



Monitoring and Evaluation of Programme Implementation Plan 2019 – 20,
Washim District Maharashtra

By

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Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2019 – 20). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Washim district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Washim. The following public health facilities were visited by the PRC Pune team: DH Washim, SDH Karanja, CHC Risod, PHC Kawatha and SC Sawad. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

Key Observations and Findings

Meetings were conducted with district and block level health administrators including the District Health Officer (DHO), Civil Surgeon (CS) of District Hospital, Medical Superintendent (MS) of respective CHCs, Medical Officers, facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strength and weakness of the facilities in service providing. Further, we reviewed relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information System (HMIS) and also made observations regarding performance of key component of NHM for robust feedback on programme implementation in the district. The major strength and weakness of the district are as follows:

Strengths

- ✚ The DPM is effectively involved with all NHM activities and possesses a sound knowledge of the current status and the future plans.

- ✚ The percentage of institutional delivery has reached at its peak level as 99.7 percent of the institutional deliveries are conducted in health institutions.
- ✚ RBSK is efficiently working in the district.
- ✚ The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programmes.
- ✚ The JSY scheme is functioning well and all ASHA workers are doing their best by providing awareness about the schemes benefits and bringing them for institutional delivery.

Weakness

- ⊖ PRC Monitoring team has observed that more than 28 percent of total sanctioned post are vacant under the District Health Office, of which most of them are Health Worker (Male and Female), & Health Assistant and these two are core pillar of three tier health system in India. They might be hampered the service delivery system if not filled on urgent basis.
- ⊖ Apart from those two post, Class IV post were not filled due to which clinginess of the facilities and other works was not happening properly.
- ⊖ The drainage system of District Hospital was damaged which was causing the occurrences of several diseases like Malaria, Dengue etc.
- ⊖ At the time of monitoring visit, the DH does not have any supply of IFA tablets (blue), Mifepristone tables and Misoprostol tables. The supply of Magnesium Sulphate Injection and Oxytocin Injection was not there in the facility since last 3 – 4 months, as a result they purchase these injections from local medical shop.
- ⊖ Community Health Centre Risod has reported the not functional X-ray machine, which was not repaired yet and patients were forced to refer the private institution for X-ray. Lack of space is the major problem of this CHC.
- ⊖ Though, the SDH has a new building but not shifted due to lack of manpower and in older building, there were some leakages as well as the drainage system was also not working.
- ⊖ The SDH was lacked with separate ward for male and female, and the drug storage room was not enough to store medicine, which was lacking with cupboard, resulting to keep medicine in open place, which may further cause the possible chance of losses of the medicine.

- ⊖ The CHC does not have enough space to tackle the heavy workload. They were forced to conducted OPD and other session in open space.
- ⊖ The staff quarters of CHC Risod was not liveable as they were not repaired and not maintained over the period of time.
- ⊖ The scarcity of water was observed in the PHC Kawatha, as the water level of village was very low. The PHC was facing water scarcity along with the village. They were utilizing water tank on rental basis for the functioning of the facility.
- ⊖ The SC Sawad was facing the shortage of funds as the received Annual Maintenance Grand and Untied Fund was less.

1. Introductions

National Health Mission (NHM), previously known as National Rural Health Mission (NRHM) was launched in order to make health care more accessible and affordable to all especially who are vulnerable and underserved and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also the need for effective inter-sectoral convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resources allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2019 – 20 has been designed and submitted to Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) 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 NHM to various PRCs. PRC, Pune was assigned the evaluation study of PIP of Maharashtra and Madhya Pradesh for the year of 2019 – 20.

In order to carry out quality monitoring and evaluation of important component of NHM, various type 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.

This report discusses the monitoring and evaluation of PIP findings and observations for the Washim District in Maharashtra, which was carried out during the period December 16 to December 22, 2019. In the district apart from District Health Officers Office, District Hospital Washim, Sub – District Hospital Karanja, Community Health Centre Risod, Primary Health Centre Kawatha and Sub – Centre Sawad were visited.

This report provides a review of key population, health and service delivery indicators of the Washim District. The report also deals with health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS

and MCTS. This report is based on the interview of DHO, Civil Surgeon, Medical Superintendent, ANMs and beneficiaries.

Table 1: Health Facilities visited in the PIP Monitoring of Washim District, 2019 – 20

Facility Type	Name of the facility
District Hospital	District Hospital Washim
Sub – District Hospital (FRU)	Sub – District Hospital Karanja
Community Health Centre (Non- FRU)	Community Health Centre Risod
Primary Health Centre	Primary Health Centre Kawatha
Sub - Centre	Sub – Centre Sawad

Source: DHO Washim, 2019

1.1 District Profile

Washim district is located in the eastern region of Vidharbha and covering an area of 5,150 km². In the north, it is bordered by Akola, in the north-east by Amravati, in the east by Yavatmal, in the south by Hingoli and in the west by Buldhana.



Figure 1: Integrated Map of Washim, Maharashtra

The district comprises with 6 talukas viz. Risod, Malegaon, Washim, Mangrulpir, Karanja and Manora, which are further comprises with 789 villages.

Table 2 depict the demographic profile of the Washim district. The district has a total population of 1,197,160, which contribute to around 1.1 percent of the state population. Of the total population, 15 percent belong to Scheduled Caste and 6.7 belongs to Scheduled Tribes. The sex ratio of the district is 930 females per 1000 males which is lower than the state (929) sex ratio and the child sex ratio of the district is 863 against the 894 for the state. The literacy rate of the district is 83.3 percent which is above the state average of 82.34 percent. Though, the literacy rate of male was higher in comparison of state but same pattern was not followed for female literacy as it was same as the state female literacy rate.

Table 2: Key Demographic Indicators of Washim and Maharashtra

Parameters	Maharashtra	Washim
Total Area (in km ²)	307,713	5150
Total Population	112,374,333	1,197,160
Male	58,243,056	620,302
Female	54,131,277	576,858
Scheduled Caste	13,271,408	179,330
Scheduled Tribes	10,507,000	80,471
Sex Ratio	929	930
Child Sex Ratio	894	863
Population Density (km ²)	365	244
Literacy	82.34	83.3
Male literacy	88.38	90.5
Female literacy	75.87	75.5

Source: Census, 2011

1.2 Health Profile

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Washim with respect to various domains such as Maternal Health, Child Health, Delivery Care, Family Planning etc. **Table 3** presents key stats of health and service delivery indicators of Maharashtra and Washim district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in terms of ANC registration, providing Tetanus Injection to pregnant women, providing all vaccines to 9 - 11 months of children, and any methods for family planning, whereas, the district was behind the state in terms of 4 ANC visits, Institutional deliveries, unmet need for family planning and unmet need for spacing.

Table 3: Key stats of Health and service delivery indicator of Maharashtra and Washim

Indicators	NFHS 4	
	Maharashtra	Washim
Mother registered in the first trimester	67.6	72.4
Mother who had at least 4 ANC visits	72.2	67.5
Mothers who got at least one TT injection	90.4	95
Institutional Delivery	90.3	84
Home Deliveries assisted by SBA	3.6	4.2
Children (12 -23 months) fully Immunized	56.2	67.9
Using any modern method for family planning	64.8	74.6
Total Unmet need for FP	9.7	6.5
Unmet need for spacing	4.3	3.7

Source: NFHS 4 Factsheet, 2015 -16

Table 4 summarises the current status of health care service delivery indicators in the district. An important component of the maternal health is ANC, which is a systematic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. In Washim, 89.4 percent of pregnant women registered for ANC in first trimester and 94.3 percent have received 4 or more ANC check –ups against the total ANC registration. Early registration of pregnancy allows for adequate care during the cycle. District has observed the adequate distribution of IFA supplementation, as it was given to 93.1 percent of women who registered for ANC. Overall, the performance of the district for pre- natal care was well ahead compare to state. The district has observed 22 maternal deaths per 100,000 live births.

Delivery care is another important component for maternal health as well for infant health. In Washim, there were only 23 home deliveries were observed, of which 78.3 were conducted by SBA. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. 99.7 percent of all deliveries are institutional deliveries, while comparing the institutional deliveries versus total ANC registration, it goes down with 68.6 percent and 21 percent women have been discharged within 48 hours of delivery. About 11 percent of the institutional deliveries were C- Section deliveries. With regards to PNC, 78.9 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In terms of child health care, 99.3 percent of the newborns were breastfed within one hours of birth and 99.7 percent newborns were weighed at birth. In comparison with state, the performance of the district was high for the indicators of home deliveries, institutional deliveries, C- section deliveries, and post-natal care except the institutional deliveries against the ANC registration. The district has observed 7 Neonatal Mortality Rate and 8 Infant Mortality Rate during April – November, 2019.

Table 4: Status of Health and Health Care Services Delivery Indicators of Washim 2019 - 20

Health and Health Care Service Delivery Indicators		Maharashtra	Washim
Maternal Health			
Pre Natal Care	Total number of pregnant women registered for ANC	1385345	13113
	% 1 st trimester registration to total ANC registration	77.1	89.4
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	89.5	94.3
	% Pregnant women given 180 IFA to total ANC registration	96.9	93.1
Health Outcome – MDR[^] - 22			
Delivery and Post-Delivery Care			
Home Deliveries	Number of Home Deliveries	7957	23
	% SBA attended home deliveries	39.1	78.3
	% home deliveries against total deliveries	0.7	0.3
Institutional Deliveries	Institutional Deliveries	1063147	9002
	% Institutional deliveries to total deliveries	99.3	99.7
	% Institutional deliveries to ANC registration	76.7	68.6
	% Women discharged in less than 48 hours of delivery to total reported deliveries	25.3	21.2
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	25.4	10.9
	% C-Section conducted at public facilities to deliveries conducted at public facilities		
	% C – section conducted at private facilities to deliveries conducted at private facilities		
Post Natal Care	% Women getting 1 st Post – Partum check –ups between 48 hrs and 14 days to total reported deliveries	59.0	78.9
	% Newborns breast fed within 1 hours of birth to total live births	90.7	99.3
	% Newborns weighed at birth to live births	97.8	99.7
Health Outcomes – IMR[^] - 8, NMR[^] - 7			
Child Health and Immunization Coverage			
Number of fully immunized children (9 – 11 months)		1223104	13171
% Fully Immunized Children to MR 1 st dose		99.25	99.9
Number of cases of childhood diseases (0 – 5 Years): Pneumonia		10214	50
Number of Cases of childhood disease (0 – 5 Years): Diarrhoea		66553	541
Number of Cases of Childhood disease (0 – 5 Years): SAM		10758	58
Health Outcomes - U5MR[^] - 9			
Family Planning			
Total Sterilization Conducted		211345	834
% Male sterilization (Vasectomies) to total sterilization		2.0	0.2
% Female sterilization (Tubectomy) to total sterilization		98.0	99.8
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)		54.1	57.4
Condom Pieces Distributed		10477319	127,989
Facility Service Delivery			
OPD		67,617,582	1001,046
IPD		4,011,871	71,323
% IPD to OPD		5.9	7.1

Source: HMIS, 2019 -20

With regards to service delivery for child health, Washim district has observed that 13,171 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease is reported as diarrhoea with 541 case followed by SAM with 58 cases and Pneumonia with 50 cases in the district. The district also observed that there were 9 children of under-five age died against the 1000 live birth during April – November, 2019.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization as a method of permanent family planning dominates with 99.9 percent of all sterilization conducted during April – November, 2019 in Washim district. During the same period, 57.4 percent cases of IUCD insertion was observed against the all family planning method (condom is not included).

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health system has been a contribution of NHM. The OPD patient load is as high as 10,01,046 number of OPD patients against 71,323 IPD patients.

2. Information from District Health Office

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. Results of the information collected from Programme Management Unit, Health Officials and Staff Associated with various heads of PIP are as follow:

2.1 Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of HR under NHM includes different interventions to ensure recruitment, development, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health HR to meet the demands in public sector.

The Public Health Care Infrastructure includes of Sub Centres at the most peripheral level, Primary Health Centre envisaged to provide an integrated curative and preventive health care and Community Health Centre which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1.1 Human Resource

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead

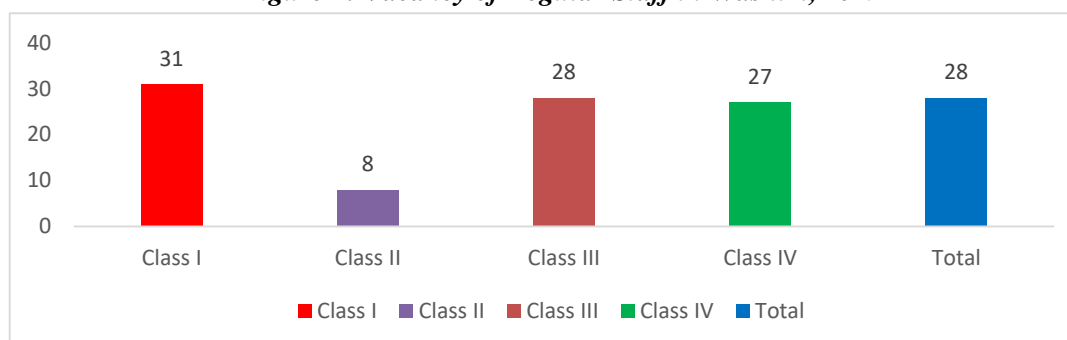
to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Health Mission. **Table 5** presents the status of regular staff under District Health Office in Washim. It shows that among the sanctioned post of one each of ADHO, Asst. DHO, and Administration Officer are vacant in the district. Apart from that 15 post of MOs, 11 post of Health Asst. (Female), 39 post of Male Health Worker and 79 post of Female Health Worker are vacant.

Table 5: Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health officer(DHO) Class I	1	1	0
2	Additional District officer Class I	1	0	1
3	Asst. District health officer Class I	1	0	1
4	Taluka Health Officer	6	4	2
5	Medical officer I	53	38	15
6	Epidemic Medical Officer	1	1	0
7	Medical officer II	10	10	0
8	Statistical Officer	1	1	0
9	Administration Officer	1	0	1
10	Health supervisor	13	9	4
11	Pharmacists officer	28	25	3
12	Health asst.(Male)	40	37	3
13	Health asst. (Female)	26	15	11
14	Health Worker (Male)	145	106	39
15	Health Worker (Female)	231	152	79
16	District Staff Nurse	1	1	0
17	Asst. Administration Officer	1	1	0
18	Jr Administration Officer	2	2	0
19	Asst. Account Officer	1	1	0
20	Sr. Account Officer	1	1	0
21	Jr. Account Officer	1	0	1
22	Sr. Assistant	1	1	0
23	Jr. Assistant	30	30	0
24	Driver	28	13	15
25	Class IV	757	550	207
	Total	1381	999	382

Source: DHO Washim, 2019 - 20

Figure 2: Vacancy of Regular Staff in Washim, 2019



Overall there are 28 percent of total sanctioned post are vacant. Pertaining to the Class wise vacancies, there are 31 percent of Class I post, 8 percent of Class II post, 28 percent of Class III post and 27 percent of Class IV post are vacant in the district (*Figure 2*).

Table 6: Contractual staff appointed under NHM in District Programme Management Unit (DPMU)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	IPHS	41	39	2
2	SNCU/NBSU	22	15	7
4	EMS	1	1	0
5	AYUSH	16	13	3
6	DPMU	6	5	1
7	RBSK	70	65	5
8	NRC	7	3	4
9	Telemedicine	2	2	0
10	DEIC	12	7	5
11	Dialysis	8	6	2
12	NPCDCS	17	17	0
13	RNTCP	20	16	4
14	NTCP	3	2	1
15	Urban ANM	6	6	0
16	ANM	48	60	-12
17	Staff nurse	17	17	0
18	MOHP	1	1	0
19	NLEP	8	6	2
20	District CCU	4	4	0
21	IDW	4	4	0
22	KMC	4	3	1
23	RKSK	1	1	0
24	RI/Cold Chain	3	3	0
25	Palliative Care	7	6	1
26	IDSP	3	1	2
27	Gynaecologist	4	1	3
28	ASHA	7	7	0
29	Sickle Cell	7	7	0
30	QA	2	1	1
31	Blood Storage	2	1	1
32	Driver	11	11	0
33	MIS	9	8	1
34	NPHCE	10	10	0
35	SUHCP	1	0	1
36	NCD	12	11	1
37	FMG	3	3	0
38	NPCB	3	3	0
39	BPMU	12	12	0
40	HWC	120	104	16
41	Drug Ware House	2	1	1
42	Nursing	2	0	2
43	Fluorosis	1	0	1
	Total	539	483	56

Source: DHO Washim 2019 – 20

Table 6 depict the status of contractual staff appointed under NHM in Washim district. PRC monitoring team have observed that overall there were 10.4 percent of shortages among the contractual staff under NHM. Among ANM 12 post were filled extra against the 48 sanctioned post, which highlights the workload on ANMs in the district.

2.1.2 Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institution and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Furthermore, health infrastructure is necessary to ensure access to basic healthcare facilities. Ensuring well-coordinated, high-quality health care requires the establishment of a supportive health system infrastructure. Therefore, this section examines the analysis of health care infrastructure in Washim district, Maharashtra. **Table 7** depict the same.

With regards to Public Health Infrastructure, there is 1 District Hospital, and 1 Sub – District Hospitals which sanctioned but not functioning with full fledged as it is still working as CHC. Apart from that Community Health Centre (CHC), 6 more CHCs, 25 Primary Health Centres (PHCs) and 153 Sub – Centres (SCs) are functioning in the district. The district also has 1 skill lab and 4 Adolescent Friendly Health Clinic. Apart from these, 10 AYSUH facilities are functioning different health facilities in the district.

Table 7: Status of Health Infrastructure in Washim district, 2019 – 20

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	0
Sub – District Hospital	1	1	0
CHC	6	6	0
PHC	25	25	0
SC	153	119	34
Delivery Point	136	136	0
AYUSH	10	10	0
Skill Lab	1	1	0
Adolescent Friendly Health Clinic	4	4	0
Transport Facility	Number Available		Number of Functional
108 Ambulance	11		11
102 Ambulance	34		31
Mobile Medical Unit	2		2

Source: DHO Washim, 2019 – 20

All the facilities are run in a government building except 34 Sub-Centre and except these SCs all other health facilities are conducting deliveries (136 Delivery points). Regarding the transport

facility in the district, there are 45 ambulances available and 42 are working at present. Apart from that, 2 MMU are providing their services to the needy patients by visiting to them. During April – November, 2019, total 41,261 patients had utilized the MMU services.

Among the visited facilities, all five facilities are easily accessible from nearest road head and are working in government building. All facilities have residential quarter for MOs and SNs/ANMs in their premises but in CHC Risod those were not in liveable condition. Similarly, PHC Kawatha does not have piped water supply at the moment and SC Sawad does not have clean separate toilets and suggestion box in the premises (*Table 8*).

Table 8: Status of Health Infrastructure in facilities visited, Washim

Physical Infrastructure Indicators	DH Washim	SDH Karanja	CHC Risod	PHC Kawatha	SC Sawad
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in govt. building	Yes	Yes	Yes	Yes	Yes
Residential quarters for MOs and SNs/ANMs	Yes (only for MOs)	Yes	Yes	Yes	Yes
Piped Water Supply	Yes	Yes	Yes	No	Yes
Clean Wards	No	Yes	Yes	Yes	Yes
Clean separate Toilets	No	Yes	Yes	Yes	No
Availability of complaint/suggestion box	Yes	Yes	Yes	Yes	No

Source: DHO Washim, 2019 – 20

2.2 Training of Health Personnel

Table 9 depict the status of training given to health personnel of Washim district at Health & Family Welfare Training Centre under various Programmes during April – November 2019. Total 577 health personnel had trained under various programme head. Of which 507 health personnel are SN. With regards to training heads, 82 SN were trained under NSSK programme, followed by 77 SN under RTI/STI and 73 SN under SBA training head.

Table 9: Training given to health personnel of Washim district at Health & Family Welfare Training Centre under various Programmes

Sr. No.	Training Programmes	No. of health personnel	
		MO	SN
1	BeMOC	7	0
2	SBA	0	73
3	LSAS	2	0
4	MTP/MVA	2	0
5	RTI/STI	10	77

Sr. No.	Training Programmes	No. of health personnel	
		MO	SN
6	F-IMNCI	2	24
7	NSSK	11	82
8	FBNC	0	9
9	IYCN	0	22
10	NSV	2	0
11	PPIUCD	1	40
12	IMEP	6	27
13	RI/Immunization and Cold Chain	8	19
14	Mini Lap	4	0
15	Skill Lab	2	46
16	Contraceptive Inj.	2	33
17	DAKSHTA C	11	55
	Total	70	507

Source: DHO Washim, 2019 – 20

3. Maternal Health

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers is not only important in their own right but also central to solving large boarder, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening of health care delivery system.

3.1 Overview

The 5×5 RMNCH+A matrix under NHM throws light on 4 important life cycle of maternal and reproductive health. **Table 10** depicts the performance indicators by various stages for the current financial years (April – November, 2019).

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 57.4 percent of women opted for IUCD insertions as a family planning method. Women continue to bear an uneven burden of sterilization in Washim, as 99.8 percent of the women has opted for permanent sterilization against the total permanent sterilization.

With regards to accessibility of ANC services, more than 89.4 percent of women had registered for ANC in 1st trimester and more than 94 percent had received 4 or more ANC services against

the total ANC registration. Though, 3.6 percent of obstetric complications were managed against the total deliveries during April – November, 2019.

In 2019 – 20, more than 78 percent of all home deliveries were attended by SBA. Washim has performed extremely well with regards to institutional delivery as almost all the deliveries were conducted in health institution. During the same period there were 11 percent of C – Section deliveries were performed against the total institutional deliveries.

Postnatal care is yet another domain integral to maternal health. In Washim, more than 21 percent of women were discharged under 48 hours of delivery in health facilities. However, more than 99 percent of newborns were initiated breastfeeding within one of birth and almost all the newborns were weighed at birth, of them 14 percent were born with less than 2.5 kg.

Table 10: Maternal Health Indicators of Washim district

Sr. No.	Indicators	April - November 2019
Reproductive age		
1	%Post – partum sterilization against total female sterilization	5.3
2	%Male sterilization to total sterilization conducted	0.2
3	%IUCD insertions to all family planning methods (IUCD plus permanent)	57.4
Pregnancy Care		
4	% 1 st Trimester registration to total registration	89.4
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	94.3
6	% Pregnant women given 180 IFA to total ANC registration	93.1
7	%Cases of pregnant women with Obstetric Complication managed to total deliveries	3.6
Child Birth		
8	% SBA attended home deliveries to total home deliveries	78.3
9	% Institutional deliveries to total deliveries	99.7
10	% of C Section Deliveries to Institutional deliveries	11
Postnatal, Maternal and New Born Care		
11	% of new born received 7 HBNC visits to total home deliveries	82.6
12	% New born breast fed within 1 hours of birth to total live births	99.4
13	%Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	21.2
14	% New born weighed at birth to live births	99.7
15	% New born having weight less than 2.5 kg	14

Source: DHO Washim, 2019 – 20

3.2 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY a demand promotion scheme was launched in April 2005 with the objective to reducing maternal and infant

mortality. This conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of ₹1400 is provide to mothers who deliver in institutional facilities.

Table 11 depict the highlights of the JSY scheme in Washim district. Beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. The payments are being paid through PFMS mode. *Table 11* shows that total 5471 ANCs had registered for JSY, of them 2836 women were delivered the baby and were eligible for the JSY incentive. All these women were paid as per the JSY guidelines.

Table 11: Status of Janani Suraksha Yojana in Washim, 2019 – 20

Registered for JSY	Eligible for benefit	Number of benefited
5471	2836	2836
	Record Maintenance	
	Available and Updated	

Source: DHO Washim, 2019 – 20

3.3 Janani Shishu Suraksha Karyakram (JSSK)

Government of India had come with another programme named as Janani Shishu Suraksha Karyakram (JSSK) and launched it in 2012, in order to eliminate out of pocket expenditure for pregnant women and sick –new born and infants on drugs, diet, diagnostics, user charges, referral transport etc. which was occurring during the successful implementation of JSY. The scheme entitles to all pregnant women delivering in public health institutions to absolutely free and no expenses delivery including Caesarean section.

Table 12: Status of Janani Shishu Suraksha Karyakram for pregnant women in Washim, 2019 – 20

District Name	Total Deliveries	Diet	Medicine	Diagnosis	Home to Institution	Institution to Institution	Institution to Home
Women	9002	4543	5541	5541	4388	2636	4437
Sick Neonates	-	-	896	896	417	167	891

Source: DHO Washim 2019 -20

In Washim, the coverage of JSSK was only 50 percent and little above, as 4543 mothers has received the diet facility during their stay in health institution against the 9002 institutional

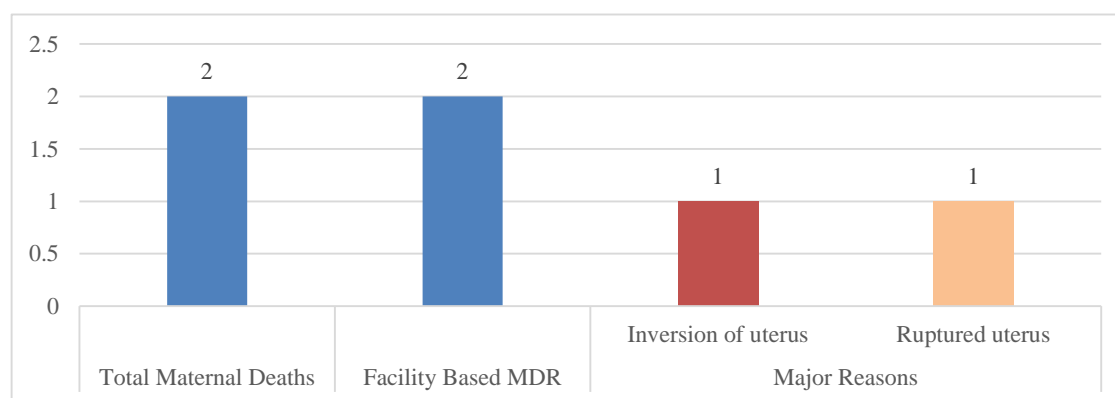
delivery (*Table 12*). Similarly, 5541 pregnant women have received medicine and were diagnosed at health facility during their child bearing period. With regards to transport facility, total 4388 pregnant women had availed the ambulance services from home to health institution during ANC/INC/PNC period. The drop back facility was either not 100 percent as there were 4437 women had availed the drop back transport facility.

With regards to sick neonates, there were 896 children who received free Medicine and were diagnosed free of cost under JSSK, of which 417 neonates were received the transport services from home to institution and almost all were received drop back transport services.

3.4 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

Figure 3: Status of Maternal Deaths in Washim, 2019 – 20



Source: DHO Washim, 2019

There were 2 Maternal Deaths observed in Washim district during the reference period as shown in *figure 4*, and all these deaths were reviewed at concern facility. The major problems for these deaths were inversion of uterus and ruptured uterus.

4. Child Health

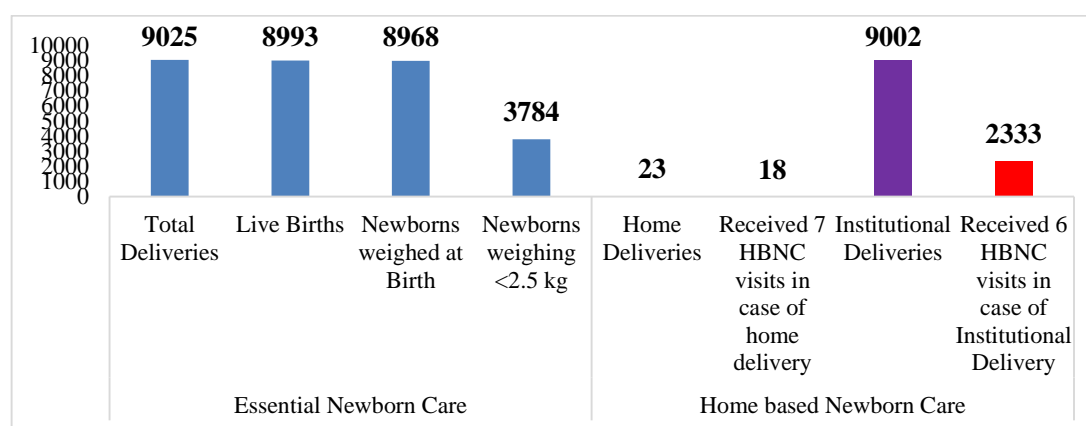
The RMNCH+A under the National Health Mission also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-

five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM – 2005 – 2012) have laid down the goals for child health.

4.1 Neonatal Health

The district has observed 9002 institutional deliveries, of the total 9025 deliveries during the reference period as presented in *figure 5*. Of the total newborns, 99.7 percent were weighed at birth. 1254 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 78.3 percent newborns received 7 HBNC visits, whereas only 25.9 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 4: Neonatal health Indicators, Washim



Source: DHO Washim 2019

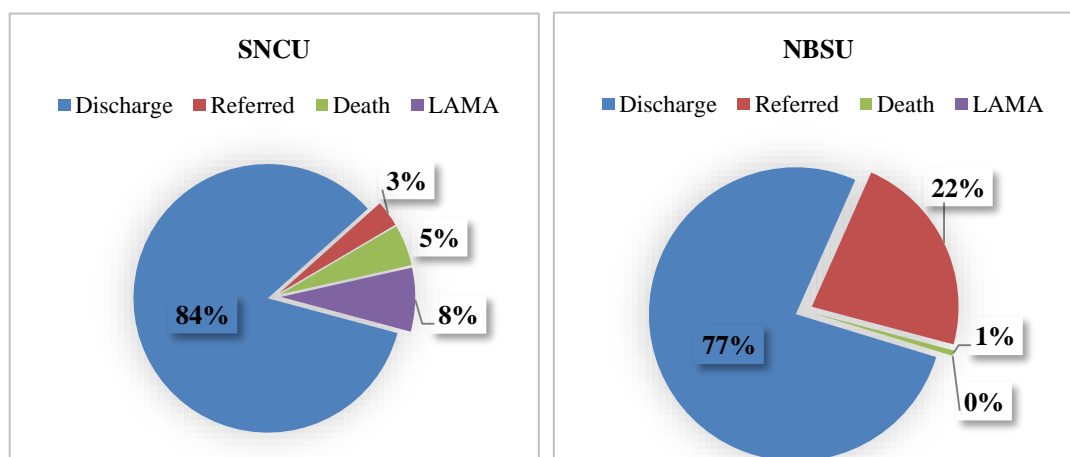
The service delivery for neonatal health in terms of infrastructure is discussed in *Table 13*. The district has 1 SNCU, 2 NBSUs and in all the delivery point has NBCCs. Manpower dedicated to SNCU and NBSU in the district includes 14 medical staff members and one DEO against the 22 sanctioned post. Total 879 neonates were admitted in SNCU, of which 84 percent were cured and discharged, 3 percent were referred, 8 percent were in LAMA and 5 percent were die (*Figure 5*). In 2 NBSUs, there were 169 admissions, of which 77 percent were cured and discharged, 22 percent were referred and 1 percent were died (*Figure 5*).

Table 13: Status of Neonatal Health Infrastructure, Washim 2019 – 20

Type of facility	Number of facilities across district	Total Staff	Total Admissions
SNCU	1	11	879
NBSU	2	4	169
NBCC	133	-	-

Source: DHO Washim 2019

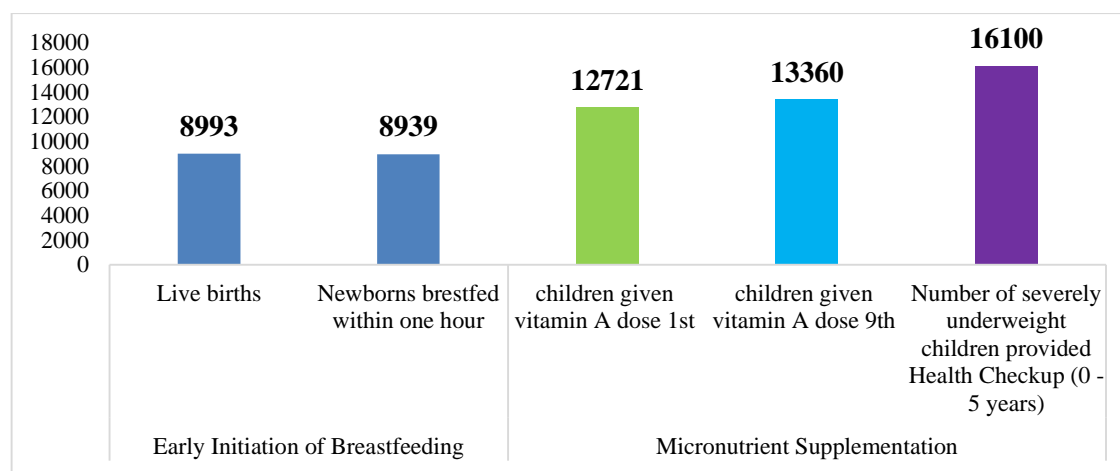
Figure 5: Treatment outcome of Neonatal admissions in SNCU and NBSU, Washim 2019 – 20



4.2 Nutrition

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economics returns. Nutrition is fundamental to all the achievement of the other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

Figure 6: Status of Child Health Nutrition, Washim 2019 -20



Source: DHO Washim and HMIS 2019

RMNCH implementation in terms of nutrition includes calcium, iron and vitamin A supplementation to improve maternal and infant survival. With regards to the same, **figure 6** depict that, 8939 newborns in the district were breastfed within 1 hours of birth which accounts to 99.4 percent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted.

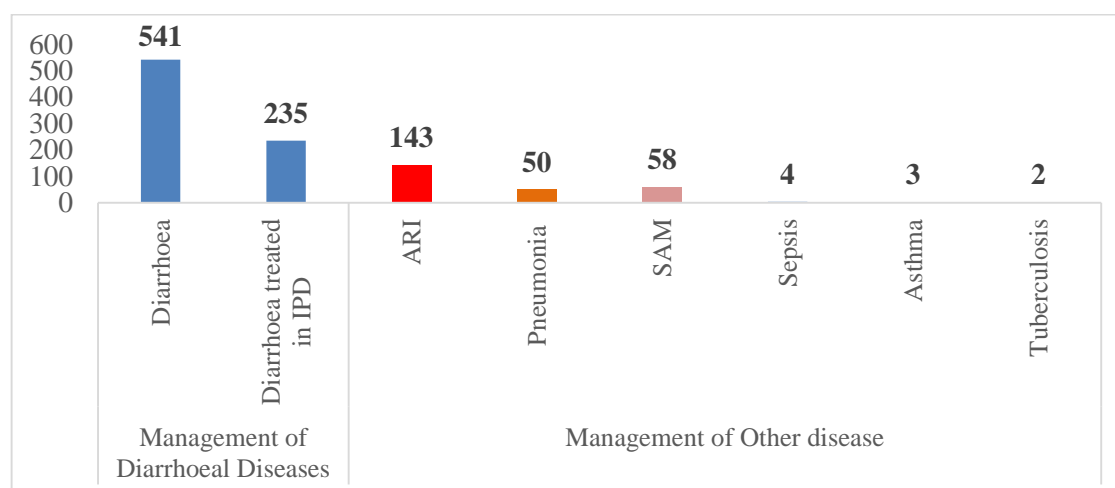
Nutritional Rehabilitation Centre (NRC) exist in the District Hospital and providing nutritional related assistance to the patient. During last financial year total 26 malnourished patients were admitted in the centre. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 12721 children and Vitamin A dose 9 to 13360 children. Whereas, 16100 severely underweight children were provided health check –up during the same time.

4.3 Management of Common Childhood Illnesses

Every year about 8 million children in developing countries die before they reach their fifth birthday, of which many during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infection, diarrhoea, malaria or severe malnutrition or combination of these conditions.

In India, common childhood illness in children under 5 years of age include fever, acute respiratory infections, diarrhoea and malnutrition (43%) and often in combination. As shown in **figure 7**, in Washim district 541 children were suffered with diarrhoea of which 43.4 percent were treated at IPD. As for Pneumonia and acute respiratory infection, 50 children and 143 children respectively were admitted during the reference period. While 58 children were admitted in NRC of severe acute malnutrition during the same time and 4 cases of Sepsis, 3 cases of Asthma, 2 cases of Tuberculosis were also occurred among the children in the district.

Figure 7: Status of childhood disease in Washim during 2019 – 20



Source: DHO Washim and HMIS 2019-20

4.4 Immunization

Immunization Programme is one of the key interventions for protection of children from life threatening situations, which are available. Immunization programme under NHM, is one of the major public health intervention in the country.

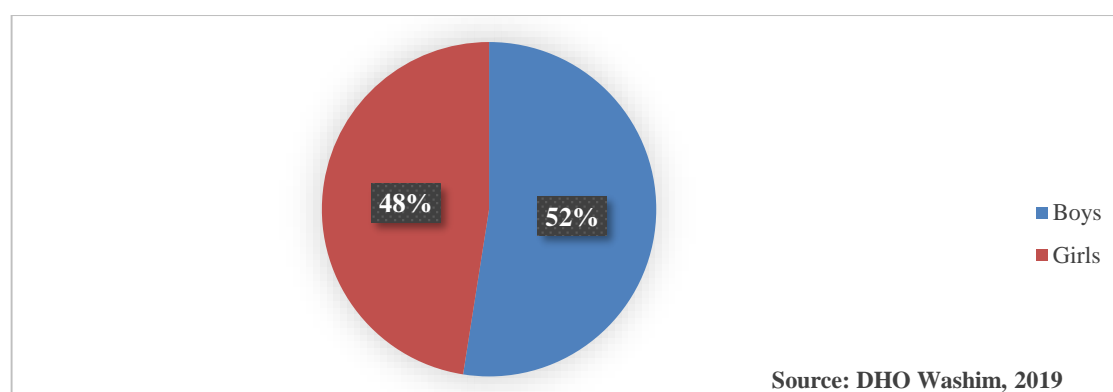
Table 13 depicts the immunization coverage scenario of Washim district. In Washim, total 10956 newborns have received BCG vaccination and 7,561 of them has received OPV 0 vaccination at birth. DPT vaccination was reportedly updated to Pentavalent vaccine, where the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases but five diseases, including Hepatitis B and Haemophilia influenza type B as well. Measles and Rubella (MR) vaccination successfully administered to 13,186 children. Overall the district has administered to total 13,171 children for full immunization, of which 52% are male children and 48% are female children (**Fig. 8**)

Table 14: Block wise status of immunization coverage in Washim, 2019 -20

District	BCG	OPV	Pentavalent			Measles & Rubella	Full Immunization
	0	0	1	2	3		
Washim	10956	7561	13450	12939	13007	13186	13171

Source: HMIS, DHO Washim, 2019 -20

Figure 8: Fully Immunized children by gender, Washim 2019 -20



4.5 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 15 depicts the status of RBSK activities in the district for the years 2019 -20. In Washim, total 1,148 schools were covered, where 3,13,688 children/adults were screened/diagnosed.

13,106 cases were identified with some problems, where the major problems were Squint, Heart disease, ENT, Appendix and others.

Table 15: Status of RBSK Programme in Washim, 2019 - 20

Parameters	Status
Number of team working	16
Number of School	1148
Children/Adults Screened	3,13,688
Cases identified with problems	13,106
Major Problems - Squint/Cataract	27
Heart Disease	20
ENT	18
Appendix	15
Cyst	15
Hernia	5
Orthopaedic	5
Phimosis	5
Cleft lip & Palate	3
Club foot	1
Others	37

Source: DHO Washim, 2019 -20

5. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A women’s freedom to choose “when to become pregnant” has a direct impact on her health and well-being as well as the neonates. This could be achieved only by providing privilege of choices for contraception methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 16 depict the achievement of Washim on family panning during 2019 – 20, where female sterilization was dominated under permanent sterilization. Apart from this, the condom distribution was satisfactory in the district with a total of 127,989 condoms distributed during 2019 – 20.

Table 16: Status of Family Planning in Washim during 2019 -20

	Sterilization		IUCD Insertions	Oral Pills	Condoms
	Male	Female			
Washim	2	832	1820	30905	127,989

Source: DHO Washim and HMIS 2019 -20

6. Adolescent Reproductive and Sexual Health (ARSH)

ARSH was envisaged by NHM in order to reduce risky sexual behaviour and empowering adolescent to make informed decision for facing the challenges of life, they need to develop the necessary life skills. Thus, the focus of interventions with adolescents has to shift from information given, to building life skills. While life skills are built through experimental learning, these skills can be enhanced in the context of ARSH.

In the district, 4 ARSH clinic were exist i.e. District Hospital, Rural Hospital Mangrulpir, RH Karanja, and RH Risod. During last financial year, total 2537 adults have been benefited from these clinics by getting counselling related to sexual behaviour, anaemia, nutrition, menstruation cycle, physical development hygiene, and cleanliness of the body.

7. Health Care Waste Management

Bio-medical pits and colour- coded bins were observed in all the visited facilities. With regards to sterilization practices in the district, record for fumigation of OTs was available in each of the visited facilities were maintained properly.

Figure 9: Colour - coded bin at SC Sawad, Washim



8. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health- related behaviour in a target audience, concerning a specific

problem and within a pre –define period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcaster or TV spots, etc. are printed/produced and circulated/broadcasted as a means of promoting desired & positive behaviour in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.

Figure 10: IEC Display in Health Facilities, Washim 2019



The visited facilities had put in place the procured IEC material in place except PHC Kawatha as it was recently repainted for being one of the Health and Wellness Centre. Though, IEC material was placed in all the visited facilities, but some of the important posters of JSY, JSSK were missing in some facilities.

9. Community Process

The Accredited Social Health Activist (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategies role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

The broad working status of ASHAs is highlighted in **Table 17**. In the Washim district there were total 1,009 ASHA workers were required, of 1,008 are currently working. All the ASHA workers are having necessary drugs, kits and family planning methods. Apart from this 1008 ASHAs has trained module 6 & 7 to implement the HNBC schemes in the district. All the ASHA workers are being paid on time with average incentive of ₹3580, where highest incentive was ₹8560 and lowest incentive was ₹2450 during April – November, 2019.

Table 17: Status of ASHAs worker in Washim, 2019 – 20

Parameters	Number & Status
Number of ASHAs required	1009
Number of ASHAs available	1008
Number of AHSAs left	0
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	1008
Availability of ORS, Zinc, FP methods to all AHSAs	Yes

Source: DHO Washim, 2019 -20

10. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy) system of Medicine is a major vision of NHM. The AYUSH system, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

In Washim, a total of 10 Health facilities are providing AYUSH service, of which 8 are providing inpatient facilities (**Table 18**). During April – November, 2019, 86722 patients received AYUSH service in Washim district.

Table 18: Status of AYUSH services in Washim, 2019 -20

Sr. No.	Details	April – November, 2019
1	Number of facilities with AYUSH health system	10
2	No. Health Facilities have AYUSH Inpatient service	8
3	No. of AYUSH staffs	13
4	No. of patients who received treatment	86722

Source: DHO Washim, 2019 -20

11. Disease Control Programme

Several National Health Programmes such as National Vector Borne Disease Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc. come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable disease in the district has been discussed below.

11.1 Communicable Disease

Table 19 summarizes the status of communicable disease in Washim district during April – November 2019. Total 143,629 cases were screened for malaria, of which 5 cases were found

positive. Similarly, 10,262 cases of Tuberculosis were screened, of which 1166 cases were found positive. Apart from these disease 115 cases of leprosy was reported, of which 74 were detected by ASHA.

Table 19: Status of Communicable Diseases Programme, Washim 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Malaria	143,629	5
Tuberculosis	10,262	1166
Leprosy	-	115

Source: DHO Washim, 2019 -20

11.2 Non-communicable Disease

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer etc. are covered under NHM.

Table 20: Status of Non - Communicable Diseases Programme, Washim 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Blindness	72927	1723
Diabetes Mellitus (DM)	282699	1501
Hypertension (HTN)		2736
DM & HTN		727
CVDs		124
Stroke		9
Cancer	160500	6

Source: DHO Washim, 2019 -20

Table 20 depicts the status of Non- Communicable Disease in the district. In Washim, there were 1723 cases of blindness were detected against the 72,927 screened cases. Similarly, 1501 cases of Diabetes Mellitus, 2736 cases of Hypertension, 727 cases of both Diabetes Mellitus and Hypertension, 124 cases of Cardio vascular Disease and 9 cases of stroke were detected against the 282,699 screened cases. Apart from that 6 cases of cancer were also detected against the 160,500 screened cases in the district during April – November, 2019.

12. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

As per the observation of the monitoring team, HMIS data in the district faces some errors, the primary cause of which remains the shortage of manpower. Well trained data entry operator or

statisticians are not available in most of the facilities. In such a scenario, paramedical staffs are mostly allotted to complete the task which leads to multitude of errors. It was further reported that data validation and error is not being considered while reporting and uploading the data.

As presented in *table 21*, there has been some progress with regards to HMIS while the system still has wide scope of improvements.

Table 21: HMIS/MCTS status in Washim, 2019 -20

Parameters	Status
Is HMIS implemented at all the facilities?	Yes
Is MCTS implemented at all the facilities?	Yes
Is HMIS data analysed and discussed with concerned staff at state and district level for necessary corrective action to be taken in future?	Yes
Do programme managers at all level use HMIS data for monthly reviews?	Yes
Is MCTS made fully operational for regular and effective monitoring of services delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?	Yes
Is the service delivery data uploaded regularly?	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery	Yes
Is HMIS data analysed and discussed with staff at all levels for necessary corrective action to be taken in future?	Yes

Source: DHO Washim, 2019 -20

13. Health and Wellness Centre

AYUSHMAN BHARAT is the flagship scheme of the MoHFW, and is launched in the district in last financial year. Total **25 PHCs** and **103 SCs** has been sanctioned as Health and Wellness Centre in the district.

Total 103 Community Health Officer has been given charges at 103 SCs, and they providing their service to community by screening NCD related disease. PRC team visited two of them (PHC Kawatha and SC Sawad).

14. Budget Utilization

The budget utilization summary for Washim district is presented in *Table 22*. **43** percent of the total sanctioned budget for the PIP has utilized for various scheme/programme during April – November 2019.

Table 22: Budget utilization parameters, Washim 2019 -20

Scheme/Programme	2019 -20		
	Sanctioned	Utilized	Percent
Service Delivery – Facility based	196.72	74.16	38%
Service Delivery – Community based	43.20	23.48	54%
Community Intervention	513.59	303.49	59%
Untied Fund	123.26	57.08	46%
Infrastructure	537.16	49.74	9%
Procurement	84.95	45.09	53%
Referral Transport	50.9	26.64	52%
Human Resources	1065.47	529.24	50%
Training	56.2	19.12	34%
Review, Research, Survey and Surveillance	0.50	0.25	50%
IEC/BCC	25.43	9.57	38%
Printing	9.25	3.47	38%
Quality Assurance	25.41	2.7	11%
Drug Warehousing and Logistics	22.68	8.85	39%
PPP	41.26	0	0%
Programme Management	305.01	176.05	58%
Innovations	4.80	0	0
Total	3105.79	1328.93	42.79%

Source: DHO Washim, 2019 -20

15. Facility Wise Observation

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising one each SDH, CHC, PHC and SC. Since DH and Women Hospital are not available, hence not visited by the monitoring team.

15.1 District Hospital: Washim

The monitoring team visited District Hospital of Washim, located in Washim Block. The facility has an average OPD load of 540 patients per day. With regards to HR, **Table 23** depicts the status of manpower in district hospital. In the DH, post like RMO, OBG, Paediatrician Radiologist were not filled on permanent basis. Apart from these positions, post of MOs, SNs, ANMs, Class III & IV were also not filled. Overall, more than 51 percent of the sanctioned post were not filled in the District Hospital, due to which the DH was not maintained properly.

Table 23: Status of Human Resource at the DH Washim 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	District Civil Surgeon	1	1	0
2	RMO	2	0	2
3	OBG	1	0	1
4	Anaesthetist	1	1	0
5	Paediatrician	1	0	1
6	Radiologist	1	0	1
7	General Surgeon	1	1	0
8	MOs	11	2	9
9	Administrative Officer	1	0	1
10	Matron	1	0	1
11	Assistant Matron	1	0	1
12	SNs	64	57	7
13	ANM	14	3	11
14	Pharmacist	5	4	1
15	Driver	5	1	4
16	Other Class III	55	18	37
17	Class IV	95	38	57
	Total	260	127	133
NHM Staff				
18	AYUSH	10	6	4
19	RBSK	19	18	1
20	NPCDCS	13	12	1
21	NPHCE	12	10	2
22	NPPC	6	5	1
23	NTPC	3	3	0
24	NOHP	2	2	0
25	DMHP	6	5	1
26	NPCB	3	3	0
27	PCPNDT	1	1	0
28	RKSK	1	1	0
29	Sickle Cell	1	1	0
30	NVHCP	1	1	0
31	FMG	1	1	0
32	Telemedicine	1	1	0
33	EMS	1	1	0
34	BFO	1	1	0
35	Statistical Assistant	1	1	0
	Total	83	73	10

Source: District Hospital Washim, 2019 -20

The following observations were made during the monitoring visit.

- ✚ Though, the staff quarters for MOs were available but not in sufficient quantity. Apart from this, staff quarter for SNs and for other categories were not available.

- ✚ The facility was lack of Class IV worker, which hampered the cleanliness of the facility premises as well as the cleanliness of separate toilets available for male and female. Also the drainage system was damaged in the facility.
- ✚ At the time of monitoring visit, the facility does not have any supply of IFA tablets (blue), Mifepristone tables and Misoprostol tables. The supply of Magnesium Sulphate Injection and Oxytocin Injection was not there in the facility since last 3 – 4 months, as a result they purchase these injections from local medical shop.
- ✚ Record maintenance at the facility was efficient and all registers pertaining to OPD, IPD, ANC, PNC, OT, MDR etc. were well maintained and updated.
- ✚ All the essential IEC material were displayed in the premises of the facility.
- ✚ The facility is equipped with electricity with power back and 24*7 running water supply.
- ✚ All the necessary equipment's i.e. BP Instruments, Weighing Machine, Needle Cutter, Radiant Warmer, Delivery table, CT Scanner, ECG Machine etc. were available and functioning.
- ✚ The institution is providing the lab services to the needy patients. During April – November, 2019, institution has conducted 7634 test for HIV, of which 11 were found positive and given treatment to them at the facility. Apart from this, the institute also performed 6962 X-ray, 4728 ECG and 4851 Ultrasound (Ob. and Gen.).

Table 24 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 2153 deliveries, of which 16 were assisted with Ventous/Forceps and 120 were C- Section deliveries. All the neonates were screened by RBSK team for any birth defect and were initiated breastfeeding within one hours of birth.



Figure 11: SNCU Ward, District Hospital Washim

There were total 879 newborns were admitted in SNCU department of the facility, of which 603 were inborn and 276 were out born. There were 26 more cases of SAM admitted in the facility.

The DH had conducted total 146 permanent sterilizations during the financial year 2019 – 20, of which 17 were tubectomy and 128 were minilap. The institution has also given IUCD (5 cases) and PPIUCD (223 cases) services to the women as a temporary family planning. With regards to immunization, 610 children of age 9 – 11 months have received all the vaccine from the DH. And also 621 children have received vitamin A (dose 1st) during 2019 – 20. DH observed, total 68 child deaths during 2019 -20, of which 20 were still births, 44 were neonatal deaths and 4 were infant deaths.

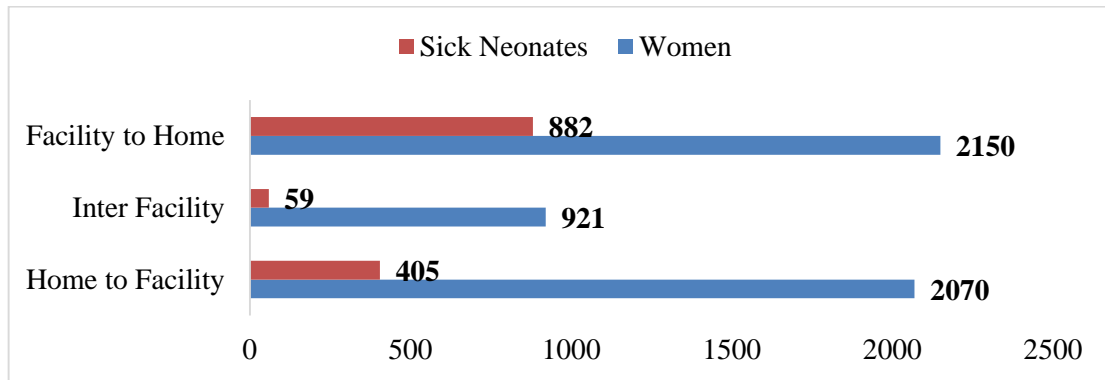
Table 24: Service Delivery Indicators of District Hospital Washim

Services	April – November, 2019
OPD	131,842
IPD	17,907
ANC 1 registration	366
No. of pregnant women given IFA tablets	366
Number of deliveries conducted	2153
No. of assisted deliveries (Ventous/Forceps)	16
No. of C Section conducted	120
Number of obstetric complications managed	248
No. of neonates initiated breastfeeding within 1 hours	2153
Number of children screened defects at births under RBSK	2153
No of NBSU admission	879
No. of children admitted with SAM	26
No. of sick children referred	59
No. of pregnant women referred	921
No. of children fully immunized	610
Measles and Rubella coverage	610
No. of children given Vitamin A dose 1 st	621
No. of IUCD Inserted	5
No. of Minilap	128
No of Tubectomy	17
No. of Vasectomy	1
No of women who accepted post-partum FP services	223
No. of MTPs conducted in first trimester	5
No. of Adolescents attending ARSH clinic	769
No. of still births	20
Neonatal deaths	44
Infant deaths	4

Source: District Hospital Washim, 2019

Under referral services, the institute has provided total 5141 referral services to women and 1346 referral services to sick neonates. During 2019 – 20, the institution has referred 59 sick neonates and 921 women to other facilities for better treatment (*Table 24 & Figure 12*).

Figure 12: Referral services during April - November, 2019



Source: District Hospital Washim, 2019 -20

Figure 13: Monitoring team with staff of District Hospital Washim



15.2 Sub- District Hospital: Karanja

Sub – District Hospital was located in Karanja block and was 64 km away from District headquarter and covering 73,000 population of the block. It was easily accessible from nearest road head and working in government building. Though, the facility is upgraded to 100 bedded, but it was still working as a 50 bedded hospital due to lack of manpower.

The Medical Superintendent at the facility was observed to be highly efficient and orderly in keeping the health facility functional as well as systematic to the fullest, given its infrastructure and Human Resource provided at the health facility (*Table 25*).



Figure 14: Monitoring team with staff of SDH Karanja

The following observations are made by the monitoring team, who visited the SDH Karanja:

- ✚ A severe crunch of manpower was observed in the facility as more than 55 percent of total regular sanctioned post are vacant, due to which they are not able to work/shift in the new building sanctioned as SDH in 2014.
- ✚ Though, the SDH has a new building but not shifted due to lack of manpower and in older building, there were some leakages as well as the drainage system was also not working.
- ✚ During the financial year 2019 - 20, the facility has provided training services to 44 health personal, of which 4 were MOs, 39 were SNs and 1 was Lab technician (*Table 26*).
- ✚ The facility has 24*7 running water supply as well the electricity supply with power back –up.



Figure 15: Solar panel and water heater on the roof of SDH Karanja

Table 25: Status of Human Resource at the SDH Karanja 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	1	0
2	OBG	1	1	0
3	Orthopaedic	2	0	2
5	General Surgeon	1	1	0
6	MOs	10	6	4
7	Administrative Officer	1	0	1
8	Assistant Matron	1	0	1
9	SNs	20	5	15
10	Physiotherapist	1	0	1
11	Blood Bank Technician	2	1	1
12	Pharmacist	2	0	2
13	Lab Asst.	2	0	2
14	ECG Technician	1	0	1
15	X-ray Technician	1	1	0
16	Dietician	1	1	0
17	Class III	21	12	9
18	Class IV	8	5	3
	Total	76	34	42
NHM Staff				
19	MO AYUSH	3	3	0
20	MO RBSK	6	6	0
21	SN/NBSU SN	6	6	0
22	ANM	3	3	0
23	Pharmacist	3	3	0
24	IPHS	3	3	0
25	ICTC	3	3	0
26	Sickle Cell	1	2	0
27	NCD	3	3	0
28	Tele Medicine	1	1	0
29	RNTCP	2	2	0
	Total	34	34	0

Source: SDH Karanja 2019 – 20

Table 26: Training status of various cadres at SDH Karanja, 2019 – 20

Sr. No.	Training Programmes	No. of health personnel		
		MO	SN	LT
1	SBA	0	8	0
2	F-IMNCI	0	7	0
3	NSSK	0	10	0
4	PPIUCD	0	5	0
5	IMEP	2	6	0
6	Immunization and Cold Chain	1	3	0
7	Mini Lap	1	0	0
8	Blood Storage	0	0	1
	Total	4	39	1

Source: SDH Karanja 2019 – 20

- ✚ All the essential equipment's and equipment's related to laboratory, essential drugs, supplies and consumable were available in the facility. The institution was also provided laboratory services. During last financial year, facility has conducted total 32,141 test.
- ✚ The institution was lack with separate ward for male and female, and the drug storage room was not enough to store medicine, which was lacking with cupboard, resulting to keep medicine in open place, which may further cause the possible chance of losses of the medicine.
- ✚ Though, the essential drug list were available in the facility but not displayed in the OPD.
- ✚ In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. However, JSY payments were not made to all the eligible beneficiaries at the time of discharge, as these payments were initiated through PFMS mode from THO office.
- ✚ All the necessary registered were available and maintained properly except updated micro plan.
- ✚ The facility has provided 18 home to facility, 99 inter facility and 109 facilities to home, transport services to the women for ANC/INC/PNC under the JSSK programme. Whereas 18 newborns for inter facility and 24 newborns for drop back were also provided transport services respectively.

Table 27 highlights the services delivery indicators of the SDH. During the reference period, the facility had provided only 3354 IPD services against the 63,878 OPD service. At the same time, institute has conducted 36 C – section deliveries against the 344 institutional deliveries, of which 1 obstetric complication were managed. Whereas, 340 neonates were initiated breastfeeding within one hours of birth.

The institute had conducted 22 post-partum family planning and 4 MTPS in first trimester. Apart from these family planning methods, institute had performed 35 IUCD insertions, 53 tubectomy and 35 minilap during April – November 2019. At the same time 292 adults has attended the ARSH clinic for their health advice.



Figure 16: General Ward of SDH Karanja

The institute has referred 15 sick children for better treatment along with 180 women for the follow up during the reference period, of which 92 had normal deliveries and 41 were from C-Section. The following more health services has been provided at the facility during April – November 2019:

Table 27: Health Service Delivery Indicator of SDH Karanja, 2019 -20

Services	April – November, 2019
OPD	63878
IPD	3354
ANC1 registration	865
% ANC registration in 1 st trimester	74.2%
No. of pregnant women given IFA tablets	852
Number of deliveries conducted	344
No. of C Section conducted	36
Number of obstetric complications managed	1
No. of neonates initiated breastfeeding within 1 hours	340
Number of children screened for defects at births under RBSK	41552
No of NBSU admission	46
No. of children referred	15
No. of pregnant women referred	180
No. of children fully immunized	834
No. of children given ORS + Zinc	2913
No. of children given Vitamin A	834
No. of IUCD Inserted	35
No. of Minilap	35
No of Tubectomy	53
No of women who accepted post-partum FP services	22
No. of MTPs conducted in first trimester	4
No. of Adolescents attending ARSH clinic	292
No. of still births	4
Neonatal deaths	1

Source: SDH Karanja, 2019 -20

15.3 Rural Hospital/Community Health Centre: Risod

Rural Hospital (RH)/Community Health Centre (CHC) Risod was located in Risod Block and 43 km away from District headquarter, covering 34,000 populations with it 30 bed strength. Though, it was running in government building but it was not in good condition. Also, the quarters available for staff was not in good condition. The facility has electricity supply with power back and 24*7 running water supply but during the summer season facility faces shortage of water.

Table 28: Regular Staff under CHC Risod in Washim District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	MS	1	0	1
2	MO	3	2	1
4	Dental Specialists	1	0	1
5	Asst. Superintendent	1	1	0
6	Jr. Clark	2	1	1
8	X-ray tech.	1	1	0
9	Lab tech	1	1	0
10	Lab asst.	1	1	0
11	Pharmacist	1	1	0
12	Staff nurse	7	6	1
13	Dental asst.	1	0	1
14	Peon	1	1	0
15	Ward boy	4	3	1
16	Sweeper	2	2	0
	Total	27	20	7
NHM Staff				
17	Medical Officer	6	6	0
18	Pharmacist	3	3	0
19	ANM	3	1	2
20	Blood Bank Tech.	1	1	0
21	ICTC	2	2	0
22	NCD	4	4	0
	Total	19	17	2

Source: CHC Risod, 2019 -20

The following observations are made by the monitoring team, who visited the CHC Risod:

- ✚ The CHC has all the mandatory physical infrastructure except New Born Stabilization Unit.
- ✚ The facility does not have enough space to tackle the heavy workload. They were forced to conducted OPD and other session in open space.

- + All the essential equipment's and equipment's related to laboratory (except X- ray machine), essential drugs, supplies and consumable were available in the facility, but the list of drugs available in the facility was not displayed in OPD.
- + The X-ray machine not working, it should be repair soon for the smooth functioning of the X- Ray department.
- + Though, the blood bank unit was constructed separately in the premises, it was not functioning yet.
- + All records were available, updated and correctly filled. Also all the IEC material were correctly displayed, except JSY entitlements
- + Under the JSSK programme, total 196 women had provided home to facility transport service, while 49 women and 9 children were provided inter facility transport service.
- + In terms of HR, total 7 regular post were vacant. One post of each MS, MO, Dental Specialist, Dental Asst., Jr. Clerk, SN and Ward boy were not filled. Apart from these post, two post of ANM under NHM also not filled (*Table 28*).

Table 29: Training status of various cadres at CHC Risod, 2019 – 20

Sr. No.	Training Programmes	No. of health personnel		
		MO	SN	LT
1	SBA	0	2	0
2	NSSK	1	2	0
3	PPIUCD	0	3	0
4	IMEP	0	2	0
5	Immunization and Cold Chain	0	1	0
6	Blood Storage	0	0	1
	Total	1	10	1

Source: CHC Risod, 2019 -20

- + During last financial year, CHC Risod had provided training under various cadres to 12 health personal of the block, of 10 were Staff Nurse (*Table 29*).

Table 30 highlights the service delivery indicators of Community Health Centre Risod during 2019 – 20. The facility has conducted total 136 deliveries during last financial year, and all mothers were initiated breastfeeding within one hours of births. During ANC period institute has referred 12 pregnant women to the higher institute for treatment. RBSK teams of the facility has screened total 895 children for the defect and does not find any with any defects.

With regards to family planning, institute has provided 6 IUCD and 19 PPIUCD services. The ARSH clinic of the facility has counselled to 494 adolescents and has given information related to sexual behaviour, anaemia, nutrition etc. Apart from these services, the facility also observed 2 still births during last financial year.

Table 30: Service delivery indicators of CHC Risod 2019 - 20

Services	April – November, 2019
OPD	25627
IPD	1506
ANC1 registration	417
No. of pregnant women given IFA tablets	417
Number of deliveries conducted at CHC	136
No. of neonates initiated breastfeeding within 1 hours	136
No. of children screened for defects at Birth under RBSK	895
No of pregnant women referred	12
No of IUCD inserted	6
No of women who accepted post-partum FP service	19
No. of children given Vitamin A	2358
No. of Adolescent attended ARSH clinic	494
Still births	2

Source: CHC Risod, 2019 - 20



Figure 17: PIP Monitoring team with staffs of CHC Risod

15.4 Primary Health Centre: Kawatha

The Primary Health Centre (PHC), Kawatha is situated at Risod Block and 34 km away from the District Headquarter, covering a population of 51,494 of the 28 villages. Total 23 post are sanctioned to this PHC, which consist of 2 MOs, 9 ANMs, 1 Pharmacist, 3 MPW, and 8 Health Assistant. Out of which 1 post of each of MO, ANM and MPW are vacant (*Table 31*). Apart from these post, 9 post under NHM was also sanctioned, of which 8 are filled. Though, the PHC has selected as one of the Health Wellness Centre in the district, but no extra manpower has provided.

Table 31: Regular staff at PHC Kawatha, Block Risod, Washim, 2019 - 20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	1	1
2	ANM	9	8	1
3	Pharmacist	1	1	0
4	MPW	3	2	1
5	HA	8	8	0
	Total	23	20	3
NHM POST				
6	ANM	3	3	0
7	Jr. Clerk	1	1	0
8	Ward Boy	4	3	1
9	Sweeper	1	1	0
	Total	9	8	1

The following observations are made and reported by the monitoring team on the PHC Kawatha:

- ✚ The facility was easily accessible and run in the government building. It has staff quarter in its premises for MOs, SNs and Others staffs but not in sufficient quantity. Extra quarters need to be constructed on urgently basis. The overall cleanliness at the facility was up to the mark.
- ✚ Though, the cleanliness was there in the PHC but the 24*7 water supply was not available. As a result, the facility faces the shortages of water.
- ✚ The facility has Labour room with attached and cleaned toilet, along with NBCC corner. Also, the separate wards for male and female were available.
- ✚ Record maintenance with regards to OPD, IPD, ANC, PNC registered was proper and complete. The IEC material, Citizen Charter was also efficiently displayed at the PHC with regards to visibility as well as coverage of schemes/programme except JSY and JSSK for the IEC material was not displayed.
- ✚ All the laboratory equipment's and other equipment's were available and were functioning.

- ✚ Under JSSK programme, total 34 women had provided home to facility transport services, while 14 women and 3 children were provided inter facility transport and 20 women had provided drop back transport services.

Table 32 highlights the service delivery indicators of PHC Kawatha. The facility has served to 15,727 OPD patients and 665 IPDs patients in 2019 -20. OPD to IPD ratio is a good indicator of manner in which inpatient service is being utilized in the facilities. For PHC Kawatha, OPD to IPD conversation rate is at 4 percent.

Table 32: Status of Service delivery indicators at PHC Kawatha, 2019 - 20

Services	April – November, 2019
OPD	15727
IPD	665
No. of pregnant women given IFA tablets	488
Number of deliveries conducted at PHC	23
No. of obstetric complications managed	3
No. of neonates initiated breastfeeding within 1 hours	23
No of pregnant women referred	11
No. of sick children referred out	4
No of IUCD inserted	130
No of Tubectomy	7
No of women who accepted post-partum FP service	2
RTI/STI treated	2

Source: PHC Kawatha, 2019 -20

Statistically, such a lower rate indicates that the type of inpatient care in relation to the demand for medical services is poor. However, for PHC Kawatha the situation that does not hold true. The facility is fully equipped with services and has a potential to cater to a varied case mix.



Figure 18: Monitoring Team with PHC Kawatha staff

15.5 Sub- Centre: Sawad

Sub- Centre (SC) Sawad is situated 11 km away from Kawatha PHC at Risod Block. SC Sawad is providing its services to five villages and covering 7,778 populations. The SC has been selected for HWC Programme, but not painted. All the IEC materials are displayed as per the IMEP guidelines.



Figure 19: PIP Monitoring team with staffs of SC Sawad

The following observations are made and reported by the monitoring team on the SC Korti:

- ✚ The facility was located at the nearest habitation and was run in a government building in which ANM quarter is attached. It was well maintained and equipped with 24*7 piped water supply and electricity. ANM was residing in the SC.
- ✚ It has Labour room with attached toilet, alongside a NBCC corner to tackle the new born emergency cases.
- ✚ The Humane Resource assigned at the facility was: 2 ANM, 1 MPW, 1 Community Health Officer. The ANMs were well trained and know all the health parameters measurement.
- ✚ Shortage of medicine was reported in the facility, due to which facility had not displayed the list of available medicine. Whereas all the essential equipment's were available in the facility.
- ✚ All the essential IEC material were displayed in the facility premises, alongside the immunization schedule, citizen charter etc.
- ✚ During the current financial year, the SC had conducted 43 deliveries and all mothers were initiated breastfeeding within one hours of births. All records were available and but not maintained properly.
- ✚ Suggestion/ Complaint box was not installed in the SC.

- ✚ Payment under JSY were not available since it was paid from Taluka Health Office.
- ✚ The Sub Centre has delivered the following services during the current financial year, 2019 – 20.

Table 33: Status of Service delivery indicators at SC Sawad, 2019 - 20

Services	April – November, 2019
Percentage of women registered in the first trimester	92%
ANC 1 registration	85
ANC 4 coverage	25
No. of pregnant women given IFA tablets	85
Number of deliveries conducted at SC	43
No. of neonates initiated breastfeeding within 1 hours	43
No. of sick children referred	2
No of pregnant women referred	14
No. of children fully immunized	93
Measles and Rubella coverage	93
No. of children given Vitamin A, IFA Syrup, ORS + Zinc	522
IUCD insertion	21
No. of still births	1
No. of VHND attended	48

Source: SC Sawad, 2019 – 20

16. Conclusion and Recommendations

16.1 Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health address the challenges for further Improvement. The Population Research Centre, GIPE, Pune undertook this work and monitored the many states across the country. Programme Implementation Plan has focused on major key points such as facility based services, interaction with community based workers, utilization of untied fund, infrastructure, status of Human Resources, training of HR, quality in health facility, IEC, budget utilization, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research Centre (PRC), Pune team has visited District Hospital Washim, SDH Karanja, CHC Risod, PHC Kawatha and SC Sawad.

The district has total 6 blocks, where 1 District Hospital, 1 Sub – District Hospitals, 6 Community Centre, 25 Primary Health Centre and 153 Sub-Centre are functioning and all are functioning in Government building except 34 SCs and among the DH, SDH and CHC, total 10 AYUSH department are functioning. Apart from health services, 25 PHC and 103 SCs has selected as Health

and Wellness Centre under AYUSHMAN Bharat programme. For transport facility, district have 45 ambulances. Deficient of human resources especially the main pillar of three tier health system in India. In a such scenario health institution cannot perform well. The district has observed 28 percent of shortfall against the total sanctioned post, of which 31 percent were Class I post, 28 percent of Class III post and 27 percent of Class IV post. During April – November, total 577 health personnel have trained under various programme head at district HFW Training Centre.

In Washim, the male sterilization is almost negligible with respect to their female counter part. During the same period, district has experienced 8993 live births and almost all the births has been taken place in health institution. The utilization of JSY satisfactory but the utilization of free service under JSSK was low, as it just above 50 percent to the total deliveries in the district. There were only 2 maternal deaths occurred during April – November, 2019 owing to inversion of uterus and ruptured uterus.

Among the live births only 26 percent of the newborns has received 6 HBNC visits in the district. RBSK programme is functioning to screen the defect child and cure them from the disease by referring them to health facilities. Currently 1008 ASHAs are working against 1009 in the district.

16.2 Recommendations

Based on the monitoring the following recommendations for improving the service delivery in the district are made -

- ✓ There is urgent need to fill up the vacant post of MOs, Health Worker (Male & Female) and Class IV post for the smooth functioning of the health facilities. Specially, DH and SDH are needed these post on very urgently basis as they lacking behind due to lack of manpower.
- ✓ Apart from the overall post, there is an urgent need of Class IV worker in District Hospital for the smooth functioning. Due to lack of sweeper, the DH was not cleaned during PIP visit.
- ✓ Inadequate and damaged staff quarters needs to be repair soon for the health personal, so they can give their 24 hours' services to the patients.
- ✓ Drainage system of DH Washim and SDH Karanja needs to be repair immediately as cleanliness was hampering, which may further cause the occurrences of diseases like Malaria and Dengue in the hospital premises.

- ✓ Shortage of drugs was observed in the District Hospital, so it should be ensure that, the supply match with demand as per requirement of health facility.
- ✓ The X-ray machine of CHC Risod was not working which is causing the out of pocket expenditure to the patients. It is utmost important to be taken care immediately on priority basis.
- ✓ Though, the CHC Risod was conducting 17 deliveries per months, but it does not have New Born Stabilization Unit to tackle the sick neonates. It is utmost important to establish a NBSU at CHC Risod.
- ✓ The scarcity of water was observed in the PHC Kawatha, as the water level of village was very low and during summer season the PHC was facing water scarcity. It should be taken care for the smooth functioning of the PHC.
- ✓ The SC Sawad was facing the shortage of funds, as the received Annual Maintenance Grand and Untied Fund was less to tackle the heavy work load, as a result in-charge ANM of the SC has asked for the increase the AMG and Untied Grand.
- ✓ Supervisory visits by DPM, Statistical Officer, and other coordinator of various programme should be conducted in regular interval to ensure adherence to the standards and norms with respect to various activities. Systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectified.

List of acronyms and Abbreviations

ANC	Ante Natal Care	MOIC	Medical Officer In- Charge
MDR	Maternal Death Review	BMW	Biomedical waste
ANM	Auxiliary Nurse Midwife	NBCC	New Born Care Corner
MMU	Mobile Medical Unit	NBSU	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	NSSK	Navjat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	SNCU	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	BSU	Blood Storage Unit
CHC	Community Health Centre	CMO	Chief District Medical Officer
PIP	Programme Implementation Plan	DPM	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	HMIS	Health Management Information System
NSV	No Scalpel Vasectomy	PRC	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	IEC	Information, Education and Communication
OPD	Out Patient Department	RKS	Rogi Kalyan Samiti
ECG	Electrocardiography	RCH	Reproductive Child Health
EMOC	Emergency Obstetric Care	IPD	In Patient Department
PNC	Post Natal Care	PPP	Public Private Partnership
FRU	First Referral Unit	OPV	Oral Polio Vaccines
DH	District Hospital	OCP	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	VHND	Village Health and Nutrition Day
TT	Tetanus Toxoid	LT	Laboratory Technician
MCTS	Mother and Child Tracking System	ALOS	Average Length of Stay
IMEP	Infection Management and Environment	IUCD	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	JSY	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	LHV	Lady Health Visitor
SN	Staff Nurse	LSAS	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	M&E	Monitoring and Evaluation