

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

Report prepared by
Akram Khan
R pol
Vini Sivanandan

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

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**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Nandurbar 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 Nandurbar District was carried out by the PRC team during August 30 to September 2, 2016. The District Health Office, District Hospital, SDH Nawapur, RH Mhasawad, PHC Ashta and SC Nandurkheda were visited for the study by the PRC team. For the field visit the PRC team was accompanied by Health Assistant for PHC and SC visit. District Quality Control Assurance Coordinator and IPHS Coordinator posts are vacant in the District. This report discusses in detail the implementation of PIP in Nandurbar district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 2196 posts of different discipline are sanctioned of which 2023 positions are filled and 173 positions are vacant for the district as a whole. A total of 1297 regular positions of different discipline are sanctioned and 1170 are filled and 127 positions are vacant. **Nandurbar is one of the high focus districts of Maharashtra; all positions should be filled on priority basis to improve the performance of service delivery in rural areas.**
- 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 Nandurbar 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/infants 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 July 2016, 4997 deliveries were reported at various public institutions i.e., District 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. About 2504 women were provided with home to hospital free transport, 833 women were provided hospital to hospital transport in referral services and 4624 women were provided drop back facility. With respect to neonates/infants, 1216 neonates/infants were

provided with home to institute free transport, 278 were provided Institute to Institute referral transport service and 1049 neonates/infants were provided drop back facility. Percentage of pick up from home is 49.57 and 90.29 per cent of women were provided with drop back facility. **Percentage of drop back has increased from 40 to 90 percent as compared to the year 2014. It is good indication of proper utilisation of transport facility.**

- Regarding the implementation of free transport under JSSK, it is observed that there is non-response of drivers to pick-up the pregnant women at night. This is mainly due to the low salary paid to the drivers for 24 hours duty. Ideally there should be at least two drivers; one for the daytime and another for the night time.
- 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 received JSY benefit is 5383 for institutional deliveries and 1715 for home deliveries in both rural and urban areas. During the period of April-July 2016, 11753 women were registered under JSY in the district. In connection with payment of JSY account payee cheque is being given.
- 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 and filled. Basic infrastructure is available in the NRC. **However, it was noted by the team that there is no staff nurse or MO available round the clock in the ward as Nandurbar is a tribal district and one of the high focus district of Maharashtra with higher level of child malnutrition, the districts requires a better, round the clock and efficient service for malnourished children.** During the reference period 100 children were admitted in the NRC, of which 82 were discharged, 14 are still under treatment and 4 are transferred to higher facility. Bed strength also needs to be increased.
- SNCU is located in district hospital. Sanctioned beds are 15. Out of the 20 sanctioned posts 15 are filled and 5 are vacant. During reference period 659 sick neonates were admitted. Of which 356 were inborn and 303 were out born, 495 were cured and discharged, 11 referred to higher facility, 6 left against medical advice, and 124 have died, of 19 parentage deaths of admission is quite high. Sanctioned beds are only 15 which is inadequate as it was observed two babies were kept under one warmer all the time. **On a priority basis bed strength needs to be increased as well as all the sanctioned posts needs to be filled.**

- 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 6 Blocks of the district of Nandurbar, viz., Akkalkuwa, Dhadgaon, Taloda, Shahada, Nandurbar and Navapur. Child Health Screening and Early Intervention Centre at district level are established. There are 22 teams working under this programme. However, only 13 teams are functioning with all the required health staffs (2MO, 1 ANM and 1 Pharmacist). Out of the 88 positions sanctioned for RBSK 77 positions are filled and three teams do not having vehicle. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams.
- The target set for screening of Anganwadi children (3 to 6 years) for the period April to September was 165154 and the number of children screened to date was 96418. With respect to 6-18 years children the target set for April to March 2017 was 215592, and the achievement was 22590. 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 1331 and 123 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 under RBSK. **Such important National Programme is being hampered due non appointment of sanctioned positions.**
- Blood bank is available in District Hospital with the capacity of 500 bags storage. On the day of visit 167 blood bags were available. Last year 4500 blood transfusion were performed. They stood first in the state for the highest number of blood transfusion cases performed. This is the only blood bank in the district. Although, two blood storage units are sanctioned at SDH but are non-functional for some reasons. Blood bank requires at least three blood transfusion officers as well as two technicians to work round the clock efficiently.
- Though Blood storage unit is sanctioned but not functional at SDH Navapur. The Food and Drugs Authority is not giving the final approval by saying that technician which is appointed there has not done his DMLT course from Government institute. Though he has done his DMLT from private institute. He has completed 30 days in service training after joining his duties. Then he has done one year certificate course from B.J. Medical College.**This facility is struggling since 2014 for getting licence from FDA for one or other reason. It needs intervention from higher authorities of the system to resolve the problem.**
- ARSH clinic (MAITRI) is established at the District Hospital, SDH Navapur, SDH Taloda and RH Shahada. 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.
- **Sub Centre Nandurkheda is functioning in a government old building which is not in good condition and needs major repair. Electricity with power back up is not available. Running**

24*7 water supply is not available. There is no provision of disposal of bio medical waste. Approach road have no direction to the SC. Sub center has no compound wall. One additional ANM is required.

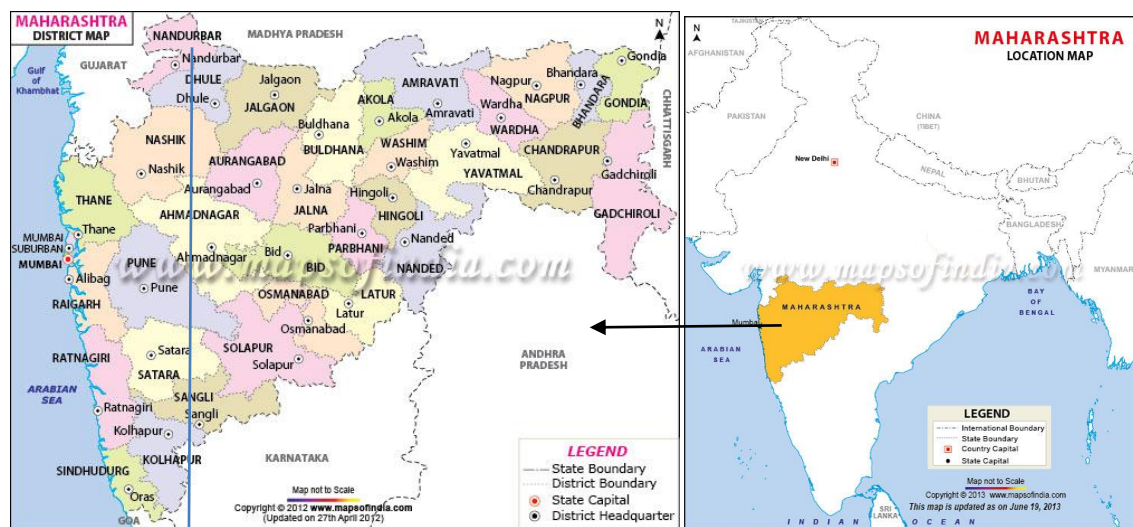
- Segregation of bio medical waste is being done at all the facilities visited.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Navapur SDH Navapur and RH Mhasawad, at PHC Ashte and SC Nandurkheda. At district hospital, most of the IEC material is displayed. Among the visited facilities, SDH Navapur and PHC Ashte are following all protocols and displays all the materials as per guidelines.
- Screening of Non Communicable diseases are available at District Hospital.
- **There are no dedicated staffs specifically for HMIS and RCH.** Additional responsibilities are given to the regular staff in addition to their regular duties.
- **New software has been introduced in lieu of MCTS i.e. RCH. But staff told to the team that they have not 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. In DH **the toilets in the IPD are not clean. In SDH Navapurl there is problem of drainage system, which is not done properly due to that facility face the problems of choking up toilets. In RH Mhasawad toilets available are not clean. In PHC Ashte Labour Room is available but toilet is not attached to the labour room.**
- **In connection with the Untied Funds, AMG and RKS funds there is lack of supervision from district level. DAM, DPM and concern programme officer's needs to be visit frequently to the facilities.** As there is no supervision visits be observed in visited facility.
- At DHO side (regular positions), 1297 positions are sanctioned of which 1170 are filled and 127 are vacant of which 66 positions are Male Health Worker. Service delivery in rural areas may affect due to this vacant posts. DHO position is vacant at present the charge has been given to one class II medical officer. ADHO, Asst. ADHO and DRCHO positions are vacant in the district. **If such key positions are being given to junior officer it may affect the overall functioning.**
- There is one DH, two SDHs and twelve RHs in the district. But except SDH Taloda, Navapur and DH Nandurbar, C-section deliveries are not performed in any of the other facilities. **This is a tribal and high focus district and the facility for C-Section delivery should be extended to all**

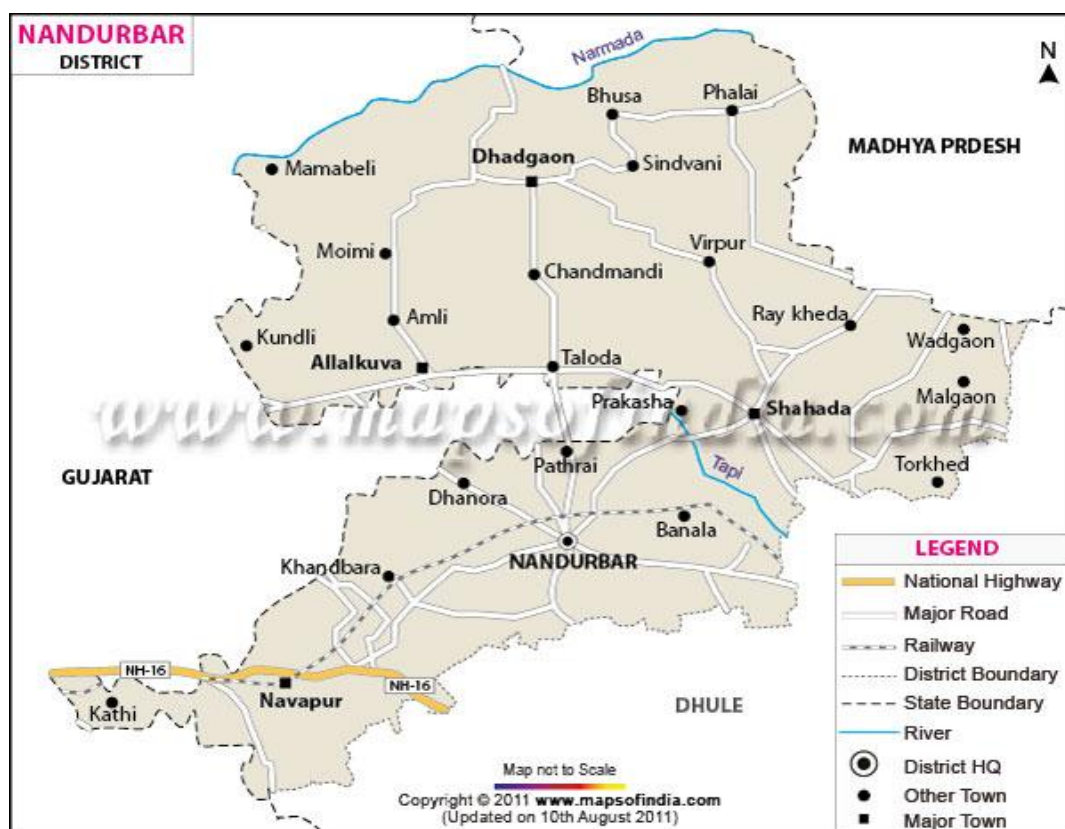
the referral facilities and particularly in tribal blocks. It may be solved by appointing specialist at respective places.

- During PRC PIP monitoring visit in May 2014 it was observed and reported District Hospital Nandurbar having staffing position total 179 positions are sanctioned of which 125 are filled and 54 are vacant. Sixteen Class-I Medical Officers posts are sanctioned of which 7 are filled and 9 are vacant; 29 Class-II Medical Officers posts are sanctioned and filled; 121 Nursing cadre positions are sanctioned and 80 positions are filled and 41 are vacant. In Class-III cadre, 13 positions are sanctioned of which 9 positions are filled and 4 are vacant. Vacancies at difference levels in district hospital may affect the service delivery of the facility. Whereas in September 2016 PRC team visited to the facility for monitoring of PIP. Bed strength of the facility is 200 and according total staff is sanctioned 190, of which 134 positions are filled and 56 are vacant. Six of 19 class-I MO positions are filled and 13 are vacant. Similarly in nursing cadre 22 positions are vacant of 90. In respect to class-III positions 20 are vacant of 50. Which is really needs to be look into as the district is one of the high focus districts of the state.
- For two SDHs in the district, total 57 positions are sanctioned and 47 are filled. One position of Class-I MO is vacant and 7 positions of nursing cadre are vacant. As compared to May 2014 there is not much improvement in respect to filling up of various posts. At Navapur and Talodda SDH, total 54 positions are sanctioned and 42 are filled. One position of Class-I MO is vacant and 4 positions of nursing cadre are vacant.
- At 11 Rural Hospitals, total 168 positions are sectioned, of which 110 are filled and 58 are vacant. In MO Class-I category, 12 posts are sanctioned, 5 are filled and 7 are vacant. In MO Class-II, 36 posts are sanctioned and 28 are filled and 8 posts are vacant. In Class-III, 36 posts are sanctioned, 18 are filled and 18 positions are vacant.
- Pertaining to RH one RH is increased as compared previous visit done by PRC in May 2014. Accordingly, Sanctioned staff positions have also increased to a total of 202 positions, of which 104 are filled and 98 are vacant. In MO Class-I category, 12 posts are sanctioned, 2 are filled and 10 are vacant. In MO Class-II, 36 posts are sanctioned and 26 are filled and 10 posts are vacant. MO Class –III 14 positions are sanctioned of which 13 are vacant. In nursing cadre 77 positions are sanctioned of which 36 are filled and 41 are vacant. 46 percentage posts are lying vacant in nursing cadre. In Class-III, 63 posts are sanctioned, 39 are filled and 24 positions are vacant.
- In connection with MO class-I appointment at RHs situation has become more pathetic as compared to May 2014. In May 2014 six RHs are not having Class-I MO in position. But in September 2016 the number has increased to 10. (RH Ranala, Natawad, Khandbara, Akkalkua, Khondamali, Jamana, Visarwadi, Dhanora, Toranmal and Molagi.)

- In nursing positions, RH Toranmal is most vulnerable in the district because out of 7 sanctioned positions only 1 position of Staff Nurse is filled. There is no change in 2016 as well. Now there is one more RH where Jamana where out of 7, 1 staff nurse is available. RH Natawad and Dhanora are having 2 Staff Nurses out of 7 sanctioned. RH Dhadgaon, Ranala, Khondamali and Mhasawad each of them are having 3 staff nurses out of 7 sanctioned. **As RH Toranmal and Dhadgaon are catering to the most vulnerable population of the district, the human resources related issues need to be looked into immediately.**
- All the essential equipment is available at the visited facilities. However in SC Nandurkheda, RBSK testing tool kits is not available. **Essential drug such as IFA syrup, zinc tablets, and Misoprostol tablets are not available.** 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.
- Looking at the vacancies at various positions and under performance of some facilities, it is recommended to fill up the vacant all sanctioned post on immediate basis to remove tag of high focus district in the state.

Location of Nandurbar 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 Nandurbar District of Maharashtra for the period of April- July, 2016-17.

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Nandurbar District was carried out during the period August 30 to September 2, 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 August 30 to September 2, 2016 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, District Hospital, one SDH, one RH, one PHC and one SC were selected for the study. PRC team was accompanied by District Monitoring and Evaluation officer and Monitoring & Evaluation Officer. 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 Nandurbar district as observed by the PRC team during the field visit.

3. District Profile

Nandurbar is an administrative district in the northwest corner (Khandesh Region) of Maharashtra bordering with Gujarat. Nandurbar district was bifurcated from Dhule district in 1998. The district headquarter is located at Nandurbar city. The district occupies an area of 5034 kms² and has a population of 16, 48,295 as per 2011 census. The northern boundary of the district is defined by the great Narmada River. Ahirani, Bhili, Pardhi, Marathi, Hindi and Gujarati are the dialects/languages spoken in the district. Nandurbar is well connected with railways and surface transport. Nandurbar is one of most backward districts of the state with high Infant and maternal mortality rates, high level of malnutrition of children and high concentration of tribal population. The district comprises 6 talukas i.e. Akkalkuwa, Akrani Mahal (also called Dhadgaon), Taloda, Shahada, Nandurbar and Navapur.

As per 2011 Census, the total population of the district is 16,48,295 with male population of 8,33,170 and female population of 8,15,125. The district constitutes about 1.46 per cent of total population of the state. The district has a population density of 276 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 25.5 per cent. The population by sex shows that males constitute about 50.54 per cent and females constitute about 49.45 per cent of the total population of the district. Nandurbar has a sex ratio of 972 females for every 1000 males.

The child sex ratio in the district is 944 female children per 1000 male children in 2011. Total literacy of the district is 64.38 per cent as per 2011 census. Sex wise literacy rates shows that it is 72.17 per cent for males and 56.47 per cent for females with a gap of almost 15.7 per cent between males and females. Female literacy is much lower than the state average of 75 per cent.

Key Demographic Indicators: Nandurbar District (2011)

Sr. No.	Items	Values
1	No. of Blocks	6
2	No. of Villages	957
3	Population (2011)	1648295
4	Population - Males (2011)	833170
5	Population - Females (2011)	815125
6	Literacy Rate (2011)	64.38
7	Literacy Rate - Males (2011)	72.17
8	Literacy Rate - Females (2011)	56.14
9	Sex Ratio (2011)	972
10	Child Sex Ratio (2011)	944
11	Density of Population (2011)	276
12	Percent Urban (2011)	16.71
13	Percent SC Population (2011)	2.91
14	Percent ST Population (2011)	69.27

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

Sr. No.	Indicators from DLHS-4	Maharashtra	Nandurbar
1	Mothers registered in the first trimester (%)	61.6	67.6
2	Mothers who had at least three ANC visits (%)	74.4	75.8
3	Mothers who got at least one TT injection (%)	88.7	86.2
4	Institutional births (%)	63.5	80.4
5	Home deliveries assisted by SBA (%)	5.7	8.3
6	Children fully immunised (%)	69.0	78.9
7	Children breastfed within one hour of birth (%)	52.5	75.1
8	Percent of women using modern FP methods	63.9	57.4
9	Total Unmet Need for FP (%)	13.6	24.2
10	Unmet need for spacing (%)	5.9	14.6
11	Unmet need for limiting (%)	7.7	9.6

5. Health Infrastructure

The District Hospital of Nandurbar has 200 beds. There are two SDHs available in Nandurbar district one at Navapur (50 bedded) and another at Taloda (50 bedded). There are twelve Rural Hospitals in the district and all of them are with 30 beds. All of them are located in Government buildings. The district has 58 Primary Health Centres and 40 of them are functioning from government buildings as per norms and 18 are functioning in buildings provided by local bodies i.e. Grampanchyats. The district has 290 Sub Centres.

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

Number and type of government health facilities in Nandurbar district

Name of the facility	Number	No. of Beds
District Hospital	01	200
Sub District Hospital		
SDH Navapur	01	50
SDH Taloda	01	50
Rural Hospitals	12	30
Primary Health Centers	58	6
Sub Centers	290	--
AYUSH facilities (Ayurvedic)	04*	--
AYUSH facilities (Homeopathy)	01**	--
AYUSH facilities (Unani)	02***	--
AYUSH facilities (Yoga) at DH	01****	--

*DH Nandurbar, SDH Navapur, RH Akkalkua & Dhadgaon

** DH Nandurbar

*** DH Nandurbar, RH Akkalkua

**** DH Nandurbar

Nandurbar District: Key Service Utilization Parameters (April 2016 to July 2016)

Service Utilization Parameter	DH. Nandurbar	SDH. Navapur	CHC. Mhasawad	PHC Asthe	SC Nandurkhe da
OPD	40149	13068	11551	5624	00
IPD	30928	1623	749	264	00
Expected number of pregnancies	464	144	Data not available	--	134
MCTS entry on percentage of women registered in the first trimester (in percent)	--	---	----	--	---
No. of pregnant women given IFA	307	174	38	184	18
Total deliveries conducted	1901	203	161	49	13
Number of Deliveries conducted at home	---	---	---	---	---
No. of assisted deliveries(Ventouse/ Forceps)	311	05	Data not available	02	---
No. of C section conducted	483	02	00	---	---
Number of obstetric complications managed, pls. specify type	311	Data not available	18	---	---
No. of neonates initiated breast feeding within one hour	1361	203	158	49	13
Number of children screened for Defects at birth under RBSK	Data is not available	Data not available	00	---	---
RTI/STI Treated	73	147	00	---	---
No of admissions in NBSUs/ SNCU, whichever available (NICU)	152	23	10	---	---
Inborn	84	23	08	---	---
Outborn	68	--	02	---	---
No. of children admitted with SAM	100	59	00	---	---
No. of sick children referred	114	06	04	00	Data not available

No. of pregnant women referred	78	50	Data not available	13	Data not available
ANC1 registration	464	144	32	305# All sub (6) centre ANC registration data	67
ANC 3 Coverage	307	63	12	229 #	53
ANC 4 Coverage	--	48	03	214#	38
No. of IUCD Insertions	106	05	07	04#	02
No. of Tubectomy	98	23	00	96	---
No. of Vasectomy	--	--	00	--	---
No. of Minilap	98	23	00	--	--
No. of children fully immunized	1053	245	Data not available	302#	61
Measles coverage	937	245	--	302#	61
No. of children given ORS + Zinc	102	2036	00	107#	05
No. of children given Vitamin A	988	508	Data not available	566#	667
No. of Children given IFA syrup	--	Data not available	00		00
No. of women who accepted post-partum FP	35	Data not available	25	35	00
No. of MTPs conducted in first trimester	37	02	24	--	00
No. of MTPs conducted in second trimester	--	--	00	--	00
Number of Adolescents attending ARSH clinic		00	937	--	00
Maternal deaths, if any	07	00	00	--	00
Still births, if any	60	00	03	--	00
Neonatal deaths, if any	--	00	01	--	00
Infant deaths, if any	--	00	00	--	00
Number of VHNDs attended	--	00	--	--	04
Number of VHNSC meeting attended	--	00	--	--	12
Service delivery data submitted for MCTS updation	--	00	--	--	--
Zero dose, Polio, BCG	--	--	--	--	13

Note: -- = Nil; * = No data; ** = Services not available # All sub (6) centre data of Ashte PHC

6. Human Resources

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	0	1
2	Asst. Director Leprosy CI- I	0	0	0
3	Additional District Health Officer CI- I	1	1	0
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	District Tuberculosis officer CI- I	1	1	0
7	Administrative Officer CI- II	1	1	0
8	District Malaria officer CI-II	1	1	0
9	Taluka Health Officer Group A	6	2	4
10	MO Group A	76	68	8
11	Epidemiology MO	1	0	1

12	Statistical Officer	1	0	1
13	Section Officer	1	1	0
14	Office Superintendent	2	2	0
15	Accounts Asst.	1	0	1
16	Jr. Accountant	1	0	1
17	Sr. Asst.	6	5	1
18	Sr. Asst. Accounts	1	1	0
19	Jr. Asst.	12	9	3
20	Stenographer	1	1	0
21	Extension Officer (Stat.)	0	0	0
22	Extension Officer (Ayurved.)	0	0	0
23	Public Health Nurse	1	0	1
24	Attendant	7	6	1
25	Dresser	0	0	0
26	Health Worker (Male)	188	151	37
27	Health Assistant	95	93	2
28	Health Worker (Female)	355	344	11
29	Health Assistant (Female)	65	57	8
30	Pharmacists	74	74	0
31	Health Supervisor	9	7	2
32	Leprosy Technician	13	1	12
33	Laboratory Technician	13	1	12
34	Sweeper	56	53	3
35	Driver	67	63	4
36	Peon	238	227	11
Total		1297	1170	127

In the district, a total 1297 regular positions of different discipline are sanctioned and 1170 are filled and 127 positions (10.28 per cent) are vacant. Under NRHM, 2196 posts of different discipline are sanctioned of which 2023 are filled and 173 (7.25 per cent contractual posts) are vacant for the district as a whole.

Contractual staff appointed under NRHM in Nandurbar District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	3	2	1
2	M&E	4	3	1
3	IPHS	--	--	--
4	FMG	2	1	1
5	IDW	4	1	3
6	ASHA	1842	1798	44
7	RKS	0	0	0
8	RBSK	88	77	11
9	AYUSH	15	15	0
10	Sickle Cell	10	6	4
11	BPMU	12	9	3

12	Procurement	0	0	0
13	Urban RCH	--	--	--
14	RCH	--	--	--
15	Tele Medicine	2	2	0
16	Quality Assurance	2	1	1
17	Referral Transport	--	--	--
18	PCPNDT	--	--	--
19	ARSH	--	--	--
20	IDSP	3	1	2
21	NPCB	--	--	--
22	ANM	169	91	78
23	LHV	2	2	0
24	Staff Nurse	20	2	18
25	IMMUNATION	0	0	0
26	Nursing School	0	0	0
27	MMU	18	12	6
	Total	2196	2023	173

Regular Staff under Civil Hospital

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec./Paediatrician/Surgery /Anaesthetic, etc.)	19	6	13
2	MO General Physician CL-II	31	30	1
3	Nursing Cadre	90	68	22
4	Class III	50	30	20
	Total	190	134	56
1	SDH CL-I	2	1	1
2	MO General Physician CL-II	15	14	1
3	Nursing Cadre	24	20	4
4	Class III	13	7	6
	Total	54	42	12
1	MO CL-I	12	2	10
2	MO CL-II	36	26	10
3	MO CL-III	14	1	13
4	Nursing Cadre	77	36	41
5	Class III	63	39	24
	Total	202	104	98

Title: Training input for all the staff under various category 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	SAB	--	13	--	--	--	--	--
2	Routine Immunization	05	08	--	02	--	04	--
3	RTI/STI	03	27	09	--	--	--	--
4	NSSK Trg.	08	12	09	--	--	--	--

During the reference period out of 35 different trainings only 4 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	SDH Navapur	RH Mhasawad	PHC Ashta	SC Nandurkheda
EmOC	**	MO-1	MO-1	MO-1	
LSAS	**	MO-1	MO-1		
BeMOC	**	MO-4	MO-1		
SBA	**	MO-3 SN-12	MO-1 SN-2	ANM-6 LHV-1	
MTP/MVA	**	MO-2	MO-1		
NSV	**	--	--		
F-IMNCI/IMNCI	**	MO-3 SN-8	--	MO-1	**
NSSK	**	MO-5 SN-12	MO-2 SN-4	MO-1 LHV-1 ANM-6	**
Mini Lap-Sterilisations	**	MO-2	MO-2		
Laproscoy-Sterilisations	**	--	--		
IUCD	**	MO-1	MO-3 SN-4	MO-1 LHV-1 ANM-6	**
PPIUCD	**	MO-1	MO-2 SN-2	MO-1	
RTI/STI	**	--	--	LHV-1 ANM-6	
HIV	**	--	--		**
Leprosy	**	--	--		
RNTCP	**	--	--		
Blood storage	**	MO-1 TECH-1	--		
IMEP	**	MO-3 SN1	--		
Immunization and cold chain	**	MO-5 SN-6	MO-3 SN-4	MO-2 LHV-1	**

				ANM-6 MPW-4	
TOT RSKK	**	--	--	LHV-1 ANM-2	**

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

**Data not available

7. Other Health System Inputs

Following services are available at various health facilities of the Nandurbar district: Surgery (major OTs are available only at DH and 2 SDHs, minor OTs are available at 40 PHCs of the district); Medicine, Obstetrics and Gynaecology services are available at DH, two SDH, and 12 RH; FP services are available at all facilities; Cardiology is available at DH; Emergency and Trauma Care is available at 2 SDHs, 11 RHs and at DH; 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 SDH Navapur and DH; and OPD Medicines and OPD Gynaecology are available at DH.

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. At present there are 850 drugs are listed in EDL for all the facilities i.e. primary care, secondary care and tertiary care.

AYUSH Services

AYUSH services are co-located in District Hospital and various SDHs and RHs of the District. Ayurveda and Homeopathy services are available only at DH. Unani facility is available at DH and at RH Akkalkuwa. Yoga facility is available only at DH. AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during April 2013 to July 2016 at OPD was 5320 and IPD is 125. 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 15 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 13109 from April 2016 to July 2016 of which 7044 women were registered in first trimester. Severely anaemic pregnant women (HB below 11) reported in HMIS are 12641 and HB level below 7 are 87. Number of Hypertension cases reported during April 2016 to July 2016 is 86. Number of women received TT and IFA tablets during April 2016 to July 2016 are 11108 and 6313 respectively. Number of women received post natal services are reported as 6251.

8.2 Institutional Deliveries

During April 2016 to July 2016, number of public institutional deliveries conducted in the district, including C-Section, is 8126.

8.3 Maternal Death Review

During April 2016 to July 2016, 11 maternal deaths were reported in the district. Of which 3 cases were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Causes of three maternal deaths are reported as Anaemia, PPH, and Sick Cell disease. 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 Nandurbar 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 April to July 2016, 4997 pregnant women have delivered at various public institutions i.e., District 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. About 2504 women were provided with home to hospital free transport, 833 women were provided hospital to hospital transport in referral services and 4624 women were provided drop back facility. With respect to neonates, 1216 neonates were provided with home to institute free transport, 278 were provided Institute to Institute referral transport service and 1049 neonates were provided drop back facility. Percentage of pick up from home is 49.57 and 90.29 per cent of women were provided with drop back facility. ***Percentage of drop back is increase from 40 to 90 percent as compared with visit of May, 2014. It is good indication of proper utilisation of transport 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 received JSY benefit is 5383 for institutional deliveries and 1715 for home deliveries in both rural and urban areas. During the period of April-July 2016, 11753 women were registered under JSY in the district. In connection with payment of JSY account payee cheque is being given.

9. Child Health

9. SNCU

SNCU is located in District Hospital with 18 warmers and 3 phototherapy units and 659 sick neonates were admitted during the year 2016-17. Of which 356 were inborn and 303 were out born, 495 were cured and discharged, 11 referred to higher facility, 6 left against medical advice, and 124 have died. Following positions are available at SNCU

Sr. No.	Name of the Post	Sanction	Filled	Vacant
1	Paediatrician	01	01	00
2	Medical Officer	03	00	03
3	Staff Nurse	10	08	02
4	Data Entry Operator	01	01	00
5	Attendant	05	05	00

9.2 NRC

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 and filled. Basic infrastructure is available in the NRC. But it was noted by the team that there is no staff nurse or MO is available round the clock in the ward as Nandurbar is a tribal district and one of the high focus district of Maharashtra. During the reference period 100 children were admitted in the NRC, of which 82 were discharged, 14 are still under treatment and 4 are transferred to higher facility.

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 6 Blocks of the district of Nandurbar, viz., Akalkuwa, Dhadgaon, Taloda, Shahada, Nandurbar and Navapur. Child Health Screening and Early Intervention Centre at district level are established. A total 22 teams are working under the programme. But only 13 teams are functioning with all four members (2MO, 1 ANM and 1 Pharmacist. Out of 88 positions sanctioned for RBSK 77 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) is fixed for April to September set up as 165154 and the achievement is 96418. With respect to 6-18 years children target was set as 215592 for April to March 2017, achievement was 22590. 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 1331 and 123 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 July, 2016, 571 female Sterilisations and 10 NSVs were performed. Total number of IUCD insertion was 880, oral pills distribution was 14171 and condom pieces distributed was 47101. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

11. ARSH

ARSH clinics (MAITRI) are established at District Hospital, SDH Navapur, SDH Taloda, and RH Shahada. One counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. ICTC counsellors are given additional charge at respective SDH and RH. All those who are involved in ARSH programme are trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

12. Quality in Health Services

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

12.2 Biomedical Waste Management: Segregation of bio medical waste management is outsourced at the visited facilities except SC Palshi. **SC Palshi is not having any proper arrangement for Bio medical waste management.**

12.3 IEC: Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at District Hospital, SDH Navapur, RH Mhasawad, PHC Ashta and SC Nandurkheda. Working hours of the facility, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities.

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

13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 74. For the ambulance services a 24*7 Call Centre is now shifted to Pune as centralised Call Centre for entire state. During April –July 2016, 9967 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. An average 50 kms per day is the running distance of each ambulance and about 30 kms is running for every visit. There are three MMUs functioning in the district. Till last year they were operated by three different NGOs for 132 villages in three block of Nandurbar 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 viz: Akkalkua, Taloda and Dhadgaon block of Nandurbar district.

These three MMUs are catering to 132 villages. There is good impact of the services provided by the MMUs.

During April to July 2016, total 16145 patients were treated and 9587 lab tests were done all villages. Advance tour programme is supplied to all the concerned Sub Centres. Community Based Monitoring System is being implemented in four blocks of the district.

14.1 ASHA

Total number of ASHAs required in the district is 1842 and total positions filled are 1749. **Ninety tree positions of ASHAs are vacant.** The number of ASHAs trained for HBNC is 1801. ORS and Zinc are supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution. About 882 ASHAs have received the incentive amount of Rs. 3500/- to 4000/- per month in the district and 22 ASHAs have not received any incentive during the reference period. 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 187. Rapid diagnostic kits and medicine is available in the district. Total 124 staff is working in the district under malaria control programme.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of TB cases identified through chest symptomatic during the reference period is 9436 and are suspected 9436. Total 100 cases put under DOTS-plus. Numbers of 812 positive cases are there.

DOT medicines are available at all the facilities. **One MO, one position of Senior Tuberculosis Supervisors are vacant in the district.** Timely payment of salaries is made to RNTCP staff. Timely payments are made to DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

During the reference period 105 cases are detected in the district and 277 patients are under treatment.

16. Non Communicable Diseases

The facility is set up in the District Hospital for screening of Non Communicable diseases. Screening and treatment of non-communicable disease are provided free of cost. All SDHs and RHs are having set up for screening of NCD, but there are some limitations as all of them are not having diagnostic

facilities. 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 free of cost. IEC materials are available in the district and all medicines are also available for NCDs. During the reference period total 9164 cases are registered in NCD clinic, of which 923 are diagnosed for various illness and 712 patients are under treatment for various illness.

17. Good Practices and Innovations

Nandurbar with higher concentration of tribal population is one of the high focus districts in the state. There are some hard to reach areas in Dhadgaon and Akkalkuwa blocks. Twenty one fibre Sub Centres are established in these two blocks. One floating dispensary also serves in the Narmada Dam affected villages. The district has PHC wise score card for better monitoring of performance of the facility. 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 spent 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.

NO.	ACTIVITY	SANTIONED PIP	AVAILABLE GRANT	EXPENDITURE UPTO JULY 2016	% utilized out of the available?
1	RCH	1546	273.78	184.46	11.93
2	NHM Additionalities	954.8	239.6	62.5	6.5
3	Immunisation	109	7.47	5.75	5.27
	Total	2609.8	520.85	252.71	10

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

20.1 District Hospital: Nandurbar

- The District Hospital is having sanctioned bed strength of 200 beds. It is a Government building and in good condition.
- The health facility is easily accessible from nearest road. Staff quarters are not available for all categories of the staff. It is occupied by one bungalow for CS, MO CI-I 18, MO CI-II 22, CI-III 76 and CI-IV 30. DH has electricity with express feeder, solar and inverter power back up, running 24*7 water supplies from Well, and separate toilets in male and female wards. **There is a scope to increase the cleanliness of the toilets in IPD. Toilets in the OPD are not clean.**
- 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 and filled. Basic infrastructure is available in the NRC. **But it was noted by the team that there is no staff nurse or MO is available round the clock in the ward as Nandurbar is a tribal district and one of the high focus district of Maharashtra.** During the reference period 100 children were admitted in the NRC, of which 82 were discharged, 14 are still under treatment and 4 are transferred to higher facility. Both child and mother are getting diet from the Centre. In addition to that, mother is getting Rs. 100/- for loss of wages for the period of staying in the NRC. Bed strength needs to be increased as the district is tribal and malnutrition rate is high. They are keeps two babies on one bed most of the time. RBSK teams have referred 63 children to NRC during reference period.
- NICU facility is available in the hospital.
- 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 500 bags storage. On the day of our visit there were 167 blood bags available. In last year 4500 blood transfusion was done. **They stood first in the state for high number of blood transfusion cases are done. This is the only blood bank in the district. Though two blood storage units are sanctioned at SDH but not in function for some reasons. Blood bank needs to have three blood transfusion officers. So that they can work round the clock as well as two posts of technicians needs to be filled.**
- 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 190 positions are sanctioned of which 134 are filled and 56 are vacant. 19 Class-I Medical Officers posts are sanctioned of which 6 are filled and 13 are vacant; 31 Class-II Medical Officers posts are sanctioned of which 30 are filled and one is vacant; 90 Nursing cadre positions are sanctioned and 68 positions are filled and 22 are vacant; In Class-III cadre, 50 positions are sanctioned of which 30 positions are filled and 20 are vacant. Vacancies at different levels, particularly at Class-I MO and nursing cadre level, affect the service delivery of the facility.
- At 2 SDHs, total 54 positions are sanctioned and 42 are filled and 10 positions are vacant. One position of Cl-I MO is vacant and 4 positions of nursing cadre are vacant. It has observed by PRC team that one position of MS is vacant at SDH Navapur since 2014-15. The position was vacant during PRC visit of 2016-17 as well.
- At 11 Rural Hospitals, total 168 positions are sanctioned, of which 110 are filled and 58 are vacant. In MO Cl-I, 12 posts are sanctioned, 5 are filled and 7 positions are vacant. In MO Cl-II, 36 posts are sanctioned, 28 are filled, and 8 posts are vacant. In Cl-III, 36 posts are sanctioned, 18 are filled and 18 positions are vacant.
- Out of 12 RH in the district only at two RH CL-I Mo position is filled. During the PRC visit to Nandurbar in 2014-15 there was 6 RHs where CL-I MO position was vacant namely Ranala, Khandbara, Akkalkua, Jamana, Visarwadi and Molagi. Instead of filling those positions four more RH are added for having vacancy of CL-I MO i.e. Natawad, Khondamali, Dhanora and Toranmal. With regards to the nursing positions, RH Toranmal is most vulnerable among the district because out of 7 sanctioned positions only 1 position of Staff Nurse is filled. RH Jamana is added where only one SN is available out of 7. (no change is observed during two monitoring visits). RH Dhadgaon, Khondmali, Ranala and Mhasawad are having 4 SN out of 7. Although RH Toranmal and Dhadgaon are catering to the most vulnerable population of the district, the vacancies are badly affecting on the service delivery.

20.2 Sub District Hospital (SDH): Navapur

- Navapur Sub District Hospital is in Navapur Block and is about 50 kms from the district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. Regular MS post is vacant, charge given to MO Cl-II. MS position is lying vacant since PRC visit during 2014-15. Bed strength of the hospital is 50. Hospital is located in government building. During the PRC

monitoring visit in May 2014, building needs major repairs and hospital was in very bad shape. But surprisingly during the visit of September there is positive change in the hospital building, ward, toilets and premises as well. It is too good to see the positive change in the facility. Total 19 quarters are available for MOs, Staff Nurses and other category workers. As the building is recently handed over to the CS by PWD department. Electricity is available with power back up of generator and running water is available 24*7. Separate toilets are there for male and female wards and labour room, they are clean. **But still there is problem of drainage system, which is not done properly due to that facility face the problems of choking up toilets.** Facility is well accessible from main road. Functional New Born Care Corner and Stabilization Unit are available with 2 warmers and 2 Phototherapy units. Though there is provision of separate wards for male and female patients. As there are dedicated wards for delivery and sterilisation patients due to heavy work load they are forced to keep male and female patients in same wards.

- Blood storage unit is sanctioned but not functional. As Food and Drugs Authority is not giving final sanctioned by saying that technician which is appointed there is not done his DMLT course from Government institute. Though he has done his DMLT from private institute. He has completed 30 days in service training after joining his duties. Then he has done one year Where as the person has done one year certificate course from B.J. Medical college. This facility is struggling since 2014 for getting licence from FDA for one or other reason. It needs to be intervene from higher authorities of the system to resolve the problem.
- **Children Treatment Centre is sanctioned but not functional in May 2014, but during this visit it is functioning well.** This centre is functioning 365 days of the year. As there are many referrals from PHC, Anganwadi and RBSK teams. There is separate room for ARSH clinic. Functional help desk is available in the facility. Waste management is outsourced. Suggestion and complaint book are available.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are not supplied separately. Emergency contraceptive pills are available. Sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All essential consumables are being supplied.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine Immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers asked to stay for 72 hours after normal delivery.
- JSY payment is made at the time of discharge on production of necessary documentation. Account payee cheque is being given.
- Diet is being provided to all the patients free of cost.
- Management of high risk pregnancy at the facility. All essential new-born and sick neonates care is available. Partograph is not being used as shortage of paper.

- Segregation of waste in colour coded bins is available. Bio waste management is outsourced. The facility is adhered to IMEP protocols.
- All important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Registers for Untied Funds, AMG and RKS funds are maintained. During the year 2016-17 facility received Rs. 250000/- under the heads of RKS, AMG and Untied Funds, of which Rs.18465/- was the expenditure.

Human Resource at SDH Navapur (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	0	1
2	MO CI-II	9	8	1
3	Asst. Superintendent	1	0	1
4	Asst. Matron	1	0	1
5	Staff Nurse	12	12	0
6	In charge sister	2	2	0
7	ANM	1	1	0
8	X-Ray Technician CI-III	1	1	0
9	Pharmacist	4	3	1
10	Lab Technician	1	1	0
11	Lab Asst.	1	1	0
12	Driver	1	0	1
13	Dental Asst.	1	0	1
14	Sr. Clerk	1	1	0
15	Jr. Clerk	2	2	0
16	OPD Attendant	1	1	0
17	Dresser	1	0	1
18	OT Attendant	1	0	1
19	Peon	2	0	2
20	Ward Servant	5	3	2
21	Sweeper	1	0	1
	Total	50	36	14

- Under JSSK, pick up data is not available as many a time pick is done by 108 Ambulance. During the reference period 62 women have received inter facility services and 189 women have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on August30, 2016. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

20.3 Rural Hospital: Mhasawad

- Mhasawad Rural Hospital is in Shahada Block and is about 65 km away from district headquarters. On the day of PRC team visit to RH, all staff was present on duty. Medical Superintendent has given all the information. It is a 30 bedded hospital and is located in government building. Building is of old pattern PHC building converted into RH. At present renovation and some additional construction work is in progress. Quarters are available for 3 MOs, 11 for SNs and 7 Class-IV all are occupied. Electricity is available with power back up (inverter), generator is supplied but not yet installed. 24*7 running water is available. **Separate male and female wards are available but toilets are not clean. Present labour room is too small and not having attached toilet. MS told that there is bigger labour room is under construction.** 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. No Immunisation is done at RH. 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.
- Some of the high risk pregnancy is 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 Unaided Funds, AMG and RKS funds are maintained.
- As renovation and additional construction is going on required IEC material is not displayed in the facility.

- During the reference period, under JSSK 69 woman and 2 sick children received pick from home to facility. Total 56 women and 14 children have received inter facility vehicle services; 147 women and 2 sick children have received drop back facility.
- 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.
- Operation theatre is under repairs therefore not functional. Laundry/washing service is outsourced. Dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource (Regular) in RH Mhasawad

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	1	0
2	Medical officer CI-II	3	2	1
3	Dentist	1	0	1
4	Ophthalmic Officer	1	1	0
5	Asst. Superintendent	1	1	0
6	Jr. Clerk	1	0	1
7	Typist	1	0	1
8	Staff Nurse	7	4	3
9	X-Ray Technician CI-III	1	1	0
10	Pharmacist	1	1	0
11	Lab Technician	1	1	0
12	Lab Asst.	1	1	0
13	Peon	1	0	1
14	Ward Boy	4	2	2
15	Driver	1	1	0
16	Sweeper	2	2	0
17	Dental Asst.	1	0	1
	Total	29	18	11

20.4 Primary Health Centre: Ashte

- PHC Ashte is in Nandurbar Block and is located about 16 KMs from the district headquarters. It caters to 23 villages and about 37773 populations. **It is functioning in Government building and need some repairs.** Staff quarters are available, one each for MO, LHV, ANM, HA and Pharmacist. But none of them are staying at headquarters. PHC has electricity with solar system. Water source is available for 24*7 water supplies. Partially clean toilets are there in the wards. **Labour Room is available but toilet is not attached to the labour room.** New Born Care Corner and stabilizing unit is available within labour room. No separate wards for male and female. There is a pit for disposal of Bio Medical Waste.

- 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 Sickle Cell.
- All the listed drugs are available at the facility except tablets Misoprostol and Mifepristone. 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. The mode of payment is Account payee cheque. Free diet is being provided to the patients under JSSK.
- High risk pregnancies are managed at the facility i.e. H.T, PPH, Twins. Essential new born care is provided. 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 Ashte (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	6	6	0
3	LHV	1	1	0
4	Pharmacist	1	1	0
5	Lab Technician	1	1	0
6	MPW	6	4	2
7	Peon	4	4	0
8	Driver	1	1	0
9	Sweeper	1	1	0
	Total	23	21	2

- Records are maintained at the facility. All the registers are available and maintained.
- Citizens Charter, timings, JSSK entitlement and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are displayed. EDL is not displayed in public domain.
- During the reference period, under JSSK 15 woman received pick from home to facility. Total 8 women and 3 sick children have received inter facility vehicle services; 49 women and 2 sick children have received drop back facility.

20.5 Sub Centre: Nandurkheda

- Nandurkheda is one of the SC of PHC Ashte, catering 6124 population and 5 villages. SC is about 5 KMs from the PHC. Majority of beneficiaries are from tribal community.
- **Sub Centre is located in main habitation and is functioning in a government old building which is not in good condition and needs major repair. Electricity with power back up is not**

available. Running 24*7 water supply is not available. From Grampanchayat water supply is available there is no bore well or other source of water supply available in sub Centre. ANM is residing at headquarter. Labour room is available at SC. There is no functional NBCC. Facility is clean but complaint/suggestion box are not available. **There is no provision of disposal of bio medical waste.**

- All the essential equipment's and colour coded bins available at SC, except RBSK testing tool kits in sub Centre. **Essential drug such as IFA syrup, zinc tablets, and Misoprostol tablets are not available in SC.** Most of the supplies are there except sanitary napkins.
- Registers are available and maintained except record of 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 bio medical waste in colour coded bags.
- **Approach road have no direction to the SC.** Posters of JSSK entitlements, JSY entitlement, Citizen Charter, timing of the SC, SBA protocols, and immunization schedule are displayed. Untied Funds and AMG are yet to be received.
- **In SC one ANM is in place of regular post and 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

In District hospital Nandurbar due to over crowded patients are allotted floor beds



District hospital Nandurbar SNCU NRC ward



District hospital Nandurbar SNCU

Due to insufficient beds two babies are kept in one warmer



SUGGESTED TEMPERATURE OF WARMER

BIRTH WEIGHT IN Kg.	SET TEMPERATURE
LESS THAN 1 Kg.	37° C.
1 Kg. TO 1.5 Kg.	36.8° C.
1.5 Kg. TO 2 Kg.	36.6° C.
2 Kg. TO 2.5 Kg.	36.4° C.
MORE THAN 2.5 Kg.	36.2° C.

Warmer लावताना ध्यावायची काळजी

- Warmer लावताना Plug pin दोहोर आढेत या ने Check करतून घ्यावे.
- Warmer मध्ये बाळ ठेवण्यापूर्वी Sensor दोहोरा Heater च्या खाली Fix करावा.
- बाळाच्या वजनानुसार Set वे बटन दाखून Temp.Set करावे. Set temp. चा 1°C ने जास्त High temp. set करावे 1°C. ने कमी Low temp. Set करावे.
- बाळाच्या buttocks खाली Baby pad wet ठेवावे म्हणजे बाळाला pad wet केव्हापर बसल वाचता व बाळाचे unnecessary handling टाळते जाणे.
- बाळावर कोही Procedure कारणाची असल्यास lamp on करावा.
- बाळाला head low किंवा head up position साधल्यास असाव्यास त्या प्रमाणे Screw फिरवत घ्यावे.
- प्रत्येक चेडी बाळाला ठेवताना Warmer मा Side ला Railing लावलेले आहेत हे तपासून घ्यावे म्हणजे बाळ पडणार नाही याची काळजी घेतली जाईल.
- प्रत्येक चेडी बाळाला ठेवण्यापूर्वी ओरार temp.set करतून Sensor समोर ड्यूरन त्या temp. ला Heater off जोडे हे बघून घ्यावे.
- Line fail चा Signal आल्यास Light तेजा फिर Machine मध्ये कोही बिंबाड असलासे असतून् Warmer सेल Off करावा.
- Warmer चालू असताना high temp. व Signal दिल्यास Warmer Off करावा. Low temp. व Signal दिल्यास Warmer मध्ये बिंबाड आहे का ने पाहिले.

PHOTOTHERAPY देताना ध्यावायची काळजी

- Phototherapy ला ता ता tube light च्या ओरार का गरजे ने बघावे.
- बाळाच्या व tube मा काये कोरत का 40-45 cm. ओरार असणे.
- बाळाला ठेवताना बाळाचे हात काये बांधलेले राहणे.
- बाळाचे दोरे दुपटेने बांधलेले असणे. सेल कमरा ने परतठाला हात बांधण्यास येणे.
- दोळे फेरी रोडे बांधण्यापूर्वी Eye drops काढणे म्हणजे Eye Infection टाळावे जाणे.
- मुनागा ओरार तर रस्मेने Pad वे पोटावर बांधणे.
- Phototherapy तेजा काढणी position बदलणे म्हणजे काळजी काळजी ओरार काळजी काळजी.
- काळजी Phototherapy ला 20-40 ml/kg/24 hrs. काळजी ला घ्यावे.
- काळजी Phototherapy ला जिव्हान काळजी Dehydration, Irritability Hypothermia काळजी टाळावे जाणे.

SDH Navapur display of IEC material and protocol posters



SDH Navapur separate toilets for male and female



SDH Navapur Laboratory and blood storage unit



SDH Navapur NBCC



SDH Navapur labor room with emergency tray, protocol posters and colour coded bins



SDH Navapur PNC ward



SDH Navapur CTC ward



PHC Ashte displayed services available at the facility and indicator wise progress report



PHC Ashte ORTY corner and Drug store



PHC Ashte Labor room and NBCC

