quarters for SN. DH has electricity with power back up, running 24*7 water supplies, clean toilets separately for males and females. Functional labour room is available with clean toilet attached to labour room. Wards are clean and are separate for males and females. Functional NBCC, NBSU, SNCU, NRC, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic are available. Biomedical waste is outsourced and functional help desk are available.

SDH Bhor: is located in Bhor block with an approximate distance of 65 km from district head quarter. The catchment population of this SDH is approximately 1.5 lakhs covering 155 villages; Health facility is easily accessible from nearest road head. It is functioning in a government building which is in a good condition. However, there are leakage problems in the building main entrance, X-ray room, and T.B cell. Staff quarters for MOs are available. Out of the 12 quarters for SN only 3 is in living condition, and for class IV staffs out of the 8 quarters only 3 is in living condition. SDH has electricity with power back up, running 24*7 water supplies and has clean toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional

SNCU and NBCC are available with functional radiant warmer with neo-natal ambu bag. Wards are clean and are available separately for males and females. NRC and BB are not available. SDH has a tie up with a private hospital for blood bank in a village shirwad which is located approximately 20 km from the SDH. ARSH clinics are functioning in multipurpose room. Complaint/suggestion box are available. Biomedical waste is outsourced as well as buried pits are also available. ICTC centre is not functioning since the non-availability of health staffs since past 3 months.

CHC Yavat: is located in Daund block with an approximate distance of 45 km from district head quarter. The catchment population of this CHC is 23,000 people covering 35 villages. Health facility is easily accessible from nearest road head and is functioning in a government building which is in a good condition. Staff quarters are not available for any of the staffs. The quarters work is in progress and will be available in 2-3 months time. CHC has electricity with power back up, running 24*7 water supplies and has clean toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBCC are available with functional radiant warmer and with neo-natal ambu bag. Wards are clean and are separately available for males and females. NRC, BB, and separate room for ARSH clinics are not available. ICTC centre and Complaint/suggestion box are available. Biomedical waste is outsourced.

PHC Urali: is easily accessible from nearest road although it is located at the outskirts of the village. PHC is functioning in a government building and is in a good condition. Staff quarters for MOs are available however there are no staff quarters for SN and other categories. PHC has electricity with power back up, running 24*7 water supplies, and clean toilets separately for males and females. Functional clean labour room is available with no toilet attached to it. NBCC and clean wards are available separately for males and females. Waste management is done by burying in deep pit. Complaint or suggestion boxes are not available.

SC Shindavane: is located in Haveli block. This SC comes under Urali PHC and the catchment population is 5,108 covering 2 villages. SC is located in the main habitation and functioning in only one room of the new building government building. Electricity is available without power back up and limited water supply is available from gram panchayat only one time in a day. The building is yet to be handed over to ANM. Subsequently, labour room and NBCC are non functional, provision of biomedical waste is not there and complaint or suggestion box are not available.

6. Human Resources and Training

During the reference period April – June 2014, no training were conducted.

Among regular sanctioned post in Pune district, one each of District TB officer, RCH officer, chief accountant, and district media officer's posts are vacant. Also, 22 class I MOs are vacant as against the sanctioned post of 192MOs, and 5 class II MOs are vacant as against sanctioned 29 MOs post. In tribal areas out of the 7 sanctioned post of class I MO 6 are filled and 1 is vacant, and out of 8 class II MOs 4 are vacant.

District requires specialist doctors the required number of Gynaecologist are in place; 13 Paediatrician posts are filled out of the required 28, 10 Anaesthetist posts are filled out of the

required 31; 2 ENT posts are filled out of the required 3, and 2 radiologist posts are filled out of the required 8.

In PHCs there exists one vacant post of MOs in PHC Dimbha and PHC Taleghar of Ambegaon block; Two vacant posts of MOs in PHVC Aptale and 1 vacant post of MO in Madh PHC of Junnar block. Among other categories of staffs, out of the total 650 posts of ANMs 36 are still vacant, 34 vacant post of MPWs out of the total sanctioned 290, 30 vacant post of HAs of the total sanctioned 159, 12 vacant post of LHVs of the total sanctioned 100, 3 vacant post of pharmacists of the total sanctioned 111.

Under NRHM, out of the total 1,061 sanctioned post 879 are filled in. The vacant posts are mainly of 13 male MOs, 11 female MOs, 18 ANMs, and 17 Pharmacists. Programme wise under RBSK 15 specialists; under IPHS 10 SNs and 39 ANMs, under Infrastructure and human resource 19 ANMs and 12 link workers; and under Urban RCH 8 specialist are still vacant.

DH Pune: In DH out of the 20 sanctioned post of class I MOs 15 posts are filled and out of the 34 posts of class II MOs one is vacant. Out of the total 159 sanctioned posts of health and support staffs 145 posts are filled. There are 12 vacant posts of SNs and one each vacant post of general SN and SN in neurology. Among support staff vacant posts exists one each of junior and senior clerk out of the sanctioned post of 4 and 7 respectively. Out of the total 49 sanctioned post of class III staffs 39 are filled. The vacant post is one each of LT, ECG technician, Ortho assistant, occupation therapist, X-ray technician and two posts are vacant of supervisor (sanitary). In class IV out of the total 169 post 10 posts are vacant consisting 2 each of washerman and skin attendant, one each of cleaner, sweeper, barber, caretaker, watchman, emergency assistant, and OPD assistant.

SDH Bhor: In SDH out of the 47 total sanctioned posts 39 posts are filled. The remaining 8 vacant posts are of 3 assistant matrons, 2 class II MOs, and 1 each of clerk, pharmacist, and ward boy. MOs and SNs received training in EMOC, BEMOC, NSV, LSAS, Minilap, laparoscopy sterilisation, SBA, MTP/MVA, PPIUCD, Immunization and Cold Chain, NSSK, FIMNCI, PPIUCD, IMEP, LSAS and IUCD. None of the staff received training in IMEP.

CHC Yavat: Out of the 25 sanctioned posts 22 posts are filled. The three vacant positions are of 2 ward boys and 1 assistant matron. At present, one each of Gynaecologist, Anaesthetist, and one orthosurgeon are available. One bonded MO is also available. Although, Orthosurgeon is available there are no instruments available and only minor surgeries could be done. One regular radiographer is available. Paediatrician and general surgeons are not available. Staff of 7 SNs, 1 LT in ICTC, and 1 LA in regular post is available, 1 regular pharmacist and 2 under NRHM are also available. There are 2 junior clerks and 1 assistant supervisor. In class IV out of the 4 regular sanctioned post only 2 are available 2 regular sweeper and 1 dresser under NRHM are available. SNs received training in IUCD and PPIUCD and MS received training in NSSK.

PHC Urali: Staffs in PHC consist of MOs, ANMs, LT, pharmacist, and LHV/PHN. Out of the two sanctioned post of MOs only one was available at PHC and the other MO is deputed in another PHC. The present MO is working in this PHC since last two months. Under NRHM 2 SNs are available. Five regular sanctioned posts of ANMs are available and one each regular post of pharmacist and

LHV/PHN are available. There are also 2 HAs and 3 attendants. Lab technician is not available in PHC since last two months. ANMs received training in IMNCI, Immunization and cold chain, and IUCD. Staff nurses received training in SBA and BEMOC.

SC Shindavane: One regular ANM, 1 assistant attendant (part time) and 1 MPW are available in this SC. ANM received training in SBA.

7. Other Health System Inputs

During the reference period April to June, 2014; Emergency major operation for 45 children in general surgery, 20 in ENT, 21 in general and spinal anaesthesia, 102 in Ob. Gy, 1 in Ophthalmic, 13 in orthopaedic and 9 major operation for children, were conducted in DH, SDHs, CHCs and health facilities in corporation area. In addition, 7,655 operations on bilaterally blind, 137 general surgery for adults, 1,891 minor operation, 3 minor children operations were conducted in SDHs, CHCs and health facilities in corporation area.

During the reference period April- June, 2014 OPD of 68,669 patients and 3,449 IPD services were provided in DH Pune. In CHC Yavat 7,855 OPD and 535 IPD services were provided. In SDH Bhor 1,36,87 OPD and 960 IPD services were provided. OPD and IPD registers are available, updated, and correctly filled in CHC Yavat, SDH Bhor and DH.

Availability of Drugs and diagnostics, Equipments

Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under National Health Mission to strengthen the health system including supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.

Provision of free EDs is available in the district. EDL is available and displayed in SDH, CHC, PHC, and SC. Essential drugs such as Inj Oxytocin, Inj Pause, Inj lignocaine, and ORS powder are in shortage during the reference period and purchased through local purchasing power. There is also demand from health staffs for required training, awareness, and updating about new drugs and consumables. Stock of drugs which are nearing expiry date the stock of which is taken atleast 3 months before the expiry date through E-aushadi and such drugs if in excess are supplied to Sassoon hospital DMEP, corporation hospital, and ZP hospitals. List of 192 ED are available in the district and there is no shortage of medicines in SDHs and CHCs.

DH Pune: Essential equipment's are available except for foetal Doppler/CTG and in lab equipment's except for ultrasound and CT scanner other essential equipment's are available. DH has private collaboration with company WIPRO wherein the patients are referred for ultrasound and CT scanner. ED of 429 is available except for IFA tablets (blue) and Mifepristone tablets. Computer inventory management system e-aushadi software is in place. Instead of ORS packet, lomotil is provided. Essential supplies and consumables are available except for sanitary napkins.

In laboratory there is shortage of manpower. Presently 3 technicians are available in pathology, 3 in blood bank on regular basis and 4 LT of NRHM. The present staffs are inadequate to provide timely

service. There is also shortage of lab registers as everyday around 200 tests are conducted. Essential lab services are available except for ultrasound scan (OB & general) and endoscopy the patients are referred to the testing centre of WIPRO.

Functional blood bag refrigerators with chart for temperature recording with sufficient number of blood bag is available. Blood on call service called as JEEVAN AMRUT YOJANA was started on 7th of January 2014. The scheme aims to provide blood and blood components on phone call by transporting blood by motorcycle through cold chain box from district hospital to the nursing homes and dispensaries within the reach of one hour. A toll free number 104 is provided and the call is received at a call centre set up in Pune and then diverted to respective blood bank. After, the availability of blood is checked, due checks are held and the blood sample is cross-matched by technicians and only then the blood is transported to the required place.

SDH Bhor: Except for IFA tablets (blue), IFA syrup with dispenser, Zinc tablets, and EC pills all the ED and consumables and supplies are available. However, there is shortage of Inj oxytocin, and pregnancy testing kits. Injection oxytocin is purchased through local purchasing power. Computerised inventory management system is in place for outside stock. And for internal stocks records are maintained. There is an appropriate drug storage facility and equipment maintenance and repair mechanism. Essential equipment's (including laboratory equipment) are available and functioning well. During the reference period April to June 2014, 1293 Haemoglobin test, 415 CBC test, 670 Urine albumin and sugar test, 279 blood sugar test, 150 RPR tests, 1,926 malaria tests, 390 TB test, 425 HIV test, 26 LFT, and 568 Widal test were provided.

CHC Yavat: Except for radiant warmer and phototherapy unit, all the essential equipment's and laboratory equipment's are available and are functioning well. However, there is requirement of ILR and Deep freezer the demand letter of which has been already send to CS. Essential 46 drugs are available. Drug stock register are available, updated, and correctly filled. There is an appropriate drug storage facilities and equipment maintenance and repair mechanism. Essential diagnostics test are provided in CHC. Except for urine albumin and sugar testing kit and sanitary napkin all the essential supplies are available. Liver function test is not provided.

PHC Urali: MVA/EVA equipment's are not available in PHC Urali. Radiant warmer and foetoscope although available is not functioning properly since past 3 months. Even though Technician came and repaired the radiant warmer is still not functioning properly. The IPHS coordinator assured that she will look into this matter at the earliest. All the other equipment including laboratory equipment is available and functioning well except for laboratory equipment Centrifuge and Semi auto analyzer which are not available.

Forty five ED are available except for IFA syrup with dispenser, Inj magnesium sulphate, and Mifepristone tablets. Inj Oxytocin is purchased through local purchasing power. Since April no lab test could be conducted due to non-availability of lab technician. During the month of April, 116 Haemoglobin test, 68 Urine albumin and sugar test, 36 blood sugar test, 1,563 malaria test and 24 HIV test was done in the PHC. CBC and TB test is not done in the PHC. However T.B test is done at Meditec where the PHC has a private tie up.

SC Shindavane: Except for blood sugar testing kits, delivery equipment's, Neonatal ambu bag and Colour coded bins and all the other equipment's are available. Except for IFA syrup with dispensar, Inj Magnesium Sulphate, Inj Oxytocin, Misoprostol tablets, and antibiotics all the other EDs area available. Essential medical supplies such as urine albumin and sugar testing kits, EC pills, IUCD, and sanitary napkins are not supplied to this facility. Health staffs have knowledge and skill to correctly measure BP, Haemoglobin, Urine albumin and protein.

AYUSH Services

AYUSH facilities are provided in 13 health facilities in DH, 9 CHCs and 3 SDHs Bhor, Manchar and Indapur. Ayurvedic, Unani, and Homeopathic are provided at all these facilities and Yoga, Naturopathy, is provided only in DH. There are 26 AYUSH MO and none of them is a member of the RKS. AYUSH OPDs are integrated with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is send every quarterly. Every year AYUSH camps are held at CHC level. To bring AYUSH to mainstream regular doctors are given TOT. AYUSH medical garden in the premises of DH was created on April 2014 to create awareness. The garden consists of 300 medicinal plants. The grant of approximately Rs/- 2.5 lakhs to build this garden was funded from AYUSH department.

User Fees

SDH charges Rs. 10/- for admission and all the other tests are free. In CHC, a user fee of Rs. 10/- for admission, Rs. 15/- for HB and BP test, Rs. 20/- for urine test, Rs. 30/- for X ray and Rs. 50/-for all other tests are charged. In PHC, only a user fee of Rs. 2/- is charged. No user fee is charged in SC.

8. Maternal health

8.1 ANC and PNC

Maternal Health is an essential component of Reproductive & Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2013-14.

During the reference period April to June, 2014 the total ANC registrations in the district was 51,162 out of which first trimester registration was 29,486 with 57 percent first trimester registration. Among the total ANC registration, 22,020 were from rural and urban areas, 29,142 from corporation areas and first trimester registrations from these regions were 14,146 and 15, 340 respectively. In addition, 2,398 pregnant women were line listed for severely anaemic condition and 245 Hypertensive pregnant women were also identified. Pregnant women who were provided with TT in rural and urban areas were 17,162 and was 14,422 in corporation area; 100 IFA tablets were provided to 16,485 women in rural and urban areas and 22,454 in corporation areas and 200 IFA tablets provided to 8,1548 in rural and urban areas and 6,392 in corporation areas. The number of

women who received post natal visit was 6,828 in rural and urban areas and 14,896 in corporation areas.

DH Pune: During the reference period April to June 2014, ANC 1, 3 and 4 registrations were 100, 303, and 191 respectively. Pregnant women who were provided with IFA tablets were 436. Twenty two pregnant women were referred to Medical College, 52 obstetric complications were managed, and 28 MTPs were conducted in the DH. During the reference period DH recorded 437 deliveries of which 146 were c section deliveries. Neonates were initiated breast-feeding within 1 hour of delivery. RT/STI treatment was provided to 118 patients in the facility. Data entry is regularly updated in MCTS. ANC and PNC, labour room register, referral registers are available, updated, and correctly filled. Data entry is 100 percent in MCTS.

SDH Bhor: During the reference period April to June 2014, ANC 1, 3 and 4 registrations were provided to 33, 40, and 9 pregnant women respectively. Pregnant women who were provided with IFA tablets were 112. Thirty seven pregnant women were referred to higher FRU; 26 obstetric complications were managed and 53 MTPs were conducted. During the reference period 95 deliveries were conducted of which 20 were C-section deliveries. Neonates were initiated breast-feeding within 1 hour of delivery. Health staffs has necessary skill to correctly use partograph. Data entry is regularly updated in MCTS. ANC and PNC, labour room register, referral registers are available, updated, and correctly filled. Indoor bed head tickets are not available. Data entry is 100 percent in MCTS.

CHC Yavat: ANC services are mainly provided at PHCs. During the reference period 75 obstetric complications were managed; 111 pregnant women were referred; 2 MTPs were conducted in second trimester and 41 STI cases were treated. During the reference period 79 deliveries were conducted of which 4 were c section deliveries. Neonates were initiated breastfeeding within 1 hour of normal delivery. Counselling on IYCF is provided and mothers are advised to stay 48 hours after delivery. However, as per MS most of them are migrant sugarcane workers who after birth are not willing to stay in hospital. They are also unable to get JSY benefits due to non availability of necessary documents. Diet is provided free of charge. High risk pregnancy cases are mainly referred. Recently health staffs received instruction on to correctly use partograph. Data entry is regularly updated in MCTS. ANC and PNC, labour room register, referral registers are available, updated, and correctly filled. Indoor bed head tickets are not available.

PHC Urali: ANC check-ups and treatment are conducted in camps which are mainly referred from SCs. During the reference period 5 pregnant women were referred to FRU. As per MO approximately 4-5 Obstetric complications are managed per month but no separate records of which are maintained. During the reference period 67 deliveries were conducted and all the neonates were initiated breastfeeding within 1 hour of delivery. Mothers were advised to stay for at least 48 hours after delivery.

SC Shindavane: During the reference period April- June, 2014 ANC 1, 2, and 3 services were provided to 14, 13 and 4 pregnant women's respectively and 13 pregnant women were provided with IFA.

Data entry in MCTS is regularly updated. Deliveries was nil during this reference period. Health staffs have necessary knowledge and skill to identify high risk pregnancy, and were aware of referral PHC and FRU. MCH register, line listing of severely pregnant women, due list and work plan received from MCTS, and village register are available, updated, and correctly filled.

8.2 Institutional Deliveries

During the reference period April to June 2014, Pune district reported 16,086 institutional deliveries, out of which 569 were c section deliveries. EMOC facilities were provided to 1,066 patients. DH Pune recorded 437 deliveries of which c section deliveries were 146 and 436 neonates were initiated breastfeeding within 1 hour of delivery. No maternal death was reported from DH during the reference period. However, 4 still birth and 26 neonatal deaths were reported during the reference period. SDH Bhor reported 95 deliveries during the reference period with 20 c section deliveries. In CHC Yavat 79 deliveries were reported with 4 c section deliveries. Nil number of deliveries was reported in SC Shindavane.

8.3 Maternal Death Review

Three maternal deaths were reported in the district during the reference period April to June 2014. The key causes for these three deaths were PPH, PM (Viscera preserve) and PPH (Haemorrhagic shock). While two of the deaths occurred on road one death happened in private hospital. All the women belong to APL and had received atleast 3 ANC check-ups. The main reason identified for maternal deaths was type 3 delay that is delay in decision making. State/district task force is formed to conduct MDR the report of which is published. There was no case of maternal death reported in the visited SDH, CHC, PHC and SC.

Six deaths were reported in the corporation area. Out of which one death happened in March was reviewed by DQAC in the month of June. The key causes for deaths were identified as after MLC provisional diagnosis postpartum help, P3D3 with acute Hepatic, P3LIDIAI with mild PIH, severe abdominal sepsis with DIC and MODS with stress cardiomyopathy, with multiple subarachnoid. Except for one all the other belong to APL three of the mother received ANC 5 times two mothers received 3 times and one mother received only one time. Three mothers were of parity 3 and another of parity 1.

8.4 JSSK

The scheme is now extended to one year infants in Pune district. However, communication in this regard needs to be improved as the facilities visited seem to be unaware of this scheme as they have not received any written instruction from the concerned district officials.

During the reference period April to June 2014, under JSSK, free and zero expenses, free drugs and consumables, free essential and desirable diagnostics was provided to 6,678 women's of which 592 c section deliveries in the district. Free diet up to 3 days during normal delivery was provided to 6,086 women's, free provision of blood was provided to 121 women's, and free pick up transport facilities

from home to hospital to 5,048 women's and 144 infants, inter hospital transport facilities was provided to 1,608 mother's and 171 infants and drop back facilities to home was provided to 5,841 mothers and 242 infants.

In PHCs free pick up transport facilities was provided to 4,566 women's as against 4,604 institutional deliveries with a pickup of 99 percent. Whereas, free transport pick up facilities in CHCs were 482 as against 2,249 institutional deliveries with a pickup of 21 percent during the reference period. CHCs Saswad, Jejuri, Chakan, Shikrapur, and Shirur reported zero pick up of which CHC Shikrapur reported zero institutional deliveries during the reference period. Drop back percent is 0 in SDH Manchar which reported 158 deliveries during the reference period. The drop back is in the range 40-50 percent as against institutional deliveries in SDH Daund; CHCs Saswad, Jejuri, and Alandi whereas drop back is less than 35 percent in CHCs Junnar and Shirur. During the reference period 385 neonates were admitted , 109 neonates were provided with free pick up transport facilities from home to institute with a pick up of 28 percent, 61 neonates were provided with inter transport facilities and drop back transport facilities to home were provided to 176 neonates with 46 percent drop back facilities.

DH Pune: During the reference period April to June 2014, 437 pregnant women were provided with free pick up transport facilities from home to institute with same number of institutional deliveries thus resulting in 100 percent pick up The same number of mother's were provided with free diet and diagnostic facilities.

SDH Bhor: During the reference period April to June 2014, 50 women were provided with free pick up transport facilities from home to institute, 74 beneficiaries were provided with inter facilities and drop back facilities were provided to 156 women's in government vehicle. Six neonates were provided with free pick up transport facilities from home to institute, 5 neonates were provided with inter facility transport and drop back to home were provided to 22 neonates in government vehicle.

CHC Yavat: One ambulance for JSSK is available in the health facility. During the reference period April to June 2014, nil number of women and sick neonates availed free pick up transport facilities from home to institute, 111 women's were provided with inter facility and drop back to home were provided to 79 mother's.

PHC Urali: One ambulance and driver is available for JSSK. During the reference period April to June 2014, 47 women were provided with free pick up transport facilities from home to institute, 14 women's were provided with inter transport facility and drop back to home were provided to 67 mother's in government vehicle. Two neonates were provided with inter transport facility in government vehicle.

SC Shindavane: During the reference period April to June 2014, 8 women's were provided with free pick up transport facilities from home to institute, and drop back to home were provided to same number of women in government vehicle.

8.5 JSY

The total JSY beneficiaries during the reference period April to June 2014, in the district were 2,486. During this period, 502 beneficiaries were provided with JSY benefits in corporation areas (Pune cantonment board), DH, CHCs and SDHs. Nil number of JSY beneficiaries was reported from Dehu road and Khadki cantonment board, and from CHCs: Supa, Alandi, Nhawara, Shikrapur and Velha. During the reference period, 697 mother's were provided with JSY benefits in CHCs, 303 mother's in PHCs and 1,074 mother's in SCs. Full amount of financial assistance is provided in the form of a/c cheque. District level authorities do physical verification of beneficiaries (at least 5%) to check malpractices and whether proper records of JSY beneficiaries are maintained. There is a grievance redressal mechanism in the district.

DH Pune: JSY payments are given before discharge and the mode of payment is through AC payee cheque. During the reference period 97 mother's received JSY payment. Records are available, updated, and correctly filled for payment under JSY.

SDH Bhor: JSY payments are given before discharge and the mode of payment is through cross cheque. During the reference period 17 mother's received JSY payment. Records are available, updated, and correctly filled for payment under JSY.

CHC Yavat: During the reference period 11 beneficiaries received JSY payment and were given in the form of account payee cheque before discharge. Majority of the deliveries are the migrant sugarcane worker, who are unable to avail JSY benefits due to non availability of required certificates. Registers for payments under JSY are available, updated, and correctly filled.

PHC Urali: During the reference period 14 mother's received JSY benefits and these were the mother's who delivered in the month of November and December 2013. The amount is directly transferred to their account. The reason for the delay given was non availability of JSY funds in time and is provided as and when the funds are available. It is suggested a mechanism to be developed to provide timely JSY payments to mother's. Payments under JSY are available, updated, and correctly filled.

SC Shindavane: During the reference period 2 beneficiaries received JSY payment and was provided at PHC Urali. Records are available, updated, and correctly filled for payment under JSY.

9. Child Health

9.1 SNCU

SNCU is available in DH with necessary equipment's. Health staffs in SNCU consists of Class1 HOD, 2 MOs in regular posts and 2 MOs under NRHM, 6 regular SNs, 2 staff in charge and 5 contractual SNs. During the reference period April to June 2014 SNCU reported 140 inborn and 112 outborn cases. Out of the total inborn cases, 128 were cured, 9 deaths were reported, 2 were referred, and 1 was a

LAMA case. Among outborn cases 87 were cured, 6 were referred, LAMA cases were 10, and 16 deaths were reported.

SNCU requires clean disinfect, liquid soap and pads. There is also shortage of medicines such as Syrup calcium which are available infrequently. ABC drops is purchased through local purchasing power and surfactant is non available. There is shortage of oxygen cylinder, immunoglobine and radiant warmer. The available warmer are only 10 whereas the actual requirement is of 20. There is shortage of beds, as only 12 beds are available and at times the demand is so high that two babies are accommodated in 1 bed. SNCU is also available in SDH Bhor. During the reference period facility reported 19 inborn and 0 outborn cases.

NDR was done in the month of May 2014 for the 5 neonatal deaths happened in the month of March and April 2014. The main cause of death was prematurity, extremely LBW, Septicaemia, RDS, and meconium aspiration. The death audit report identified the problems of delay in transport, high risk delivery conducted in inadequate facilities, referral not at proper plan, lack of surfactant therapy and ventilator facility, improper care during transport. The actions taken was instruction to PHC MO to identify the high risk delivery like twin delivery, and Eclampsia not to be conducted at PHC level and neonates to be transferred in time and intimate the FRU while transporting the neonates; use of steroids in preterm delivery; instruction to MOs at periphery to transfer babies in transfer incubators, to avoid hypothermia, hypoglycemia, and hypocalcaemia.

NBCC

NBCC are available in 69 IPHS PHCs in the district. All the staffs and SC staffs have received training in NSSK. The facilities can provides essential newborn care such as thermoregulation, breastfeeding, and asepsis and can mage sick neonates and infants. CHC Yavat provides essential NBCC however cannot manage sick neonates and infants. NBCC unit although exists in PHC Urali with trained manpower is non functional due to non functional radiant warmer. Essential newborn care such as breastfeeding and asepsis is also provided. Thermoregulation cannot be provided due to non functional radiant warmer. Sick neonates and infants are mainly referred. During the reference period four children were referred to higher FRU. One each of neonatal and infant death was reported in the reference period. PHC has skilled health staffs who can correctly administer vaccines. There is no alternate vaccine delivery system in the visited PHC.

In SC Shindavane the health staffs has necessary knowledge and skill of correct use of partograph, provide essential NBCC, guidance support for breast feeding methods, and identify sign of pneumonia and dehydration.

9.2 NRCs

NRC was established in DH in November 2012 and is functioning since with necessary equipment's and trained manpower of 2 SNs, ANMs, 1 MO, 1 Dietician, 1 Attendant, and 1 caretaker cum cook. During the reference period 41 patients were admitted out of which 32 were discharged, 1 absconded, 1 was referred, and 18 patients gained weight after the treatment. Average length of stay is of 14 days. Malnourished patients are identified through height & weight test and free diet,

medicines, diagnostics are provided for 50 days. NRC has 10 beds and consolidated amount is paid through cash.

In DH 41 children and in CHC yavat 10 children were admitted with SAM. CTC is also available at Indapur CHC. IEC is provided through anganwadi, RBSK, and through referral.

9.3 Immunization

During the reference period April to June 2014, 16,398 BCG doses were provided; DPT 1,2,3 provided were 18,319, 17,961, 17,918 respectively; Polio 0,1,2,3 provided were 15,420, 18,234, 17,954, 17,876 respectively; Hepatitis 1,2,3 provided were 18,156; 17,799; 17,794 respectively; and Measles 1 and 2 provided were 18,639 and 9,487 respectively. DPT and polio booster provided were 16,972 and 16,926 respectively. Fully vaccine children during the reference period were 18,563. During the same period 6,855 immunisation sessions were planned and the same number was held.

DH Pune: During the reference period, 131 children were fully immunized with same number covered under measles. Children provided with vitamin A were 105. Zero doses of BCG, Hepatitis B, and OPV were also provided as well as counselling of IYCF. Immunization records are available, updated, and correctly filled. Immunization sessions are held on every Monday and Friday and are displayed. The health staffs in the facility have essential skill to correctly administer vaccines.

SDH Bhor: During the reference period, 600 packets of ORS were distributed to children, 67 children were provided with Vitamin A, 53 children's were fully immunized and the same number were covered under measles. All the 95 births were provided with OPV 0 doses. BCG and Hepatitis are not provided at birth and is provided during immunization session. Health staff can correctly administer vaccines.

CHC Yavat: During the reference period April to June 2014, 600 packets of ORS were distributed to children, and 63 children were provided with Vitamin A. Children's were fully immunized and the same number were covered under measles. Zero doses of BCG, hepatitis B, and OPV are provided. All the 79 births were provided with OPV 0 doses BCG and Hepatitis are not provided at birth and provided during immunization session. Health staff can correctly administer vaccines. Immunization register are not maintained separately.

PHC Urali: During the reference period April to June 2014, 121 children's were fully immunized and the same number was covered under measles and Vitamin A. Zero doses of BCG, Hepatitis B, and OPV are provided. Records of vaccine supply for each session is available, updated, and correctly filled.

SC Shindavane: During the reference period April to June 2014, 15 children were fully immunized and covered under measles, as well as provided with ORS+Zinc, and vitamin A. Health staff has necessary skill and knowledge to administer vaccine, and is aware of immunization schedule. Records of vaccine supply for each session day is available, updated, and correctly filled.

9.4 RBSK

Under RBSK, 68 units are working in the district. There are 66 units (Ambegoan Taluka-3, Baramati-6, Bhor-2, Daund – 5, Haveli – 7, Indapur – 6, Junnar – 5, Khed – 5, Maval – 4, Mulshi – 2, Purandar – 3, Shirur – 5, Velha – 1, P.M.C. – 8, P.C.M.C. – 4 in rural and urban areas as well as 2 units for ashramshala in Ambegoan and Junnar). Staff consists of 2 Medical Officers (one male & one female), 1 pharmacist & 1 A.N.M. constitutes one unit. These units examine school as well as Anganwadies. Every unit has been provided a vehicle for attending schools & anganwadies. Each unit provides health check up, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs. children.

433 children's were screened for defects at birth under RBSK in DH.

10. Family planning

Family planning services of 4,830 IUCD, distribution of 1,14,169 condoms and 40,390 oral pills, 19 NSV; 7,934 female sterilisation were provided during the reference period April to June 2014. IEC materials were available and IUCD 380 was available in the district. PPIUCD services are not available at the facility

DH Pune: During the reference period April to June 2014, 48 IUD, 78 tubectomy/minilap, FP services were provided in the DH as well as counselling on FP services. FP registers are available and updated and correctly filled.

SDH Bhor: During the reference period April to June 2014, 13 IUD, 103 tubectomy/minilap, FP services were provided as well as counselling on FP services. FP registers are available and updated and correctly filled.

CHC Yavat: During the reference period April to June 2014, 5 IUD, 5 tubectomy/minilap, and 34 minilap FP services were provided as well as counselling on FP services.

PHC Urali: During the reference period April to June 2014, 4 IUD insertions, 5 Tubectomy, and 5 Minilap were provided. Women who accepted post partum family planning service of laparoscopy was 101. Counselling on family planning is provided and FP registers are available updated and correctly filled.

SC Shindavane: Eligible couple register is available, updated, and correctly filled.

11. ARSH

ARSH Maitri clinic provides essential knowledge about reproductive & sexual Health. There are six ARSH clinics functioning in Pune district (DH Pune, SDHs: Indapur/Bhor/Manchar, CHC Junnar, and BJMC Sassoon). Place & time is fixed for ARSH clinic (District Hospital Pune having such clinic every

FRIDAY 2-5 pm). Trained manpower, of one each of male and female MOs, ICTC counselor, and ARSH coordinator/counselors are available. Among the total staffs only 2 female MOs and 3 ANMs have been trained and 20 staffs are yet to be trained. Equipment's are available as well as medicines are available to adolescent. Required seating arrangement, toilet facility, and health education study material along with displays are in place in District Hospital. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counseling as well as promotive, preventive, curative, referral and other services are provided to 10-19 years adolescents.

The number of adolescents attended ARSH clinic during the reference period April to June 2014, were 359 in DH and 36 in SDH Bhor.

12. Quality in health services

12.1 Infection Control

DH Pune: Regular fogging, laundry service, dietary service, drug storage facilities, equipment maintenance and repair mechanism, grievance redressal mechanism, and tally implementation are available in DH.

SDH Bhor: In SDH, general cleanliness is found to be good and toilets are cleaned regularly. Required number of medical staffs is available as well as space for patients are adequate. Fumigation is done once in a week on regular basis and if required more than once in a week. Washing/laundry services are available and are outsourced thrice in a week. Grievance redressal mechanism is in place and tallies are not implemented.

CHC Yavat: Fumigation is done every two days in a week in CHC Yavat. Washing/laundry services are available. Disinfectants are used daily and autoclave is functioning and is in good condition. General cleanliness is average. The building condition needs up gradation; Practices and protocols are followed in CHC. Segregation of waste is done in 3 colour coded bins as well as adherence to IMEP protocol. CHC require support staffs to maintain the cleanliness.

PHC Urali: Regular fumigation is done twice in a month. Washing/laundry service is outsourced. Dietary scheme is available in PHC. There is an appropriate drug storage facility. Although equipment maintenance and repair mechanism is in place, coordination with HER DH Pune is weak as equipment's although repaired are not functioning properly. Grievance redressal mechanism could be improved in PHC. General cleanliness is found to be good.

SC Shindawane: Health staff in SC Shindawane has no knowledge and skill on adherence of IMEP and colour coded bin is yet to be provided to this SC.

12.2 Biomedical Waste Management

Biomedical waste is outsourced in the visited DH, SDH, and CHC. Biomedical waste segregation is buried in pit in the visited PHC.

12.3 IEC

IEC material such as approach roads with direction, citizen charter, timings of health facility, EDL, Protocol posters, JSSK entitlements, Immunization schedule, and JSY entitlement ,List of services available in DH, SDH Bhor, CHC Yavat, and PHC Urali. Approach roads with direction are not available at SDH Bhor and PHC Urali. As SC Shindavane is yet to start in new building no IEC are available.

13. Referral Transport and MMUs

One MMU with GPS installed is available in the district with 1 ambulance per lakh population with 1 call centre. During the reference period 121 patients utilised MMU services. Microplan is prepared and performance monitoring is done on monthly basis.

14. Community Processes

14.1 ASHA

During the reference period April to June 2014, 2,738 ASHAs are available as against the sanctioned post of 2,843 ASHAs in the district. During the same period 27 ASHAs left and 29 new ASHAs joined. ASHA workers who received training in module 6 and 7 for implementing home based new born care schemes was 889. ASHAs were provided with 60,173 ORS, 38,9590 Zinc, and in FP method 9,681 condoms and 8,499 oral pills. Drug replenishment kits are provided to ASHAs. An ASHA worker receives an average amount of Rs. 705/-per month with highest incentive of an amount of Rs.15,396/- and lowest incentive of an amount of Rs.75/- during the reference period. Payments are disbursed in time to ASHAs. ASHA resource Centre is available in the district.

15. Disease Control Programmes

15.1 Malaria

Malaria test is conducted in DH. In SDH Bhor 1,926 test, CHC yavat 997 slides were tested and in PHC Urali 1,563 slides were tested during the reference period April to June 2014.

15.2 TB

In the district hospital under RNTCP, 125 sputum tests were conducted during the reference period April to June 2014, out of which 9 were positive cases. In SDH Bhor 390 tests and in CHC Yavat 71 tests were conducted. TB test is not done in PHC Urali and suspected cases are referred to Meditec where the PHC has private tie up.

16. HMIS and MCTS

Dedicated staffs of 2 SI under NRHM, 1 regular SI, and 1 regular SA are available for MCTS and HMIS in MIS cell. The quality, completeness, and timeliness of data, processes and data validation is good. Staffs are trained in CHCs, PHCs, and SCs for HMIS and MCTS. Proper record of due list and work plan received from MCTS portal is maintained.

17. RGJAY

RGJAY is functioning in DH from December 2013 providing free treatment for illness/surgeries/procedures through insurance scheme. Family having income of less than 1,00,000 yearly are eligible beneficiaries for RGJAY. This scheme provides treatment upto 1.5 lakhs for abovementioned illness and up to 2.5 lakhs in Kidney transplants procedure. This Scheme also entitles patient to take free treatment in notified private hospitals. Eligibility is checked by mandatory income proof such as Yellow/Orange Ration card, Antyoday or Annapurna Card, RGJAY Health card

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
DEIC	District Early Intervention 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
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
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