

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

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

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2014-15 of Hingoli District was carried during May 4-9, 2014. The District Health Office, SDH Basmath, CHC Kalamnuri, PHC Potra and SC Kile Wadgaon were visited for the study. The team comprised of two officials from PRC side and IPHS Co-ordinator and DPM from district level accompanied the PRC team to all the places. This report discusses in detail the implementation of various components of PIP in Hingoli district as observed during the field visit for monitoring important components of PIP. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, district as a whole has 369 sanctioned post of health and supporting staff out of which 285 are filled and the remaining 85 positions are vacant. The sanctioned post of regular staffs is 267 out of which 242 are filled and the remaining 25 positions are vacant. In general, there is a shortage of specialist in the district. It is observed that the Telemedicine Centre established in DH tries to fill in the gaps/shortage by providing counseling to the doctors in specialized services.
- AYUSH OPD is performing well and is integrated with mainstream services. Awareness and implementation of AYUSH in general is good in the district. All the departments of AYUSH are functioning well with adequate stock of medicine supplied to all the AYUSH facilities.
- Under JSSK, the pregnant women in district receive benefits like free registration, check-up, diagnostics, blood transfusion and treatment during delivery including caesarean section. JSSK scheme has been extended to infants, under this scheme Infants receive free registration, check-up, blood transfusion, and treatment within 0-365 days of birth. Free transportation to and from and between facilities in case of referral is available to mothers and infants. Mother's also receive free diet during their stay in the health facility.
- During the reference period of April to March 2014, 15,717 pregnant women delivered at various public health institutions i.e., Sub District Hospitals, Community Health Centres, Primary Health Centres and Sub centres. Pregnant women were provided with free and zero expense treatment during delivery as well as free diet for 3 days in case of normal deliveries and 7 days for C-Section delivery under JSSK.
- Regarding the implementation of free transport under JSSK, it is observed that the contract for transport facility is given to BVG at all India level and this company appoints drivers for all the vehicles. Recently the centralized Call Centre has been shifted from district headquarter to Pune.

- JSY guidelines are followed and 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. Discussion with health officials and beneficiaries revealed that the JSY payments are made through crossed cheque and can be credited only from nationalised bank. These banks are mainly located in Block headquarters and they have a prerequisite of minimum balance of Rs. 500/- to open an account. Poor beneficiaries often find it inconvenient to avail the benefit mainly due to the travelling involved wherein recently delivered mothers are required to travel to Block headquarter where these banks are located and also the money constraints in opening an account.
- Nutrition Rehabilitation Centre (NRC) is not established anywhere in the district. Rashtriya Bal Swasthya Karyakram (RBSK) is implemented in all the 5 blocks of the district and is monitored by District Hospital. District Nodal Officer for RBSK is appointed and he looks after 17 teams working under this programme.
- ARSH clinics (MAITRI) are established in District Hospital and in SDH Basmath. One trained counsellor is appointed on contractual basis under NRHM. One each of male and female Medical Officers are given additional responsibility of ARSH. In SDH, the existing staffs are given additional responsibility of ARSH.
- Bio-medical wastes are segregated and outsourced at all the facilities except in SCs. At SCs, biomedical waste is dumped in a pit.
- Appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are displayed in the visited health facilities. Timing of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed in all the visited facilities.
- There are no dedicated staffs for HMIS and MCTS. Additional responsibilities of HMIS and MCTS are given to the regular staff in addition to their regular duties.
- Supervision and monitoring visits at all the levels are done regularly by health staffs in the district. District has established linkages to fill the gaps in service delivery. Mobile Medical Unit is run by Deepak Medical Foundation and Research Centre covering 40 villages of 4 Blocks. Good impact of this service is observed at periphery level.
- In the district ASHAs receive on an average of Rs. 800/- per month as an incentive.
- PHC Potra is offering good service to the community. It needs some minor improvement in infrastructure like repair of floor tiles and replacement of glass panes of the windows need to be done on urgent basis. This PHC is located at the slope of a hill so whenever it rains or wind waves occur, glass pane breaks leading to insecurity and lack of privacy. This matter was discussed with DHO.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2013-14 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 goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, 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, Jharkhand and Dadra & Nagar Haveli comprising of 15 districts for the year 2014-15. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Hingoli District of Maharashtra for the reference period April 2013 – March 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2013-14 for Hingoli District was carried during 4-9 May 2014. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry for each category of the facility were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level. In addition, data from District Health Office and discussion with district health officials and beneficiaries were also collected.

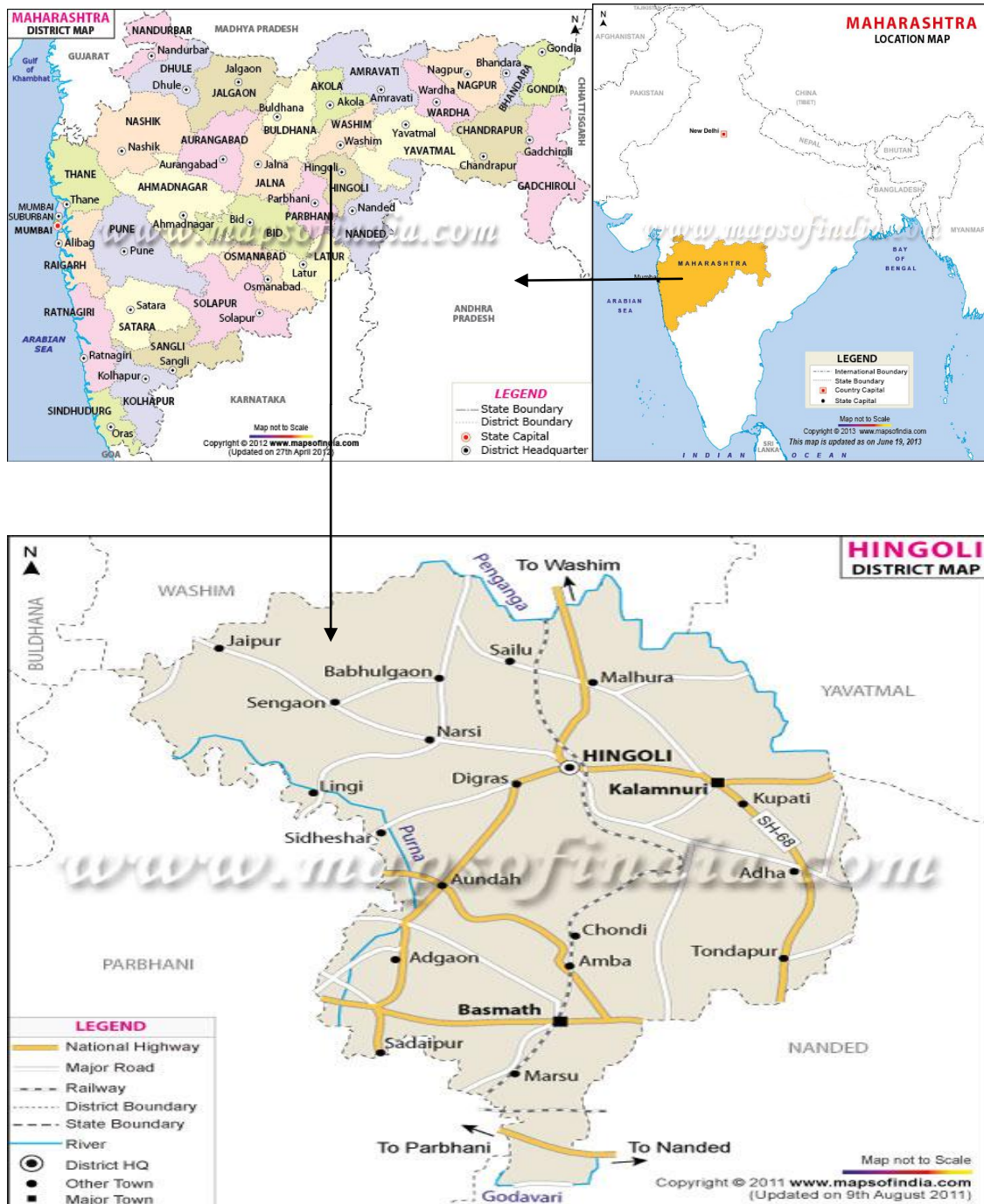
Two officials from PRC, Pune visited the district during 4-9 May, 2014 to obtain information on implementation of PIP in the district. Data were collected from the DHO Office, DPMU, one each of SDH, CHC, PHC and SC. PRC team was accompanied by IPHS Coordinator at all places. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Hingoli district as observed by the PRC team during the field visit.

3. District Profile and Key Health and Service Delivery Indicators

Hingoli district is situated in the northern part of marathwada region in Maharashtra. Hingoli shares its border with Akola and Yavatmal districts in the north, Parbhani in the west and Nanded in the southeast. The district came into existence on 1st of May 1999 by bi-furcating the Parbhani district. District comprises of 5 talukas viz. Aundha, Basmath, Hingoli, Kalamnuri and Sengaon. Majority of its population is engaged in agricultural activities. Very few agriculture based industries exist in the district. Majority of its population resides in rural areas. The total literacy rate of Hingoli district is 76.04 percent.

As per 2011 Census, the total population of the district is 1,177,345 comprising a male population of 6,06,294 and female population of 5,71,051. The district contributes to about 3 per cent of total population of the state. The district has a population density of 244 inhabitants per square kilometre. Hingoli has a sex ratio of 938 females for every 1000 males. The child sex ratio in the district is 868 female children per 1000 male children in 2011.

Location of Nanded District in Maharashtra



Key Demographic Indicators: Maharashtra and Hingoli District (2011)

Sr. No.	Items	Maharashtra	Hingoli
1	No. of Blocks	355	5
2	No. of Villages	43,663	711
3	Population (2011)	11,23,72,972	11,77,345
4	Population - Males (2011)	5,83,61,397	6,06,294
5	Population - Females (2011)	5,40,11,575	5,71,051
6	Literacy Rate (2011)	82.91	76.04
7	Literacy Rate - Males (2011)	89.82	86.73
8	Literacy Rate - Females (2011)	75.48	64.73
9	Sex Ratio (2011)	925	938
10	Child Sex Ratio (2011)	883	868
11	Density of Population (2011)	365	244
12	Percent Urban (2011)	45.23	15.17
13	Percent SC Population (2011)	11.8	15.51
14	Percent ST Population (2011)	9.4	9.51

Source: Census 2011

Key Health and Service Delivery Indicators (DLHS-3): Maharashtra and Hingoli District

Sr. No.	Indicators from DLHS-3	Maharashtra	Hingoli
1	Mothers registered in the first trimester (%)	61.6	47.8
2	Mothers who had at least three ANC visits (%)	74.4	68.6
3	Mothers who got at least one TT injection (%)	88.7	90.4
4	Institutional births (%)	63.5	41.5
5	Home deliveries assisted by SBA (%)	5.7	9.9
6	Children fully immunised (%)	69.0	62.4
7	Children breastfed within one hour of birth (%)	52.5	45.8
8	Percent of women using modern FP methods	63.9	62.2
9	Total Unmet Need for FP (%)	13.6	12.5
10	Unmet need for spacing (%)	5.9	6.6
11	Unmet need for limiting (%)	7.7	5.9

Source: DLHS-3

4. Health Infrastructure

At the time of PRC field visit to the District Hospital (DH), some construction work was going on. Due to this the hospital was not able to function to its full capacity. There is only one SDH in Hingoli district with a capacity of 100 beds and it is located at Basmat Block. There are three 30 bedded Rural Hospitals in the district and all are located in a government building. The district has 24 Primary Health Centres out of which 21 PHCs are located in a government building. The district has 132 Sub Centres and all are located in a government building.

AYUSH facility is co-located in district hospital and Ayurveda, Homeopathy, and Unani are the most favoured choice of treatment. District has established linkages to fill service in delivery gap. One Mobile Medical Unit is run by Deepak Medical Foundation and Research Centre in 4 Blocks covering 40 villages which have a good impact in providing the health services at the periphery level.

Number and type of government health facilities in Hingoli district

Name of the facility	Number	No. of Beds
District Hospital	1	200
Sub District Hospital	1	100
Rural Hospitals	3	50 each
Primary Health Centres	24	6 each
Sub Centres	132	

Hingoli District: Key Service Utilization Parameters (April-March, 2013-14)

Service Utilization Parameter	DH	SDH	CHC	PHC	SC
OPD	113172	63012	11395	9253	
IPD	14796	14469	1772	192	
Expected number of pregnancies	3046	831	125	500	110
MCTS entry on percentage of women registered in the first trimester (in %)	100	100	96	95	77
No. of pregnant women given IFA	900	678	125	320	59
Total deliveries conducted	3396	878	137	150	51
No. of deliveries conducted at home					0
No. of assisted deliveries(ventouse/forceps)	0	0	0		
No. of C-Section conducted	466	47			
No. of obstetric complications managed	311	174	0	5	
No. of neonates initiated breast fed within 1 hour of birth	907	878	131	150	51
No. of children screened for defects at birth under RBSK	0	0	6	1	0
RTI/STI Treated	805	0	22	40	
No. of admissions in NBSUs/SNCU,	907	96	35	4	
In-born	548	15	32		
Out-born	359	81	3		
No. of children admitted with SAM	18	3	9		
No. of sick children referred	16	6	14	17	1
No. of pregnant women referred	0	174	55	112	5
ANC1 Registration	1287	512	125	505	93
ANC 3 Coverage	838	1043	42	492	59
ANC 4 Coverage	235	1070	12	0	36
No. of IUCD Insertions	307	50	51	67	16
No. of Tubectomy, Laparoscopy	1285	1031	227	210	
No. of Vasectomy	5	2	0	4	
No. of Minilap	110	0	227	33	
No. of children fully immunized	1156	1097	150	464	77
Measles coverage	1227	986	150	464	77
No. of children given ORS + Zinc	0	3900	62	0	0
No. of children given Vitamin A	1151	59	150	3749	77
No. of women accepted post-partum FP services	0	1031	0	0	
No. of MTPs conducted in first trimester	248	34	0	4	
No. of MTPs conducted in second trimester	0	2	0	0	
No. of adolescents attending ARSH clinic	1368	407	874	0	
Maternal deaths, if any	2	0	0	0	3
Still births, if any	153	14	4	1	1
Neonatal deaths, if any	0	0	4	4	0
Infant deaths, if any	63	0	0	3	
Number of VHNDs attended					53
Number of VHNSC meeting attended					2
Service delivery data submitted for MCTS updation					51

5. Human Resources and Training

In the district, a total of 267 regular positions of health and supporting staffs are sanctioned out of which 242 are filled and 25 positions are still vacant. Under NRHM, 369 posts are sanctioned out of which 284 are filled and 85 positions are still vacant. In the nursing cadre, 155 positions are sanctioned out of which 120 positions are filled on regular basis. There is a shortage of one each of Additional District Health Officer and Assistant District Health Officer in Class I and Medical Officers in Group A, and shortage of Male Health Worker and Health Supervisor in the district which is shown in the table below. In contractual staff, there is shortage of IPHS, AYUSH, Sickle Cell, Urban RCH, and severe shortage of ANM and staff nurses as evident from the table given below.

Training Status

Training status during the reference period April to March 2014 reveals that health staffs such as HA, MPW and ASHAs were not trained during the reference period, and none of the health staffs received training in training programmes such as MTP/MVA and IMNCI.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy CI- I	1	1	0
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
6	District Tuberculosis Officer CI- I	1	1	0
7	Administrative Officer CI- II	1	1	0
8	District Malaria Officer CI-II	1	0	1
9	Taluka Health Officer Group A	5	5	0
10	MO Group A	51	49	2
11	Epidemiology MO	1	0	1
12	Statistical Officer	1	0	1
13	Section Officer	1	0	1
14	Office Superintendent	1	1	0
15	Accounts Assistant	1	0	1
16	Jr. Accountant	1	1	0
17	Sr. Assistant	1	0	1
18	Sr. Assistant Accounts	1	1	0
19	Junior Assistant	2	2	0
20	Attendant	1	1	0
21	Health Worker (Male)	82	70	12
22	Health Assistant	33	32	1
23	Health Worker (Female)	28	28	0
24	Pharmacists	33	33	0
25	Health Supervisor	10	8	2
26	Leprosy Technician	6	6	0
27	Sweeper	1	1	0
28	Total	267	242	25

Contractual staff appointed under NRHM in Hingoli District

Sr. No.	Name of the Programme	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	3	3	0
2	M&E	3	3	0
3	IPHS	28	18	10
4	FMG	2	2	0
5	IDW	4	3	1
6	ASHA	31	31	0
7	RKS	1	1	0
8	ROUTIN	1	1	0
9	AYUSH	14	13	1
10	Sickle Cell	9	6	3
11	BPMU	10	10	0
12	Cold Chain	1	1	0
13	Urban RCH	57	53	4
14	Procurement	2	2	0
15	Tele Medicine	2	2	0
16	SNCU	9	9	0
17	Referral Transport	5	2	3
18	PCPNDT	3	3	0
19	ARSH	1	1	0
20	IDSP	3	1	2
21	NPCP	3	3	0
22	ANM	132	99	33
23	LHV	2	2	0
24	Staff Nurse	33	6	27
25	Dialysis Tech.	3	3	0
26	MMU	7	6	1
	Total	369	284	85

Training status of all cadres in the district up to March 2014

Sl. No	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	5	1	3	0	0	0
2	BEmOC	4	0	0	0	0	0	0
3	CEmOC/EmOC	0	0	0	0	0	0	0
4	LSSA	1	0	0	0	0	0	0
5	MTP / MVA	0	0	0	0	0	0	0
6	IMNCI	0	0	0	0	0	0	0
7	IMNCI (Sup)	0	0	0	0	0	0	0
8	F-IMNCI	3	0	0	9	0	0	0
9	RTI/STI	22	0	0	12	0	0	0
10	IYCN Trg. 3 days	4	16	2	0	0	0	0
11	NSSK Trg.	0	15	1	24	0	0	0

6. Other Health System Inputs

The following health services are available at various health facilities in Hingoli district: Surgery (major and minor), Medicine, Obstetrics and Gynaecology, FP services, Cardiology, Emergency,

Trauma Care, Ophthalmology, ENT, Ancillary Services of Blood Bank, Radiology, Pathology, Mild In-patient management, C-section deliveries, OPD Medicines and OPD Gynaecology.

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

AYUSH Services: AYUSH services are co-located in District Hospital, SDH-Basmat, and CHC-Kalamnuri of the District. Ayurveda, Homeopathy and Unani services are available. AYUSH OPD clinics are monitored separately. AYUSH doctors are members of RKS committees. Adequate medicine is being supplied to all the AYUSH facilities. A total of 10 Medical Officers are sanctioned for AYUSH and all the posts are filled.

User Fees: User fee is charged for only few services such as registration Rs. 5/-, X-Ray-Rs. 30/-. All the services are free for patients who come under JSSK, BPL and SC/ST population.

7. Maternal Health

7.1 ANC and PNC: As per HMIS data, ANC registration during the reference period April 2013 to March 2014 is 22,676 of which 15,537 women were registered within first trimester. Severely anaemic pregnant women with hb level less than 7 are 207 and hb less than 11 are 19,203. Number of Hypertension cases reported during this reference period was 327. Number of women who received TT and IFA tablets during the reference period was 17,633 and 16,425 respectively. Number of women who received post natal services was reported as 13,354.

7.2 Institutional Deliveries: During the reference period April to March 2014, number of institutional deliveries conducted in the district was 15,717 out of which 508 deliveries were C-section deliveries.

7.3 Maternal Death Review: During the reference period April 2013 to March 2014, 5 maternal deaths were reported in the district. All cases were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Causes and background of the five maternal deaths are as given in the table below.

Line Listing of Maternal Deaths

Sr. No.	Age of Mother	Social Groups	Place of Death	Education	ANC Care Visits	Cause of Death
1	30	Other	DH Hingoli	Illiterate	3	Severe Anaemia
2	24	Other	On Road	5 th Std.	7	PPH with Retention of Placenta
3	26	ST	On Road	Illiterate	0	Severe Anaemia
4	30	Other	DH Hingoli	5 th Std.	3	PPH with Retention of Placenta
5	25	Other	Home	8 th Std.	2	Cardio respiratory arrest due to acute myocardial infection

Source: Report of Maternal Deaths Review Committees

7.4 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 Hingoli district received benefits of free registration, check-up, treatment, and delivery including caesarean section and blood transfusion. Neonates received free registration, check-up and treatment within 0-365 (recently issued circular by state government extending the present scheme to infants) days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital (in case of referrals) and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period, 15,717 pregnant women delivered at various public institutions i.e., SDHs, CHCs and PHCs 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 deliveries, free medicines, and diagnostic tests.

7.5 JSY: JSY guidelines are followed and 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. Since this cheques can be credited only at nationalised banks which are located at block places; beneficiaries often find inconvenient to open an account due to either lack of perquisite minimum account as well as due to the travelling involved to reach the block places considering that most of the mothers have recently given birth. 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.

8. Child Health

8.1 SNCU: SNCU is located in District Hospital. In the District Hospital SNCU Unit is well equipped and well maintained.

8.2 NRCs: Nutrition Rehabilitation Centre is not established anywhere in the District.

8.3 Immunization: Immunisation is done at all the facilities as per Government of India guidelines. No facility is having immunisation services on daily basis. There are fix day schedule for Immunisation at all the facilities and at the periphery level. Number of immunization session planned and held are same (10,542) during the reference period. There is no problem in maintaining cold chain.

8.4 Rashtriya Bal Swasthya Karyakram: RBSK is monitored by DPMU. District Nodal Person for RBSK is appointed. It is implemented in all the 5 Blocks of the district and municipal corporation area of Hingoli, Kalamnur, and Basmat. Seventeen teams are working in the district under this programme. Each team consist of one each of male and female Medical Officer, one each of ANM and Pharmacist. Plans for the field visit are prepared and sent to the respective authorities by the RBSK teams. The target plan for screening the number of children was fixed at 2,24,075 in the year 2013-14 and the actual number of children screened was 2,07,728. Among those the number of children

detected with problems was 3,838 and these children's were referred to higher facilities. The number of SAM detected children were 42 and MAM detected children were 130 during the reference period.

9. Family Planning Services

Family planning services are provided in all the major facilities of the District. During the period April to March 2014, 7,826 female Sterilisation and 20 NSVs were performed in the district. IEC materials are available in the district. During the visit to ANC Clinic, counselling sessions are conducted by the ANM. PPIUCD services are not available. Only IUCD type 380 is available in the district. The ASHAs are involved in the social marketing of spacing methods.

10. ARSH

ARSH clinics are established at DH-Hingoli, SDH-Basmath, CHC-Kalamnur and CHC-Aundha. One Co-ordinator is appointed on contractual basis under NRHM and is trained in ARSH programme. One each of male and female Medical Officer is given additional responsibility of ARSH. In all the SDHs, existing staff is given additional responsibility of ARSH. The clinic provides health information, counselling and testing to children and young adults aged between 10-19 years.

Consolidated number of OPD at ARSH clinic during the year 2013-14

Sr. No.	Particulars	Number of Patients
1	Attended ARSH Clinic	3,166
2	Antenatal	467
3	TT	700
4	IFA and Counselling	1036
5	Counselling for MTP	948
6	Treatment of RTI/STI	138
7	Counselling for life skills and social skills	1912

11. Quality in Health Services

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

11.2 Biomedical Waste Management: Segregation of bio medical waste is outsourced at all the visited facilities except in SC Kile Wadgaon. SC is having deep burial pit for biomedical waste management.

11.3 IEC: Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at PHC. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed in health facilities.

12. Referral Transport and MMUs

The number of ambulances of different types available in the district is 34. The call centre for the management of ambulance services is established in Pune.

13. Community Processes

Deepak Medical Foundation Research Centre and Charitable Trust are providing Mobile Medical Unit work covering 40 villages in Hingoli district. MMU performances for the period April 2013 to March 2014 are given below:

Services	Particulars	Number
OPD	Adult	26535
	Paediatric	30664
	Total	57199
RCH	ANC	3421
	PNC	4612
	Total	8033
Lab Test	Complete Blood Count	14219
	Malaria	1309
	Urine	25134
	Sputum	2134
	VDRL	2226
	Total	45022

13.1 ASHA: Total number of ASHAs required in the district is 936 and all the sanctioned positions are filled. Training for ASHAs in Module 6 & 7 is completed for 210 ASHAs in the district. ORS and Zinc is supplied to all the ASHAs. FP methods (condoms) are given to all ASHAs for distribution. On an average a ASHAs receive an incentive amount of Rs. 800/- and the highest monthly incentive paid to ASHA is Rs. 40,000/-. Payment is deposited in the bank account. ASHA kits are not replenished regularly as there was problem in supply of medicine.

14. Disease Control Programmes

Integrated Disease Surveillance Project (IDSP), Hingoli (December 2013 to March 2014)

Sr. No.	Diseases	No. of Tested Samples	Positive Samples
1	Malaria	4075	0
2	Tuberculosis	139	15
3	Typhoid Fever	340	97
4	Cholera	2	0
5	Viral Hepatitis A	4	1
6	HIV	332	0
7	Other	638	0

14.1 National Malaria Control Programme: Number of slides prepared for testing malaria during the period December 2013 to March 2014 is 4075, of which none was found to be positive. Rapid Diagnostic Kits are available and provided to health workers.

14.2 Revised National Tuberculosis Programme (RNTCP): Number of sputum test conducted during the period December 2013 to March 2014 is 130 of which number of positive cases are 15. DOT medicines are available at all the facilities. Total sanctioned posts are 31 out of which only 6 positions are filled. Timely payment of salaries is made to RNTCP staff and DOT providers.

15. Non Communicable Diseases

An office is established at DHO to specifically cater to the Non Communicable Diseases in the district. Two hundred and eleven cases are reported of diarrhoea and 76 cases of high fever during the period January to March 2014.

16. Good Practices and Innovations

Telemedicine Centre is established in DH to provide guidance to the doctors in specialized services. The number of expert opinion received offline was 696, out of which 641 was for radiology. In addition, 450 video conferences were held out of which 300 were on Skin VD during the reference period.

17. HMIS and MCTS

There are dedicated staffs for HMIS and MCTS. M&E is responsible for reporting of the data for the district. Data is being uploaded in time. With regard to completeness, MCTS updating is 96 percent. Data validation checks are applied at district level.

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

18.1 District Hospital: Hingoli

- The District Hospital is 100 bedded and it is located in a government building. At the time of PRC visit, the construction work was going on for renovation, extension, and new buildings in the premises of Hospital. Hence, the hospital was functioning only in the ground floor of the DH at the time of our visit.
- The health facility is easily accessible from nearest road. No staff quarters were available at the time of visit however in new construction plan there are provisions for staff quarters. DH has electricity with power back up, running 24*7 water supplies, separate toilets for males and females in the Wards. Overall cleanliness could not be maintained in the hospital premises because of the on-going construction work.

- Nutritional Rehabilitation Centre is not available in the DH.
- SNCU facility is available in the hospital and is in good condition. The number of admissions during the reference period April to March 2014 was 907 out of which 548 were in-born cases and 359 out-born neonates. Eighteen children were admitted with SAM out of which 16 children referred to other hospitals.
- IEC material is displayed and complains/suggestion box are also available in the District Hospital. Approach road has the directions to the health facility. Immunization schedule is displayed in the OPD.
- Segregation of waste in colour coded bins and biomedical waste management is in place and outsourced.
- All the essential equipment is available at District Hospital. Equipments for operation theatre and laboratory related were also available. Essential drug list and essential consumable list are available in the drug store.
- Pertaining to lab tests, all the tests are done except for endoscopy test.
- Blood Bank with functional blood bag refrigerators, chart for temperature recording and sufficient blood bags are available in the hospital.
- During the reference period April to March 2014, 1,13,172 OPD patients and 14,796 IPD patients were treated in the hospital.
- MCTS data on percentage of pregnant women registered in the first trimester is 100 per cent. The number of women provided with IFA is 300. Total deliveries conducted in the hospital were 3,396 and C-section deliveries were 466. Number of obstetric complaints managed was 311. Number of neonates initiated breast feeding within one hour of birth is 907. The number of patients treated with RTI/STI is 895.
- ANC registration and coverage in I, III and IV trimester is respectively 1287, 838 and 235. Number of IUCD Insertions is 307.
- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV were provided to babies. Counselling on IYCF and Family Planning is done. Mothers are advised to stay in the hospital at least 48 hours after delivery.
- JSY payment is made at the time of discharge by cheque, on production of necessary documents. Diet is being provided to the patients free of cost.

- There is provision of management of high risk pregnancies, sick neonates and infants. Staffs are trained for use of partograph. Vaccination is done as per schedule.
- MDR is done in time. All important registers were available and records are well maintained.
- Regular Fogging is done by Municipal Corporation. Laundry/washing services are outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism are available.
- Grievance Redressal mechanism is available under the chairpersonship of Civil Surgeon.
- At civil hospital, 18 Class-I Medical Officers posts are sanctioned of which only 4 are filled and the remaining 14 is still vacant; 30 Class-II medical officers posts are sanctioned of which 29 are filled and 1 is vacant; 185 Class-III positions are sanctioned out of which 68 positions are filled and 117 are vacant; 135 positions are sanctioned in class IV of which 19 positions are filled and 116 are vacant. There is a severe shortage of Class-I Medical Officers and supporting staffs in class II and IV position.

Human Resource at DH Hingoli (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Class-I	18	4	14
2	Class-II	30	29	1
3	Class-III	185	68	117
4	Class-IV	135	19	116
	Total	368	120	248

18.2 Sub District Hospital: Basmath

SDH Basmath is located in Basmath Block and is located about 72 kms from district headquarter. On the day of PRC team visit to SDH, all the staffs were present on duty, except Medical Superintendent In-charge. One of the MOs provided the team with all the information. Recently, a new Women's Hospital is built in the same block and the time of our visit, planning was going on for its inauguration.

- SDH is a 50 bedded hospital functioning in a government building which is in a good condition. Quarters are available for MOs, staff nurses and other health and supporting staffs. Electricity is available with 25*7 power back up and running water is available 24*7. Separate toilets are available at male and female wards and labour room is clean. SDH is well accessible from main road.
- Functional New Born Sick Unit and Stabilization Unit are available in the hospital. Nutritional Rehabilitation Centre is 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.

- All the essential equipment and laboratory related equipment are available at SDH.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue as well as emergency contraceptives and sanitary napkins are not supplied to the facility. Labelled emergency tray is available. For lab tests, kits and chemicals are available. All the lab tests are done in the SDH. All essential consumables are supplied regularly to the hospital.
- 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 provided. Counselling on IYCF is done. Counselling on Family Planning is done. Mothers are advised to stay at least for 48 hours after normal delivery.
- JSY payment is provided through Account bearer cheque and is given at the time of discharge on production of necessary documentation.
- Diet is provided to the patients free of cost and is outsourced.
- All high risk pregnancies are managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly.
- Segregation of waste is done in colour coded bins. Bio waste management is outsourced. Suggestion and complaint book is available.
- All important registers, and registers for Untied Funds, AMG and RKS funds are available and records are maintained.
- Under JSSK, during the reference period, 353 women were provided with home to facility pick up service; 174 women were provided inter facility vehicle services; and 547 women were provided with 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 also displayed in ANC and PNC clinics. Most of the IEC materials are displayed.
- Fumigation is done regularly. Laundry/washing service is outsourced, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human resource details in SDH are provided in the table given below:

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	0	1
2	MO CI-II	12	12	0
3	Asst. Superintendent	1	0	1
4	Asst. Matron	1	0	1
5	Staff Nurse	15	14	1
6	Parisevika	3	2	1
7	X-Ray Technician CI-III	1	0	1
8	Pharmacist	3	3	0
9	Lab Technician	1	1	0
10	Sr. Clerk	1	1	0
11	Jr. Clerk	2	2	0
12	Driver	2	0	2
13	OPD Attendant	1	0	1
14	Lab. Attendant	1	1	0
15	Dresser	1	1	0
16	Peon	2	1	1
17	Ward Boy	8	7	1
18	Sweeper	4	2	2
19	Total	60	47	13
Under NRHM				
1	MO	8	8	0
2	Pharmacist	4	4	0
3	ANM	4	4	0
4	Ayurveda MO	2	2	0
5	Sickle Cell Lab Tech.	1	1	0
	Total	19	19	0

18.3 CHC: Kalamnuri

- Kalamnuri Block is located about 25 kms from district headquarter. It is well accessible from main road. On the day of PRC team visit to CHC, all staffs were present on duty. Bed strength of the hospital is currently 50 and will be increased to 100 beds after the completion of the on-going construction of the new multi storey building of the CHC. Quarters are not available for MOs, Staff Nurses and other category workers. The building of staff quarters is in progress. Hospital is functioning in a government building and is in a good condition. Electricity is available with power back up and running water is available 24*7. Separate toilets are available in males and female Wards and Labour Room is clean.
- 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.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue and syrup with dispenser, Vit-A syrup, and Zinc

tablets are not supplied to CHC. Emergency contraceptives and sanitary napkins are not supplied in the facility. Labelled emergency tray is available. For lab tests, kits and chemicals are available. All the available lab tests are done in CHC. All essential consumables are supplied to the CHC.

- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at CHC. Zero doses of BCG, Hepatitis B, and OPV are provided. Counselling on IYCF and Family Planning are done. Mothers are advised to stay for 48 hours after normal delivery.
- JSY payment is provided through Account bearer cheque and is given at the time of discharge on submission of necessary documents. Diet is provided to the patients free of cost and is outsourced.
- All high risk pregnancies are managed in the facility. All types of essential new-born and sick neonates care are available. Partograph is used only in case of high risk pregnancy.
- Under JSSK, during the reference period, 13 women and 6 sick infants were provided with home to facility pick up service; 182 women and 35 sick infants were provided with inter facility vehicle services; and 345 women and 49 sick infants were provided with drop back facilities.

Human Resource at SDH Kalamnuri (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	1	0
2	MO CI-II	3	2	1
3	Asst. Superintendent	1	1	0
5	Staff Nurse	7	5	2
6	X-Ray Technician CI-III	1	1	0
7	Pharmacist	1	1	0
8	Lab Technician	1	0	1
9	Oth. Asst.	1	1	0
10	Jr. Clerk	2	1	1
11	Driver	1	0	1
12	Lab. Attendant	1	1	0
13	Peon	1	1	0
14	Ward Boy	4	3	1
15	Sweeper	2	2	0
	Total	27	20	7
Under NRHM				
1	Mo	5	5	0
2	Driver	1	1	0
3	Peon	1	1	0
4	Dresser	1	1	0
5	Data Entry Operator	1	1	0
	Total	9	9	0

- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters and JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Fumigation is done regularly. Laundry/washing service is outsourced, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.
- Segregation of waste is done in colour coded bins. Bio waste management is outsourced. Suggestion and complaint book is available.
- All important registers and registers for Untied Funds, AMG and RKS funds are maintained.

18.4 Primary Health Centre: Potra

- PHC Potra (in Kalamnuri Block) is located at about 45 KMs from the district headquarter. It caters to 23 villages covering 27,331 populations at the periphery level. It is functioning in a Government building and in good condition. Staff quarters are available, one each for MO, LHV, SN, HA and Pharmacist. PHC has electricity with power back up, running 24*7 water supplies and partially clean toilets separately available at male and female Wards. Labour Room is clean. New Born Care Corner is available. Separate wards for male and female are available. Bio Medical Waste is outsourced.

Human Resources at PHC Potra (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	7	5	2
3	LHV	1	1	0
4	Pharmacist	1	1	0
5	Lab Technician	1	0	1
6	Driver	1	0	1
7	Class IV	5	3	2
	Total	18	12	6

- All the essential equipment is available at PHC. Essential drug list is available and displayed for public. Diagnostic tests are available at the facility such as HB, CBC, Urine Albumin and Sugar, Blood Sugar, RPR, Malaria, TB, HIV and Sickle Cell.
- All mothers have initiated breast feed within one hour of normal delivery. Zero doses of BCG, Hepatitis B, and OPV are provided. Counselling on family planning is done. Mothers are advised to stay for 48 hours after delivery. JSY payments are made at the time of discharge. The mode of payment is through Account payee cheque. For poor beneficiaries, it is difficult to

get the benefits because they are unable to open the bank account with “zero” balance. Free diet is provided to the patients under JSSK.

- IEC materials, protocol posters, and JSSK entitlements are displayed in the facility as well as grievance redressal mechanism is in place.
- Under JSSK, 202 women and 2 sick neonates were provided home to facility transport; inter facility transport was provided to 112 women and 17 sick neonates; drop back facility from PHC to home was provided to 119 women.
- *Issues:* During the discussion with the PRC team, DHO highlighted the following issues of the PHC: (a) The floor tiles in PHC need to be repaired or replaced; (b) since this PHC is located at the slope of the hill, glass panes regularly breaks whenever there is thunderstorms and wind waves, and it was suggested to look for an alternative to glass frames of the windows. At the time of our visit it was observed many of these glass panes are broken leading to lack of privacy, insecurity in PHC; and (c) PHC requires printed IEC material of Protocol posters.
- The performance indicators of the PHC are very good. The PHC has established a good rapport with the community. The premise is maintained very well with good cleanliness. As two MOs are staying in the premises of the PHC, 24*7 services are available to the community. As for as service provision is concerned, it can be treated as an ideal PHC.

18.5 Sub Centre: Kile Wadgaon

- Kile Wadgaon Sub Centre is under the catchment area of Potra PHC and is located at about 10 KMs from the PHC. This SC caters to four villages covering 4814 population.
- Sub Centre is located in main habitation and is functioning in a government building. The ANM also stays in the same building. Running water and electricity are available. Labour room is available separately. There is a functional NBCC. Deep burial pit is available for biomedical waste management.
- All the essential equipment and drug list are available at SC. IFA syrup with dispenser is not available. Diagnostic tests such as HB, Urine Albumin and Sugar are available at the facility.
- Following medicines are available at the facility: IFA tablets, Vit. Syrup, ORS packets, Inj. Oxytocin, Antibiotic, Zinc tablets, and Inj. Magnesium Sulphate. Misoprostol tablets are not available at the facility.
- Sanitary napkins, Pregnancy test kit, OCPs and emergency contraceptives are available in the facility.

- All the essential Registers are maintained at the facility. Untied Funds and AMG are received by the ANM and records of which are maintained.
- Breast feeding is initiated with within one hour of normal delivery. Counselling on IYCF and Family Planning are done.
- ANM is having knowledge and essential skills of quality parameters.
- JSY payment is made to the beneficiaries as per the norms and is provided at the time of discharge.
- Approach roads show directions to the health facility. SBA protocol posters are displayed in the facility. Posters of JSSK entitlements, villages under the SC, VHND plans are displayed in the facility. Information related to phone numbers, timings, immunisation schedule and JSY entitlement are not displayed. Grievance redressal mechanism is not in place.
- This is a good performing facility. During the reference period (April 2013 to March 2014) 51 deliveries were conducted at the facility.

19. 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
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission