

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

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**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Jalgaon 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 Jalgaon District was carried during the period of 6-10 March, 2017. The District Health Office, District Hospital, SDH Chopada CHC Amalner, PHC Kingaon and SC Naygaon were visited for the study. The Exit Interviews of beneficiaries were carried out at DH to understand the services received by the beneficiaries under the NRHM schemes. PRC team visited Jalgaon during March 6-10, 2017. Team comprised of two PRC officials, District Tuberculosis officer, DPM, IPHS Coordinator, Quality Control Assurance Coordinator was not available as there was training for them. This report discussed in detail the implementation of PIP in Jalgaon district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Total 1422 regular positions of different discipline are sanctioned and 1221 are filled and 201 positions are vacant. Vacancies at all levels are cause of concern for provision of the services efficiently in the district.
- Under NRHM, 752 posts of different discipline are sanctioned of which 567 are filled and 185 are vacant for the district as a whole.
- At CS side 334 regular positions are sanctioned of which 255 are filled and 71 are vacant.
- At District Hospital, 18 Class-I Medical Officers' posts are sanctioned of which only 6 are filled. Out of the sanctioned 34 Class-II Medical Officers' posts, 33 are filled. Nursing cadre positions sanctioned are 194 and 143 positions are filled. In Class-III cadre, out of 85 sanctioned positions, 64 positions are filled. In Class-IV cadre, out of 373 sanctioned positions, 306 positions are filled.
- All together 3 SDHs are having 3 Class-I positions are sanctioned none of them is filled.
- All seventeen RHs together are having 16 Class-I Medical Officers positions sanctioned, none of them are filled.
- Considering total positions of Cl-II medical officers at all SDH, RH and cottage hospital, sanctioned positions are 115 of which only 95 are filled.
- Patients are being referred to this facility from entire district. This much of vacancies are definitely effects on service delivery.
- Most of the facilities have outsourced the disposal of bio medical waste.

- 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. As all the departments of AYUSH are functioning well in the district. But at the district hospital, adequate space is not available for the AYUSH department.
- Under JSSK, the pregnant women in Jalgaon district receives benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-30 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.
- There is an ambiguity about JSY guidelines which was released for 2016-17.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through Public Financial Management System (PFMS) and is given to the beneficiary at the time of discharge or within seven days of discharge. Physical verification of JSY beneficiaries is not being done by the district health officials
- Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse is sanctioned of which one is filled, one position of dieticians is sanctioned and filled, one position of cook cum care taker is sanctioned and filled and one position of sweeper cum attendant is sanctioned and filled.
- SNCU is located at District Hospital with 16 beds, 16 warmers and 8 phototherapy units. During the period of April to January 2017, 2332 neonates were admitted in SNCU of which 1406 were in-born and 966 were out-born, 1891 were cured and discharged, 8 were referred to higher facility, 187 were discharged against medical advice and 292 were deaths during the reference period.
- Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District nodal person for RBSK is appointed. It is being implemented in all the 15 blocks of the district, viz., Amalner, Bhadgaon, Bodwad, Bhusawal, Chopada, Chalisgaon, Erandol, Dharangaon, Jalgaon, Chopada Mukatainagar, Parola, Pachora, Raver and Yawal. Child Health Screening and Early Intervention Centre at district level are not yet established. As per the norms total 44 teams are allotted to the district. Actual working 38 teams of which only 24 teams are full fledge as per the norms consisting of one male and one female Medical Officer, one ANM and one Pharmacist. Total 176 positions are sanctioned for the district for 44 teams of which 127 positions are filled. This hampers the service delivery of the programme.
- ARSH clinics (MAITRI) are established in District Hospital, SDH Chopda, SDH Mukatainagar and SDH Chopda with required human resources. The clinic provides health

information, counselling and testing to persons aged between 10-19 years. Outreach activities are being provided by organising lectures in the schools.

- Segregation of bio medical waste is being done at all the facilities visited. Bio medical waste management is outsourced in all the facilities visited, except PHC Kingaon and SC Naygaon.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Chopada RH Amalner and PHC Kingaon. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above three facilities.
- Non Communicable Diseases programme is not being implemented in the district.
- For referral transport services a Call Centre is established at the District Hospital.
- There is no dedicated staff is given for HMIS and MCTS at periphery. Additional responsibilities are given to the regular staff in addition to their regular duties.
- Supervision and monitoring visits at all levels are not being done.
- Since 2009-10 there is no grants received for surgeries under RBSK. Patients are being sent to Rajiv Gandhi Jeevandayee Yojana. But it has some eligibility criteria's. Those who fell to meet those criteria's could get any assistance. Therefore there is huge pendency of surgeries in the district.
- RBSK doctors are given duties at SDH and RH as well VIP duties are also given to them which hamper their regular work.
- Vacancies need to fulfil on priority basis.

Specific recommendation pertaining to visited facilities by PRC team

District Hospital

- The old building is required urgent repairs in some of the part like staircases, lobbies and some internal area of the wards. Drainage and sewerage lines are broken and rubbish is flowing through. Overall cleanliness needs to be improved in the premises of DH.
- The health facility is easily accessible from nearest road. About 50 staff quarters are available which are not in liveable condition. Newly constructed quarters are there but not yet handed over by the contractor. As electricity connection and water connection is not available.
- Hospital premises are not clean at all. Although housekeeping is outsourced. It was told by district authorities to PRC team that payment of contract labours are not made since eight months. Therefore they are not working and despite of several reminders contractors is not get in to action as he has strong political connections.

- Segregation of waste in colour coded bins is not seen except in OT and some parts of the hospital. Shadow less Lamp in OT is not working since last 2 years. It was told by authorities that it was supplied by state. It works only for two –three months after supply. In spite of several complaints made to provider company and state office no action has been initiated.
 - Blood bank is available in the hospital. Total seven refrigerators only 3 are working. Four are under repair since 4 months. On the day of visit 355 blood bags are available.
- During the visit it is observed that staff is not using partograph in many cases. At CS side 334 regular positions are sanctioned of which 255 are filled and 71 are vacant.
- It is very strange that 15 positions of CL-1 MOs are sanctioned of which only 3 are filled. District hospital is top most institute in the district to provide tertiary care. Patients are being referred to this facility from entire district. This much of vacancies are definitely effects on service delivery.
 - C-Arm unit is supplies by DHS it worked only for one month since then it is under repair, similarly orthopaedic table and OT light is under repair and in spite of several correspondence there is no compliance. Whereas OT light carries warranty. But agency does not giving response.
 - Supplies should be as per the demand of the facility. It is being made irrespective of demand.
 - As there is heavy work load at DH. Digital X-Ray machine was asked. But it has not supplied, whereas it has supplied to three non-functioning RH.
 - Too much of political pressure is making facility non-functional.

SDH Chopada

- During the reference period no expenditure incurred in RKS, UNTIED and AMG. As regular staff is not willing to work on this.
- Record for pick up and drop back of delivery patients under JSSK is not available at the facility. It is observed by the team service is not being given to the beneficiary.

RH Amalner

- Partograph is not maintained during the discussion it was told by MO that every day there are 60 to 70 deliveries took place and there is only one on duty staff nurse is available that's why it is unable her to maintain the partograph.

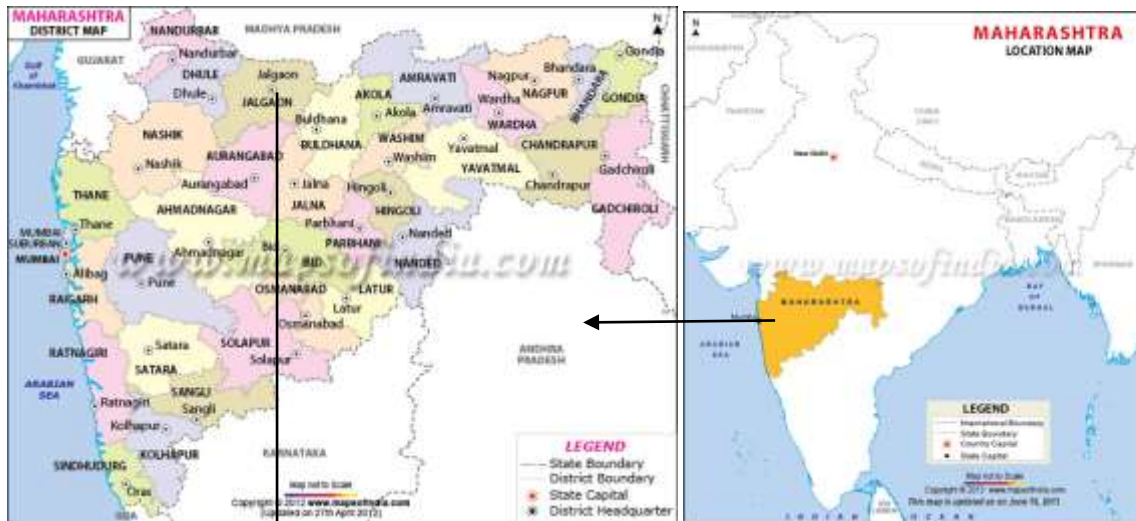
Suggestions made by authorities

Following suggestions are made by DHO, CS, MS, MO and other administrative staff

- As the charges for hiring some specialist are too less. Private practitioners are not willing to work within that amount. Therefore the amount remains unspent and as a result patients are getting referred from the village to district. Though delivery is cost free but they have to pay much amount on transport, caretakers stay food etc. Facility of C-section needs to be start at periphery level or private maternity hospitals can be accredited for C-section deliveries and C-section deliveries can be add in Jeevandayee Yojana.
- SNCUs are also needs to start at all SDH and RH level to avoid referrals and for better service. By starting these to services at periphery maternal and infant mortality will come down faster.
- All test pertaining to ANC should be made free of cost and Iron Sucrose should be procure under JSSK.

- Funds needs to be released in time, usually first instalment it reaches to the facility by the month of October and remaining part in the month of March. So most of the time funds are remains unspent.
- There are 77 PHCs in the district. All of them are having vehicle. Only 35 vehicles are having drivers. Wherever there is no driver MOs are hiring drivers of daily wages and make their payment from RKS funds, it results RKS funds drained out very fast and it can be utilise for other activities like purchase of medicine, etc. Recruitment of drivers is essential.
- Blood storage unit is sanctioned but due pendency of approval from FDA it cannot be start. In such cases all approvals can be made integrated and some senior officials need to be look into such matters. Private blood banks can be tied up for availability of blood at all levels.

Location of Jalgoan District in Maharashtra



1. 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 each month of 2016-17. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Jalgaon District of Maharashtra for the period of April-January 2017.

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Jalgaon District was carried during the period 6-10 March, 2017. 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 6-10 March, 2017 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, DH, one SDH, one CHC, one PHC and one SC were selected for the study. 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 Jalgaon district as observed by the PRC team during the field visit.

2. District Profile and Key health and service delivery indicators

Jalgaon district is part of the Nashik division (one of the six administrative divisions of the state) of Maharashtra state. As per 2011 Census, the total population of the district is 4229917 with male population of 2197365 and female population of 2032552. The district constitutes about 3.83 percent of total population of the state. The district has a population density of 376 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 14.71%. The population by sex shows that males constitute about 51.94 percent and females constitute about 48.05 percent of the total population of the district. Jalgaon has a sex ratio of 924 females for every 1000 males.

The child sex ratio in the district is extremely unfavourable to the girl child with 829 female children per 1000 male children in 2011. Further, the child sex ratio in the district declined by 51 points from 2001 (880) to 2011 (829), which is higher than the decline in the state. Sex wise literacy rates shows that it is 38.51 percent for males and 29.85 percent for females with a gap of almost 8.66 percent between males and females. Female literacy is much lower than the state average of 75 percent.

Key Demographic Indicators: Maharashtra and Jalgaon District (2011)

Sr. No.	Items	Maharashtra	Jalgaon
1	No. of Blocks	355	15
2	No. of Villages	43,663	1,498
3	Population	11,23,72,972	42,29,917
4	Population - Males	5,83,61,397	21,97,365
5	Population - Females	5,40,11,575	20,32,552
6	Literacy Rate	82.91	68.36
7	Literacy Rate - Males	89.82	74.4
8	Literacy Rate - Females	75.48	62.12
9	Sex Ratio	925	924
10	Child Sex Ratio	883	829
11	Density of Population	365	376
12	Percent Urban	45.23	31.74
13	Percent SC Population	11.8	9.98
14	Percent ST Population	9.4	14.86

Source Census 2011

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

Sr. No.	Indicators from DLHS-3	Maharashtra	Jalgaon
1	Mothers registered in the first trimester (%)	61.6	67.0
2	Mothers who had at least three ANC visits (%)	74.4	67.7
3	Mothers who got at least one TT injection (%)	88.7	91.3
4	Institutional births (%)	63.5	86.3
5	Home deliveries assisted by SBA (%)	5.7	12.9
6	Children fully immunised (%)	69.0	58.7
7	Children breastfed within one hour of birth (%)	52.5	73.3
8	Percent of women using modern FP methods	63.9	60.1
9	Total Unmet Need for FP (%)	13.6	23.7
10	Unmet need for spacing (%)	5.9	12.7
11	Unmet need for limiting (%)	7.7	11.0

Source: DLHS-3

Number and type of government health facilities in Jalgaon district

Name of the facility	Number	No. of Beds
District Hospital	1	354
Ophthalmic Hospital	1	20
Sub District Hospital – Chopada	1	100
Sub District Hospital – Chopda	1	50
Sub District Hospital – Mukatainagar	1	50
Cottage Hospital	1	30
Rural Hospitals	17	30 each
Primary Health Centres	77	6 each
Sub Centres	442	--
AYUSH facilities (Ayurvedic)	8	--
AYUSH facilities (Homeopathy)	8	--
AYUSH facilities (Unani)	8	--
AYUSH facilities (Yoga) at DH	1	--

5. Health Infrastructure

District Hospital at Jalgaon has bed strength of 354 and functioning from a Government building. There are three SDHs in Jalgaon district at Chopada (100 bedded), Jammer (50 bedded) and Mukatainagar (50 bedded). The Cottage Hospital at Parola has bed strength of 30. There are seventeen Rural Hospitals in the district and all of them are with 30 beds. Sixteen of them are located in Government buildings and one is functioning from a rental building. Only one RH is having residential quarters for essential staff. The district has 77 Primary Health Centres and 76 of them are functioning from government buildings. The district has 442 Sub Centres of which 300 are located in government buildings. The district also has one 20 bedded Ophthalmic Hospital.

AYUSH facility is co-located and is available at eight facilities in the district and Ayurved, Homeopathy and Unani are the most popular medicines and Yoga is being used only at DH. District has established linkages to fill service delivery gap. One Mobile Medical Unit is run by Godavari Foundation in 39 villages of 4 blocks. There is good impact of the services in periphery.

6.Human Resources

In the district, a total 1422 regular positions of different discipline are sanctioned and 1221 are filled and 201 positions are vacant. Under NRHM, 752 posts of different discipline are sanctioned of which 567 are filled and 185 are vacant for the district as a whole.

At the District Hospital, 18 Class-I Medical Officers' posts are sanctioned of which only 6 are filled. Out of the sanctioned 34 Class-II Medical Officers' posts, 33 are filled. Nursing cadre positions sanctioned are 194 and 143 positions are filled. In Class-III cadre, out of 85 sanctioned positions, 64 positions are filled. In Class-IV cadre, out of 373 sanctioned positions, 306 positions are filled.

All together 3 SDHs are having 3 Class-I positions are sanctioned none of them is filled.

All seventeen RHs together are having 16 Class-I Medical Officers positions sanctioned, none of them are filled.

Considering total positions of Cl-II medical officers at all SDH, RH and cottage hospital, sanctioned positions are 115 of which only 95 are filled.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	0	1
2	Additional District Health Officer CI- I	1	0	1
3	Asst. District Health Officer CI- I	1	0	1
4	MCH Officer	1	0	1
5	District T B Officer	1	0	1
6	MO Group A	153	142	11
7	Statistical Officer	1	1	0
8	AO	1	0	1
9	BAMS Medical officer CL - B	21	20	1
10	Extension Officer Ayurveda	1	1	0
11	Statistical Supervisor	1	1	0
12	Statistical Assistant	1	1	0
13	Public Health Nurse	2	1	1
14	Health Supervisor	26	20	6
15	Health Worker (Male)	294	258	36
16	Health Assistant Male	114	91	23
17	Health Worker (Female)	519	463	56
18	Health Assistant (Female)	107	69	38
19	Pharmacists	79	74	5
20	Leprosy Technician	12	12	0
21	Laboratory Technician	8	7	1
22	Sweeper	77	60	17
	Total	1422	1221	201

Contractual staff appointed under NRHM in Jalgaon District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
	DPMU	8	7	1
	IPHS	49	27	22
	FMG	4	3	1
	IDW	5	4	1
	ASHA co. staff	120	100	20
	RBSK	183	128	55
	AYUSH	26	25	1
	Sickle Cell	16	11	5
	DQAC	2	2	0
	BPMU	30	26	4
	Procurement	2	1	1
	RKSK	1	1	0
	Urban RCH	22	18	4
	Tele Medicine	2	2	0
	Quality Assurance	2	2	0
	Referral Transport			
	PCPNDT	1	1	0
	ARSH	1	1	0
	IDSP	3	3	0
	NPCB	2	1	1
	ANM	130	117	13
	LHV	2	0	2

	Nursing	4	3	1
	Staff Nurse	30	5	25
	SNCU	25	13	12
	RNTCP	52	43	9
	Leprosy	14	12	2
	NOHP	3	3	0
	NTCP	3	0	3
	NRC	7	5	2
	DTT	2	2	0
	DHTC	1	1	0
	Total	752	567	185

In the district, DHO side total 1422 regular positions of different discipline are sanctioned and 1221 are filled and 201 positions are vacant.

Under NRHM, 752 posts of different discipline are sanctioned of which 567 are filled and 185 are vacant for the district as a whole.

Regular Staff at Civil Hospital

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Civil Surgeon	1	1	0
2	RMO	1	1	0
3	Out R MO	1	1	0
4	MO Cl- I	15	3	12
5	MO CL II	34	33	1
6	Matron	1	1	0
7	Asst. Matron	1	0	1
8	Tutor	6	4	2
9	Instructure	2	2	0
10	In charge Sister	38	17	21
11	Staff Nurse	123	112	11
12	Dietitian	1	1	0
13	Store keeper	1	0	1
14	Cl-III Positions	84	65	11
	Total	309	241	11

At CS side 309 regular positions are sanctioned of which 241 are filled and 60 are vacant.

It is very strange that 15 positions of CL-1 MOs are sanctioned of which only 3 are filled. District hospital is top most institute in the district to provide tertiary care. Patients are being referred to this facility from entire district. This much of vacancies are definitely effects on service delivery.

Training status of all cadres in the district up to 31.01.2017

S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	EmOC	--	--	--	--	--	--	--
2	LSAS	--	--	--	--	--	--	--
3	BeMOC	8	--	--	--	--	--	--

4	MTP/MVA	--	--	--	--	--	--	--
5	F-IMNCI/IMNCI	--	18	1	--	--	--	--
6	PPIUCD	--	--	--	37	--	--	--
7	SAB		59	1	26	--	--	--
8	RKSK	16	151	1	--	--	172	--
9	Routine Immunization and cold chain	--	20	--	19	--	--	--
10	IYCN	12	80	--	--	--	--	--
11	NSSK Trg.	--	59	2	21	--	--	--

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

Training programmes	District Hospital	SDH Chopada	RH Amalner	PHC Kingaon	SC Naygaon
EmOC	**	MO-1	MO-1	--	
LSAS	**	--	--	--	
BeMOC	**	MO-4	--	MO-1	
SBA	**	SN-12	SN-6	--	1
MTP/MVA	**	MO-2	--	--	
NSV	**	MO-2	--	--	
F-IMNCI/IMNCI	**	MO-5 SN-6	MO_2	MO-1	1
NSSK	**	MO-2 SN-11	MO-2 SN-2	MO-1	--
Mini Lap-Sterilisations	**	MO-2	--	--	
IUCD	**	--	MO-2 SN-6	MO-1	--
PPIUCD	**	MO-2 SN-8	MO-2 SN-6	--	
Blood storage	**	MO-1 Tech-1	MO-1 Tech-1	--	
IMEP	**	MO-1	SN-1	--	
Immunization and cold chain	**	MO-1 SN-2	MO-2 SN-6	--	--
TOT RKSK	**	--	--	--	--

MO= Medical officer, SN= Staff Nurse

7. Other Health System Inputs

Following services are available at various health facilities of the Jalgaon district: Surgery (major and minor), Medicine, Obstetrics and Gynaecology, Cardiology, Emergency, Trauma Care, Ophthalmology, ENT, FP services, 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 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 is co-located in District Hospital. Ayurveda, Homeopathy, Unani Yoga and Naturopathy services are available at District Hospital as well at three SDHs and in four RHs. AYUSH OPD clinics are monitored separately. SDH Chopda and Chopda are having Homeopathy and Unani facility. SDH Chopda is having Ayurvedic, Homeopathy and Unani clinics. RH Parola and Amalner are having Homeopathy and Unani facility. Pachora RH is having all three Ayurvedic, Homeopathy and Unani clinics. RH Dharangaon is having Ayurvedic and Unani clinics. Eighteen PHCs in the district are having Ayurvedic dispensaries. Total OPD of AYUSH services during April to January 2017 is 155965 and IPD is 2066.

AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Following positions are sanctioned and filled in the district for AYUSH.

Name of the post	Sanctioned	Filled
District Ayush Officer	1	1
Ayurveda		
Medical Officer (M.D.)	1	1
Medical Officer (Graduate)	4	4
Pharmacist	1	1
Massagist(Male)	1	1
Homeopathy		
Medical Officer (M.D)	1	1
Medical Officer (Graduate)	7	7
Unani		
Medical Officer (M.D)	1	1
Medical Officer (Graduate)	8	8
Yoga & Naturopathy		
Total	25	25

User Fees

User fee is charged for only for few services i.e. registration Rs. 5/-, X-Ray-Rs. 30/-, and Dialysis Rs. 300/-. All services are free for patients come under JSSK, BPL and SCs/STs.

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 69369 upto January 2017 of which 57331 women were registered in first trimester. Severely anaemic pregnant women reported in HMIS are 2529. Number of Hypertension cases reported during April to January 2017 is 634. Number of women received TT and IFA tablets during April to January 2017 are 57990 and 60289 respectively. Number of women received post natal services are reported as 38600.

8.2 Institutional Deliveries

During April to January 2017, number of institutional deliveries conducted in the district is 59319 of which 7690 (public + private 13.41 percent) are C-Section deliveries.

8.3 Maternal Death Review

During April to January 2017, 31 maternal deaths were reported in the district. All 31 cases were reviewed by the District Quality Assurance Committee under the chairmanship of Civil Surgeon. Causes of maternal deaths are reported as Haemorrhage, Sepsis, Abortion, Anaemia, Hepatitis B and Eclampsia

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 Jalgaon district receives benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0- one year of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period, 14565 pregnant women delivered at various public institutions i.e. District Hospital, Community Health Centres and Primary Health Centres under free and zero expenses delivery. About 11643 women were provided with home to hospital free transport, 2456 women were provided hospital to hospital transport in referral services and 12568 women were provided drop back facility. With respect to neonates 1313 were provided with home to hospital free transport, 255 were provided Institute to Institute referral transport service and 1355 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.

During the reference period total number of women registered under JSY is 9139 of which of women received JSY benefit are 9125. Of which 6156 beneficiaries given A/C payee cheque and 2969 beneficiaries had given the benefit through Public Financial Management System.

9. Child Health

9.1 SNCU

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 in Jalgaon district, Neonates receive free registration, check-up and treatment within 0- one year 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.

Sr. No	Post	Sanction	Filled	Vacant
1	Paediatrician	2	1	1
2	Medical Officer	3	2	1
3	LHV	1	0	1
4	Staff Nurse	13	5	8
5	Data Entry operator	1	1	0
6	Attendant	5	3	2
	Total	25	12	13

SNCU is located at District Hospital with 16 beds, 16 warmers and 8 phototherapy units. During the period of April to January 2017, 2332 neonates were admitted in SNCU of which 1406 were in-born and 966 were out-born, 1891 were cured and discharged, 8 were referred to higher facility, 187 were discharged against medical advice and 292 were deaths during the reference period.

9.2 NRCs

Nutrition Rehabilitation Centre is established at the District Hospital with 10 beds. One position of Medical Officer is sanctioned and filled, two positions of Staff Nurse is sanctioned of which one is filled, one position of dieticians is sanctioned and filled, one position of cook cum care taker is sanctioned and filled and one position of sweeper cum attendant is sanctioned and filled. During the reference period 169 children were admitted.

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 get birth dose of immunization of (Polio-0, Hepatitis B and BCG). Immunisation Programme is being per the guidelines. No facility is having Immunisation services on daily basis. There are fix days for Immunisation at all the facilities and for periphery.

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District nodal person for RBSK is appointed. It is being implemented in all the 15 blocks of the district, viz., Amalner, Bhadgaon, Bodwad, Bhusawal, Chopada, Chalisgaon, Erandol, Dharangaon, Jalgaon, Chopada Mukatainagar, Parola, Pachora, Raver and Yawal. Child Health Screening and Early Intervention Centre at district level are not yet established. As per the norms total 44 teams are allotted to the district. Actual working 38 teams of which only 24 teams are full fledged as per the norms consisting of one male and one female Medical Officer, one ANM and one Pharmacist.

Sr. No	Post	Sanction	Filled	Vacant
1	RBSK Co-ordinator	1	1	0
2	Programme officer	1	1	0
3	Statistical Investigator	1	1	0
4	Medical Officer Male	44	37	7
5	Medical Officer Female	44	32	12
6	ANM	44	30	14
7	Pharmacist	44	28	16
	Total	183	127	56
8	RBSK Vehicle	45	39	6

Total 176 positions are sanctioned for the district for 44 teams of which 127 positions are filled. This hampers the service delivery of the programme.

Plans for the visits are prepared and send to the respective authorities by the RBSK teams. Anganwadi children (3 to 6 years) screening target fixed for the year 2016-17 was 358413 and achievement was 248411. 19371 children were treated for minor injuries and diseases. Target for screening of Std. 6 to 18 years children was fixed at 501338 for check-up and 439103 children were screened. Total 991 children of age group of 0 to 18 are referred to higher facility.

10. Family Planning Services

Family planning services are being provided in District Hospital, 3 SDHs, 17 RHs and 77 PHCs. During April to January 2017, 16124 female Sterilisation and 74 NSVs were performed. Number of oral Pill cycles distributed was 89636 and condoms were 207043. 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/RKSK

ARSH programme is now changed with Rashtriya Kishore Swasthya Karyakram ARSH clinics (MAITRI) are established in District Hospital, SDH Chopda, SDH Mukatainagar and SDH Chopda. One counsellor is appointed on contractual basis under NRHM and she is trained in ARSH programme. The clinic provides health information, counselling and testing to persons aged between 10-19 years. Outreach activities are being provided by organising lectures in the schools.

12. Quality in Health Services

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

12.2 Biomedical Waste Management: Segregation of bio medical waste is being done at all the facilities visited. Bio medical waste management is outsourced in all the facilities visited, except PHC Kingaon and Naygaon SC is not outsourced BMW. They are having deep burial pit disposal of bio medical waste.

12.3 IEC: Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Chopda RH Amalner and PHC Kingaon. Working hours of the facility, important phone numbers, clinical protocols etc. are prominently displayed at all the above visited facilities.

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

13. Referral Transport

The number of ambulances of different types available in the district is 102. They are catering to 41470 population. All are fitted with GPS. For the ambulance services a Call Centre is established at the District Hospital.

14. Community Processes

An NGO, 'Godavari Foundation' is operating an MMU in the district. MMU is serving 39 villages of Raver, Muktainagar, Chopda and Yaval. Six positions are sanctioned and filled for MMU. During April to January 2017, 22536 patients were treated on OPD basis. Under RCH 308 cases done and 70 children were immunised. 3511 patients given family planning services and 8818 lab tests are being done. Advance tour programme is supplied to all concerned Sub Centres.

14.1 ASHA

Total number of ASHAs required in the district is 2691 and total positions filled are 2658. The number of ASHAs posted in non-tribal area is 2559 and in tribal area are 98.

ASHAs trained for Induction and HBNC Phase I to IV

No of ASHAs appointed	HBNC Phase I	HBNC Phase II	HBNC Phase III	HBNC Phase IV
2658	2658	2658	2418	726

ORS and Zinc is supplied to all ASHAs. FP methods (condoms and oral pills) are given to all ASHAs for distribution. In the district one ASHAs received Rs. 72123 incentives is the highest incentive

during the reference period and the lowest is Rs. 10 for one ASHA is the lowest incentive paid. Payment is deposited in the bank account. ASHA kits are not replenished regularly.

15. Disease Control programmes

15.1 National Malaria control programme

Number of slides prepared during the reference period is 341492, of which 48 are positive. Rapid Diagnostic kits are available.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period is 3759. 21101 Sputum tests have been done. DOT medicines are available at all the facilities. There are 5 vacancies in contractual staff. Timely payment of salaries is made to RNTCP staff. Timely payments are made to DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 933 of which 315 new cases are detected through ASHAs. At present 865 patients are under treatment.

16. Non Communicable Diseases

Non Communicable Diseases programme is not being implemented in the District.

17. Good Practices and Innovations

For effective implementation of JSSK, there are instructions from DHO to all the facilities to make payments of transport for using auto rickshaw. Also if there is any shortage for POL from NRHM funds, then funds are being made available from regular grants. Best performing Sub Centres are given additional grants under JSSK for diet

18. HMIS and MCTS

There is no dedicated staff is given for HMIS and MCTS. Additional responsibilities are given to the regular staff in addition to their regular duties. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair. Data are uploaded in time. With regard to completeness. 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	2028.66	2028.66	820.11	40
2	NHM Additionalities	1403.04	1403.04	653.38	47
3	Immunisation	197.84	197.84	96.46	49
	TOTAL :-	3629.54	3629.54	1569.95	43

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

20.1 District Hospital: Jalgoan

- The District Hospital is 354 bedded and it is located in a government building. Mostly all the wards are in old building and OPD and SNCU etc. are in new building.
- The old building is required urgent repairs in some of the part like staircases, lobbies and some internal area of the wards. Drainage and sewerage lines are broken and rubbish is flowing through. Overall cleanliness needs to be improved in the premises of DH.
- The health facility is easily accessible from nearest road. About 50 staff quarters are available which are not in liveable condition. Newly constructed quarters are there but not yet handed over by the contractor. As electricity connection and water connection is not available.
- DH has electricity with power back up, running 24*7 water supplies, separate toilets are there for males and females in the ward but not clean. Overall cleanliness is not therein the male and female wards. Toilets in the OPD are not clean. Hospital premises are not clean at all. Although housekeeping is outsourced. It was told by district authorities to PRC team that payment of contract labours are not made since eight months. Therefore they are not working and despite of several reminders contractors is not get in to action as he has strong political connections.
- Nutritional Rehabilitation Centre with 10 beds is available in the district. NRC is functioning since October 2012. Both child and mother are getting diet from the Centre. In addition to that, mother is getting paid for loss of wages for the period of staying in the NRC.
- SNCU facility is available in the hospital. At the time visit 16 babies, were admitted in the ward.
- Separate room for ARSH clinic is available.
- Complain or suggestion box is available.
- Segregation of waste in colour coded bins is not seen except in OT and some parts of the hospital. Shadow less Lamp in OT is not working since last 2 years. It was told by authorities that it was supplied by state. It works only for two –three months after supply. In spite of several complaints made to provider company and state office no action has been initiated. Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at 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. Total seven refrigerators only 3 are working. Four are under repair since 4 months. On the day of visit 355 blood bags are available. During the reference period 3600 blood bags are collected and given for blood transfusion during the reference period.
- All mothers have initiated breast feeding 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 48 hours after delivery.
- JSY payment is made at the time of discharge by A/C payee cheque and Public Finance Management System, 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.
- During the visit it is observed that staff is not using partograph in many cases.
- Vaccination is done properly.
- Either the IMEP protocol information or posters are not seen.
- MDR is done in time.
- All important registers are available for maintenance of records. Information about JSY and JSSK is displayed. Citizen charter and EDL is displayed.
- Approach road has no directions to the health facility. Immunization schedule is displayed in the OPD.
- Regular Fogging is being 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.

20.2 Sub District Hospital: Chopda

Chopda Sub District Hospital is in Chopda Block and about 50 kms from district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. In charge Medical Superintendent has given all the information as regular MS post is vacant. Bed strength of the hospital is 100. Hospital is located in government building. Building is in good condition. Quarters are available for 1 MO and other staff but they are under repair. Electricity is available with power back up of generator of 32 KV. 24*7 running water is available. Separate toilets are there for male and female wards but not clean, labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available. Blood storage unit is available at the facility with 60 blood bag capacity but not a single blood bag is available on the day of visit. Although refrigerator is available but it does not maintain temperature graph since long. No complaint raised at appropriate place. Separate room for ARSH clinic is available. Waste management is available and outsourced. Suggestion and complaint box is available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
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1	Medical Superintendent	1	0	1
2	Medical officer CI-II	18	16	2
3	Medical officer CI-III	1	1	0
4	Asst. Matron	1	0	1
5	In charge sister	4	1	3
6	Staff Nurse	19	14	5
7	Physiotherapist	1	1	0
8	Dietician	1	0	1
9	Blood Bank Technician	2	1	1
10	Blood Bank Attendant	1	1	0
11	X-Ray Technician CI-III	2	2	0
12	ECG Tech.	1	1	0
13	Pharmacist	3	3	0
14	Lab Technician	2	2	0
15	Office Superintendent	1	1	0
16	Asst. Superintendent	1	1	0
17	Co-ordinator	1	0	1
18	Sr. Clerk	1	1	0
19	Jr. Clerk	4	4	0
20	OPD Attendant	1	0	1
21	Lab. Attendant	3	2	1
22	Dresser	1	1	0
23	Casualty Attendant	3	1	2
24	Nursing orderly	1	0	1
25	OT Attendant	1	0	1
26	Peon	2	2	0
27	Ward Boy	11	9	2
27	Sweeper	3	2	1
28	Ophthalmic Officer	2	2	0
29	Driver	1	1	0
	Total	94	70	24

- All the essential equipment is available at SDH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available.
- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers asked to stay for 48 hours after delivery.
- JSY payment is made at the time of discharge on production of necessary documentation. Account payee cheques are being given. During the reference period, Rs. 600/- was paid to 20 beneficiaries, Rs. 500/- was paid to one beneficiary and Rs. 1500/- was paid to one beneficiary.
- Diet is being provided to the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care is available. Partograph is used correctly.

- Segregation of waste in colour coded bins is available. Bio waste management is done and it is outsourced. The facility is adhered to IMEP protocols.
- All important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- During the reference period no expenditure incurred in RKS, UNTIED and AMG. As regular staff is not willing to work on this.
- Record for pick up and drop back of delivery patients under JSSK is not available at the facility. It is observed by the team service is not being given to the beneficiary.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on March8, 2017. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism.

20.3 Community Health Centre: Amalner

- Amalner Rural Hospital is in Chopda Block and is about 45 kms 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 as MS post is vacant. It is 30 bedded hospital and is located in government building. The building is in good condition. Quarters are available for 3 MOs, and 4 quarters are available for class III staff. Electricity is available with power back up with generator. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to labour room and are partially clean. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book is available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	1	0	1
2	Medical officer CI-II	3	3	0
3	Dentist CI-II	1	0	1
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	2	0
6	Staff Nurse	7	6	1
7	X-Ray Technician CI-III	1	1	0
8	Pharmacist	2	2	0
9	Lab Technician	1	1	0
11	Lab Attendant	1	1	0
12	Peon	1	1	0
13	Ward Boy	5	4	1
13	Super	2	2	0
	Total	28	24	4

- All the essential equipment is available at the CHC. 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.
- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablet blue is not being supplied.
- All listed lab tests are being done except Liver function test.
- During April to January 2017, 1105 patients are treated on OPD basis and 45161 patients are treated on IPD basis. Number of women given IFA tablets is 1229; total deliveries conducted are 625; number of neonates initiated breast feeding within one hour is 625; 572 ANC registration and coverage in III, IV trimester is respectively 1229 and 1046; number of IUCD Insertions is 370; number of Minilap carried out is 393. During the reference period there 425 MTPs were conducted. No still births or neonatal death has occurred in the facility.
- All mothers have initiated breast feeding within one hour of normal delivery. No immunisation is done at CHC. Routine immunisation need is catered by Sub Centre which is located in the same village. Only 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 the patients free of cost.
- All high risk pregnancy are Managed at the facility. All essential new-born and sick neonates care 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. Registers for Untied Funds, AMG and RKS funds are maintained.
- Partograph is not maintained during the discussion it was told by MO that every day there are 60 to 70 deliveries took place and there is only one on duty staff nurse is available that's why it is unable her to maintain the partograph.
- Most of the IEC material is displayed.
- During the reference period, under JSSK, 9 women have received home to facility pick up service, 77 women have received inter facility vehicle services, and 105 women 188 have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Diet is being provided to JSSK beneficiary.
- Regular Fumigation is being done. Last fumigation is done on March 6, 2017. Laundry/washing service is outsourced. Drug storage facilities, equipment maintenance and repair mechanism.

20.4 Primary Health Centre: Kingaon

- PHC Kingaon is about 25 KMs from district headquarters in Yaval block, with five sub centres catering 38413 population in the periphery. PHC Kingaon is easily accessible from nearest road. PHC is functioning in government building but it is in very bad shape. Actually PHC is going to shift soon to nearby village as additional CHC is sanctioned and it will be stationed at Kingaon. Staff quarters for MO, ANM, Pharmacist, LHV and HA categories are available. PHC has electricity with power back up, running 24*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is available. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	1*	1
2	ANM	6	6	0
3	LHV	1	1	0
4	Pharmacist	1	1	0
5	Lab Technician	1	1	0
6	MPW	6	3	3
7	Driver	1	0	1
8	Class IV	4	4	0
9	HA	1	1	0
	Total	23	18	5
Staff under NRHM				
1	ANM	2	2	0
2	LHV	1	1	0
	Total	3	3	0

*Class III MO,BAMS

- All the essential equipment is available at PHC. Essential drug list is available. IFA syrup with dispenser is not available. Diagnostic tests are available at the facility for HB, CBC, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sick Cell. RPR is not done at the facility.
- During April to January 2017, 12116 patients are treated in OPD and 565 patients are treated in IPD. Number of women given IFA tablets is 663; total deliveries conducted are 183; four cases were treated for obstetric complaint; number of neonates initiated breast feeding within one hour is 183; separate record is not maintained for the treatment of RTI/STI patients; ANC registration during the reference period is 155 and coverage during third ANC check-ups is 120; 87 IUCD Insertions are done during the reference period; Tubectomy and Minilap are 159 and NSV is 1; Measles coverage and number of children fully immunised are same i.e. 581; number of children given ORS+Zinc 125; number of children given Vitamin A is 581; post-partum family planning 50; no MTPs in first trimester; no maternal deaths during the reference period; 2 still births are reported; 8 neonatal deaths and 4 infant deaths occur during the reference period.

- 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 payment is made at the time of discharge. Diet is being provided to the JSSK patients.
- All high risk pregnancies are managed at the facility. Thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion is done correctly. Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins. IMEP protocols are followed.
- Funds received during April to January 2017 are as follows: Untied, AMG and RKS is Rs. 1, 68,000/-. And expenditure is Rs. 1, 77,987/-.
- All important registers are available for maintenance of records. All required IEC materials is displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed. EDL, phone numbers, timings and citizen charter are displayed in the facility.
- Fumigation is done on regular basis. Last fumigation was done on March 8,2017. Laundry services are outsourced. Grievance redressal mechanism is in place. Records are maintained for JSSK services.
- Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.
- Under JSSK 73 women have pick from home to institution; 57 women have provided referral transport; 206 women have received drop back facility from PHC; 18 Sick infants are provided transport facility for referral service.

20.5 Sub Centre: Naygaon

- Sub centre Naygaon is comes under the Kingaon PHC. It is about 5 KMs from PHC headquarters. It caters about 3496 population.
- Sub Centre is located in main habitation and is functioning in government building which is not in good condition. Electricity is available but there is no power back up. Water supply is available 24*7. Quarter is available for the ANM and she is residing at head quarter. Labour room is available with attached and clean toilet. There is no functional NBCC. General cleanliness is good. Deep burial pit is available for biomedical waste management.
- Except blood sugar testing kit all other essential equipment are available at SC. Essential drug list is available. IFA syrup with dispenser and zinc tablets are not available. Diagnostic tests are available at the facility i.e. HB, CBC, Urine albumin and sugar, Blood sugar, RPR, Malaria, T.B., HIV, Sickle cell. RBSK tool kit is not available in the facility.

- Following medicine are available at the facility: IFA tablets, Vit A syrup, ORS packets, Inj. Magnesium Sulphate, Inj. Oxytocin.
- Pregnancy test kit, OCPs, emergency contraceptives are available. IUCD 380 is available.
- Sanitary napkins are not available.
- RCH data entry for the SC during April to January 2017 is not update. ANC registration is 90; women registered in the first trimester is 90; number of women given IFA tablets is 89; deliveries conducted at SC are 32; no home deliveries conducted during the reference period; all neonates initiated breast feeding within one hour; number of pregnant women referred is 01; ANC coverage during third and fourth ANC check-ups is 69 and 61 respectively; no IUCD insertions; Measles coverage is 64 and fully immunised are 64; no data for children given ORS+Zinc 26; number of children given Vitamin-A is 428; still birth 2; 10 meetings of Village Health and Nutrition Days and for Village Health and Sanitation Committee attended were by ANM.
- Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters.
- Untied Funds and AMG received by ANM but records are not maintained.
- Approach roads have directions to the health facility. Protocol Posters displayed in the facility. JSSK entitlements are not displayed in the facility. Phone number, timings and citizen charter are displayed. Grievance redressal mechanism is not in place.
- Transport facility is not provided for pick up and drop back during the reference period. In case of referral 4 pregnant women and one sick neonate provided transport facility.

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 Advise
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

Interviews conducted at Naygaon village, Sub Centre headquarter.

Household Visit (Families with 0-6 years children)

Indicators	Knowledge and Awareness	1	2	3	4	Total (Y)
Breast Feeding	Awareness on Breast feeding initiation within an hour after birth	Yes	Yes	Yes	Yes	04
	Adherence to Initiating BF within an hour of birth	Yes	Yes	Yes	Yes	04
	Awareness on Exclusive Breast feeding for Six months and continued BF till 2 years	Yes	Yes	Yes	Yes	04
	Adherence to Exclusive Breast feeding for Six months and continued BF till 2 years	Yes	Yes	Yes	Yes	04
Complementary Feeding Practices	Awareness on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	04
	Adherence on initiating CF from 6 months onwards	Yes	Yes	Yes	Yes	04
Diarrhea	Awareness about ORS+ Zinc	Yes	Yes	Yes	Yes	04
	Availability of the above with ASHAs	Yes	Yes	Yes	Yes	04
Pneumonia	Awareness about danger signs	Yes	Yes	Yes	Yes	04
	Awareness about whom to approach on recognizing the danger signs	Yes	Yes	Yes	Yes	04

Household Visit (Pregnant Woman/ High Risk Pregnant Women)

Key Questions	1	2	3	Total (Y)
Is the MCP card being regularly filled? *	Yes	No	Yes	02
Is the quality of ANC and regularity of ANC's adequate? *	Yes	Yes	Yes	03
Is the Pregnant Woman aware about Birth Preparedness?	Yes	Yes	Yes	03
Does the Pregnant Woman have knowledge of JSY and JSSK?	Yes	Yes	Yes	03
Whether the pregnant woman has received Safe motherhood booklet?	Yes	Yes	Yes	03
Does the Pregnant Woman have the telephone number of call centre for referral transport/ other available referral transport?	Yes	Yes	Yes	03
Does the Pregnant Woman have telephone numbers of ASHA/ ANM?	Yes	Yes	Yes	03
Is Guidance and Referral provided along with birth preparedness in case of High Risk Pregnant Woman?	Yes	Yes	Yes	03