

**Monitoring and Evaluation of Programme Implementation Plan, 2018-19
Yavatmal District, Maharashtra**

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December 2018

(A Report prepared for the Ministry of Health and Family Welfare, Government of India, New Delhi)

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Monitoring and Evaluation of Programme Implementation Plan, 2018-19: Yavatmal District, Maharashtra

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2018-19 of Yeawatmal District was carried during the period of December 4-8 2018. The District Health Office, SDH Pusad, RH Arani, PHC Lonbehel and SC Sokali were visited for the study. As there is a Medical College in the district, District Hospital does not exist. PRC team visited Yavatmal during 4-8 December 2018. Team comprised of two officials from PRC side and Monitoring and Evaluation Officer of the district. The M&E officer has accompanied the PRC and JSSK Co-ordinator, IPHS Co-ordinator available during the visit. This report discusses in detail the implementation of PIP in Yavatmal district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 3185 posts of different discipline are sanctioned of which 3060 are filled and 125 (9.5 percent) are vacant for the district as a whole including ASHAs. Total 1797 regular positions of different discipline are sanctioned and 1271 are filled and 525 (29 percent) positions are vacant.
- AYUSH is integrated and mainstreamed with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. As all the departments of AYUSH are functioning well in the district. Adequate medicine is being supplied for all AYUSH facilities. Total 19 positions are sanctioned for AYUSH and 17 are filled.
- Under JSSK, the pregnant women in Yavatmal district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.
- During the reference period, 23852 pregnant women delivered at various public institutions i.e. Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery of JSSK. All of them were provided with free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery.

- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. In connection with payment of JSY, it is told to the team that beneficiaries are facing problems in getting JSY payment as it is paid by PFMS.
- Nutrition Rehabilitation Centre is established at the Sub District Hospital with 10 beds. One position of Medical Officer is sanctioned but not filled, four positions of Staff Nurse are sanctioned of which one is vacant, and one position of dieticians is sanctioned and filled. Basic Infrastructure is there.
- Rashtriya Bal Swasthya Karyakram is monitored by District. District Nodal Officer for RBSK is appointed. It is being implemented in all the 26 blocks of the district. Total 43 teams are working under the programme.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Pusad, CHC Arni, PHC Lonbehel and SC Sokali. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above three facilities.
- For effective implementation of JSSK, there are instructions from DHO to all the facilities and officials.
- District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Ayurved Seva Samiti. There is good impact of the services in periphery.
- In the district, most of the ASHAs receive on an average the incentive amount of Rs. 1000/- and highest monthly incentive paid to ASHA is Rs. 5000/-.
- Official physical verification of 5 percent of beneficiaries of JSY is not taking place in the district.
- As per expected level of achievement, JSY benefit needs to be given to 6364 women whereas it is given to 2709 (43 percent) women.
- There is set up of Non-Communicable diseases in District for screening.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2018-19 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality's and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra for each month of 2018-19. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Yavatmal District of Maharashtra for the period of 4-8 December, 2018.

As directed by MOHFW, the monitoring and evaluation of PIP 2018-19 for Yeawatmal District was carried during the period 4-8 December, 2018. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during 4-8 December 2018 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, one SDH, one CHC, one PHC and one SC were selected for the study. PRC team was accompanied by Monitoring & Evaluation Officer at some places. 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 Yavatmal district as observed by the PRC team during the field visit.

3. District Profile and Key health and service delivery indicators

Yavatmal, the name of district is said to have originated from Yeota, and the termination is either the word 'mal' or a 'hill' or a corruption of mahal, chief town of a pargana. In the Ain-I-Akbari the pargana is called YotLohara, Lohara being a village three miles to the west of Yavatmal. The district is situated in Vidarbha region, in the eastern part of Maharashtra State.

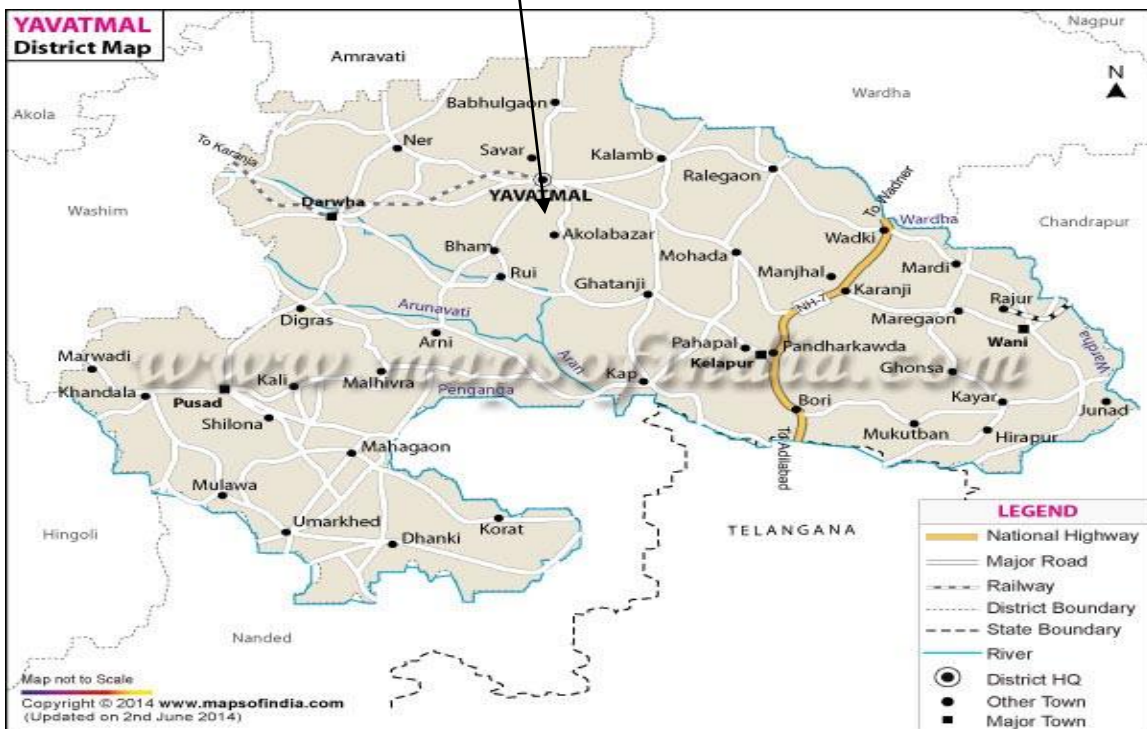
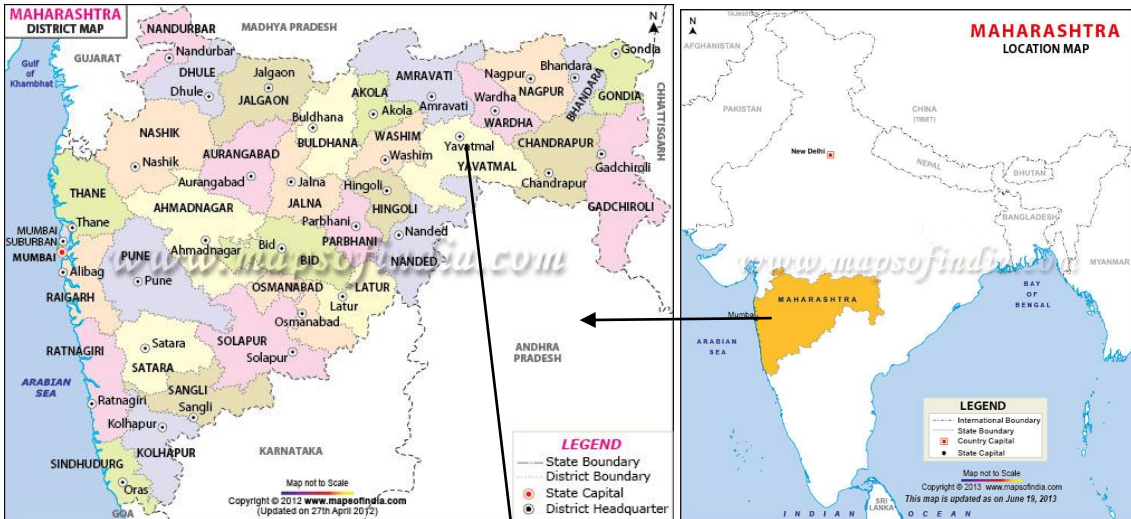
Upto 1863 Yavatmal was a part of East Berar district. In 1864 the tehsils of Yavatmal Darwha, Kelapur and Wan (Wani) were separated from that district to form a new district called South-East Berar and later named Wun (Wani) district. In 1905 Posed tehsil was transferred from Basin district to Wun district and the designation of the district changed from Wun to Yavatmal. There were no major changes in the boundaries of the district between 1911 and 1955.

With the re-organisation of State in 1956, the district was transferred from Madhya Pradesh to Bombay State. Since 1st May 1960 the district forms a part of Maharashtra State.

At the time of 1961 Census the district comprised of 5 tehsil having 1629 inhabited villages and 8 towns. During the decades 1961-71 and 1971- 81 the number of tehsils and towns remained unchanged, but there has been certain change as to the number of villages due to upgrading of hamlets/wadis into villages. The number of inhabited villages went up to 1647 in 1971 and 1751 in 1981 Census. After 1981 Census 9 new tehsils were created from the existing 5 tehsils. Two new

towns 'Umarsara' in Yavatmal tehsil and Rajur in Wani tehsil were created and the number of villages increased up to 1836 in 1991. In 1991 Census, there were 14 tehsils 9 with 1836 inhabited villages and 10 towns in the district. In Census 2001 the number of tehsils of Yavatmal district rose from 14 in 1991 to 16 in 2001 census. Arni new tehsil created from 69 villages from Digras tehsil and 37 villages from Ghatanji tehsil. ZariJamani tehsil created from 10 villages from Kelapur and 118 villages from Maregaon tehsil. 3 new census towns viz., Waghapur ,Wadgaon Road (Yavatmal tehsil) and Vasantnagar (Umarkhed tehsil) are created after 1991 census. In 2001 there were 16 tehsils 2,130 (including 264 uninhabited) villages and 13 towns in the district. In 2011 census the district has 16 tehsils, 18 towns and 2137 villages (including 284 uninhabited villages). According to 2011 Census, the district has a total population of 27, 72,348 accounting for 2.5 percent of the total population of the State. The decadal growth rate of the district during 2001-2011 was 12.9 percent which was much lower (15.99 percent) than the decadal growth rate of the state as a whole. The density of population is 204 per sq km. The sex ratio of the population (number of females per 1,000 males) in the district according to 2011 census is 947, which is higher (925) than that of the State and child sex ratio (0-6 years) is much higher (915) than that of state (883). Nearly two-fifths (39.6 percent) of the total population of the district lives in urban areas and nearly three-fifths of the females aged 7 years and above are literates.

Location of Yavatmal District in Maharashtra



Key Demographic Indicators: Maharashtra and Yavatmal District (2011)

Sr. No.	Items	Maharashtra	Yeawatmal
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1	No. of Blocks	355	16
2	No. of Villages	43,663	1836
3	Population (2011)	11,23,72,972	2772348
4	Population - Males (2011)	5,83,61,397	1419965
5	Population - Females (2011)	5,40,11,575	1352383
6	Literacy Rate (2011)	82.91	82.82
7	Literacy Rate - Males (2011)	89.82	89.41
8	Literacy Rate - Females (2011)	75.48	75.93
9	Sex Ratio (2011)	925	952
10	Child Sex Ratio (2011)	883	922
11	Density of Population (2011)	365	204
12	Percent Urban (2011)	45.23	21.58
13	Percent SC Population (2011)	11.8	11.80
14	Percent ST Population (2011)	9.4	18.50

Source: census 2011

4. Key Health and Service Delivery Indicators (DLHS- 3 and 4): Yavatmal District

Sr. No.	Indicators from DLHS-3 & DLHS-4	DLHS-3	DLHS-4
1	Mothers registered in the first trimester (%)	61.3	75.3
2	Mothers who had at least three ANC visits (%)	71.5	85.4
3	Mothers who got at least one TT injection (%)	70.0	93.8
4	Institutional births (%)	53.4	89.1
5	Home deliveries assisted by SBA (%)	6.0	6.5
6	Children fully immunised (%)	68.8	68.4
7	Children breastfed within one hour of birth (%)	58.3	76.6
8	Percent of women using modern FP methods	66.6	65.7
9	Total Unmet Need for FP (%)	12.5	18.8
10	Unmet need for spacing (%)	6.5	10.2
11	Unmet need for limiting (%)	6.0	8.6

Source: DLHS-3&4

Number and type of government health facilities in Yavatmal district

Name of the facility	Number	No. of Beds
Sub District Hospital – Pusad	1	50
Sub District Hospital – Darwha	1	50
Sub District Hospital – Pandharkawada	1	50
Rural Hospitals	14	30 each
Primary Health Centres	62	6 each
Sub Centres	435	
AYUSH facilities (Ayurvedic)	9	1
AYUSH facilities (Other)	1	1

Yavatmal District: Key Service Utilization Parameters (April 2018 to October 2018)

Service Utilization Parameter	SDH Pused	CHC Arni	PHC Lan beheal	SC sukali
OPD	64146	68763	19109	
IPD	7739	5990	738	
Expected number of pregnancies (reported)	1600	740	155	70
MCTS entry on percentage of women registered in the first trimester	51.12%	100		45
No. of pregnant women given IFA	975	277	00	139
Total deliveries conducted	1841	659	73	1
Number of Deliveries conducted at home				0
No. of assisted deliveries(Ventouse/Forceps)	00	426	00	
No. of C-Section conducted	84	00	00	
No. of obstetric complications managed	3	00	00	
No. of neonates initiated breastfeeding within 1 hr	1824	659	73	1
No. of children screened for defects at birth under RBSK	00	01	00	00
RTI/STI Treated	00	00	00	
No. of admissions in NBSUs/SNCU	109	884	00	
In-born	109	884	00	
Out-born	00	00	00	
No. of children admitted with SAM	00	00	00	
No. of sick children referred	00	17	4	00
No. of pregnant women referred	286	281	78	4
ANC1 Registration (reported)	866	277	530	40
ANC 3 Coverage	965	181	1582	32
ANC 4 Coverage	840	96	882	25
No. of IUCD Insertions	8	32	00	6
No. of Tubectomy	16	11	9	
No. of Vasectomy	4	00	00	
No. of Minilap	16	00	00	
No. of children fully immunized	439	211	73	33
Measles coverage	439	211	373	33
No. of children given ORS + Zinc	00	705	00	00
No. of children given Vitamin A	1326	860	00	224
No. of women accepted post-partum FP services	16	00	73	
No. of MTPs conducted in first trimester	3	00	00	
No. of MTPs conducted in second trimester	00	00	00	
Number of Adolescents attending ARSH clinic	00	00	00	
Maternal deaths, if any	00	00	00	00
Still births, if any	00	00	00	00
Neonatal deaths, if any	00	00	00	00
Infant deaths, if any	00	00	00	
Number of VHNDs attended				5
Number of VHNSC meeting attended				28
Service delivery data submitted for MCTS updation				100

5. Health Infrastructure

Yeawatmal is having Government Medical College, therefore no district hospital exists. There are Three SDHs in Yavatmal district: at Pusad (50 beds), Darwha (50 beds), Pandharkawada (50 beds) there are Fourteen Rural Hospitals in the district and all of them are with 30 beds and located in Government buildings. The district has 63 Primary Health Centres and all are functioning from government buildings. The district has 435 Sub Centres out of 373 SC are located in government buildings. Only 14% sub-centres not functioning in government buildings.

AYUSH facility is co-located at nine facilities in the district and Ayurveda, Homeopathy and Unani are the most popular medicines and Yoga is not available in the district. District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by AYURVED SEVA SAMITI. There is good impact of the services in periphery.

6. Human Resources and Training

In the district, a total 1797 regular positions of different discipline are sanctioned and 1271 are filled and 525 positions (29 percent) are vacant. Under NRHM, 3185 posts of different discipline are sanctioned of which 3060 are filled and 125 are vacant (3.9 percent) for the district as a whole including ASHAs.

There is a Government Medical college in the district. Hence, District Hospital is not there. Some of the administrative posts are there i.e., Civil Surgeon, RMO outreach, Office Superintendent and clerical staff to assist overall monitoring of SDH and RH. Civil Surgeon is administrative head of these facilities. There are four SDH and thirteen RH in the district.

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

Sr.	Name of Post	Sanctioned	Filled up	Vacant
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No.		Post	Post	Post
1	District Health Officer	1	1	0
2	Additional District Health Officer CI-I	1	0	1
3	Asst. District Health Officer CI-I	1	0	1
4	District RCH Officer CI-I	1	0	1
5	District Tuberculosis Officer CI-I	1	1	0
6	Administrative Officer CI-II	1	0	1
7	District Malaria Officer CI-II	1	1	0
8	Taluka Health Officer Group A	16	15	1
9	MO Group A	122	111	11
10	MO B	43	38	5
11	Statistical Officer	1	0	1
12	Section Officer	34	25	9
13	Office Superintendent	1	1	0
14	AYUSH MO	24	24	0
15	Jr.Assistent	88	61	27
16	Health Worker (Male)	465	305	160
17	Health Assistant	110	79	31
18	Health Worker (Female)	637	426	211
19	Health Assistant (Female)	64	38	26
20	Pharmacists	65	56	9
21	Health Supervisor	34	25	9
22	Laboratory Technician	22	17	5
23	Sweeper	63	47	16
	Total	1797	1271	525

Contractual staff appointed under NRHM in Yavatmal District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	27	27	-
2	IPHS	58	43	15
3	FMG	21	20	1
4	ASHA	2394	2357	37
5	RKS	1	1	0
6	RBSK	182	157	25
7	AYUSH	19	17	2
8	Sickle Cell	13	8	5
9	Tele Medicine	1	1	-
10	Quality Assurance	2	2	0
11	PCPNDT	1	1	0
12	IDSP	4	3	1
13	NPCB	1	1	0
14	ANM	267	267	0
15	LHV	29	22	7
16	Staff Nurse	11	7	4
17	EMS	1	1	0
18	DEIC	1	1	0
19	NLEP	12	12	0

20	NRC	9	7	2
21	NTCP	4	4	0
22	NBSU	14	14	0
23	RI	7	6	1
24	TRAINING	1	1	0
25	NUHM	60	40	20
26	RNTCP	39	39	0
27	BSU	4	0	4
28	WAREHOUSE	2	1	1
	Total	3185	3060	125

Training status of all cadres in the district

Sl.No.	Type of Training	MO/SN/LHV/ANM/MPW	TRG.LOARD	COMPLETED UP TO OC.2018	PERCENTAGE
1	SAB	ANM/LHV/SN	94	61	64.89
2	BEmOC	MO	14	12	85.71
3	IYCF	MO/LHV/ANM	60	60	100
4	RI	MO	20	12	60.00
5	RI	LHV/ANM/MPW	48	51	106.25
6	NSV	MO	6	0	0.00
7	MINILAP	MO	14	3	21.43
8	NSSK	MO	20	7	35.00
9	NSSK	SN	32	3	9.38
10	NSSK STAFF	ANM,LHV	64	23	35.94
11	PPIUCD	MO	30	17	56.67
12	PPIUCD	SN	20	27	135.00
13	F-IMNCI	MO	10	3	30.00
14	MINILAP	MO	4	4	100.00
15	NSV REFRESHER	MO	4	0	0
16	INJECTABLE CONTRA	SN,LHV,ANM	30	0	00.
17	FPLMIS	MS,MO,LHV,PO	338	130	38.46
18	PEER EDUCATOR DIST	TMO,MO	60	0	0.00
19	BLOCK LEVEL PEER EDUCATO	ASHA	2100	0	0.00
20	RTI/STI	MO	20	13	65.00
21	RBSK	MO	30	0	0.00
22	MHS	ASHA	480	0	0.00
23	RTI/STI	SN	24	7	29.17
24	IMEP	MO/SN	6	2	33.33
25	ASHA INDUCTION	ASHA	60	121	201.67
26	IMEP	ANM,SN	8	8	100.00
27	MTV/MTP	MO	6	3	50.00
28	NUHM TRG				
1	SBA	ANM,SN	1	1	100.00
2	BEMOC	MO	4	1	25.00
3	IYCN	MO	4	2	50.00
4	RTI/STI	MO,ANM,SN	4	2	50.00

5	NSSK	SN	4	4	100.00
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7. Other Health System Inputs

Following services are available at various health facilities of the Yavatmal district: Surgery (major and minor), Medicine, Obstetrics and Gynaecology, FP services, Cardiology, Emergency, Trauma Care, Ophthalmology, ENT, Ancillary Services of Blood Bank, Radiology, Pathology, In-patient management, C-section deliveries, OPD Medicines and OPD Gynaecology.

7.1 Availability of drugs and diagnostics and equipment

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

7.2 AYUSH Services

AYUSH services are co-located in various SDHs and RHs of the District. Ayurveda, Homeopathy and Unani services are available at SDH and RH, AYUSH OPD clinics are monitored separately. Total OPD of AYUSH services during April to October 2018 is 1, 39,491. Sufficient drugs are available for AYUSH OPD.

7.3 User Fees

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

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 28480 from April 2018 to October 2018 of which 23524 women were registered in first trimester. Severely anaemic pregnant women reported in HMIS are 3059, HB below 11 are 26005 and HB level below 7 are 3059. Number of Hypertension cases reported during April to October 2018 is 583. Number of women received TT and IFA tablets during April to October 2018 are 20456 and 25456 respectively. No tests are available for Blood Sugar, Urine Sugar and Protein. Women received post-natal services are reported as 20506.

8.2 Institutional Deliveries

During April to October 2018, number of institutional deliveries conducted in the district is 23852 C-Section deliveries at public institutions and 3046 deliveries are conducted including C-Section deliveries at private institutions.

8.3 Maternal Death Review

State /district task force is formed to conduct MDR the reports of which are published 19 maternal deaths was reported in the district during April 2018 to October 2018. PPH (5) and Puerperal sepsis (6) is a main Causes of 19 maternal deaths.

Main Causes of Maternal Deaths

Sr.No.	Main CausesMaternal Deaths	Numbers
1	PPH	5
2	PIH Eclmpsia	2
3	Anaemia in Pregnancy	1
4	Pulmonary -embolism	1
5	Puerperal Sepsis	6
6	Medical dease	1
7	Other	3

8.4 JSSK

As per Government of Maharashtra Resolution dated 26th September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Yavatmal district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 (recently issued circular by state Govt.) days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period, 23852 pregnant women delivered at various public institutions i.e., Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery. All of them were provided with free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 1406 women were provided with home to hospital free transport, 2746 women were provided hospital to hospital transport in referral services and 3221 women were provided drop back facility. Sick neonate 69 were provided home to institute and 274 sick neonate were Institute to Institute referral transport service provide and 478 neonates were provided drop back facility. Utilisation of the free transport for neonates is too low. There may be lack of awareness among people or they may prefer to go to

private facilities. Only 65 percent of women provided with drop back facility. It clearly shows that there is some problem with service providers. Ideally all those women have delivered at public institutions may be provided with drop back facility.

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through PFMS and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. Official physical verification of 5 percent of beneficiaries of JSY is not taking place in the district. During the reference period, In the DHO side 6364 beneficiary registries out of 2709 given JSY benefit to the woman (43%) and in the CS side 3000 beneficiary registries out of 1833 given JSY benefit to the woman (61%).

9. Child Health

9.1 NBSU

NBSU is available in three SDH and three CHC in the district. The management of babies were provided through phototherapy, antibiotics and oxygen. Total admissions 70 out of 68 cases are inborn and 2 cases out born. Out of this 64 cases are recovered and 6 cases are referral to the teaching hospital Yavatmal.

9.2 NRCs

Nutrition Rehabilitation Centre is established in the sub District Hospital Pandharkawada, with necessary equipment and 10 beds are available in the centre. Trained manpower of M.O. and SNs is available. The average length of stay in NRC is less than 15 days. During the period April- October 2018, 103 admissions in the NRC out of criteria admission in MUAC <115 mm is 66 and <-3SD WFH is 37. Discharge from NRC 96 and no deaths in the reference period.

9.3 Immunization

During the period April 2018 October 2018, 20748 children were fully vaccinated in the district; 32267 babies were provided with BCG doses; DPT/Penta 1, 2 and 3 are provided respectively to 24633; 24558 and 25884 babies; DPT and OPV booster were provided respectively to 21525 and 21546 children above 16 months of age; polio 0, 1, 2 and 3 doses are provided respectively to 22823; 24399; 24299 and 25404 babies; and Measles 1 and 2 is provided respectively to 20872 and 17490 babies. During this period, number of children's who were fully immunized were 20748. 16232 Immunization sessions were planned and 16227 Immunization sessions were held.

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by DPMU. District Nodal Person for RBSK is appointed. It is being implemented in all the 16 Blocks of the district and municipal corporation area of Yavatmal, Child Health Screening and Early Intervention Centre at district level is established. Total 43 teams are working under the programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams. Target for the screening of Anganwadi children (0 to 6 years) is fixed for the year 2018-19 as 246672 and the achievement was 221025. 4233 Children were identified with some problem were referred to higher facilities.

10. Family Planning Services

Family planning services are being provided in all major facilities of the District. During April to October 2018, 1548 female Sterilisation and 4 NSVs were performed. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

11. ARSH

ARSH clinics (MAITRI) are established at, SDH Pusad, SDH Darwha,, SDH DIGRAS ,MAREGAON,AND CHC VANI and at Medical College. Counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. Male Medical Officer and Female Medical Officer are given additional responsibility of ARSH. At all SDHs, existing staff is given additional responsibility. The clinic provides health information, 5318 counselling and 2623 testing to persons aged between 10-19 years.

12. Quality in Health Services

12.1 Infection Control: Health staffs are following the protocols. Fumigation of Operation Theatre is being done on regular basis. Autoclave is being used on regular basis for disinfection of the instruments.

12.2 Biomedical Waste Management: Segregation of bio medical waste management is outsourced at all the visited facilities except SC Kupti. SC Kupti is having deep burial pit for Bio medical waste management.

12.3 IEC: Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at, SDH pusad, CHC arani and PHC lonbata . Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities.

13. Referral Transport and MMUs

MMUs

Name of MMU is Ayurved Seva Samiti in the Yavatmal district. There is one MO, one SN, one Pharmacist, one DMLT and two drivers available in the MMU. There are two vehicles available in MMU, Vehicle goes in the villages and ETP are plan .Total OPD in the reference period are 27683 and ANC cases are 2258. Daily average running kilometre is 270. Budget approved for MMU is Rs.2296000 out of expenditure Rs.186200 in the reference period.

Referral Transport:

Total number of vehicle used is 83, out of 83 vehicles are on road. All vehicles fitted with GPS system.

14. Community Processes

14.1 ASHA

Total number of ASHAs required in the district is 2394 and total positions filled are 2363, the number of ASHAs posted in non-tribal area is 1953 and in tribal areas is 441. Training for ASHAs in Module-6&7 is completed for 2310 ASHAs. ORS and Zinc is supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution; in the district, most of the ASHAs receive on an average the incentive amount of Rs. 1000/- and highest monthly incentive paid to ASHA is Rs. 5000/-. Payment is deposited in the bank account.

15. Disease Control programmes

15.1 National Malaria control programme

Number of slides prepared during the reference period is 488452, of which 197 are positive. Rapid Diagnostic kits are not available since three months.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period is 2565 of which number of positive cases are 1669. DOT medicines are available at all the facilities. All contractual 27 positions are filled. Timely payment of salaries is made to RNTCP staff. Timely payments are made to DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 305 and 230 are under treatment.

16. Non Communicable Diseases

There is NCD facility set up in District for screening of Non Communicable diseases. 26772 persons attended NCD clinics (new and follow up) out of 463 are diabetes, 782 are Hypertension and 392 are HTN& DM.

17. Good Practices and Innovations

Maharashtra govt. started Prerna Prakalp for mental health scheme to curb farmers' suicides. 14 districts of Maharashtra, Maratwada and Vidurbha region. Yavatmal district is one of this. In the month of October 2018 total number of patient Screened 1897435 disease wise out of this 501 patient are Depression categories.

18. HMIS and MCTS

M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data. Data is being uploaded in time. Data validation checks are applied at district level.

19 Observations from the Health Facilities Visited by the PRC Team

PRC team select one SDH, CHC, PHC and SC to discuss the DHO and CS of Yavatmal district.

19.1 Sub District Hospitals: Pusad

- Pusad Sub District Hospital is in pusad Block and is about 120 kms. from district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. Bed strength of the hospital is 50. Hospital is located in government building. Building is in good condition. Quarters are available for MOs, Staff Nurses and other category workers. Electricity is available with power back up of generator, running water is available 24*7. Separate toilets are there for male and female wards and labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available. Neither Blood Bank not Blood storage unit is

available at the facility. Nutritional Rehabilitation Centre is also not available but Child Treatment Centre is available at the facility. Separate room for ARSH clinic is available. Functional help desk is available in the facility. Waste management is outsourced. Suggestion and complaint book is available.

- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are not available. Emergency contraceptives and sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All essential consumables are being supplied.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done.
- JSY payment is made at the time of discharge on production of necessary documentation. Direct transfer in Account.
- Diet is being provided to the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care is available. Pantograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is outsourced. The facility is adhered to IMEP protocols.
- All-important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Registers for Untied Funds, AMG and RKS funds are maintained.
- Under JSSK, during the reference period, 0 women have received home to facility pick up service; 37 women have received inter facility vehicle services; and 1149 women have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Regular fumigation is being done. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource at SDH Pusad (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	1	0
2	MO CI-II	9	8	1
3	Asst. Superintendent	1	1	0
4	Asst. Matron	1	0	1
5	Staff Nurse	13	13	0
6	Parisevika	2	1	1
7	X-Ray Technician CI-III	1	1	0
8	OPHTH ASST	2	2	0

9	Pharmacist	3	3	0
10	Lab Technician	1	1	0
11	Dental Asst.	1	0	1
12	Sr. Clerk	1	0	1
13	Jr. Clerk	1	1	0
14	Driver	2	1	1
15	OPD Attendant	1	1	0
16	Lab. Attendant	1	1	0
17	Dresser	1	1	0
18	OT Attendant	2	2	0
19	Peon	2	1	1
20	Ward Boy	5	4	1
21	Sweeper	2	2	0
	Total	53	45	8
NHM				
1	RBSK MO	10	9	1
2	AYUSH MO	5	4	1
3	CIKCAL CALL TEQ	1	1	0
4	TELLY MEDICIN TEQ	1	1	0
5	ANM	5	3	2
6	Pharmacist	5	4	1
7	NBSU	2	2	0
8	TB	2	2	0
9	HIV	4	4	0
10	ART CENTER	11	9	2
11	DRIVER	5	5	0
	Total	51	44	7

19.2 Rural Hospital: Arni

- Arni Rural Hospital is in Arni Block and is located app 45 km from district headquarters. It is well accessible from main road. On the day of PRC team visit to RH, all the staffs were present on duty. Medical Superintendent was present on the day of visit. It is a 30 bedded hospital and is functioning in a government building. Quarters are not available for MO, SNs and other categories. Electricity is available with power backup generator. 24*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is clean. Wards, toilets, and bathrooms are maintained also clean. Functional New Born Care Corner and New Born Stabilization are available. Functional blood storage unit is not available. Waste management is done and is outsourced. Separate ARSH clinic is there. Suggestion and complaint book is available.
- Essential drug list is available but not displayed in the OPD. Computerised inventory management is available. All essential drugs are being supplied.
- Pregnancy testing kits, Urine albumin and sugar testing kit, Available ,OCPs, EC pills is not available IUCDs 380 are supplied from the district drug store. IFA syrup with dispenser is available.
- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses of BCG, Hep-Band OPV are being given on the day of immunisation day i.e. Counselling on IYCF is done.

Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery. JSY payment is made at the time of discharge, Diet is being provided to JSSK beneficiaries free of cost.

- High risk pregnancy are Managed at the facility. Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is done at facility and outsourced.
- All-important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained.
- All required IEC material is displayed in the facility.
- During the reference period, under JSSK not received free home to institute transport, 281 women were provided free inter transport facility and 803 women were provided free transport facility from institute to home.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Essential Drug List is available but not displayed in the OPD.
- Regular Fumigation is being done. Laundry/washing service is outsourced. Dietary services available for JSSK beneficiaries, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource at CHC ARANI (Regular and NRHM)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MS	1	1	0
2	MO	4	3	1
3	Asst. Superintendent	1	0	1
4	Staff Narse	7	7	0
5	Jr clark	2	1	1
6	Pharmacist	2	2	0
7	Lab Technician	1	1	0
8	Dental Asst.	1	0	1
9	TB Technician	1	1	0
10	Driver	1	1	0
11	Lab att	1	1	0
12	Peon	1	1	0
13	Ward Boy	4	3	1
14	Ophthalmic	1	1	0
15	Sweeper	2	2	0
	Total	30	25	5
NHM				
1	MO	8	6	2
2	Pharmacist	3	2	1
3	ANM	3	3	0
4	Counsellor	1	1	0
5	Technician	1	1	0
6	Staff nurse	6	5	1
	TOTAL	22	18	4

19.3 Primary Health Centre: Lonbehal

➤ PHC Lonbehal is in Arni Block and is located about 75 KMs from the district headquarters. It caters to 36 villages and covers about 42234 Of population in the periphery. It is functioning in Government building and in good condition. Staff quarters are available, one each for MO, LHV, SN, HA and Pharmacist. PHC has electricity but power back up is not available, running 24*7 water supplies and partially clean toilets separately for male and female wards. Labour Room is partially clean. New Born Care Corner is available. Separate wards for male and female are available.

All the essential equipment is available at PHC. Essential drug list is available but not displayed for public. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Blood Sugar, RPR, Malaria, TB, HIV and Sickle Cell.

- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers asked to stay for 72 hours after delivery but patients are reluctant to stay even for 24 hours. JSY payments are made at the time of discharge. The mode of payment is by JSY in Account payee PFMC. Free diet is being provided to the patients under JSSK.
- There is manpower to manage high risk pregnancies as they referring such cases to the higher facilities. Essential new born care is being given. There is no provision to manage sick neonates at the facility. Vaccines are administered correctly. No use of partograph. IUCD insertion is done correctly. No Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins.
- As the One MO was not available at the time of visit of the PRC team, the registers were not available for the team for reference.
- IEC materials are not displayed in the facility; only citizen charter is displayed in the facility.
- Grievance redressal mechanism is in place.
- Protocol Posters and JSSK entitlements are not displayed in the facility.
- Under JSSK 155 women and 8 sick neonates have received home to institute transport; inter institute transport is provided to 82 women and 6 sick neonates; drop back facility from PHC to home was given to 73 women.

Human Resources at PHC Lonbehal (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	-
2	ANM GNM	4	1	3
3	LHV	1	1	-
4	Pharmacist	1	1	-

5	Lab Technician	1	0	1
9	OTHER	3	3	-
10	Total	12	8	4

19.4 Sub Centre: Sukali

- Sc Sukali is locked in Arni block of Yavatmal district. Sub Centre is under the catchment area of Sukali PHC is about 5 KMs from the PHC. This SC is catering for 4 villages and covering population about 4088.
- Though the Sub Centre is located in the main habitation and functioning in Government building. The ANM also stays in the same house. There is running water and electricity for 24*7. Labour room is not available. There is no functional NBCC. deep burial pit is available for biomedical waste management.
- All the essential equipment is available at SC. Essential drug list is available. IFA syrup with dispenser is not available. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar.
- Following medicines are available at the facility: IFA tablets, Vit. A Syrup, ORS packets, Inj. Oxytocin, Antibiotic, drugs used for common ailments. But Zinc tablets and Inj. Magnesium Sulphate. Misoprostol tablets are not available at the facility.
- Pregnancy test kit, OCPs and emergency contraceptives are available in the facility but there is no supply of sanitary napkins.
- All the essential Registers are maintained at the facility.
- Breast feeding initiated with within one hour of normal delivery. Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters.
- Untied Funds and AMG are received by the ANM and records are maintained.
- JSY payment made to the beneficiaries as per the norms at the time of discharge.
- Approach road is having but not directions to the health facility. SBA protocol posters are not displayed in the facility. Posters of JSSK entitlements, villages under the SC, VHND plans and Citizens Charter are displayed in the facility. Information related to phone number, timings, immunisation schedule and JSY entitlement are displayed. Grievance redressal mechanism is not in place.

19.5 Training status/skills of various cadres at visited facilities

Training programmes	SDH PUSAD	CHC ARNI	PHC LON BAHAL
EmOC	----	MO-1,SN-5	-

LSAS	----	SN-5	-
BeMOC	----	MO1,SH5	MO-1,
SBA	MO,SN-14	MO-2,SN-5	
MTP/MVA		MO-1,SN-5	MO-2
NSV		SN-5	
F-IMNCI/IMNCI		SN-5	
NSSK		SN-5	MO-1,SN-1
Mini Lap-Sterilisations		SN-5	MO-1
Laparoscopy-Sterilisations		SN-5	
IUCD	MO,SN-9	MO-1,SN-5	
PPIUCD	MO,SN-9	MO-1,SN6	
RTI/STI			MO-1,SN-1
IMEP		SN-5	
Blood storage		MO-1	
IMEP		SN-5	-
Immunization and cold chain	MO,SN-2	MO-1,SN-5	SN-1

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

19.6 Key Observations

- SDH Pusad is 50 beds but there is heavy IPD load so need increase bed strength.
- In the SDH Coats and Mattress are very old, Need to change the Coats and Mattress.
- Mosquite nets are not available in the SDH.
- Visited PHC many of register not maintained and not updated
- In the district officers visit some facilities but not given remark in the visit book.
- Though JSSK aimed for cashless delivery, the cost of delivery is still high. Hence, adequate publicity needs to be provided especially on free transportation which helps to reduce out of pocket spending on delivery

20. PIP Expenditure:

Up to October 2018 total PIP fund 50 per cent are utilized out of which the highest utilized in Procurement (86%) and lowest Review, Research(2).

Sr.No	Unit	Sanctioned Budget 2018-19	Exp.up to oct.2018	%
1	Service Delivery-Facility Based	352.32	99.04	28
2	Service Delivery-Community Based	259.17	74.63	29

3	Community Interventions	697.09	449.58	64
4	Untied Fund	401.22	123.23	31
5	Infrastructure	359.37	26.07	7
6	Procurement	185.82	159.42	86
7	Referral Transport	164.64	84.34	51
8	Service Delivery-Human Resource	860.80	602.32	70
9	Training & Capacity Building	34.50	11.56	34
10	Review, Research	2.53	0.06	2
11	IEC/BCC	22.48	6.33	28
12	Printing	17.60	4.49	26
13	Quality Assurance	62.21	5.70	9
14	Drug Warehousing	34.22	19.85	58
15	PPP	1.16	0.10	9
16	Programme Management	474.87	304.25	64
17	IT Initiatives for strengthening	0.50	0.00	0

(Rs. In Lacs)

21. List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre

AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advice
LHV	Lady Health Visitor
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission