

**Monitoring and Evaluation of Programme Implementation Plan, 2016-17
Hingoli District, Maharashtra**

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**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Hingoli District, Maharashtra**

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2016-17 of Hingoli District was carried out by the PRC team during December 5-9, 2016. The District Health Office, District Hospital, WH Basmat, SDH Basmat, RH Aundha Nagnath, PHC Girgaon and SC Somthana were visited for the study by the PRC team. For the field visit the PRC team was accompanied by District Quality Control Assurance Coordinator all three days; DPM for two days and RMO outreach one day. This report discusses in detail the implementation of PIP in Hingoli district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Very good co-ordination among DHO side and CS side is seen. NRHM staff is also doing well in the district.
- In the district, a total of 529 regular positions in different discipline are sanctioned of which 374 are filled and 160 positions (30 per cent) are vacant. Under NRHM, 1261 posts in different discipline are sanctioned of which 1291 are filled and 42 are vacant. Hingoli is one of the high priority district of Maharashtra. To ensure equitable health care and to bring about improvements in health outcomes, all positions should be filled on priority basis to improve the performance of service delivery in rural areas.
- At District Hospital a total of 476 positions are sanctioned of which 202 are filled and 274 are vacant. 18 Class-I Medical Officers posts are sanctioned of which 5 are filled and 13 are vacant; 34 Class-II Medical Officers posts are sanctioned of which 34 are filled; 90 Nursing cadre positions are sanctioned and 54 positions are filled and 36 are vacant; In Class-III cadre 189 positions are sanctioned of which 87 positions are filled and 102 are vacant. Vacancies at different levels, particularly at Class-I MO and nursing cadre level, affect the service delivery of the facility.
- AYUSH is integrated with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. Homeopathy and Ayurveda is available in the district.
- 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 receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 days of birth. Free transportation facility to mother and neonates are

available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

- During the period April to October 2016, 7546 pregnant women have delivered at various public institutions i.e., District Hospital, Women hospital, Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery. They were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests.
- During the period April to October 2016, 7546 pregnant women have delivered at various public institutions i.e., District Hospital, WH, Sub District Hospitals, RH and Primary Health Centres under free and zero expenses delivery. They 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 4781 women were provided with home to hospital free transport, 1864 women were provided hospital to hospital transport in referral services and 5271 women were provided drop back facility. With respect to neonates, 90 neonates were provided with home to institute free transport, 33 were provided Institute to Institute referral transport service and 82 neonates were provided drop back facility
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the 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 the district.
- During the period of April-October 2016, 5263 women were registered under JSY in the district. The number of women received JSY benefit is 2310 for institutional deliveries in both rural and urban areas. In connection with payment of JSY account payee cheque is being given.
- Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. Though the required manpower is sanctioned under NHM for NRC at present one Medical Officer, two Staff Nurses and dietician health staffs are yet to be filled. Basic infrastructure is available in the NRC. But due to unavailability of staff round the clock medical officer and other staff is not available in the ward. As Hingoli is a high priority district of Maharashtra, the district deserves a better and efficient service for malnourished children. During the reference period 27 children were admitted in the NRC, of which 25 were discharged, 02 are still under treatment.
- SNCU is located in district hospital. Sanctioned beds are 18. Out of 22 sanctioned posts 16 are filled and 6 are vacant. ***Among the sanctioned positions Paediatrician and three MO positions are sanctioned but not filled, one position of staff nurse and one position of LHV is vacant. As the***

SNCU is very important activity of NHM it needs specialist and health staffs on priority basis. Basic infrastructure is very good. Available staffs are managing the system very nicely. During the reference period April to October 2016 1101 sick neonates were admitted. Of which 481 were inborn and 620 were out born, 910 were cured and discharged, 86 referred to higher facility, 33 left against medical advice, and 72 have died which accounts for 15 percent of deaths as against inborn admission which is quite high. As sanctioned beds are only 18 and as per demand these number of beds are inadequate. Almost all the time due to high admission they have keep two babies at one warmer. Overall, the bed strength needs to be increased as well as all the sanctioned posts need to be filled on priority in SNCU.

- Rashtriya Bal Swasthya Karyakram is monitored by Civil Surgeon. District Nodal Person for RBSK is appointed (RMO Outreach). It is being implemented in all the 5 Blocks of the district of Hingoli, Basmat, Aundha Nagnath, Kalamnuri and Sengaon. Child Health Screening and Early Intervention Centre at district level are established. A total of 17 teams are working under the programme. But only 12 teams are functioning with all four members (2MO, 1 ANM and 1 Pharmacist. Out of 71 positions sanctioned for RBSK 64 is filled and three teams do not having vehicle. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams.
- Target for the screening of Anganwadi children (3 to 6 years) for the period April to October 2016 is 120371 and till date the achievement is 109887. With respect to 6-18 years children target was set as 229100 for the period April to September 2016, and achievement till date was 169274. Cases identified with some problem and referred to CHC, DH, NRC, SNCU, DIEC, AFHS among 6 weeks to 6 years and 6 years to 18 years are 983 and 1942 respectively. All thyroid function tests are being done under RBSK for 1 year to 18 years old children free of cost. **Such important National Programme is being hampered due to unfilled sanctioned posts.**
- Blood bank is available in the hospital with storage capacity of 1500 bags. On the day of PRC visit 42 blood bags were available. During the reference period April to September 2016, 1977 bags were utilised for the patients and total of 2510 bags are collected during various camps. Blood bank is sanctioned for WH; tender process for purchase of equipment has begun by DPMU.
- ARSH clinic (MAITRI) is established at the District Hospital, SDH Basmat, RH Kalamnuri, RH Aundha, RH Sengaon, WH Basmat, PHC Hayatnagar; Pimpaldari; Dongarkada; Kawatha; Goregaon; Jawala Bajar. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. The clinic provides health information, counselling and testing to persons aged between 10-19 years.
- Segregation of bio medical waste is being done at all the facilities visited
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at WH Basmat SDH Basmat, RH Aundha Nagnath, at PHC Girgaon and SC Somthana. At district hospital, most of the IEC

material is displayed. Among the visited facilities, SDH Navapur and PHC Girgaon are following all protocols and displayed all the materials as per guidelines.

- Screening of Non Communicable diseases is not available in District.
- There is no dedicated staff for HMIS and RCH. Additional responsibilities are given to the regular staff in addition to their regular duties.
- New software is introduced in lieu of MCTS i.e. RCH. But staff told to the team that they do not have received any training as there are many changes as compared with MCTS. Also they are facing problem in operating software.
- Supervision and monitoring visits needs to be increased.
- There is one DH, one Women hospital, one SDH and 3 RHs in the district. But except WH Basmat and DH Hingoli, C-section deliveries are not performed at other facilities. This is high priority district and the facility for C-Section delivery should be extended to all the referral facilities. It may be solved by appointing specialist at respective places.
- All the essential equipment is available at the visited facilities. All operation theatre and laboratory related equipment is available. Though all the visited facilities are having essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD of any of the visited facilities.
- Unless the vacancies at various positions are filled, it looks quite natural that district will continue to be under the tag of high priority district in the state.
- Women hospital is maintained well. It is at par with corporate hospital.
- Women hospital has 60 beds but 40 beds (cot, bedding etc.) are shifted to DH, Hingoli due to which 40 patients need to be adjusted on floor bed. Therefore, it is strongly recommended either beds may be brought back to women hospital or new procurement of beds can be done.
- In women hospital, total 84 positions are sanctioned in different discipline out of which 28 are filled and 56 positions (30 per cent) are vacant. Under NRHM, 21 posts of different discipline are sanctioned of which 21 are filled.
- It is very disappointing being a women hospital Gynaecologist position is not filled. Paediatrician post is also not filled though it is very important as hospital deals with women and new born children.

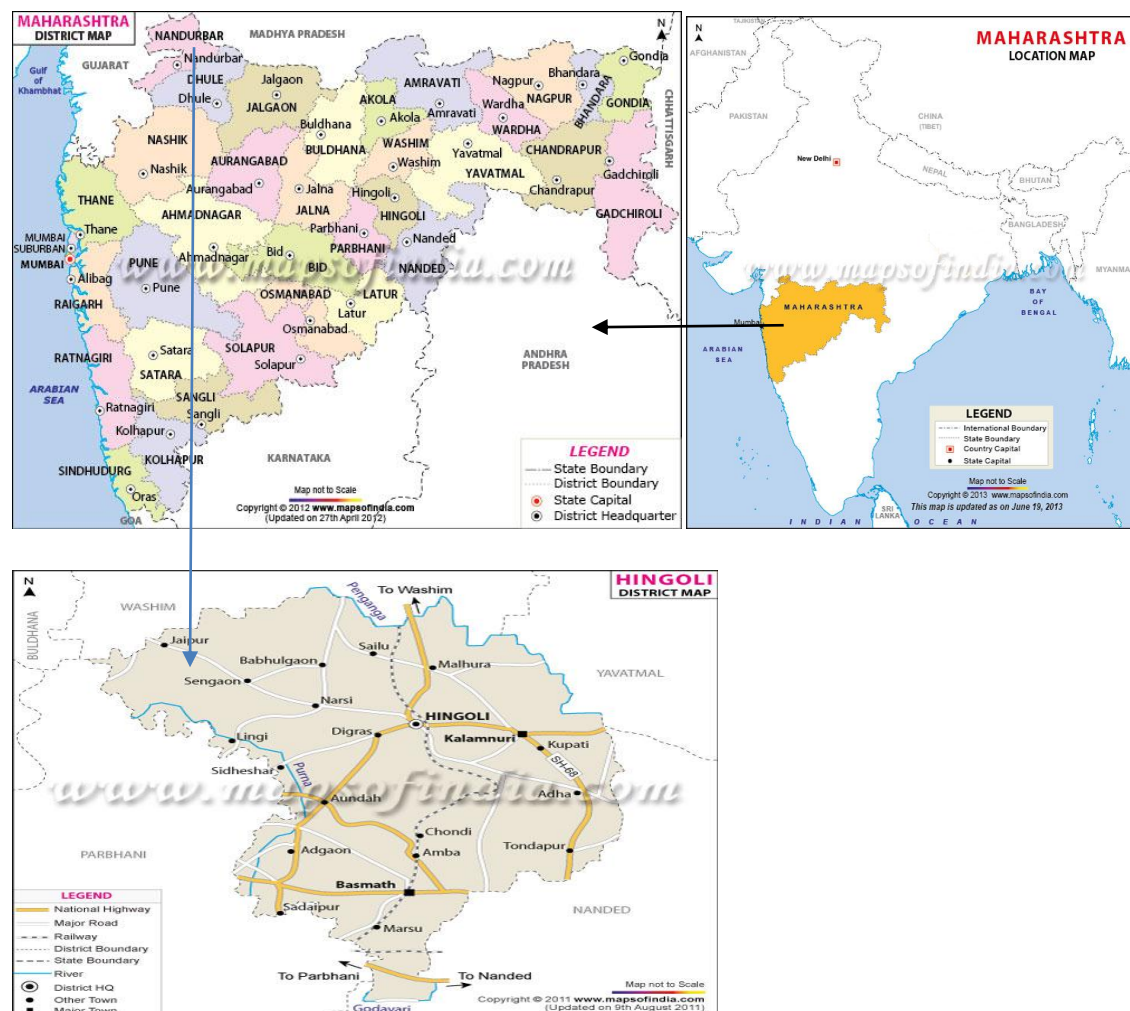
- Medical officer and nursing staff is crucial to run any hospital efficiently. Total 10 medical officers in CI- I and CI-II are sanctioned of which two of CL-I and 5 of CI-II posts are vacant. Medical Superintended posts are sanctioned but not filled. Pertaining to nursing cadre 27 positions is sanctioned of which 15 are filled.
- Hospital building for WH is constructed as per RH design which is not suitable for WH. Wards are like halls without designated place for nursing station, injection room as per norms. There should be two operation theatres as per the norm but only one is available. Pathology lab should be at least of 1000 sqft. In addition there is no space for waiting in spite of 100 to 150 ANCs visits per day.
- Firefighting system is not available in WH. In spite of continuous follow up since one year it is not being done. Semi auto analyzer has been shifted to District Hospital. Ultra sound scanners are there but it has been shifted to SDH. X-Ray unit is also not there in the facility.
- **Sub Centre Somthana** Building requires major repairs or new building need to be constructed, labor room needs to be constructed adjoining to Sub center building. In addition SC requires one bore well for regular water supply and electricity.

PRC Team suggested to the district authorities for quick remedial

- *PRC team suggested to RMO outreach to circulate RBSK advance tour programme to respective PHCs and PHCs should pass it on to the ASHAs through ANMs of SCs. So that ASHAs can bring below 3 years age children at Anganwadi for screening. It may help in timely intervention for out of school or out of Anganwadi children.*
- *PRC team suggested to CS and DHO to monitor private maternity home data and to initiate mechanism to collect data on monthly basis. It can be made them mandatory as all private maternity homes required to have renewal of their licence every year from CS/DHO.*
- SDH Basmat is almost defunct. Deliveries are not being conducted at SDH. SDH is having full strength of staff. Women hospital and SDH is in same town. Women hospital is struggling for personnel. It was discussed with RMO outreach to depute SDH staff to women hospital.
- *It is observed by PRC team during visits to facilities. At every facility Tubectomy patients are kept on floor beds. This may leads to infection and further complications. As the number of women for Tubectomy camps are much more. Even on the day of visit to PHC Girgaon 31 Tubectomy done on previous day i.e. December 8, 2016. It was told by staff that in Hingoli district all expected beneficiaries of Tubectomy are coming for sterilisation during the month of December and January. That's the reason facilities get flooded during this period. In this connection PRC team*

suggested to get involvement of ASHAs for motivate to expect women for Tubectomy operation throughout the year to avoid overburdened of facilities and further complications.

Location of Hingoli District in Maharashtra



2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 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 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 for eight districts for 2016-17. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Hingoli District of Maharashtra for the period of April- October, 2016.

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Hingoli District was carried out during the period December 5 to December 9, 2016. 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 December 5 to December 9, 2016 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, District Hospital, Women hospital, one SDH, one RH, one PHC and one SC were selected for the study. PRC team was accompanied by. 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

Hingoli is an administrative district in the northwest corner (Marathwada Region) of Maharashtra bordering with Nanded, Akola and Parbhani districts. Hingoli district was bifurcated from Parbhani district in 1999 with five own tehsil Hingoli, Kalamnuri, Sengaoon, Aundha Nagnath, Basmat.

The district occupies an area of 4,526 km² and has a population of 11,77,345 of which 15.60% were urban (as of 2011).^[2] One of the twelve Jyotirlinga shrines, the Aundha Nagnath is located in Hingoli district.

As of 2011 it is the third least populous district of Maharashtra (out of 36), after Sindhudurg and Gadchiroli. Total population of the district is 1177345 with male population of 606294 and female population of 571051. The district constitutes about 1.46 per cent of total population of the state. The district has a population density of 244 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 19.43 per cent. The population by sex shows that males constitute about 51.49 per cent and females constitute about 48.50 per cent of the total population of the district. Hingoli has a sex ratio of 941 females for every 1000 males.

The child sex ratio in the district is 934 female children per 1000 male children in 2011. Total literacy of the district is 67 per cent as per 2011 census. Sex wise literacy rates shows that it is 56.97 per cent for males and 40.02 per cent for females with a gap of almost 17 per cent between males and females.

Key Demographic Indicators: Hingoli District (2011)

Sr. No.	Items	Values
1	No. of Blocks	5
2	No. of Villages	711
3	Population (2011)	1177345
4	Population - Males (2011)	606294
5	Population - Females (2011)	571051

6	Literacy Rate (2011)	67
7	Literacy Rate - Males (2011)	56.97
8	Literacy Rate - Females (2011)	40.02
9	Sex Ratio (2011)	941
10	Child Sex Ratio (2011)	9934
11	Density of Population (2011)	244
12	Percent Urban (2011)	15
13	Percent SC Population (2011)	15
14	Percent ST Population (2011)	9

4. Key Health and Service Delivery Indicators (DLHS-4): Maharashtra and Hingoli District

Sr. No.	Indicators from DLHS-4	Maharashtra	Hingoli
1	Mothers registered in the first trimester (%)	67.9	55.6
2	Mothers who had at least three ANC visits (%)	77.9	66.8
3	Mothers who got at least one TT injection (%)	90.6	78.4
4	Institutional births (%)	92.0	94.1
5	Home deliveries assisted by SBA (%)	95.9	96.1
6	Children fully immunised (%)	66.2	58.1
7	Children breastfed within one hour of birth (%)	71.2	72.6
8	Percent of women using modern FP methods	65.7	64.9
9	Total Unmet Need for FP (%)	19.0	22.9
10	Unmet need for spacing (%)	10.8	11.2
11	Unmet need for limiting (%)	8.2	11.7

5. Health Infrastructure

The District Hospital of Hingoli has 100 beds. There is SDHs at Basmat with 50 beds and one WH at Basmat with 60 beds in Hingoli district. There are three Rural Hospitals in the district and all of them are with 30 beds. All of them are located in Government buildings. The district has 24 Primary Health Centres and all of them are functioning from government buildings as per norms. District has 132 Sub Centres and all are located in government buildings.

AYUSH facility is co-located and is available at six facilities in the district. Ayurveda and Homeopathy are the most popular medicines. There is a good impact of the services in periphery.

Number and type of government health facilities in Hingoli district

Name of the facility	Number	No. of Beds	Remark
District Hospital	01	200	Actual functioning is 100 beds
Women Hospital	01	60	40 beds are shifted to DH
Sub District Hospital			
Basmat	01	50	
Rural Hospitals	03	30	
Primary Health Centers	24	6	
Sub Centers	132	--	
AYUSH facilities (Ayurvedic)	3*	--	
AYUSH facilities (Homeopathy)	01**	--	
AYUSH facilities (Unani)	02***	--	

*DH Hingoli, SDH Basmat, RH Kalamnuri

** DH Hingoli

*** DH Hingoli, SDH Basmat

Hingoli District: Key Service Utilization Parameters (April 2016 to October 2016)

Service Utilization Parameter	DH. Hingoli	WH. Vasmat	SDH. Vasmat	CHC. Aundha	PHC Girgaon	SC Somthana
OPD	79908	8346	50515	32643	1793	--
IPD	17988	2266	8925	4626	185	
Expected number of pregnancies	1106	-----	--	**	360	103

MCTS entry on percentage of women registered in the first trimester (in percent)	----	-----	Nil	-----	---	----
No. of pregnant women given IFA	**	238	Nil	84	384	45
Total deliveries conducted	2631	1098	Nil	569	185	07
Number of Deliveries conducted at home	---	-----	Nil	---	---	00
No. of assisted deliveries(Ventouse/ Forceps)	-----	-----	Nil	**	---	00
No. of C section conducted	404	193	Nil	00	---	00
Number of obstetric complications managed, pls. specify type	261	347	Nil	**	---	00
No. of neonates initiated breast feeding within one hour	2631	1098	Nil	560	185	07
Number of children screened for Defects at birth under RBSK	**	**	Nil	00	---	00
RTI/STI Treated	133	51	Nil	**	----	---
No of admissions in NBSUs/ SNCU, whichever available (NICU)	1006		Nil	00	----	---
Inborn	436	154	00	00	---	---
Outborn	570		00	00	---	---
No. of children admitted with SAM		-----	00	00	---	---
No. of sick children referred		---	02	00	----	---
No. of pregnant women referred	276	353	Nil	00	----	10
ANC1 registration	730	469	Nil	101	360	49
ANC 3 Coverage	453	761	Nil	112	---	45
ANC 4 Coverage	**	245	Nil	00	----	**
No. of IUCD Insertions	10	84	Nil	00	----	02
No. of Tubectomy	152	125	Nil	00	69	---
No. of Vasectomy	---	00	01	00	18	---
No. of Minilap	152	00	Nil	00	00	---
No. of children fully immunized	896	**	264	139	397	57
Measles coverage	913	**	283	139	397	57
No. of children given ORS + Zinc	113	**	**	**	434	**
No. of children given Vitamin A	901	**	2034	146	511	57
No. of Children given IFA syrup	---	---	Nil	--	483	----
No. of women who accepted post-partum FP	58	45	Nil	**	---	---
No. of MTPs conducted in first trimester	13	41	Nil	**	---	---
No. of MTPs conducted in second trimester	**	01	Nil	00	---	----
Number of Adolescents attending ARSH clinic	1273	---	1972		---	---
Maternal deaths, if any	00	00	Nil	---	---	---
Still births, if any	01	13	Nil	01	---	01
Neonatal deaths, if any	-00	00	Nil	00	---	---
Infant deaths, if any	61	00	Nil	00	---	----
Number of VHNDs attended	---	----	--	---	---	03
Number of VHNSC meeting attended	---	---	---	--	---	03
Service delivery data submitted for MCTS updation	---	---	--	--	---	---
Zeo dose, Polio, BCG	----	---	---	---	---	----

Note: -- = Nil; * = No data; ** = Services not available

6. Human Resources

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	01	01	00

2	Additional District Health Officer CI- I	01	00	01
3	Asst. District Health Officer CI- I	01	00	01
4	Taluka Health Officer Group A	05	04	01
5	MO Group A	54	49	05
6	Statistical Officer	01	00	01
7	AO	01	00	01
8	Section Officer	01	00	01
9	Office Superintendent	01	00	01
10	Accounts Asst.	01	00	01
11	Sr. Asst.	02	02	00
12	Jr. Asst.	05	05	00
13	Public Health Nurse	01	00	01
14	Health Worker (Male)	127	68	59
15	Health Assistant	35	33	02
16	Health Worker (Female)	212	141	71
17	Health Assistant (Female)	28	24	04
18	Pharmacists	33	32	01
19	Health Supervisor	12	09	03
20	Leprosy Technician	06	06	06
21	Laboratory Technician	01	01	00
	Total	529	375	160

Contractual staff appointed under NRHM in Hingoli District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	07	07	00
2	IPHS	34	29	05
3	FMG	02	01	01
4	IDW	04	03	01
5	ASHA co. staff	07	07	00
6	ASHA	936	936	00
7	RKS	05	03	02
8	RBSK	71	68	03
9	AYUSH	15	13	02
10	Sickle Cell	06	06	00
11	BPMU	10	10	00
12	Procurement	02	02	00
13	Urban RCH	02	02	00
14	Tele Medicine	02	02	00
15	Quality Assurance	03	03	00
16	Referral Transport	01	01	00
17	PCPNDT	01	01	00
18	ARSH	01	01	00
19	IDSP	02	02	00
20	NPCB	03	03	00

21	ANM	92	80	12
22	LHV	02	02	00
23	Staff Nurse	20	20	00
24	SNCU	22	17	05
25	NRC	11	00	11
	Total	1261	1291	42

In the district, a total 529 regular positions of different discipline are sanctioned and 374 are filled and 160 positions (30 per cent) are vacant. Under NRHM, 1261 posts of different discipline are sanctioned of which 1291 are filled and 42 are vacant for the district as a whole.

Trained All Cadre up to 31-07-2016								
S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	EmOC	1						
2	LSAS	1						
3	BeMOC	5						
4	MTP/MVA							
5	F-IMNCI/IMNCI	8			10			
6	PPIUCD	16			8			
7	SAB							
8	RKSK	8						139
9	Routine Immunization and cold chain	11	15	20	27			
10	IYCN	10	46		11			
11	NSSK Trg.	3	39		11			

During the reference period out of 35 different trainings only 11 types of trainings are being given in the district.

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

Training programmes	District Hospital	WH Basmat	SDH Basmat	RH Aundha Nagnath	PHC Girgaon	SC Somthana
EmOC	**	--	**	--	--	
LSAS	**	MO-1	**	--		

BeMOC	**	--	**	MO-1	MO-1	
SBA	**	SN-3	**	Brother-1 SN-1	MO-1,LHV-1,GNM-1ANM-5	ANM-2
MTP/MVA	**	MO-1	**	--	--	
NSV	**	MO-1	**	--		
F-IMNCI/IMNCI	**	MO-2	**	--	MO-2,LHV-1,GNM-1ANM-6	ANM-2
NSSK	**	MO-2 SN-3	**	--	MO-2,LHV-1,GNM-1ANM-6	--
Mini Lap-Sterilisations	**	MO-2	**	--	MO-1	
Laproscope-Sterilisations	**	--	**	--	--	
IUCD	**	--	**	MO-1	MO-2	--
PPIUCD	**	MO-1 SN-2	**	SN-2	--	
RTI/STI	**	--	**	--	MO-2,LHV-1,GNM-1ANM-4	
HIV	**	--	**	--	--	--
Leprosy	**	--	**	--	--	
RNTCP	**	--	**	--	--	
Blood storage	**	--	**	--	--	
IMEP	**	--	**	SN-7	--	
Immunization and cold chain	**	MO-2 SN-2	**	SN-5	MO-2,LHV-1,GNM-1ANM-6	--
TOT RSK	**	--	**	--	--	

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health VisitorMPW-1

**Data not available

7. Other Health System Inputs

Following services are available at various health facilities of the Hingoli district: Surgery (major OTs are available at DH,WH Basmat, SDH Basmat and RH Kalamnuri, Aundha Nagnath and Sengaoon. Minor OTs are available at 24 PHCs of the district; Medicine, Obstetrics and Gynaecology services are

available at DH, WH, SDH, and 3 RH; FP services are available at all facilities; Cardiology is available DH,WH Basmat, SDH Basmat and RH Kalamnuri, Aundha Nagnath and Sengaon; Emergency and Trauma Care is available at DH and SDH Basmat; Ophthalmology, ENT, Ancillary Services of Blood Bank, Radiology are available at DH; Pathology, Mild In-patient management are available at all facilities; C-section deliveries are performed only at WH Basmat and DH; and OPD Medicines and OPD Gynaecology are available DH,WH Basmat, SDH Basmat and RH Kalamnuri, Aundha Nagnath and Sengaon.

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. Computerised Drug Inventory System is in place.

AYUSH Services

AYUSH services are co-located in District Hospital and various SDHs and RHs of the District. Ayurveda, Unani and Homeopathy services are available only at DH. The following services are available: At SDH Basmat- Ayurveda/ Unani; At RH Kalamnuri- Ayurveda/ Homoeopathy.

AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during April 2013 to October 2016 at OPD are 61597 and IPD is 2708. AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Total 15 positions are sanctioned for AYUSH and 12 are filled.

User Fees

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

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 12251 from April 2016 to October 2016 of which 9766 women were registered in first trimester. Number of pregnant women who are severely anaemic (HB below 11) reported is 550. Number of Hypertension cases reported during April 2016 to October 2016 is 327. Number of women received TT and IFA tablets during April 2016 to October 2016 are 11070 and 12251 respectively. Number of women received post-natal services is reported as 7386.

8.2 Institutional Deliveries

During April 2016 to October 2016, number of public institutional deliveries conducted in the district, including C-Section, is 10380. C-section deliveries are conducted at public institute are 597 and at private are 365.

8.3 Maternal Death Review

There is maternal death review committee in the district. During April 2016 to October 2016, there is no maternal death reported in the district. District task force is established in the district.

8.4 JSSK

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

During the period April to October 2016, 7546 pregnant women have delivered at various public institutions i.e., District Hospital, WH, Sub District Hospitals, RH and Primary Health Centres under free and zero expenses delivery. They 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 4781 women were provided with home to hospital free transport, 1864 women were provided hospital to hospital transport in referral services and 5271 women were provided drop back facility. With respect to neonates, 90 neonates were provided with home to institute free transport, 33 were provided Institute to Institute referral transport service and 82 neonates were provided drop back facility

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the 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 the district.

The number of women who received JSY benefit is 2368 for institutional deliveries and 2 for home deliveries in both rural and urban areas. In connection with payment of JSY account payee cheque is being given.

9. Child Health

9. SNCU

SNCU is located in district hospital. Sanctioned beds are 18. Out of 22 sanctioned posts 16 are filled and 6 are vacant. ***Among the sanctioned positions Paediatrician and three MO positions are sanctioned but not filled, one position of staff nurse and one position of LHV is vacant. As the SNCU is very important activity of NHM is still not properly addressed.*** Basic infrastructure is too good. Available staff is managing the system very nicely. During reference period 1101 sick neonates were admitted. Of which 481 were inborn and 620 were out born, 910 were cured and discharged, 86 referred to higher facility, 33 left against medical advice, and 72 have died, of 19 parentage deaths of admission is quite high. As sanctioned beds are 18 and looking at need these beds are inadequate. Almost all the time due overburdened they have keep two babies at one warmer. It felt need to increase bed strength of SNCU as well all the sanctioned posts needs to be filled on priority.

9.2 NRC

Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. Though the required manpower is sanctioned under NHM for NRC. But one Medical Officer, two Staff Nurses and dietician is not filled. Basic infrastructure is available in the NRC. But due to unavailability of staff round the clock in the ward as Hingoli is a high priority district of Maharashtra, the district deserves a better and efficient service for malnourished children. During the reference period 27 children were admitted in the NRC, of which 25 were discharged, 02 are still under treatment.

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. SDHs, RHs and PHCs are getting birth dose of immunization (Polio-0 and BCG) as per the immunisation programme guidelines. 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 Civil Surgeon. District Nodal Person for RBSK is appointed (RMO Outreach). It is being implemented in all the 5 Blocks of the district of Hingoli, Basmat, Aundha Nagnath, Kalamnuri and Sengaon. Child Health Screening and Early Intervention

Centre at district level are established. A total 17 teams are working under the programme. But only 12 teams are functioning with all four members (2MO, 1 ANM and 1 Pharmacist. Out of 71 positions sanctioned for RBSK 64 is filled and three teams do not having vehicle. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams. ***PRC team suggested to RMO out reach to circulate RBSK advance tour programme to respective PHCs and PHCs should pass it on to the ASHAs through ANMs of SCs. So that ASHAs can bring below 3 years age children at Anganwadi for screening. It may help to timely intervention for out of school or out of Anganwadi children.***

Target for the screening of Anganwadi children (3 to 6 years) is fixed for April to September set up as 120371 and the achievement is 109887. With respect to 6-18 years children target was set as 229100 for April to March 2017, achievement was 169274. Cases identified with some problem and referred to CHC,DH,NRC,SNCU,DIEC,AFHS in 6 weeks to 6 years and 6 years to 18 years are 983 and 1934 respectively. All thyroid function tests are being done under RBSK for 1 year to 18 years old children free of cost. Even if Government facility is not having infrastructure for this test, it is being done in private facilities for free of cost.

10. Family Planning Services

Family planning services are being provided in all major facilities of the District. During April to October, 2016, 2732 female Sterilisations and 58 NSVs were performed. Total number of IUCD insertion was 1485 oral pills distribution was 15698 and condom pieces distributed was 132982. 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 clinic (MAITRI) is established at District Hospital, SDH Basmat, RH Kalamnuri, RH Aundha, RH Sengaon, WH Basmat, PHC Hayatnagar; Pimpaldari; Dongarkada; Kawatha; Goregaon; Jawala Bajar. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. 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 is done at visited facilities and disposal of bio medical waste management is outsourced at the visited facilities as well in entire district.

12.3 IEC: Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at District Hospital, WH Basmat, SDH Basmat, RH Aundha Nagnath, PHC Girgaon and SC Somthana. Working hours of the facility, clinical protocols etc. are prominently displayed at all the above facilities.

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

PRC team suggested to CS and DHO to monitor private maternity home data and to initiate mechanism to collect data on monthly basis. It can be made them mandatory as all private maternity homes required to have renewal of their licence every year from CS/DHO.

13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 53 (102 Ambulance-41, 108 Ambulance-12). For the ambulance services a 24*7 Call Centre is now shifted to Pune as centralised Call Centre for entire state. During the period April –October 2016, 12039 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. An average 120 kms per day is the running distance of each ambulance and bout 120 kms is running for every visit. One MMU functioning in the district. Till last year they were operated by Shatayushi Foundation for 46 villages all 5 blocks of Hingoli district.

14. Community Processes

Three Mobile Medical Units are there in the district run by district authorities. These MMUs are functioning in mainly three blocks. In Hingoli, Kalamnuri, Basmat, Aundha Nagnath and Sengaon block of Hingoli district. This MMU are catering to 46 villages. There is good impact of the services provided by the MMUs.

During the period April to October 2016, total 27967 patients were treated and 12458 lab tests were done in all villages. Advance tour programme is supplied to all the concerned Sub Centres.

14.1 ASHA

Total number of ASHAs required in the district is 936 and total positions filled are 936. The number of ASHAs trained for HBNC is 872. ORS and Zinc are supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution. Highest incentive was paid during reference period was Rs. 37499

and lowest incentive was Rs.800. Average incentive paid was Rs. 2300to Incentive amount is directly deposited in the bank account.

15. Disease Control Programmes

15.1 National Malaria Control Programme

During the reference period total numbers of malaria cases detected through blood samples are 50270. Rapid diagnostic kits and medicine is available in the district.

15.2 Revised National Tuberculosis Programme (RNTCP)

During the reference period 6632 suspected patients are tested for TB out of which 544 cases identified. Total 438 cases put under DOTS-plus.

15.3 National Leprosy Eradication Programme (NLEP)

During the reference period 75 cases are detected in the district and 76 patients are under treatment.

16. Non Communicable Diseases

This programme is not available in the district.

17. Good Practices and Innovations

Hingoli is one of the high priority districts in the state. There is very good co-ordination among DHO and CS side as well NHM staff is also accustomed with regular staff, this resulting in good implementation of NHM. For effective implementation of JSSK, there are instructions from DHO to all the facilities.

18. HMIS and MCTS

Committees are established at all levels for quality check of the data. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data. Timeliness is being followed for uploading the data. With regard to completeness is fair. In lieu of MCTS new software is launched named RCH. Due non connectivity, ANM needs to spend whole day for updation of RCH data and she needs to go to block office and most of the funds of RKS and Untied Funds are being spent on data updation. Data validation checks are applied at district level.

19. Summary of budget

Detailed grant received its utilisation During the year 16-17 district have received grant under flowing heads and its utilisation details are given below.

Sr.No.	Activity	Sanction PIP	Available Grant	Expenditure up to OCT 2016	% AS PER PIP
1	RCH	969.68	540.36	355.7	36.68
2	NHM Additionalities	786.29	429.89	240.51	30.59
3	Immunisation	76.65	42.06	24.72	32.25
	TOTAL :-	1832.62	1012.31	620.93	33.88

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

20.1 District Hospital: Hingoli

- Though the District Hospital is having sanctioned bed strength of 200 beds but it is functioning as 100 bedded hospital and sanctioned staff for 200 bed hospital is still not available at DH.
- DH is functioning in Government building but as per the sanctioned strength construction of 200 bed hospital is initiated in 2008. Since then construction is going on and it has stopped incomplete. In this regard PRC team suggested to CS to get work order cancelled of particular contractor by keeping the issue in District Health Society meeting (as the district collector is a chairperson of committee).
- The health facility is easily accessible from nearest road. Staff quarters are available for all categories of the staff. One bungalow for CS, MO CI-I 6, MO CI-II 6, CI-13 and CI-IV-12. But quarters are not yet handed over to CS due some minor work such as water supply and electricity supply, therefore they have not yet occupied. DH has electricity with express feeder and generator. Running 24*7 water supplies is not being observed, separate toilets in male and female wards are there but not clean. There is a scope to increase the cleanliness of the toilets in IPD. Toilets in the OPD are not clean. Due incompleteness of building cleanliness is not there at most of the places drainage line choked and broken.
- Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. Though the required manpower is sanctioned under NHM for NRC. But one Medical Officer, two Staff Nurses and dietician is not filled. Basic infrastructure is available in the NRC. But due to unavailability of staff round the clock in the ward as Hingoli is a high priority district of Maharashtra, the district deserves a better and efficient service for malnourished children.

During the reference period 27 children were admitted in the NRC, of which 25 were discharged, 02 are still under treatment.

- SNCU is located in district hospital. Sanctioned beds are 18. Out of 22 sanctioned posts 16 are filled and 6 are vacant. ***Among the sanctioned positions Paediatrician and three MO positions are sanctioned but not filled, one position of staff nurse and one position of LHV is vacant. As the SNCU is very important activity of NHM.*** Basic infrastructure is too good. Available staff is managing the system very nicely. During reference period 1101 sick neonates were admitted. Of which 481 were inborn and 620 were out born, 910 were cured and discharged, 86 referred to higher facility, 33 left against medical advice, and 72 have died, of 19 parentage deaths of admission is quite high. As sanctioned beds are 18 and looking at need these beds are inadequate. Almost all the time due overburdened they have keep two babies at one warmer. It felt need to increase bed strength of SNCU as well all the sanctioned posts needs to be filled on priority.
- Separate room for ARSH clinic is available.
- IEC materials are displayed in the District Hospital. 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 is available at the District Hospital. All operation theatre and laboratory related equipment is available. Essential drug list and essential consumable list are available in the drug store but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Blood bank is available in the hospital with the capacity of 1500 bags storage. On the day of PRC visit there was 42 blood bags are available. Annually 2510 blood transfusion has been done in last year and consumption was 1977. They stood first in the state for high number of blood transfusion cases. *This is the only blood bank in the district. Though one blood storage units is sanctioned at WH but not in function for some reasons.*
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 72 (as per new norm) hours after normal 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 under JSSK.
- There is provision of management 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 under the chairmanship of CS.
- All-important registers are available and they are maintained in the facility. IEC material is displayed in the OPD as well as in the wards. Information about JSY and JSSK, protocol posters, list of services available are displayed. Citizens Charter is displayed, EDL is not 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.
- Grievance Redressal mechanism is available under the chairpersonship of Civil Surgeon.
- At District Hospital total 476 positions are sanctioned of which 202 are filled and 274 are vacant. 18 Class-I Medical Officers posts are sanctioned of which 5 are filled and 13 are vacant; 34 Class-II Medical Officers posts are sanctioned of which 34 are filled; 90 Nursing cadre positions are sanctioned and 54 positions are filled and 36 are vacant; In Class-III cadre 189 positions are sanctioned of which 87 positions are filled and 102 are vacant. Vacancies at different levels, particularly at Class-I MO and nursing cadre level, affect the service delivery of the facility.

20.2 Women Hospital: Basmat

- Women Hospital is 60 bedded hospitals located in a government building and the building is in good condition. The health facility is easily accessible from nearest road. 42 Staff quarters are ready but due unavailability of water supply and some other small works it has not yet been handed over to the WH. WH has electricity with power back up of express feeder, 24*7 water is available, toilets separate for male and female in the ward and are clean. There is functional NBCC and NBSU is available. Separate room for ARSH clinic is available and being conducted thrice in a week. Complaint or suggestion book and is available and mechanism for biomedical is in place and outsourced. ICTC is available. Functional Helpdesk is not available.
- All the essential equipment's are available at Women Hospital. All operation theatre related equipment's are available and functional. Except laparoscope and C-arm unit.
- **Laboratory related equipment's are available. Semi auto analyzer shifted to District Hospital. Ultra sound scanners are there but it has shifted to SDH. X-Ray unit is also not there in the facility.**
- Essential drug list is available.
- Pertaining to lab tests all essential tests are being conducted.
- Blood bank is sanctioned for WH; tender process for purchase of equipment has begun by DPMU.
- All mothers initiated 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 Hrs. after delivery. JSY payment is made at the time of discharge. Diet is being provided to the patients free of cost.
- Segregation of waste in colour coded bins is available. Bio waste management is outsourced.
- All important registers are available for maintenance of records.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements is displayed in the facility. Immunization Schedule JSY entitlements (Displayed in ANC Clinics/, PNC Clinics) other related IEC material
- Functional Laundry/washing services, dietary services, drug storage facilities, Equipment maintenance and repair mechanism; Grievance Redressal mechanism is available in the facility.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Gynaecologist CI-I	1	0	1
3	Paediatrician CI-I	1	0	1

4	Anaesthetic CI-I	1	1	0
5	Gynaecologist CI-II	3	1	2
6	Paediatrician CI-II	2	2	0
7	Anaesthetic CI-II	2	2	0
8	Matron	1	0	1
9	In charge Nurse	5	2	3
10	Staff Nurse	20	10	10
11	Paediatric Staff Nurse	1	0	1
12	Dietitian	1	0	1
13	Store keeper	1	0	1
14	Ophthalmic Officer	3	3	0
15	Office Superintendent	1	1	0
16	Sr. Clerk	2	1	1
17	Jr. Clerk	2	2	0
18	OPD Clerk	2	1	1
19	X-Ray Technician CI-III	2	0	2
20	Lab Technician	2	0	2
21	Lab Asst.	1	0	1
22	X-Ray Asst.	1	0	1
23	Peon	3	1	2
24	Ward Boy	8	0	8
25	OT Asst.	3	0	3
26	Sweeper	10	0	10
27	Peon	3	1	2
28	Mukadam	1	0	1
	Total	84	28	56
NRHM Contractual Staff				
1	Accountant cum Data Entry Operator	1	1	0
2	Driver	1	1	0
3	Security Guard	6	6	0
4	Sweeper	13	13	0
	Total	21	21	0

- In women hospital, total 84 positions are sanctioned in different discipline of which 28 are filled and 56 positions (30 per cent) are vacant. Under NRHM, 21 posts of different discipline are sanctioned of which 21 are filled.
- It is very disappointing that in women hospital Gynaecologist position is not filled. Paediatrician post is also not filled though it is very important as hospital deals with women and new born children.
- Medical officer and nursing staff is crucial to run any hospital efficiently. Total 10 medical officers CI- I and CI-II are sanction of which two of CL-I are vacant and 5 of CI-II are vacant. Medical Superintended posts are sanctioned but not filled. Pertaining to nursing cadre 27 positions is sanctioned of which 15 are filled.
- Hospital building is constructed as per RH design is not suitable for WH

- Wards are like halls there is not designated place for nursing station, injection room as per norms.
- There should be two operation theatres as per the norm but only one is available.
- Pathology lab should be at least of 1000 sqft
- There should be place for waiting as every day 100 to 150 ANCs are visiting to facility, there is no space them for waiting
- Firefighting system is not there. In spite of continuous follow up since one year it is not being done.
- In charge MS is very much concern about security as this is women hospital and bit far from main habitat. MS asked to local police station to provide one constable round the clock, as he has chased the matter with SP also but it does not work. In this regard PRC team suggested to RMO and DPM to intervene and to take the matter to District Health Society. As collector is the chairperson of the DHS. He can direct to SP if not constable round the clock they can make at least three rounds of patrolling at night. CCTV needs to put in entire hospital.

20.3 Sub District Hospital (SDH): Basmat

- SDH Basmat is located in Basmat Block and is located about 65 kms from district headquarter. On the day of PRC team visit to SDH, Medical Superintendent and many staffs were on leave, In-charge sister and second MO provided all the information. As there is women hospital in the block and it is newly constructed therefore it effects on service delivery. Women prefer to go to women hospital.
- SDH is a 50 bedded hospital functioning in a government building which is not in a good condition. Quarters are available for MOs, staff nurses and other health and supporting staffs. Quarters are not in good condition, Electricity is available. Power back up and running water is not available for 24*7. Separate toilets are available in male and female wards but not in use. During the reference period there is not a single delivery performed at the hospital. One of the reasons is women hospital in the Basmat and staff is also not pro-actively ready to give their services. So there is duplication of services and women prefer to go to women's hospital. SDH is well accessible from main road. But not working properly.
- Though NBSU unit is available but is not functioning as deliveries are took place at SDH. Child treatment centre is not available. Separate room for ARSH clinic is available. Functional help desk is not available in the facility.
- Expect for Sterilized delivery sets, functional radiant warmer, MVA/EVA equipment's, functional centrifuge and functional semi auto analyser essential equipment and laboratory related equipment are available at SDH.

- Essential Drug List is available but not displayed in the OPD. Computerized inventory management is available. IFA tablets blue and IFA syrup with dispenser and all types' major injection and tables are not available in the hospital. In this facility urine albumin and sugar testing kits, OCPs, EC pills, ICUDs and sanitary napkins are not supplied in last three months. 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.
- JSY payment is not provided because Women's hospital provides the JSY benefits to the beneficiary. Since 14/10/2016 JSY Grant has not been provided to SDH.
- Diet facility is not available to the patients in this facility.
- Approach roads have directions to the health facility. No Citizen Charter, Timings, List of services, Essential Drug List is available in the facility. Protocol posters, JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are also not displayed in this facility.
- Detailed staff position filled under regular basis and NRHM was not provided by the SDH administration.
- As SDH is underutilised and most of the posts are filled at the facilities man power can be deputed at women's hospital as it is overburdened and most of the sanctioned post are not filled at the facility.

20.4 Rural Hospital: Aundha Nagnath

- Aundha Nagnath Rural Hospital is in Aundha Nagnath Block and is about 45 km away from district headquarters. On the day of PRC team visit to RH, all staff was present on duty. In charge Medical Superintendent has given all the information. It is a 30 bedded hospital and is located in government building. Building is of old pattern building. Building needs major repairs both for hospital and Quarters. Quarters are available for MS-1 MOs-2 and 6 quarters are SNs and Class-III workers. All are occupied. Electricity is available with power backup generator. 24*7 running water is available. Separate male and female wards are available but toilets are not clean. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization are available, with one warmer and one phototherapy unit. Waste management is outsourced to a private agency. 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.

- Though, Essential drug list is available but not displayed in the OPD. Computerised inventory management is available. Except IFA tablet blue all other listed medicine is available.
- All listed lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Immunisation and ANC clinic is done at RH on every Wednesday on weekly basis. Zero doses of BCG, Hepatitis B and OPV are being given. 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 at the time of discharge, on production of necessary documentation. Diet is being provided to JSSK beneficiaries free of cost.
- There is no provision to manage high risk pregnancy at the facility. No management of sick neonates is available. Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is outsourced.
- All-important registers are available for maintenance of records but record updation needs to be improved. Registers for Untied Funds, AMG and RKS funds are maintained.
- Pertaining to JSSK data on pick up and drop of beneficiaries' is not available.
- Approach roads have directions to the health facility. Timings, Protocol Posters JSSK entitlements are displayed in the facility. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics. Citizen charter and essential drug list is not available.
- Operation theatre is functional. Laundry/washing service is outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism. There is no Grievance Redressal mechanism is available at the facility.

Human Resource (Regular) in RH Aundha Nagnath

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Medical officer CI-II	3	3	0
3	Ophthalmic Officer	1	1	0
4	Asst. Superintendent	1	0	1
5	Jr. Clerk	2	1	1
6	Staff Nurse	7	7	0
7	X-Ray Technician CI-III	1	0	1
8	Pharmacist	2	0	2

9	Lab Technician	1	0	1
10	Lab Asst.	1	1	0
11	Peon	1	0	1
12	Ward Boy	4	2	2
13	Driver	1	0	1
14	Sweeper	2	0	2
	Total	28	15	13

20.5 Primary Health Centre: Girgaon

- PHC Girgaon is in Basmat block and is located about 80 KMs from the district headquarters. It caters to 22 villages and about 33000 populations. It is functioning in Government building and need some repairs and painting. Staff quarters are available, one each for MO, 4 for ANM and one for driver. All of them are occupied. PHC has electricity with power back of inverter. Water source is available for 24*7 water supplies. Clean toilets are there in the wards. Labour Room is available with attached toilet to the labour room but is not clean. New Born Care Corner unit is available within labour room. Separate wards for male and female. Bio Medical Waste disposal is outsourced.
- All the essential equipment is available at PHC. Essential drug list is available but not displayed for public. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Malaria, TB, HIV and Sick Cell. Centrifuge is not available in the lab.
- All the listed drugs are available at the facility except EC pills (since April 2016), IFA syrup and tablets Misoprostol and Mifepristone which are not available since three months. Drugs for BP, Diabetics and other common ailments are available. Adequate stock of vaccine is there as all the vaccine.
- 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. JSY payments are made at the time of discharge on production of documents. The mode of payment is Account payee cheque. Free diet is being provided to the patients under JSSK.
- There is no management of high risk pregnancies at the facility. Essential new born care is being given. There is no provision to manage sick neonates at the facility. All zero doses are being given at the facility. Partograph is not maintained regularly as some of the deliveries are being conducted within one hour of admission. IUCD facility is being provided. No alternative vaccine delivery system is in place. Bio medical wastes are segregated in colour coded bins.
- One ANM is appointed under NRHM

Human Resources at PHC Girgaon (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	5	4	1
3	LHV	1	1	0
4	Pharmacist	1	0	1
5	Lab Technician	1	1	0
6	MPW	2	2	0
7	Peon	4	4	0

8	Jr. Asst.	1	1	0
9	Peon	4	4	0
	Total	21	19	02

- Records are maintained at the facility. All the registers are available and maintained.
- Citizens Charter, timings and list of services are not displayed. JSSK entitlement and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule. EDL is not displayed in public domain. Fixed day of immunisation i.e. every Wednesday.
- During the reference period, under JSSK 16 woman received pick from home to facility. Total 6 women have received inter facility vehicle services; 15 women have received drop back facility.

20.6 Sub Centre: Somthana

- Somthana is one of the SC of PHC Girgaon, catering 4338 population and 4 villages. SC is about 8 KMs from the PHC.
- Sub Centre is located in main habitation and is functioning in a government old building which is not in good condition needs major repairs. Electricity with power back up is not available. There is no running 24*7 water, from Grampanchayat water supply water is available no bore well or other source of water supply available in sub Centre. ANM is not residing at headquarter. Labour room is available at SC but not connected to the facility. There is no functional NBCC. Facility is not clean. Complaint/suggestion box are not available. Bio medical waste is outsourced.
- All the essential equipment's are available. But colour coded bins are not available at SC, and Blood sugar testing kits, are not available in sub Centre. Essential drug list such as IFA syrup, zinc tablets, and Misoprostol tablets are not available in SC.
- Essential supplies are available except EC pills and Sanitary napkins.
- Registers are available and maintained except record on; VHSNC meeting, village register, eligible couples register, and stock register, RBSK lists, and delivery register are not updated. ANM has the essential skills and knowledge required for quality parameters. ANM has neither knowledge nor skill about adherence to IMEP protocol and segregation of waste in bags.
- Approach road have no direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen Charter, timing of the SC have not available, and SBA protocols, and immunization schedule are not displayed in SC.
- Untied Funds and AMG are received.in this year but not spent in this year. In SC 2 ANM in place of regular post one and one is from NRHM, one MPW is in place in SC. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar.

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

Some of the photographs of visited facilities

District hospital Hingoli due incomplete construction work DH facing paucity of space. Construction is going on since 2008.



- **Post-operative wards no space to accommodate patients, put them on floor beds. It may leads to infection**



- SNCU DH Hingoli two babies at one warmer, needs to increase bed strength



Due unavailability of space patients have to wait for their turn in the passage of the hospital.

- Overcrowded registration area at DH



➤ Directions to services



➤ Charges for different services are given

सेवा सुविधा दरपत्रक		दि. 20/11/2019
क्र.सं.	सेवा सुविधा	दर
1	शस्त्रक्रिया-मूलदंष्ट्रा करण्यात येणाऱ्या मोठ्या शस्त्रक्रिया	५०० रुपये
2	मूलदंष्ट्रा करण्यात येणाऱ्या छोट्या शस्त्रक्रिया	२०० रु.
3	वाळतपणे	निशुल्क
4	नर्सिंग होम चांजेंस-सर्वसाधारण कक्षातील साईड रुम	१०० रु.
5	रुग्णवाहिका शुल्क (एसी कि.मी.)	१५ रु.
6	प्रतिक्षा शुल्क (आठ तासांपेढे)	२० रु.
7	विशेष उपचार/तपासणी • अतिदक्षता विभाग (प्रतिदिन)	१०० रु.
8	नेफ्रोलॉजी विभाग • हिमोडायलिसिस (प्रत्येकी)	२०० रु.
9	फिजीओथेरापी व ऑक्युपेशन थेरापी विभाग (फिजीओथेरापी रुग्ण प्रतिदिन)	२० रु.
10	दंत विभाग • दंत काढणे (प्रत्येकी)	२० रु.
11	वैद्यकीय प्रमाणपत्र • आजाराचे प्रमाणपत्र (३ महिन्यांपर्यंत)	७५ रु.
12	फिटनेस प्रमाणपत्र • वैद्यकीय मंडळाचे प्रमाणपत्र	१०० रु.
13	अपंगत्वाचे प्रमाणपत्र • रुग्णालयातून डिस्चार्ज झाल्याचे प्रमाणपत्र	निशुल्क
14	वैद्यकीय प्रतिष्ठा • मिळव्यासाठी प्रमाणपत्र	बिलाच्या

➤ Women Hospital Basmat, Direction of wards and services are given



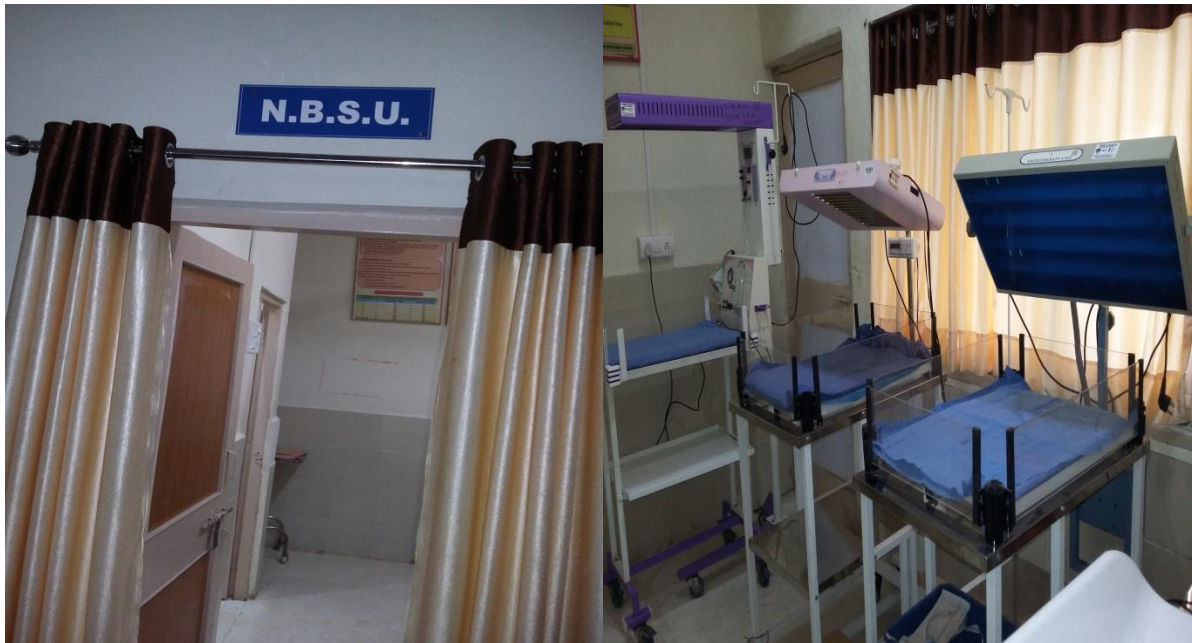
- Government facility with corporate look



- Education of breast feeding



- NBSU at WH



➤ Information on disposal of BMW

 स्त्री रुग्णालय, वसमत जैव वैद्यकीय कच-याच्या विल्हेवाटी बाबत.				
कच-याचे प्रकार	कच-याचे विवरण	साठवण	प्रक्रिया	विल्हेवाट
कॅटेगिरी १ मानवी शरीराचे अवयव	प्लासंटा व कॉर्ड, मूत मूल, अपेंडीक्स, गर्भाची पिशवी, गर्भनलिका, गाढ, शरीराचा कापलेला कोणताही भाग	पिचळ्या बकेटमध्ये, पिचळ्या पिशवीत	१ टक्के हायपो क्लोराईडचा वापर करणे.	बंद छाडवात (होप बरीयस पीट) टाकून बर माती टाकणे
कॅटेगिरी २ वा) दूषित वस्तु	रक्त, पुर, बेडका, लाक, जडी इ. शरीरस्वाधाने भारलेले कापूस, पट्टा, पॉस्टर, पेंडस, कपडे, ड्रेसिंग मटेरियल वस्तु इ.			ब) ऑटोक्लेवींग
कॅटेगिरी ३ फार्मास्यूटिकल व कच्ची वस्तु	सिरिज, निडलरिज, इन्जेक्शन सेट, आय.सी.सेट, कॅटेटर, प्लेस टयुब, स्टर व प्लास्टिक नळ्या प्लास्टिक पिशव्या इ.	निळ्या बकेट मध्ये, निळ्या पिशवीत	१ टक्का हायपो क्लोराईडचा वापर करणे किंवा ऑटोक्लेवींग	कोरडे करून चिकीसाटी (रिसायक्लींग)
कॅटेगिरी ४ तीक्ष्ण वस्तु	सुया, ब्लेड, तॅन्सेट, काचपट्टा व कटारस्तीप, स्टेनफो निडलर, फुटलेले अँग्युलर.	पारदर्शक फिक्कट निळ्या भाड्यात	१ टक्का हायपो क्लोराईडमध्ये भिजविणे	कोरडे करून चिकीसाटी (रिसायक्लींग)
कॅटेगिरी ५	रक्त सिरम, युरीन, सी.एस.एफ.	—	१ टक्के सोडियम हायक्लोराईट	जनरल ड्रेनमध्ये सोडून देणे

➤ Labor room with four delivery tables with monitors



➤ Floor beds at WH



- Second day of TL camp floor beds at PHC Girgaon



- Delivery room at PHC Girgaon

