Monitoring and Evaluation of Programme Implementation Plan, 2014-15
Silvassa, Dadra and Nagar Haveli (Union Territory)

Report prepared by
Akram Khan
Arun Pisal
Vini Sivanandan

Population Research Centre
Gokhale Institute of Politics and Economics
Pune – 411 004

March, 2015
(A Report prepared for the Ministry of Health and Family Welfare, Government of India, New Delhi)

Table of Contents

1	Executive Summary	3
2	Introduction	8
3	District Profile	8
4	Key Health and Service Delivery Indicators	9
5	Health Infrastructure	10
6	Human Resource and Training	11
7	Other Health System Inputs	14
8	Maternal Health	14
	8.1 ANC and PNC	15
	8.2 Institutional Deliveries	15
	8.3 Maternal Death Review	15
	8.4 JSSK	15
	8.5 JSY	15
9	Child Health	16
	9.1 NICU	16
	9.2 NRC	16
	9.3 Immunization	16
	9.4 RBSK	17
10	Family Planning	17
11	ARSH	17
12	Quality in Health Services	17
	12.1 Infection Control	17
	12.2 Biomedical Waste Management	17
	12.3 IEC	17
13	Referral Transport and MMUs	18
14	Community Processes	18
	14.1 ASHA	18
15	Disease Control Programmes	18
	15.1 Malaria	18
	15.2 TB	18
	15.3 Leprosy	18
16	Non Communicable Diseases	19
17	Good Practices and Innovations	19
18	HMIS and MCTS	19
19	Observations from the Health Facilities visited by the PRC Team	19
	19.1 District Hospital, Silvassa	19
	19.2 Rural Hospital, Khanvel	21
	19.3 Primary Health Centre, Mandoni	23
	19.4 Sub Centre, Chisda	24
20	List of Abbreviations	26

Monitoring and Evaluation of Programme Implementation Plan, 2014-15:
Silvassa, Dadra and Nagar Haveli (Union Territory)

1. Executive Summary

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 PIP for the UT of Dadra and Nagar Haveli (DNH) for each quarter of 2014-15 to the Population Research Centre (PRC), Pune. The present report deals with the findings of the Monitoring and Evaluation of PIP of UT of DNH for the period of April-December 2014. Two officials from PRC, Pune visited the UT during February 24-27,2015to obtain information on implementation of PIP. The UT NRHM Office, district hospital, one RH-FRU, 1 PHCs and 1 SCs were visited. The key findings are given below:

Key Conclusions and Recommendations

- In DNH, a total 273 regular positions of different discipline are sanctioned and 180 are filled and 93 positions (34 per cent) are vacant; and 234 contractual positions are filled of different discipline for the district as a whole. Pertaining to DH, one RH and seven PHCs there are 69 positions of doctors available; of which only 9 positions are filled on regular basis and rest are filled either on short term basis for six months from UT funds or under NRHM. Due to this reason most of the positions are frequently getting vacant as they are getting regular job elsewhere. This inevitably, affect quality of service delivery.

- At District Hospital, 24 Class-I Medical Officers posts are sanctioned of which 24 are filled on short term contract basis; 30 Class-II Medical Officers posts are sanctioned of which 3 are filled on regular basis and 27 are filled on STC; 67 Nursing cadre positions are sanctioned and 65 positions are filled and 2 are vacant; other 11 positions of paramedic staff is sanctioned and filled. Medical officers positions are not filled on regular basis consequently affecting the service delivery of the facility.

- During the year 2014-15, 4,597 pregnant women have delivered at various public institutions District Hospitals, Rural Hospital and Primary Health Centres under free and zero expenses delivery. Total of 5,588 women *(figures provided by SPMU, as deliveries are conducted at public institute are 4,597. However, 5,588 women were given diet)* were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 6,848 women were provided with free transport either from home to hospital or hospital to home. There is no separate reporting for home to institute or drop back to home. From another report provided by SPMU which states that 2,420 women has been provided with free transport either from home to hospital or hospital to home. Both the report contradicts; there is scope in improvement in reporting and SPMU needs to relook into the data.

- AYUSH is not integrated with the system. AYUSH department is being run separately in other then DH and there is no AYUSH facility is available other than district headquarter.

- The number of women received JSY benefit during the reference period is 879 for institutional deliveries. During the period April 2014 to January 2015, 3,417 women were registered under JSY in the district. Only 25% of beneficiaries have received the benefit. It may be due cheque payment is being done as per guidelines. As in DNH no banks are available other than Silvassa and places like Khanvel. In rural area there may be one bank within 50 K.M.s vicinity. In connection with payment of JSY, instruction given to team was that beneficiaries are facing problems in getting JSY payment as it is paid by cross cheque of national bank. To get the benefit they have to open Bank Account with minimum balance of Rs.500/-. In that case they have to travel to about 20-30 K.M.s with recently delivered women which is really inconvenient and even if somebody opens an account in the Bank, they will get only Rs.100-200/- as bank will keep minimum balance of Rs.500/-. If travelling cost will be deducted from village to Block place and return to home for two persons, expenses will be more than the amount they are going to get. This is also one of the causes for low JSY performance. Therefore it is recommended that JSY benefit can be given in cheque but it should be bearer. So husband of delivered women can also get it cash. It may ensure to reach some of the amount to the beneficiaries.

- NBSU services needs to be improved at RH and PHC level. Presently SNCU is available at DH only.
- NRC exists at DH. Recently Nutrition Rehabilitation Centre staff is appointed but they are not yet trained. Therefore NRC is non functional.
- RH Khanvel is 50 beded hospital however, immunisation is not provided in the facility.

- Under JSSK, the pregnant women in DNH receives 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. Free diet is provided only at DH and RH. PHCs are not having facility of diet, due to that beneficiaries are deprived from the benefit of National scheme. DNH administration needs to be extend diet facility up to PHC.

- Under JSSK, during the reference period 3,261 women have received home to facility pick up service and 3,504 women have received drop back facility (pertaining providing transport there is some flaw in reporting. There is scope for improvement in reporting as well as in monitoring. In case of pick from home to institute is reported as 3261, which is 96 percent of total deliveries conducted at facility and in case of drop back figures provided by facility total deliveries are conducted at facility are 3376 and 3504 women were provide drop back transport facility). Similarly, in case of new-born, 45 new-born received free pick up from home and 834 neonates have received drop back facility.

- There is no provision of Nutrition Rehabilitation Centre in the district. Staff under NRC is appointed but they are not trained. Therefore it is not in function.

- DNH is having SNCU is located in district hospital.

- Segregation of bio medical waste is done at all the facilities visited except SC Chisda. At DH BMW management is outsourced. RH Khanvel, PHC Mandoni and SC Chisda is having pit for management of BMW.

- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at DH Islampur, RH Khanvel, PHC Mandoni and very few at SC Chisda.
- Facility of Screening of Non Communicable diseases is available in the district.

- There is dedicated staff is given for HMIS and MCTS at all DH, RH and PHCs. Quality of data is very poor as data from registers, hard copies and web portal is not matching.

- Essential drug list is available but not displayed in any visited facility.

- Building of SC Chisda has been handed over by PWD to health administration two years ago without water connection. But it appears that since then no efforts has been made for water connection. Due to which deliveries are not done at facility in spite of good infrastructure.

- None of the facilities visited are having visitors book for remarks of monitoring officials.

- Except DH all other visited facilities are not having good number of inpatients. Especially at PHC there was no single inpatient on the day of visit.

During PIP monitoring visit some suggestions are made by district authorities are given below

- There is no full time Mission Director for DNH.
- State Programme Management Unit is not under the administrative control of State Programme Officer, which leads lack of co-ordination among SPMU and SPO.
- SPO needed support staff for secretarial work.

- SPMU needs to be strengthened.

- Monitoring visits needs to be increased by MO PHCs as well as SPMU.

- Co-ordination needs to be increased among DMHS and SPMU.

- There is disparity in pay of contractual staff. No pay parity is observed as Daman contractual ANM is getting salary of Rs. 17000/- and ANM of DNH is getting Rs. 13000/-

- There is no training centre at DNH. They need to send their staff to trained to KEM, Pune. Most of the time they won't get schedule for training from KEM. It is difficult to train the staff in time. Therefore training centre is required at DNH.

- JSY Payment is problem in DNH as there are only three banks in periphery to serve about 2 lakh population. Therefore banks are unable to open accounts of the beneficiaries in time as well for villagers also it is difficult to travel about 20-30 K.M.s to open an account.

- There should not be difference in remuneration of regular staff and contractual staff. There may be equal pay for equal work.

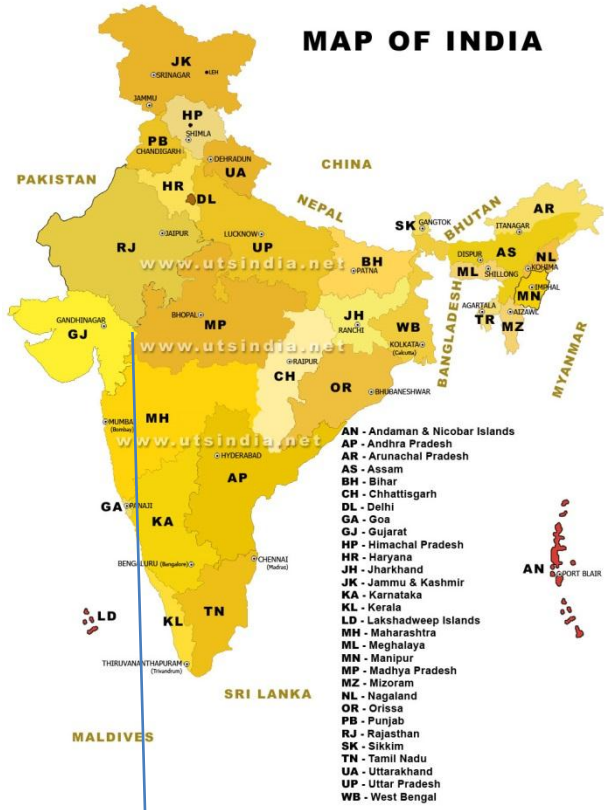
- PIP grants needs to be disbursed strictly in the month of April of every financial year. Delay in releasing grants is effects on the performance and increase pressure of spending money at the end of the financial year

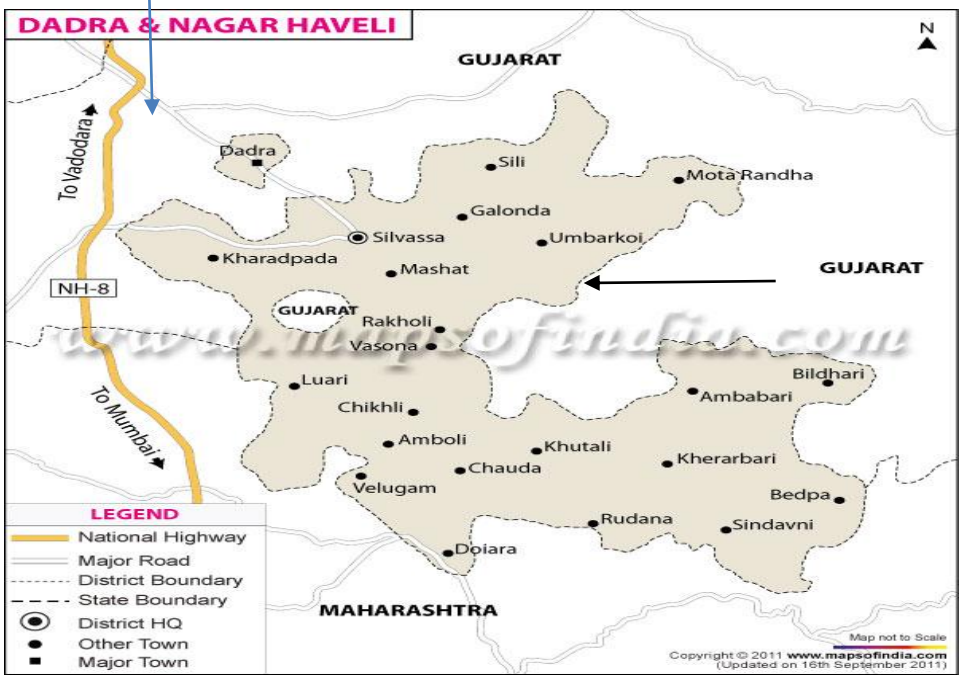
- Regular doctor's vacancies need to be filled up on priority basis.

- There should be provision of funds in PIP for innovative schemes.

- PIP funds needs to be allotted on the basis of the requirement of the facilities.

Location of Dadra Nagar and Haveli in India





2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 has been designed and submitted to 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 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 and Dadra Nagar and Haveli for each month of 2014-15. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Silvassa of Dadra Nagar and Haveli (Union Territory) for the period of April – December, 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Silvassa of DNH was carried out during the period 24-27, February, 2015. 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 24-27, February, 2015 to obtain information on implementation of PIP in the district. As the DNH is having Silvassa as unic district and unic block there is no office of the District Health Officer. State Programme Management Unit is functioning in the UT. There is no SDH in place, whereas 100 beded SDH at Khanvel is under construction.
Vinoba Bhave Civil Hospital, RH Khanvel, PHC Mandoni and SC Chisda were visited for the study by the PRC team. During the field visit the PRC team was accompanied by State Programme Manager and Asha Co-ordinator. This report discusses in detail the implementation of PIP in Silvassa as observed during the field visit for monitoring.

3. Union Territory Profile

Dadra and Nagar Haveli is a Union Territory in western India. Nagar Haveli is wedged between Maharashtra and Gujarat, whereas Dadra is enclave 1 km NW surrounded by Gujarat. The shared capital is Silvassa. The larger part spans a large, roughly c-shaped area 12–30 kilometers up-river from the city of Daman on the coast, at the center of which, and thus outside the territory, is the Madhuban reservoir.

Dadra and Nagar Haveli (DNH) are in the middle of the undulating watershed of the Daman Ganga River, which (after the reservoir) flows through Nagar Haveli and later forms the short southern border of Dadra. The towns of Dadra and Silvassa lie on the north bank of the river. The Western Ghat range rises to the east, and the foothills of the range occupy the eastern portion of the district. While the territory is landlocked, the Arabian Sea lies just to the west in Gujarat. Silvassa is an administrative headquarter of DNH

The summers are hot and become in their later part more humid with temperatures reaching as high as 39° in the month of May. The monsoon starts in the month of June and extends until September. The rainfall is brought by South West monsoon winds. Which produces most of the annual rainfall of 200–250 cm. Winters are between maritime temperate and semi-tropical with temperatures ranging from 14° to 30°, reliably, as with the monsoon, with scant deviation from this range.

According to the 2011 census Silvassa has a population of 343709. The DNH has a population density of 698 inhabitants per square kilometre. Silvassa has a sex ratio of 775 (Census 2011) females for every 1000 males, and child sex ratio in the district is 924 female children per 1000 male children in 2011. Literacy rate is 77.65%. Marathi and Gujarati are the main languages spoken widely.

Key Demographic Indicators: DNH (Census 2011)

Sr. No.	Items	Values
1	No. of Blocks	1
2	No. of Villages	72
3	Population	343709
4	Population - Males	193178
5	Population - Females	149675
6	Literacy Rate	77.65
7	Literacy Rate - Males	63.84
8	Literacy Rate - Females	36.15
9	Sex Ratio	775
10	Child Sex Ratio	924
11	Density of Population	698/sq. m.
12	Percent Urban	46
13	Percent SC Population	1.86
14	Percent ST Population	62.24

4. Key Health and Service Delivery Indicators (DLHS-3): Dadra and Nagar Haveli

Sr.No.	Indicators from DLHS-3	INDIA	DNH
1	Mothers registered in the first trimester (%)	45	55.4
2	Mothers who had at least three ANC visits (%)	49.8	63.3
3	Mothers who got at least one TT injection (%)	73.4	46.2
4	Institutional births (%)	47	46
5	Home deliveries assisted by SBA (%)	52.3	54
6	Children fully immunised (%)	54	57
7	Children breastfed within one hour of birth (%)	40.5	48.8
8	Per cent of women using modern FP methods	54	51.9
9	Total Unmet Need for FP (%)	21.3	19.6
10	Unmet need for spacing (%)	7.9	7.1
11	Unmet need for limiting (%)	13.4	12.5

Number and type of government health facilities in DNH district

Name of the facility	Number	No. of Beds
District Hospital	1	275
Women Hospital	0	--
Ophthalmic Hospital	0	--
Sub District Hospital		
SDH	0	0
Rural Hospitals	1	50
Primary Health Centers	7	6
Sub Centers	51	--
AYUSH facilities (Ayurvedic)	1	--
AYUSH facilities (Homeopathy)		--
AYUSH facilities (Unani)		--

DNH: Key Service Utilization Parameters (April 2014 to December 2014)

Service Utilization Parameter	DH Silvassa	RH Khnvel	PHC Mandoni		SC Chisda
			Records	HMIS	
OPD	405985	110913	22050/1 #	8422	
IPD	13670	22169	2754	--	
Expected number of pregnancies	--	--	716	--	119
MCTS entry on percentage of women registered in the first trimester	79%		59%		--
No. of pregnant women given IFA	620	22	716/#	33	80
Total deliveries conducted	3376	1193	184	169	88
Number of Deliveries conducted at home					6
No. of assisted deliveries(Ventouse/ Forceps)	--	--			
No. of C section conducted	1101	--			
Number of obstetric complications managed, pls. specify type	689	10	--	--	
No. of neonates initiated breast feeding within one hour	2577	1194	184	170	*
Number of children screened for Defects at birth under RBSK	3075	--	--	--	*
RTI/STI Treated	439	327	256	--	
No of admissions in NBSUs/ SNCU, whichever available	992	--	0		
Inborn	505	--	--	--	
Outborn	487	--	--	--	
No. of children admitted with SAM	2	--	--	--	
No. of sick children referred	19	--	132	--	5
No. of pregnant women referred	2	--	23	--	**
ANC1 registration	5266	185	716	248	84
ANC 3 Coverage	1124	66	572	43	87
ANC 4 Coverage	--	--	572	--	*
No. of IUCD Insertions	105	17	33	32	2 As it is not

					inserted by her but reported
No. of Tubectomy	116	--	--	--	
No. of Vasectomy	2	--	--	--	
No. of Minilap + Laparoscopy	362		--	--	
No. of children fully immunized	405	--	75	--	93
Measles coverage	405	--	522	--	93
No. of children given ORS + Zinc	--	--	5600	--	*
No. of children given Vitamin A	607	--	203	--	93
No. of Children given IFA syrup			--	--	*
No. of women who accepted post-partum FP		--	--	--	
No. of MTPs conducted in first trimester	161	--	--	--	
No. of MTPs conducted in second trimester	--	--	--	--	
Number of Adolescents attending ARSH clinic	539	--	--	103	
Maternal deaths, if any	5	--	--	--	--
Still births, if any	39	5	--	--	1
Neonatal deaths, if any	76	--	--	--	3
Infant deaths, if any	13	--	--	--	12
Number of VHNDs attended				--	12
Number of VHNSC meeting attended				--	12
Service delivery data submitted for MCTS updation				--	Yes

*Note: -- = Nil; * = No data; ** = Services not available*
 # 18422 is from HMIS report and 22050 from facility records

5. Health Infrastructure

There is a District Hospital, one RH (50 beded), seven PHCs of six beded and 51 SCs are available in the UT. There are thirteen Rural Hospitals in the district and all of them are with 30 beds. All of them are located in Government buildings.

AYUSH facility is co-located and is available at one place at Silvassa.
Ayurveda and Homeopathy services are not extended up to PHCs.
District has established linkages to fill service delivery gaps. There is one Mobile Medical Unit is run by administration and catering about 60 villages. There is a good impact of the services in periphery. As well specialised doctors from district hospital are visiting to RH four days in a week during 3 to 5 pm.

6. Human Resources

In DNH, a total 273 regular positions of different discipline are sanctioned and 180 are filled and 93 positions (34 per cent) are vacant; and 234 contractual positions are filled of different discipline for the district as a whole. Pertaining to one DH, one RH and seven PHCs there are 69 positions of doctors are available; of which only 9 positions are filled on regular basis and rest of the filled either

on short term basis for six months from UT funds or under NRHM. Due to this reason most of the positions are gets vacant on frequent basis as they are getting regular job elsewhere. This results in huge turnover, which may affect quality of service delivery.

Regular & contractual Staff in DNH at DH,RH,PHCs and SCs S

Sr. No.	Name of Post	Regular			
	HR at District Hospital	Sanctioned Post	Filled	Vacant Post	Contractual
	Medical Specialist (Physician)	6	--	6	1
	Surgery Specialist	5	--	5	3
	O & G Specialist	3	--	3	1
	Psychiatrist	1	--	1	1
	Dermatologist	--	--	--	1
	Paediatrician	1	--	1	2
	Anaesthetist	4	--	4	2
	ENT Surgeon	1	--	1	1
	Ophthalmologist	1	--	1	4
	Orthopedician	--	--	--	4
	Pathologist and Blood Bank	1	--	1	1
	General Doctors	30	3	27	30
	Dental Surgeon	--	--	--	4
	Neonatologist	2	--	2	2
	Public Health Specialist	1	--	1	1
	Staff Nurse	67	67	--	47
	Ophthalmic Asst.	2	2	--	--
	Social Worker	1	1	--	--
	Dermatologist Tech.	1	--	1	--
	ECG Tech.	2	1	1	--
	Dietician	1	--	1	--
	Radiographer	3	2	1	--
	Dark room Asst.	2	2	--	--
	Pharmacist	5	4	1	4
	Matron	1	1	--	--
	Physiotherapist	--	--	--	4
	Lab Tech	13	--	13	10
	OT Asst.	20	19	1	--
	HR at Rural Hospital				
	MO	1	1	--	4
	MO AYUSH	--	--	--	1
	PHN/ANM	1	1	--	--
	SN	4	4	--	16
	Pharmacist	2	2	--	--
	Lab Tech	1	1	--	2
	Radiographer	1	1	--	--
	HR at PHC				
	MO	6	4	2	3
	AYUSH MO	6	2	4	4
	MO Female	--	--	--	4

	Computer/Stat. Asst.	--	--	--	6
	Pharmacist	7	5	2	2
	Lab Tech	7	5	2	2
	SN/ANM	8	3	5	13
	HR at SC				
	ANM	40	40	--	48
	MPW	9	9	--	--
	SPMU	6	--	6	6
	Total	273	180	93	234

Training status /skills of various cadres district as a whole.

Sr. No	Training Head	Cadre	Number
	HMIS/MCTS	Supervisor, DEO, SDM, SPM, SA	25
	Immunisation	ANM/MPW/LHV	35
	NSSK	SN, ANM	71
	IUD	SN/LHV	12
	IMNCI	LHV/ANM	13
	ASHA	Newly selected ASHAs	31
	IDSP	Lab Tech	15
	IDSP	ANM/Supervisor	33
	CPSMS	SPMU unit	20
	ASHA training	Newly selected ASHAs	24
	SBA	SN 5,ANM 3	8
	ASHA training	Newly selected ASHAs	44
	ASHA training	Newly selected ASHAs	44
	MCTS-HMIS Training for RCH register	ANM/Supervisor/DEO	86
	PPIUCD	SN/ANM	10
	HMIS & MCTS	MO, DEO	109
	MCH, MCTS,HMIS,RCH Registers	Newly recruited ANM	19
	Routine Immunisation	Newly recruited ANM	19

Training status/skills of various cadres at visited facilities *vs* service delivery

Training programmes	DH, Silvassa	RH Khanvel	PHC Mandoni	SC Chisda
EmOC	--	--	--	
LSAS	--	1 MO		
BeMOC	--	--	--	
SBA	--	9 SN	--	
MTP/MVA	--	--	--	
NSV	--	--	--	
F-IMNCI/IMNCI	--	--	--	1 ANM
NSSK	--	19 SN	--	1 ANM
Mini Lap-Sterilisations	--	--	--	
Laproscopy-Sterilisations	--	--	--	
IUCD	--	10 SN	3 SN	--
PPIUCD	--	2 SN	--	
RTI/STI	--	--	--	
HIV	--	--	-	--

Leprosy	--	--	--	
RNTCP	--	--	--	
Blood storage	--	--	--	
IMEP	--	--	--	
Immunization and cold chain	--	--	--	--
IYCN	--	--	--	

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

7. Other Health System Inputs

Following services are available at various health facilities of DNH: Surgery (one major OT is available DH and two minor OTs are available one at DH and another at RH Khanvel); Medicine, FP services, ENT ,Ophthalmic facility, Obstetrics and Gynaecology services are available only at DH and at RH Khanvel; are available at all facilities; Emergency and Trauma Care unit is proposed in 2014-15 PIP; Blood Bank and Radiology is available at DH. One more BSU is proposed. Basic lab testing and Mild In-patient management are available at DH, RH and 7 PHCs.

Availability of drugs and diagnostics and equipment

The lists of essential drugs are formulated and are available in all types of facilities. Supplies are allocated to various facilities depending upon the case load and demand.

AYUSH Services

AYUSH services are available at DH and RH Khanvel.

AYUSH OPD clinics are monitored separately. AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities.

User Fees

All services are free for domiciled of DNH patients as well as under JSSK.

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 13622 from April 2014 to January 2015 of which 6424 women were registered in first trimester. Severely anaemic pregnant women (HB below 11) reported in HMIS are 10423 and HB level below 7 are treated at facility are reported as 960. Number of Hypertension cases reported during April 2014 to January 2015 is 108. Number of women received TT and IFA tablets during April 2014to January 2015 are 6397 and 3235 respectively. Number of women received post-natal services are reported as 6299.

8.2 Institutional Deliveries

During April 2014 to January 2015, number of public institutional deliveries conducted in the district, including C-Section, is 6112 (public institutions deliveries 5157 and private institutions deliveries 955).

8.3 Maternal Death Review

During April 2014 to December 2014, 5 maternal deaths were reported in the district. Of which 4 cases were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Major Causes of maternal deaths are reported as PPH, Malaria, Breach presentation, late reported from private facility.

8.4 JSSK

As per Government Resolution, JSSK has been launched. Under JSSK, the pregnant women in DNH receive benefits like free registration, check-up, free 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. In DNH diet facility is available only at DH , Silvassa and RH, Khanvel.

During the year 2014-15, 4597 pregnant women have delivered at various public institutions District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery. Totally 5588 women *(figures provided by SPMU, as deliveries are conducted at public institute are 4597. How 5588 women were given diet)* were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 6848 women were provided with free transport either from home to hospital or hospital to home. There is no separate reporting for home to institute or drop back to home. From another report provided by SPMU is stating that 2420 women has been provided with free transport either from home to hospital or hospital to home. This is somewhat serious; SPMU needs to look into keenly and before providing any figures.

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque. But there is time lag of one month to six months in making payment to the beneficiary. No Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. Official physical verification of 5 per cent of beneficiaries of JSY is not taking place in DNH.

The number of women received JSY benefit during the reference period is 879 for institutional deliveries. During the year April 2014 January 15, 3417 women were registered under JSY in the

district. Only 25% of beneficiaries have received the benefit. It may be due cheque payment is being done as per guidelines. As in DNH there are other than Silvassa banks are not available. In rural area there may be one bank within 50 K.M.s vicinity. 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 cross cheque of national bank. To get the benefit they have to open Bank Account with minimum balance of Rs.500/-. In that case they have to travel to about 20-30 K.M.s with recently delivered women. Which is really inconvenient and even if somebody opens an account in the Bank, they will get only Rs.100-200/- as bank will keep minimum balance of Rs.500/-. If travelling cost will be deducted from village to Block place and return to home for two persons, it will be more than the amount they are going to get. This is also one of the causes for low JSY performance. Therefore JSY benefit can be given in cheque but it should be bearer. So husband of delivered women can also get it cash. It may ensure to reach some of the amount to the beneficiaries.

9. Child Health

9.1 SNCU

SNCU is available in the district hospital at Silvassa. Bed strength is 11. One doctor and 2 staff nurses are available round the clock. Paediatrician and Gynaecologist are available on call. All the staff is trained in NSSK. During April to December 2014-15 total number of sick new born are admitted are 899 (in born 467, out born 422); of which 798 are cured, 16 are referred to higher facility and 101 have died.

At RH Khanvel there are two warmers and phototherapy units are available but trained staff is not available.

NBSU services needs to be improved at RH and PHC level.

9.2 NRC

NRC is exists at DH. Recently Nutrition Rehabilitation Centre staff is appointed but they are not yet trained. Therefore NRC is not in function.

9.3 Immunization

Immunisation is being done at all the facilities as per Government of India guidelines. All the new-borns delivered at District Hospital and other facilities i.e. DH and PHCs are getting birth doze of immunization (Polio-0 and BCG) as per the immunisation programme guidelines. At RH Khanvel immunisation is not takes place. No facility is having immunisation services on daily basis. There are fixed days for immunisation at all the facilities.

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by State Programme officer. Nodal Person for RBSK is appointed (SPO). It is being implemented in DNH. Child Health Screening and Early Intervention Centre at district level are established. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams.

During April to December 2014 total 302 schools are checked and 42462 students were examined 4081 have given medicine, 579 are referred for higher facilities. Total number of 152 Anganwadi has checked of which 14152 children screened, 988 have given medicine and 279 have referred to higher facility.

10. Family Planning Services

Family planning services are being provided at DH only. During April 2014 to December 2014, 869 female Sterilisations and 2 NSVs were performed. Total number of IUCD insertion was 564, oral pills distribution was 5998 and condom pieces distributed was 114345. 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 is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at DH and RH. Staff nurse and counsellor are available at the clinic and counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. All those who are involved in ARSH programme are trained. The clinic provides health information, counselling and 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 done at all visited facilities. Management of BMW is outsourced except SCs in DNH.

12.3 IEC: Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at DH RH Khanvel, PHC Mandoni and SC Chisda. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities except SC Chisda.

Clinical Establishment Act: Authorities could not share anything on this.

13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 11 of which state owned are 3 and EMRI are 8. For the ambulance services a 24*7 Call Centre is available. During April 2014 – December 2014, 10396 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. There is one Mobile Medical Unit is run by administration and catering about 60 villages. There is a good impact of the services in periphery. All vehicles are fitted with GPRS.

14. Community Processes

One Mobile Medical Units is there in the district run by health administration and catering about 60 villages of DNH. There is good impact of the services provided by the MMUs.

14.1 ASHA

Total number of ASHAs required in DNH is 342 and total positions filled are 217 The number of ASHAs trained for HBNC is 180. FP methods (condoms) are given to all ASHAs for distribution. Most of the ASHAs receive, on an average, the incentive amount of Rs. 300/- to 4950/- per month. Drug kit replenishment is done as and when required. There is no ASHA resource centre in DNH. Their incentive amount payment is directly deposited in the bank account.

15. Disease Control Programmes

15.1 National Malaria Control Programme

Number of slides prepared during the reference period are 71756, of which 669 are positive. Sufficient Rapid Diagnostic kits are available in the district. About 14101 cases are find out by ASHAs.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period are 5420 of which number of positive cases are 193. DOT medicines are available at all the facilities. Timely payment of salaries is made to RNTCP staff**.**

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 222 and 184 patients are under treatment in the district. About 98 cases are identified by ASHAs.

16. Non Communicable Diseases

NCD clinic is established at DH. Morbidities are identified. PIP for NCD is submitted. All required medicine is available with NCD. IEC material is also available at NCD.

17. Good Practices and Innovations

- **Matru Samridhi Yojana Scheme:** This scheme was started in 2001. Under this scheme, cheque of Rs. 5000/- is provided to mother (in her name) if she has delivered in public health institution. This scheme is for the resident of Dadra & Nagar Haveli and is limited to 2 live births. The number of beneficiaries under this scheme in April to Dec. is 791.

- **Save the Girl Child Scheme:** Under this scheme, a Life Insurance of Rs. 40,000 is being provided in the name of girl child, which will be payable at the age of 18 of particular girl child. This scheme is applicable only for the domicile of Dadra & Nagar Haveli and limited up to 2 live births only.

- **IHMS:** Shri Vinoba Bhave Civil Hospital has developed a fully functional Integrated Hospital Management System (IHMS) for providing all services in the hospital. The system is a generic application, which addresses all the major functional areas of hospitals. There are 33 modules such as registration, doctor's module, laboratory & microbiology, pharmacy, billing, laundry, ward, OT, enquiry, accounts, material management etc. which are running under this application to make all the daily work paperless. The administration has reduced the paper work and increased the efficiency of service provision in the hospital. This is certainly a success story of a government run hospital. The District Hospitals in other states can replicate the system to achieve functional efficiency.

18. HMIS and MCTS

As DNH is unic district, District Data Manager is takes care of data generating in DNH. All PHCs are given Data Entry Operator cum Accountant for the purpose of HMIS and MCTS data entry. Quality of HMIS data is fair although there are some concerns in the quality of data. Timelines is being followed for uploading the data. With regard to completeness, HMIS completeness is 100%. Data validation checks are applied at SPMU level by DDM.

19. Observations from the Health Facilities Visited by the PRC Team

19.1 District Hospital: Shri Vinoba Bhave Civil Hospital

- The District Hospital is having sanctioned bed strength of 400 beds. It is functioning in a Government building and is in a good condition.
- The health facility is easily accessible from nearest road. Quarters are available medical and other categories of the staffs. DH has electricity with generator. Running water is available24*7.
- Separate toilets are available in male and female ward and clean. Toilets in the OPD are also clean.
- Cleanliness is there in the facility particularly in and adjoining spaces the wards.
- Nutritional Rehabilitation Centre is available in the district hospital.
- SNCU facility is available in the hospital with eleven beds.

- Separate room for ARSH clinic is available.
- IEC materials are displayed in the District Hospital but still there is scope for display more IEC material. Complain or suggestion box is available.
- Segregation of waste in colour coded bins is followed. Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment's are available at the District Hospital. All the equipment's related to operation theatre and laboratory is available. Essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD. Laparoscope is available in DH. Ultrasound scanners are available at the facility is in working condition.
- Facility is having C.T scanner under PPP.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Blood bank is available in the hospital run by Red Cross Society is the only blood bank in UT.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counseling on Family Planning is also provided.
- Mothers are advised to stay for 72 (as per new norm) hours after normal delivery and seven days in C-Section deliveries. But from the HMIS reports during April to January 2015 public institutional deliveries are reported are 5157 of which 3405 are discharged under 72 Hrs.it means about 66 percent women are discharged under stipulated norms.
- There is an issue of JSY payment in entire UT. As it is being paid by AC payee cheque. Getting benefit of the same is low also there is some problem of fund flow pertaining to JSY. Diet is being provided to the patients free of cost.
- There is provision for managing of high risk pregnancies, sick neonates and infants. Staffs are trained for using of partograph. Vaccination is done properly.
- Hospital provides essential new born care.
- IMEP protocol information and posters are displayed in the facility.
- There is a committee for reviewing of MDR and IDR.
- All important registers are available for maintenance of records.
- IEC material is displayed in the OPD as well in the wards. Information about JSY and JSSK is displayed. Citizens Charter is displayed.
- Immunization schedule is displayed in the OPD.
- Regular Fogging is being done. Laundry/washing services are outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism are available.
- Under JSSK, during the reference period 3261 women have received home to facility pick up service and 3504 women have received drop back facility (pertaining providing transport there is some flaw in reporting. There is scope for improvement in reporting as well as in monitoring. In case of pick from home to institute is reported as 3261, which is 96 percent of total deliveries conducted at facility and in case of drop back figures provided by facility total deliveries are conducted at facility are 3376 and 3504 women were provide drop back transport facility). Similarly, in case of new-born, 45 new-born received free pick up from home and 834 neonates have received drop back facility.
- During the reference period 3376 deliveries were conducted at District Hospital of which 1101 are C- section deliveries, are 32.61 percent of deliveries performed at DH is quite high.

- At District Hospital, 24 Class-I Medical Officers posts are sanctioned of which 24 are filled on short term contract basis; 30 Class-II Medical Officers posts are sanctioned of which 3 are filled on regular basis and 27 are filled on STC; 67 Nursing cadre positions are sanctioned and 65 positions are filled and 2 are vacant; other 11 positions of paramedic staff is sanctioned and filled. Medical officers positions are not filled on regular basis is cause huge turnover and affecting the service delivery of the facility.

19.1 Rural Hospital: Khanvel

- Khanvel Rural Hospital is about 20 km, s away from district headquarters. On the day of PRC team visit to RH, all staff was present on duty. In charge Medical Superintendent was on leave second MO has given all information. It is a 50 bedded hospital and is located in government building. The building is in good condition. Quarters are available for MO-4 and 12 are under construction, SN-24, and Class-IV-5. All are occupied by the concern staff. Electricity is available with generator power back up. 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 really maintained well. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization are available with two radiant warmer and phototherapy unit. Waste management is out sourced and agency is collecting BMW four times in a week. ICTC facility is not available at the facility at least one camp is being organised under ICTC. Suggestion and complaint book are available.

- All the essential equipment is available at the RH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is available. Lab tests kits and chemicals are available. MVA/EVA equipment is not available.

- Essential drug list is available but not displayed in the OPD. Computerised inventory management is available. All essential drugs are being supplied. In the first two quarters there was no supply of Vit A syrup, but during third quarter it is regularised.

- All lab tests except HIV are being done at the facility.

- All mothers have initiated breast feeding within one hour of normal delivery. No Immunisation is done at RH. Routine Immunisation need is catered by Sub Centre which is located in the same building of RH. Zero doses of BCG and OPV are being given at SC for which mothers goes to SC with babies in SC. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery.

- JSY payment is made by SPMU as all facilities are giving JSY beneficiaries data to SPMU and from there money is being deposited in account of the beneficiaries. Some time it will take time one month to six months. Diet is being provided to JSSK beneficiaries free of cost.

- Pertaining to stay of women after delivery for 72 hours. RH is failed to inculcate this to the beneficiaries. During April to January 2015 1193 deliveries conducted at the facility of which 1092 are discharged within 72 hrs. It is 91 percent of total delivery. Administration needs to look into to increase the number of women to stay at facility after delivery.

- Though the Gynaecologist and Anaesthetic positions are filled there C-section deliveries are not being performed at the facility. (R) All essential new-born and sick neonates care is available. Partograph is not being used correctly as all the staff is not trained in SBA. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are not being followed.
- All important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained. Separate register for line listing of severely anaemic pregnant women is not available.

- All required IEC material is displayed in the facility.

- No data is available for services of JSSK i.e. transport facility provided to women. Home to institute transport, inter facility transport, institute to home transport.
- Approach roads have directions to the health facility. Essential Drug List and Citizen Charter is not displayed in the facility, Timings, List of services, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed.

- Regular Fumigation is being done. Last fumigation was done on January 18 2014. Laundry/washing service is outsourced. Dietary services available only for JSSK beneficiaries, drug storage facilities, equipment maintenance and repair mechanism. Grievance Redressal mechanism is not available in the facility.

Human Resource in RH Khanvel

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer Cl-I	6	3	3
2	Medical officer Cl-II	2	2	0
3	Staff Nurse	25	19	6
4	ANM	1	1	0
5	X-Ray Technician Cl-III	1	1	0
6	Pharmacist	3	3	0
7	Lab Technician	3	3	0
	Total	**41**	**32**	**9**

19.3 Primary Health Centre: Mandoni

- PHC Mandoni is located about 35 K.M.s from the district headquarters. It caters to 9 villages and about 24644 population. It is functioning in Government building. Staff quarters are available, one each for MO -1, LHV-1, SN-3, Pharmcist-1 and Peon-1. PHC has electricity with power back up of generator. Water source is available for 24*7 water supplies are available. Both the wards are having clean toilets. Labour Room is available with attached toilet. New Born Care Corner and stabilizing unit is available. Separate wards for male and female are available. Bio Medical Waste is done at facility in deep burial pit.
- All the essential equipment is available at PHC except neonatal, paediatric and adult resuscitation kit, suction apparatus, autoclave, MVA/EVA equipment, etc. Essential drug list is available and displayed for public. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Malaria, TB. Serum Bilirubin, RPR and HIV test are not being performed at the facility.
- All the listed drugs are available at the facility except IFA blue and tablet Misoprostol. Drugs for BP, Diabetics and other common ailments are also available. There is adequate stock of vaccine is available.
- 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. During April to January 2015 169 deliveries conducted at facility of which 163 women have left the hospital under 48 hrs. It almost 100 percent.
- JSY payment is made by SPMU as all facilities are giving JSY beneficiaries data to SPMU and from there money is being deposited in account of the beneficiaries. Some time it will take time one month to six months.
- There is no specialized manpower to manage high risk pregnancies. Therefore refers to the RH. Essential new born care is being given. There is provision to manage sick neonates at the facility. Wastes are segregated in colour coded bins.

Human Resources at PHC Mandoni

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	1	1	0
2	LTs	1	1	0
3	LHV	2	2	0
4	ANM	7	7	0
	Total	**11**	**11**	**0**
Contractual staff under NRHM				
1	MO	1	1	0
2	Pharmacist	1	1	0
3	SN	3	3	0
4	Lab Tech	1	1	01
5	Data Entry Operator	1	1	0
6	Para Medic Worker	1	1	0
7	Driver	1	1	0
8	Peon	3	3	0

9	Dai	2	2	0
10	Malaria Worker	1	1	0
11	Sweeper	1	1	0
	Total	**16**	**16**	**0**

- All registers are available and maintained at the facility except Indoor bed head ticket count, pantographs, OT register, FP register and RKS expenditure register.
- AMG and UNTIRD fund registers are maintained there is no expenses incurred during the year 2014-15.
- Timings, EDL, JSY entitlement are displayed in the facility. IEC materials, immunisation schedule, list of services are displayed. But JSSK entitlement, Citizen charter, Protocol posters are displayed.
- No data is available for JSSK transport services to for home to institute, institute to institute and institute to home.
- Approach road is there for the facility.
- It is told that Regular fumigation is being done but no record maintained. Laundry is outsourced. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism is available. Grievance redressal mechanism is available. Tally software is not in use.

19.4 Sub Centre: Chisda

- Chisda Sub Centre is under the catchment area of Mandoni PHC and is about 3 K.M.s from the PHC. This SC is catering for 14 villages and covering a population 4108.
- Sub Centre is located in main habitation and functioning in a Government building and is in good condition. The ANM does not stays at headquarter. There is no running water since 2 years as building is handed over by PWD department without tap connection. No electricity for 24*7 and no back up. Labour room is available but non-functional due to unavailability of water. There is no functional NBCC. No deep burial pit is available for biomedical waste management and wastes are buried in open ground. There is one ANM is in position no additional ANM appointed under NRHM.
- Haemoglobinometer is available but since two years there is no strips hence is non-functional. Blood sugar testing kit, delivery kit, infant weighing machine, colour coded bins and RBSK pictorial tool kit is not available in the facility.
- Following medicines are not available at the facility: IFA syrup with dispenser, Zinc tablets, Inj. Oxytocin, Inj. Oxytocin, Misoprostol tablets. Antibiotics, and drugs used for common ailments. available at the facility.
- Registers are not available at the facility.
- AMG and UNTIED funds are not received by the facility since two years.
- ANM is having knowledge and skills of quality parameters.
- Approach road is there for the facility.
- Except Posters of JSSK entitlements and JSY entitlement no other information is displayed at the facility. Information related to phone number, timings, SBA protocols and immunisation schedule are displayed. Grievance redressal mechanism is not in place.

20. 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
RH	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 Advise
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