

## Karnataka:

### 1. District Chitradurga:

**Major Observations of Field survey unit, Bangaluru about the Evaluation work in Chitradurga District of karnataka state in June, 2010.**

#### 1. Details of the visited Institutions:

District Visited	PHCs visited	SCs Visited
Chitradurga	Pandarahalli, Malladihalli vanivilaspura	Siddapura, Annehal Malladihalli 'B' and Kalkeri

## II. Major Observations:

### 1. Human resources:-

- a) The district Health machinery is working with severe Shortage of Staff. As reported 5 (83%) posts of Taluk Health Officers, 58 (63%) posts of Sr. Specialist, 9 (56%) posts of Assistant Dental Surgeons, 19 (23%) posts of Medical officer (Allopathic) and 16 (69%) posts of Block Health Educator were lying vacant in the district .
- b) Similarly, 27 (73%) posts of Health Assistant (Male Supervisor), 32 (25%) posts of Staff nurse (Regular ), 34 (34%) posts of Jr. Pharmacist, 72(40%) posts of MPW (Male), 79 (22%) Posts of ANM, 20 (37%) posts of driver and 126 (35%) Posts of Group 'D' were also lying vacant in the district.

### 2. Janani Suraksha Yojna (JSY):-

- a) Under the Scheme Women belonging to BPL, SC/ST category families are eligible to receive JSY cash incentive for the first 2 deliveries only. The rates are: (a) Institutional delivery- Rs. 700 per case in rural area, Rs. 600 per case in urban area and Rs. 1500 per case for caesarean delivery and (b) Home delivery - Rs. 500 per case in the state.
- b) Increasing trend in respect of performance of deliveries has been observed in the district. As against 26397 deliveries were reported in the year 2008 – 09 under the scheme, 27438 deliveries were conducted during 2009-10.
- c) There was sufficient fund available under JSY head in the district. The budget provision under the scheme during 2008-09 and 2009-10 was Rs 157.88 lakhs and Rs 170.45 lakhs respectively and

out of these funds, Rs 108.01 lakhs and Rs 124.14 lakhs were spent during 2008-09 and 2009-10 respectively.

- d) Some pending cases for cash incentives were observed in the visited sub-centers. The MPW (F) reported that the pending payment was not due to shortage of fund but it was due to non claiming the incentive by the beneficiaries as the delivery took place in the parents place of the mothers. They are going to claim after returning from their parent's house.
- e) During field verification, it was observed that all the 54 contacted cases had received 3 ANC checkups, 2 doses of TT or Booster dose administered to them and they had also received IFA tablets. Out of 54 cases, 2 delivered at home and 2 in sub centers. In two instances, the service '108' ambulance was availed and in 12 cases ASHA accompanied the beneficiary to the health centre for delivery. It was confirmed that all the beneficiaries received full JSY incentives by cheque as per norms.
- f) JSY registers were maintained by MPW(F) neatly with complete information including photograph of the beneficiaries in all three visited sub-centres. However, the registers were not regularly verified by concerned Medical Officers. Further, due to shortage of MCH cards and JSY cards, 'Thayi Cards' were used in all the sub-centres. This 'Thayi cards' contain the details about ANC, PNC, Immunization, health education and facilities/incentives provided to the mothers.

**. 3) Untied Funds:-**

- a) The rate of Untied funds per year is: PHC-Rs. 25000, CHC and Taluk Hospital- Rs. 50000 and sub center Rs.10,000. This fund is kept in the account of Rogi Kalyan Samithi called Arogya Raksha Samithi (ARS) in Karnataka in PHCs and CHCs. It was observed that the visited Sub centers utilized their Untied funds after taking the approval of Village Health and Sanitation Committee's meetings as per the guidelines/ instructions for meeting the expenses for up-keeping of their centers.

- (b) Details of the Untied funds with respect to the PHCs/SCs are as follows:-

(Rs in Lakhs)

Sl. No	Particulars	Budget for Sub centers.		Budget for PHCs	
		2008-09	2009-10	2008-09	2009-10
1	Opening Balance of Untied fund	7.06	-	31.49	22.77
2	Released during the year	30.00	27.30	29.25	20.24
3	Loans taken+ interest earned	-	-	-	-
4	Total budget available	37.06	27.30	60.74	43.01
5	Expenditure	37.06	11.99	37.97	32.15
6	Balance	-	15.30	22.77	10.86

- c) In all the visited PHCs at Pandarahally, Maladihally and Vinivilaspura funds were released during the last two financial years and utilized properly as per the decision taken by the Arogya Raksha Samiti.

**4. Rogi Kalyan Samiti (RKS):-**

- a) It is Known as Arogya Raksha Samithi (ARS) in the State. ARS is set up in 11 CHCs, 75 PHCs, 1 District Hospital and 5 Taluka Hospitals in the district.
- b) Total corpus fund (budget) for ARS for all type of facilities was available to the tune of Rs.73.96 Lakhs during 2009-10 and out of that, an amount to the tune of Rs. 68.15 Lakhs was utilized in the district.
- c) The ARS meeting is conducted in all the PHCs visited by the team though not very regularity. The funds were being utilized as per the decision taken in ARS meetings.

**5. ASHA Scheme:-**

- a) Out of 1369 Village in the district there are 1070 Villages taken up for ASHA intervention based on the population size. 1070 ASHA has been appointed in all these villages and are reported to have been trained during 2009-10 in all the modules and also drug kits distributed to them in the month of March 2010.
- b) An amount of Rs.8.34 laks was available with the district in 2008-09 for ASHA training but whole amount was carried forward to the next year without any expenditure. Total budget of Rs. 74.69 lakhs including previous balance was available with the district in 2009-10 and out of that Rs.72.07 lakhs utilized for ASHAs training during the year.
- c) ASHAs were functioning in the villages of all the visited PHCs except a very few villages with less than 1000 population. It was observed that due to ASHA intervention, the percentage of institutional deliveries has gone up substantially in all the visited centers.

**6. Village Health Sanitation Committees (VHSC):-**

- a) As reported, 884 VHSCs have been constituted in the district.
- b) Funds amounting to Rs10,000 are sanctioned every year to each VHSC. ASHA along with Sarpunch is the cheque drawing authority. Funds have been provided to only 191 VHSCs during 2009-10 as others were unable to spend more than 50% of the fund sanctioned in the previous year.
- c) Total allocation for 2009-10 was Rs.93.15 Lakhs for VHSCs, but only 19.10 Lakhs was released to the district restricting the VHSCs from taking up the planned activities.
- d) Fund was not released to the visited SCs during 2010-11. Previously wherever the Anganawadi was functioning, Anganawadi Worker was made as a member of VHSC and a joint bank account was opened in the name of Anaganawadi Worker and Panchayat member. At the end of the year 2009-10, ASHAs were made the member of the VHSC in place of Anganawadi Worker. But some

Anganawadi Worker have not yet handed over the records. Because of the recent Panchayat election all over Karnataka, New committees have to be formed with newly elected Panchayat members.

- e) It was also observed that Proper guidance to the ASHA worker and Anganawadi Worker for handling the VHSC fund is essential in the district for smooth functioning of VHSCs.

**7. 24 x 7 hours delivery care System:-**

- a) Though 30 of the PHCs in the district have been designated as 24 X 7 delivery care units, only one of them has two MOs whereas 7 of them does not have any MO available. No additional budget was released to any of these centers as compared to other normal PHCs except the salary of three staff nurses appointed on contract at @ Rs. 7,000 per month
- b) During 2009-10, 22 of the 30 (24x7) PHCs have not achieved the stipulated minimum 10 deliveries per month. The case is no different during April-May 2010. Nearly 50% of them could not even reach 5 deliveries mark per month.
- c) There seems to be indiscriminate sanctioning of 24X7 delivery care status without considering the work load resulting in a wasteful expenditure of Rs. 2,52,000 per such PHCs. This amount can be better utilized for some other purpose. The district authorities need to totally revamp the 24X7 centers in the district.
- d) In the visited PHC at Pandarahalli, no doctor was staying in the head quarter. During 2009-10 only 73 deliveries and during April to May 2010 only 11 deliveries were conducted in this center which was far below the minimum stipulated to deliveries per month for 24X7 PHCs. Similarly, At PHC Malladihally, 2 Medical Officers (including one AYUSH Doctor on contract) and 3 Staff nurses on contract were posted there. Proper labors room was not there in the PHC. The Taluk Hospital was also adversely affecting its Performance which was only 37 deliveries during 2009-10 and only 6 deliveries during April – May 2010.

**8. Physical Infrastructure and Stock Position:-**

**i) CHC**

Among the 11 CHCs in the district, two are still functioning in the pattern of PHC; None of the 11 CHCs is having any of the specialist doctors other than two dental doctors posted at Parashurampura and Maradhihalli CHCs. The K.K. pura CHC is functioning without a single Medical Officer whereas Srirampura CHC has one AYUSH Medical Officer only. State Government needs to take immediate steps to improve the situation.

**ii) PHC**

- a) PHC at Pandarahally is functioning in government building with all necessary facility but PHCs at Malladihally and Vanivilaspura were functioning in very congested place with no proper labour room and Operation Theater. However, the new building for the PHC Malladihally is mostly completed and is almost ready for occupation.

- b) AYUSH medical officer has been posted on contract basis since January 2008 at Malladhally but this facility was not there at PHCs Pandarahally and Vanivilaspura
- c) There was no stock of oral Pills, condoms and Prophylactic drugs in the PHCs at Pandarahally and Malladhally.
- d) vehicle was not available in these PHCs.
- e) Oxygen cylinder, minor surgical equipment and resuscitation equipment were not available at PHC Vanivilaspura.

**iii) Sub centers**

- a) All four Sub centers Siddapura, Annehal, Maladhalli 'B' and kalkerri were functioning in govt. building.
- b) ANMS were staying in Sub center except SC at Annehal.
- c) Ambu bag/,Suction, IUD insertion kit, Steam Sterilizer, Delivery kit, and Disposable Syringes were not available at visited SCs Siddapura, Annehal and kalkerri .
- d) Weighing machine (Infant) was not available at Annehal and kalkerri SCs.
- e) DDK, EC Pills, Cap Ampicillin and Injection Gentamyein were not available at Siddapura, Malladhalli 'B' and Kalkerri Sub centers.
- f) DDK, drugs like EC Pills, Antiseptic Solution, Tab. oxytocin Cap Ampicillin and Injection Gentamycin etc. were not available at Annehal Sub center .

**9) Community Satisfaction and opinion on health Services**

- a) As many as 40 mothers were interviewed in the area of 4 Sub centers visited in the district to assess their knowledge and opinion on the Services provided by the ANMs.
- b) Awareness on danger signs of ARI was very poor in the mothers. The Health personnel should create more awareness on danger signs on ARI among the mothers. Since the use of contraceptive methods by the mothers is meager, more efforts should be put in place to motivate the mothers for usage of temporary/permanent contraceptive methods. Besides these, awareness on use of ORS and exclusive breast feeding has to be improved.
- c) The team found that the opinion of the community about the services provided by the MPW (M) at visited Siddapur Center was satisfactory
- d) Public opinion was good on the Services being rendered by the PHCs visited by the team. Village leader, ANC/PNC beneficiaries and others have all expressed good opinion on the overall functioning of PHCs.

**10) Sample Verification of FW acceptors:-**

- a) Out of Selected 111 acceptors of Family Planning methods for sample verification, 87 cases could be contacted. During verification discrepant entries in few of the contacted acceptors was found in the number of total children, male children and age of last child of the acceptors.
- b) One acceptor each of IUD and OP has denied the receipt of services though as per records they received the services.

**11) Reconciliation of reported Performance:-**

- a) The reported figures for Sterilization IUD, OP and Nirodha for the year 2009-10 could not be verified as the record were not made available at PHC Pandarahalli
- b) The reported figures for Sterilisation and IUD for the year 2009-10 did not match with the figures recorded in the Service registers at PHC Vanivilaspura.

**12) Maintenance of Records and Registers:-**

- a) Only Eligible couple registers and JSY registration cards were found printed in the distinct.
- b) The IUD Stock register was not upto date at Malladihally PHC.
- c) Non-printed central registers for MCH activities were maintained at PHCs.
- d) Some of the reported sterilization cases were not found in the Sterilization register at PHC VV Pura.
- e) The IUD stock register was not upto date at Malladihally PHC.
- f) At VV Pura PHC, the ANC number and EC number are not mentioned wherever necessary in the registers.

**13) Observations and Suggestions:-**

- a) It was reported that Previous 29 primary health units functioning in the District have been upgraded into PHCs recently and they started working as reporting PHCs from 1.4.2010. However, most of these PHCs do not have the prescribed Staff Strength. Going by the rural population of the district, 77 PHCs in the district is quite high. It was also observed that there is one PHC (Kodihalli PHC) having population of 6348 persons only which is the recommended population size for a sub-centre. There are some PHCs having population more than 35000 (Doddauhallarathi- 39892, Nelagethanahatti-37560). There seems to be indiscriminate sanctioning of PHCs without properly assessing the requirement.
- b) The Pandarahally PHC was operating under the PPP model for about one and half year during 2007-08 and 2008-09. During this period the PHC was run by Basaveshwara Medical Collage. No financial statements with respect to the JSY payments or fund details could be provided by the PHC staff for this period. According to the PHC officials, the said medical collage was relieved of their responsibilities due to public protests. Ironically, the same institute has been given similar partnership in another PHC in the district later on, which should have been avoided considering their track record.

- d)** There are 14 sub centers functioning without any building, defeating the purpose of having a sub centre. Without proper infrastructure the ANM won't be able to give proper care to the ANCs / PNCs mothers and other needy persons.
- e)** Stock was not properly maintained in case of IUD in Malladihalli PHC. As per LHV stock register, only 2 IUDs were available whereas on inspection it was found that 5 are still available.
- f)** Stock of OP, CC was not sufficient in the field institutions.
- g)** Regular visit by supervisory staff to the sub-centers was not in existence.
- h)** Sufficient quantity of disposable syringes should be made available in the PHCs so that its reuse is avoided completely.
- i)** It was observed that the ARS meeting were not held on a regular basis as the PRI members do not come even after issuing notice for the meeting.
- j)** The role of PRI members in ARS, VHSC etc should be made advisory. It was told that they often demand for a share of the amount for signing the cheque of the joint accounts of ARS & VHSC.

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## 2. District Kodagu:

Major observations of field survey unit (FSU), Bangalore about the Evaluation work in Kodagu districts of Karanataka State in September, 2010.

### 1. Details of the visited Institutions:

District Visited	CHCs / PHCs visited	HSCs Visited
Kodagu	Chettalli, Bhagamandala and Madapura	Abyath Mangala, Nellihudukeri, Bhagamandala, Kundacheri, Hosthota and Hathihole

## II. Major Observations:

### 2. Health Human Resources:

- a. Many of the key posts under the category of medical & Para Medical were lying unfilled in the district. One post each of District Health Education Officer, District Nursing Officers, Microbiologist and projectionist sanctioned at District level was lying vacant.
- b. 4 out of 6 sanctioned posts of Block Health Education Officer, 4 of the 6 sanctioned posts of X - ray Technician, 19 out of 58 sanctioned posts of Staff nurse (Regular), 34 against 41 Sanctioned posts of Junior Pharmacist, 66 of the 76 sanctioned posts of Jr. Health Assistants (Male), 11 of 31 sanctioned posts of Jr. Medical lab Technologist, all 5 sanctioned posts of Sr. Medical lab Technologist, 3 of 7 sanctioned posts of Office Superintendent and 23 out of 32 posts of First Division Assistants were lying vacant in the district.
- c. In the visited PHCs staff position was observed somewhat good but A category officers under PM Units at district level and block level i.e. DPMO, RCH officer, F.W. officer, Taluk Health Officer, Sr. specialist and DGMOs were laying vacant in the district and was managed by the district surveillance officers. State Govt needs to make some serious policy interventions in order to improve the situation, especially in the curative care segment at periphery levels.

### 3. Janani Suraksha Yojna (JSY):

- a. Women belonging to BPL, SC, ST Category family are eligible for JSY payments for their first 2 deliveries. The rates are Rs 700 per case for institutional delivery in rural area, Rs. 600 per

institutional delivery in urban area, Rs. 1500 per case for caesarean delivery in private institution and for home delivery Rs. 500 per case.

- b. 7430 deliveries in the year 2009-10 and 3068 deliveries 2010-11 (up to August) were conducted in the district. It was reported that 3793 beneficiaries in the year 2009-10 and 1422 in the year 2010-11 (up to August) were provided with JSY incentive.
- c. There was sufficient fund available under JSY head in the district. After incurring the expenditure in 2009-10 and 2010-11 (up to August) the balance amount reported was Rs. 19.61 and Rs. 39.80 Lakhs respectively in the district.
- d. The JSY fund availability during the current and previous years 2010-11 & 2009-10 was sufficient in all the visited PHCs though fund flow was not very regular. From 2009, JSY fund was not released to the Sub Centre, but released to the concerned PHC with the responsibility of distributing JSY amount to the eligible beneficiaries of the area. JSY amount was paid directly to the beneficiaries at the place of delivery after production of the Thai card, in case of Govt institution and in case of recognized Pvt. Institutions the amount is paid by the area PHC.
- e. During field verification it was observed that all the 44 contacted mothers had received 3 ANC checkups, either 2 doses of TT or booster dose administered and had received IFA tablets. Out of 44 deliveries, 43 were institutional delivery and 1 delivery was conducted at home.
- f. JSY register were maintained by MPW (F) neatly with complete information in all the 6 Sub Centers. It was observed that the registers were not regularly verified by concerned Medical Officer. Due to shortage of MCH cards and JSY cards, 'Thai cards' were issued in all the Sub-Centres. This 'Thai cards' contain the detail about ANC, PNC Immunization, Health education and facilities / incentives provided to the mothers.

**4. Untied Fund:**

- a. Details of the budget available in the District

**(Rs in lakhs)**

Sl.No	Particulars	2009-10	2010-11 (Upto August)
1	Opening Balance of Untied Fund	28.10	23.93
2	Released during the year	18.80	-
3	Interest earned	0.75	-
4	Total budget available	47.65	23.93
5	Expenditure incurred	23.72	5.25
6	Balance	23.93	18.68

- b. During field visit to the Sub Centers, the team observed that the bank balance of Rs. 3178 and Rs. 10646 recorded as on 31.8.2010 at Nellihudukeri and Hosthota Sub Centers respectively varied from the expenditure shown in the cash book and after verification the difference of amount was found with MPW(F).
- c. In all the three PHCs visited, at Chettalli, Bhagamandala and Madapura this amount was released regularly during the last two financial years and utilized properly as per the decision in the Arogya Raksha Samithi. However, it was noticed that the fund meant for the year 2007-08 was released only in the year 2008-09 (during the month of June/ July 2008).

#### 5. **Rogi Kalyan Samithi:**

- a. It is known as Arogya Raksha Samithi (ARS) in Karnataka State. ARS was set up in 6 CHCs, 30 PHCs, District Hospital and 2 Taluk Hospitals in the district.
- b. It was reported that annual allotment of funds to each RKS is done at the following rates:

Institution	AMG ( Annual Maintenance Grant)	UT Annual Fund	Corpus Fund	Total
District Hospital	-	-	5,00,000	5,00,000
Sub-dist Hospital	1,00,000	50,000	1,00,000	2,50,000
CHC	1,00,000	50,000	1,00,000	2,50,000
PHC	50,000	25,000	1,00,000	1,75,000

Rs. 5,00,000 has been sanctioned to the District Health society other than the amount sanctioned for District Hospital for catering the needs of Women and Child Hospital, Madikeri.

- c. The ARS meetings are being conducted in all the PHCs visited by the team though not very regularly. The funds are utilized as per the decision taken in ARS meetings.

#### 6. **Services of ASHA:**

- a. All the 296 villages have been taken for ASHA intervention in the district. Totally, 470 ASHAs have been appointed and are reported to have been trained in all the modules during 2009-10 but none of the ASHA received drug kit.
- b. Rs. 17.43 Lakhs were available with district for ASHA training in the year 2009-10. Out of this, Rs. 6.93 Lakhs were spent and the balances of Rs. 10.50 Lakhs were refunded to state health society.
- c. ASHAs were functioning in all the visited PHCs; It was felt that due to ASHA intervention, the percentage of institutional deliveries has gone up in the visited centers.

#### 7. **Village Health Sanitation committees (VHSC):**

- a. There are 296 revenue Villages in the district and 471 VHSCs have been constituted for each 10,000 population and the Anganwadi worker was made incharge of it.

- b. VHSC fund is sanctioned every year. ASHA along with Sarpanch is the cheque drawing authority. No fund was released to VHSCs during the current year as they were having the balance of the previous year.
- c. The cashbooks were maintained properly by ASHA worker.
- d. VHSC untied fund was mainly utilized for cleaning drainage, purchase of cleaning materials, giving transportation charges for delivery cases to poor patients, purchase of toys, weighting machine, plastic stool, plastic drum for Anganawadi and photocopy of forms etc.

**8. 24 – hours delivery care system:**

- a. Though 1/3<sup>rd</sup> of the PHCs in the district have been designated as 24 X 7 delivery care units, none of them has two MOs. 4 PHCs have been designated as 24 X 7 delivery care center only from 2010-11. No additional budget was released to any of these centers as compared to other normal PHCs except the salary of two staff nurses appointed on contract at Rs. 7,000 - consolidated pay per month.
- b. During 2009-10, 3 (Suntikoppa, Hebbale, Madapura) of the 6 PHCs have not achieved the stipulated minimum 10 deliveries per month. In PHC Hebbale 30 cases and in PHC Sunitkappa 68 deliveries reported during 2009-10. Such low performance is not at all justified. The case is no different during April-August 2010 as 3 of the four newly designated 24 X 7 PHC did not achieve the target.
- c. PHC, Chettalli was identified as 24 X 7 delivery care center. The MO here stays in the PHC premises. No lady medical officer is available. Three staff nurses are appointed in this PHC on contract basis.
- d. In PHC Bhagamandala only one MO is posted and he stays in the PHC premises. 32 deliveries were conducted during 2009-10 and only 13 deliveries were conducted during April-August 2010 at this PHC. This is much less as per the minimum norm.

**9. Physical Infrastructure**

**i) Sub Centres**

4 Sub Centers at Abyathamangala, Nelliudukeri, Hosthota and Hathihole were visited for verification. In Hosthota sub-centre, one room about 20 feet x 8 feet area was taken on rent with one table, chair and medicines kept in the room whereas at Abyathamangala SC, MPW(F) staying in rented house and SC is functioning from this rented accommodation.

- a. Examination table, Benches for clients, Foot Stool, Delivery Table, McIntch sheets, Ambu bag / Suction tube, steam sterilizer and torch etc were not available at one or the other HSCs visited at Abyathamangala, Nelliudukeri, Hosthota, Hathihole. Two cots with beds are taken from the PHC

for use as examination table at HSC Abyathamangala. Concrete slab attached to wall used as benches for clients for seating patients at HSC Hosthota.

- b. SC clinic was not organized since PHC is very near to ANM's house at SHC Abyathamangala. Kerosene Oil, Tab Chloroquine, Ampicillin, DDKs, OP, Chlorine, Tab Paracetamol, Ampicillin, Tab Oxytocin, Gentamycin were not available at Nelliudakeri, Hosthota and Hathihole Sub Centers.
- c. As observed, Metronidazole was replaced by Tab Albendazole in the centres. Expired stock of IFA ( small – 15,250 Nos & big 18,730 Nos) was seen at Abayathamangala SC. In Nelliudakeri SC, IFA small & big tablets supplied were not in good condition, OP was not supplied during January to July 2010, Tab Cloroquine not supplied since July 2010. In Hosthota SC, OP not supplied since May 2010. Chlorine solution and Tab Paracetamol not available since September 2010.

#### **ii) PHCs**

- a. PHC Chettalli was functioning in designated government building. No AYUSH medical officer or Lady Medical Officer was posted in this 24X7 PHC. The stock of IFA tablets available in the PHC is found to be substandard and in doctor's opinion it cannot be distributed. The PHC did not have a vehicle.
- b. PHC Bhagamandala was presently functioning in a very old building with water dropping down from the roof of many rooms. The OT of the PHC is not in a condition where operations can be carried out. This PHC building requires a complete facelift. Vehicle was not provided to this PHC.
- c. PHC Madapura has a good building and was the best maintained among the three visited by the team. One lady MO is also posted to this PHC. AYUSH MO is not posted here.
- d. Both the MOs are staying in the PHC quarters. Oxygen cylinder was not available in this PHC. The PHC headquarters doesn't have the stock of any contraceptives though the LHV said that it is available with the ANMs. The same was the case of prophylactic drugs.

#### **10. Community Satisfaction:**

- a. In each of the 4 SCs visited, 10 mothers (mothers of up to one year old child) were selected and 35 cases were contacted; 16 mothers (45%) were not aware on dangerous signs of ARI and 10 mothers (28.6%) doesn't have the knowledge on the use of ORS.
- b. Public opinion was good on the services being rendered by the PHCs visited by the team. Village leader, and ANC/PNC beneficiaries and others have all expressed good opinion on the overall functioning of PHCs.

#### **11. Reconciliation of Reported Performance:**

For the period from 01-04-2009 to 31-03-2010 and 01-04-2010 to 31-08-2010, reconciliation of reported performance of FW cases were done at PHC level. Discrepancies were observed on the

CC performance of PHCs reported by district and PHC in all the three PHCs whereas variation between the district and PHC figures was seen in case of sterilization and IUD in case of Bhagamandala PHC.

**12. Maintenance of Records and Registers:**

- a. Non-printed registers for MCH activities were maintained properly at all the three PHCs. The oral pill distribution register was not found to be maintained properly at Chettalli and Bhagamandala PHCs.
- b. Most of the registers supplied are in printed form except immunization register, Family planning registers at Nelliudakeri SC & Hosthota SC (here plain notebook has been used as registers).
- c. In place of JSY registration cards, Thai Cards are supplied at Sub Centre level. In Family planning register, information in respect of IUD, OP, CC are partially updated at Abyathamangala SC. EC register and stock registers of IUD, OP and CC are not updated at Hosthota sub-centre. Reports are sent in HMIS printed format.

**13. Other Important Observations:**

- a. The cash book is not found to be maintained at Chettalli PHC for making distinction of funds drawn from corpus fund, AMG or untied fund. Many bills are found to have been sanctioned with only Doctor's signature at Madapura PHC when it is essential to get GP president's signature.
- b. Male staff nurse is found to be posted against female post at Bhagamandala who is doing the work of pharmacist.
- c. Regular visit by supervisory staff to the sub-centers is not done.
- d. There seems to be indiscriminate sanctioning of 24X7 delivery care status without considering the work load resulting in a wasteful expenditure of Rs.1,68,000 per such PHCs. This amount can be better utilized for some other purpose. The district authorities need to totally revamp the 24X 7 centres in the district considering the workload.
- e. It was observed that the ARS meeting could not be held on a regular basis as the PRI members do not come even after issuing notice for the meeting. If a fixed 'sitting charges' are given for the unofficial members of ARS, the problem could be overcome.
- f. Beneficiaries opined that a mobile to ANMs would help in improving their accessibility which may be considered by the State / district authorities.

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### 3. District Raichur:

#### Major observations of Regional Evaluation Team, Bangalore about the Evaluation work in Raichur district of Karnataka State in Dec. 2010.

##### I. Details of the visited Institutions:

Districts Visited	PHCs /CHCs visited	HSCs Visited
Raichur	CHCs: Kavithala and J. Mallapur PHC: Kalmala	J.Venkatapura, Marched, Kavithala - A, Kavithala - B, Devasuguru and Yedlapur.

##### II. Major observations:

###### 1) Health Human Resources:-

- a) In the district, 15 of the 54 sanctioned posts of Medical Officer, 23 of the 124 sanctioned posts of Staff Nurse, 16 of the 36 sanctioned posts of LHV, 16 of the 40 sanctioned posts of the Male Supervisor, 10 of the 59 sanctioned posts of Pharmacist, 93 of the 204 sanctioned posts of MPHW(M), 51 of the sanctioned 233 posts of MPHW(F) / ANM and 89 of the 137 sanctioned posts of 2<sup>nd</sup> MPHW(F) were vacant. 14 out of the 29 posts of different category of Specialists were also vacant.
- b) In CHC J. Mallapur, only 1 post each of Pediatrician and Anesthetist was vacant. One of the 2 Pharmacist posts sanctioned was also vacant. In CHC Kavithal, only sanctioned post each of Gynecologist, Pediatrician, and Anesthetist were vacant. Only 1 MBBS and 2 AYUSH Medical Officers were posted there. However, 10 staff nurse were posted, 2 more than the sanctioned strength of 8 posts.
- c) In PHC Kalmala, only post of Medical Officer was lying vacant, 1 contract Lady Medical Officer of AYUSH was incharge of the PHC since 1 year. Only post of Lady Health visitor, 4 posts of ANM against 6 sanctioned and 4 posts of Jr. Health Asst against 6 sanctioned were lying vacant at the PHC.

###### Functioning of Rogi Kalyan Samiti (RKS):-

- a) Rogi Kalyan Samiti has been formed in the District Hospital, 6 CHCs and 46 PHCs in the district.
- b) Funds @ Rs. 5,00,000 to D.H., @ Rs. 2,50,000 to each CHC and @ Rs. 175000 to each PHC were released per year. All these funds are kept at the disposal of RKS. Details of

funds available and expenditure incurred at CHCs & PHCs level under RKS in the District are given as below:-

Corpus fund	For CHCs for the year				For PHCs for the year			
	2009-10		April to Sept 2010		2009-10		April to Sept 2010	
	Budget opening balance	Expdr.	Budget opening balance	Expdr.	Budget opening balance	Expdr.	Budget opening balance	Expdr.
<b>RKS Corpus fund</b>	615749	512987	500000	500000	4600000	4525889	4591750	111040
<b>AMG Fund</b>	610348	455186	600000	0	2325874	2297009	2300000	98378
<b>Untied fund</b>	299772	244585	300000	15918	1162938	1130170	1150000	282148

- c) RKSs conduct meetings of all its members and take approval before incurring expenditure on the developmental activities of institutions. In the visited CHCs, PHCs RKS undertaken work as per their requirement during last two years.

### 3) Functioning of Village health & Sanitation Committees (VHSC):

- a) In the district, 830 VHSCs were set up and every year @ Rs. 10,000 is allotted to each VHSC.
- b) During the year 2009-10, an amount of Rs. 52,30,000 was released to the VHSCs out of which Rs. 26, 76, 140 was spent. Similarly, an amount to the tune of Rs. 25, 53, 860 was available for the year 2010-11 in the district and Rs. 6,58,880 were spent during the period (up to Sept. 2010).
- c) In the visited sub-centres at J. Venkatapura, Marched, Devasuguru and Yedlapur, fund to the tune of Rs. 10,000 was released to each VHSC in 2009-10 and the same was spent fully by these centers. No fund was released during 2010-11 till the visit by the team.

### 4) Janani Suraksha Yojana (JSY):-

- a) It has been reported that 42414 deliveries were conducted during 2009-10 in the district and JSY payments were made to 15542 beneficiaries. Similarly, 24617 deliveries were conducted during Apr. 2010 to Sep. 2010 and JSY payments were made to 8137 beneficiaries till Sept 2010. Budget to the tune of Rs. 1,34,37,492 was available for JSY during 2009-10 and Rs. 1,41,44,652 during 2011-11 and Rs. 77,77,498 and Rs. 53,50,000 were spent during 2009-10 and 2010-11 respectively under the scheme.
- b) No fund was released to the SCs visited at J. Venkatapura, Marched, Devasuguru, Yedlapur. The JSY amount was paid directly to the beneficiaries by MO of the respective

PHCs. There was no pending beneficiary for JSY cash intensive during last two years in the visited HSCs.

- c) 38 JSY beneficiaries were interviewed in the district and they reported to have received services from health facilities. Most of them have received full JSY incentive in time. Follow up visits were made by the concerned ASHA /ANM after delivery.

**5) Untied funds:-**

- a) Untied fund to CHC @ Rs. 50, 000, PHC @ Rs. 25, 000, HSC @ Rs. 10,000 and VHSC @ Rs. 10,000 were provided every year in the districts. Untied funds at CHC & PHC level are kept at the disposal of RKs and the details of total untied fund in the district are given on page 2.
- b) In the visited sub centres, untied funds @ Rs. 10,000 were released during 2009-10 and also utilized fully. However, no funds were released to the SCs during 2010-11 till November, 2010, the month of visit by them team.
- c) Untied funds were utilized by the PHCs Kalmal and J. Mallapur for purchasing of items viz., Ambu bag, BP apparatus, Chairs / Office table, Delivery Table, Thermometer, Kelly pad and charger lamp etc.

**6) Implementation of ASHA scheme:-**

- a) As reported, there are 830 villages in the district and all villages have been covered under the scheme in the district. 1214 ASHA were in position as against the targeted number of 1250 ASHAs in the district.
- b) All selected ASHAs have been trained in all modules by March, 2010 but drug kits were not provided to them.
- c) During 2009-10, an expenditure to the tune of Rs. 1,22,79,916 and during April to September 2010, an amount of Rs. 47,58,221 was incurred in the district towards payment to ASHAs for performances based remuneration.
- d) In the visited sub-centers, ASHAs were involved as member of VHSCs. 33 ASHAs were contacted in the visited area, and it was observed that they have received performance based remuneration. Drug kits were not provided to them.

**7. 24 hour delivery care system:-**

- a) In the district, all the 46 PHCs were identified to function as 24x7 Delivery Care institutions. Out of these, only 2 PHCs have 2 medical officers and all 46 centers have 3 staff nurses posted.
- b) During 2009-10 and 2010-11, all the PHCs have achieved the stipulated minimum norm of 10 deliveries per month.

- c) There was no separate budget released to these centres, except the budget to pay the salary to the contractual Staff Nurses.

**8) Physical infrastructure and Stock position:-**

**(i) CHCs:**

- a) Both the CHCs were functioning in Govt. building. There were no blood storage unit and anesthesia equipments.
- b) Dentist and X-Ray Technician were posted at CHC J. Mallapur though there was no dental chair and X-Ray plant. Baby radiant warmer and photo therapy were not available in this CHC.
- c) New born sick care unit was not established. Injection Arteether and Quinine were not available in both the CHCs.
- d) Residential quarters for 1 out of 5 sanctioned posts of MO and 4 Para-medical staff were available in CHC- J. Mallapur. In CHC Kavithala, Residential quarters for 3 Medical Officer and 8 Paramedical staff were available.

**PHC:-**

- a) It was found that PHC Kalmala was functioning in Govt. building and the infrastructure was not as per IPHS.
- b) It was observed that the residential quarters for MOs were not available. AYUSH Medical Officer was posted at the PHC. Stock of Oral Pill was not available.
- c) In PHC Kalmala, baby radiant warmer was not provided even though this centre was identified for 24X7 delivery care services.

**ii) Sub Centres:-**

- a) Gloves, DDK, sanitary Napkins, Co-Trimoxazole Tablets, Antiseptic Solution, EC Pills, Tab. Metranidazole, Tab. Oxitocin, and Cap. Ampicilin, Inj. Gentamycin and IFA Tab. were not available in most of the sub-centers.
- b) Cupboard, RDT kits, Hemoglobinometer, Ambu bag, Nishchay Pregnancy kit, delivery kit and Stem Sterilizers were lacking at 2-3 sub-centres.

**iv) IT infrastructure and mother and child tracking:-**

- a) Computer was available at the district headquarters. All 5 Blocks head quarters, 6 CHCs and 46 PHCs were also having computer in the district.
- b) Internet connectivity was provided to the systems available in the district and at 5 blocks. 3 out of 6 CHCs and 28 out of 46 PHCs were having internet connectivity also.
- c) It was reported that the data is available in hard copies at all levels and facilities were waiting for MCH tracking software from GOI for making data entry.

**9) Opinion and Knowledge of Community on Health Services:-**

- a) To assess knowledge and community satisfactions, 40 mothers having child up to one year old were interviewed in the area of the visited 4 sub-centers and found that most of them were happy with PNC services.
- b. 33 (82.5%) mothers had no knowledge about danger sign of ARI and 11 (27.5%) respondents did not have the knowledge on advantages and side effects of contraceptive methods. 34(85%) deliveries were institutional.
- c) 10 persons in each sub centres at J. Venkutapura, Marched and Devasuguru were interviewed for assessing their opinion about the work of MPW (M) and it was observed that they were not staying in the sub centre head quarters. However, their behavior, work towards attending health clinics/immunization session was found satisfactory.
- d) Public opinion was good on the services being rendered by the PHCs/CHCs visited by the team. Village leaders, ANC / PNC beneficiaries and others have all expressed satisfaction on the overall functioning of PHCs/CHCs.

**10. Maintenance of records and registers:-**

- a) Printed registers for Eligible couple, Immunisation, ANC / PNC and non-printed registers for sterilization cases, maintenance of Stock were available at visited PHCs / CHCs.
- b) Central IUD registers were not maintained at CHCs Kavithala and J. Mallapura.
- c) Stock registers for the items purchased under NRHM funds were not maintained at PHCs / SCs.

#### 4. District: Bellary:

### Major observations of Regional Evaluation Team, Bangalore about the Evaluation work in Bellary district of Karnataka State in Dec. 2010.

#### I. Details of the visited Institutions:

Districts Visited	PHCs /CHCs visited	HSCs Visited
Bellary	PHCs: Moka, Bellighatta and Karur	Vananuru, Hadalagi, Kakkuppe, Jarmale, H. Hosahalli and Darur.

#### II. Major observations:

##### 1) Health Human Resources:-

- a) In the district, 74 of the 240 sanctioned posts of Medical Officer, 5 out of 69 sanctioned posts of Pharmacist, 6 of the 74 posts of Lab Technician, 10 out of 80 MPH Worker (M) were lying vacant.
- b) In PHC Bellighatta, only sanctioned post of Medical Officer was vacant. AYUSH MO looks after all the activities of the PHC since August 2009. Only post each of Health Supervisor Male and Female and 7 of the 9 sanctioned posts of Health Worker (M) were lying vacant in the PHC.

##### 2) Functioning of Rogi Kalyan Samiti (RKS):-

- a) Rogi Kalyan Samiti has been formed in District Hospital, 8 CHCs and 55 PHCs in the district.
- b) RKS corpus, Annual Maintenance Grant (AMG) and untied funds provided to CHCs & PHCs are kept in their respective RKS accounts and expenditure incurred is given in the following table:

Type of fund	For CHCs for the year				For PHCs for the year			
	2009-10		April to Sept 2010		2009-10		April to Sept 2010	
	Budget Incl. opening balance	Expdr.	Budget Incl. opening balance	Expdr.	Budget Incl. opening balance	Expdr.	Budget Incl. opening balance	Expdr.

<b>Corpus fund</b>	1300000	690815	800000	331455	5100000	4403631	4696369	1392065
<b>AMG Fund</b>	1200000	1080850	819150	339497	367568	3346651	2740917	1741428
<b>Untied Fund</b>	400000	400000	400000	250000	1694007	1471783	1572224	817782

a) RKSs conduct meetings regularly and incur expenditure on the developmental activities of institution based on the decisions taken in the meetings.

### 3) Functioning of Village Health and Sanitation Committees (VHSC):

- a) In the district, 507 VHSCs were set up and Rs. 10,000 were allotted to each VHSC during 2009-10. It was reported that all VHSCs submitted SOE for 2009-10.
- b) VHSC funds to the extent of Rs. 66,45,141 including opening balance were available for the year 2009-10, out of it, an amount of Rs. 49,22,171 was utilized and the balance of Rs. 17,22,970 carried forward to the next year. During 2010-11, the district has spent Rs. 14,08,017 upto September, 2010 from its total available VHSC funds of Rs. 50,70,000.
- c) Rs. 10,000 was released to all the VHSCs in the visited SCs for 2009-10 and accounts were maintained by Anganwadi workers. During the current year, accounts are supposed to be maintained by ASHAs and the process of transforming the accounts books from Anganwadi to ASHA was under process.

### 4) Janani Suraksha Yojana (JSY):-

- a) 51478 deliveries were conducted during 2009-10 in the district and incentive paid to 21007 JSY beneficiaries during the period. In 2010-11 (Up to Nov'2010) 36068 deliveries reported in the district and 11675 mothers have been provided with cash assistance.
- b) The status of availability and utilization of funds during 2009-10 & 2010-11 is as follow:

	Particulars	Periods	
		2009-10	2010-11 (up to Nov, 2010)
	Opening balance of JSY fund	41,74,500	51,56,000
	Released during the year	1,53,25,500	1,00,00,000
	Total budget available	1,95,00,000	1,51,56,000
	Expenditure	1,43,44,000	81,55,800
	Balance	51,56,000	70,00,200

- c) The team visited 4 sub-centers and found that the JSY beneficiaries were fully paid and most of the funds provided to these centers were utilized during last two years.

- d) The team interviewed 35 JSY mothers in the district. All the beneficiaries stated that they have received full JSY cash incentive; MCH cards were issued to all and ANC / PNC visits were made by ANMs.

**5) Untied funds:-**

- a) CHC @ Rs. 50,000, PHC @ Rs 25,000 and Sub-centre @ Rs 10,000 are given as untied fund every year under this head. There are 8 CHCs, 55 PHCs and 252 sub-centers in the district. Status of untied funds at SC level is given below. Status of funds at CHC & PHC level is already given on page 6.

Sl. No.	Particulars of Untied fund at Sub-Centres	2009-10	2010-11 (Up to Sep. 2010)
1	Total Budget Available	4287625	2709960
2	Expenditure	3239082	901643
3	Balance	1048543	1808317

- b) In the visited 4 sub-centres, untied fund was given during last two years and also utilized for purchasing the items as per their requirements.

**6) Implementation of ASHA scheme:-**

- a) As reported, 1457 ASHAs were selected in the district till March, 2010. It was also reported that 524 villages out of total 554 villages were covered under the scheme and ASHAs were working there.
- b) As many as 1250 ASHAs were reported to have been trained in all modules till March, 2010 and drug kits distributed to them.
- c) During 2009-10, an expenditure of Rs. 86,95,554 and during April to September 2010, an amount of Rs. 17,26,780 was incurred in the district towards payment of performance based remuneration to ASHA. ASHA was also involved in the VHSC in the visited sub-centres.
- d) In the visited institutions, 28 ASHAs were contacted. All were trained but drug kits were not provided to some of the ASHAs during training. Performance based remuneration was paid regularly to them.

**7) 24 hour delivery care system:-**

- a) In the district, all the 55 PHCs were functioning as 24 hour delivery care institutions. 3 contractual Staff Nurses were posted in the visited PHCs. Only one MO was posted in PHCs at Bellighatta and Moka.
- b) Radiant warmer was not available in the PHCs at Bellighatta and Karur.
- c) Performance of conducting deliveries in the PHCs at Bellighatta, Karur and Moka was satisfactory during 2009-10 and 2010-11 (up to Nov., 2010).

**8) Physical infrastructure and Stock position:-**

**i) PHCs:**

- a) PHC visited at Bellighatta, Moka, Karur were functioning in Govt. buildings. OT was not functional in PHC Bellighatta.
- b) Residential quarters for doctors were available in all the visited PHCs.
- c) AYUSH Medical Officer under Ayurvedic segment was posted in PHC Bellighatta. AYUSH Medical Officers, were not posted in PHCs Karur and Moka.

**ii) Sub Centers:**

- a) Sub Centers visited at Vananuru, Hadalgi and Jarmale were functioning in Govt. building. SC Kakkuppe was functioning in rent free building. Labour room was available at all the SCs except SC Kakkuppe. Tap water was available in the SCs.
- b) Steam Sterilizer, Haemoglobinometer, RDT kit for malaria, IUD insertion kit were not available in the visited Sub centers. Delivery kit was available at all the Sub centers except Sub center Vananuru. Examination table was available at all the visited Sub Centers except Sub Center Hadalgi. Nischay Pregnancy Kit was available at Sub Centers Vananuru and Hadalgi.
- c) Tab.Oxitocin and Inj. Gentamycin, EC Pills were not available at all the visited Sub-Centers. DDK, Sanitary Napkins were not available at Sub- Centers except SC Vananuru. Cap. Ampicillin was available at visited all SC except SC Kakkuppe.

**iii) IT infrastructure and Mother and Child Tracking System:**

- a) Computer was available at the district headquarters, all 7 Blocks head quarters, 8 CHCs and at 55 PHCs.
- b) Internet connectivity was provided to the systems available in district, 8 blocks, 8 CHCs and 52 out of 55 PHCs.
- c) It was reported that the Hard Copies of data available with PHC/Block level and the facilities were waiting for MCH tracking software from GOI for making data entry.

**9) Opinion and Knowledge of Community on Health Services:-**

- a) 40 mothers having child up to one year age were interviewed to assess the knowledge and opinion about the services rendered by ANMs in 4 visited sub-Centres areas.
- b) 34 (85%) mothers had no knowledge about danger signs of ARI and 9 (22.5%) respondents have no knowledge on advantages and side effects of contraceptive methods. 75% deliveries were institutional.
- c) 10 persons were contacted in two SCs to know the opinion about the work of health workers and respondent expressed their satisfaction towards the work of MPW(M).
- d) Public opinion was good on the services being rendered by the PHCs/CHCs visited by the team. Villagers and ANC/PNC beneficiaries have all expressed satisfaction on the overall functioning of PHCs/CHCs.

**10) Maintenance of records and registers at SC level:-**

- a) Printed registers for Eligible Couple, Monthly report format, JSY registration Cards, Immunization ANC/PNC cards were available at all visited SCs.
- b) Immunization & Maternal and Child Care, Mother and child tracking formats, cash book for untied fund were not available at any SCs.
- c) Stock Registers were maintained at SC Vananuru except SCs Hadalgi, Kakkuppe, Jarmale.
- d) The reported figures of IUD could not be verified due to non-maintenance of service registers in the visited centres in the district.

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## 5. District Koppal:

Major observations of Regional Evaluation Team, Bengaluru about the Evaluation work in Koppal district of Karnataka State in Nov. 2010.

### I. Details of the visited Institutions:

Districts Visited	PHCs /CHCs visited	SCs Visited
Koppal	CHC: Kukanoor PHCs: Beroor and Ginigera	Beroor, Muradi, Hosalingapur, Karkehalli, Rajura and Yediyapur.

### II. Major observations:

#### 1. Health Human Resources:

- b) In the district, 19 of the 47 sanctioned posts of Medical Officer, 62 of the 108 sanctioned posts of Staff Nurses, 14 of the 34 sanctioned posts of MPH Supervisor (M), 13 out of the 63 sanctioned posts of Pharmacist, 90 of the 169 sanctioned posts of Multi Purpose Health Worker (M) and 35 of the 185 sanctioned Multi Purpose Health Worker (F) posts were vacant.
- c) In CHCs and Taluk Hospitals most of the specialists posts were vacant. All 9 posts of Physicians, 9 of the 12 posts of surgeon, 10 of the 13 posts of Gynecologists, 7 of the 9 posts of Pediatricians and 4 out of 7 sanctioned posts of Dental Medical Officers were lying unfilled in the district.
- d) In the visited CHCs and PHCs mostly staff position was satisfactory. However, only post each of Physician, Surgeon, Gynecology and Anesthetist were vacant in CHC Kuanoor. It was reported that one Doctor with EmOC and one Doctor LSAS trained were working against the vacant post of Gynecologist and Anesthetist in the CHC. One post of MPW (M) in PHCs Beroor and Ginigera was lying vacant.

#### 1. Functioning of Rogi Kalyan Samiti (RKS) :

- a) Rogi Kalyan Samiti has been formed in the Distt. Hospital, 9 CHCs and 42 PHCs in the district.
- b) Details of funds available and expenditure at CHCs & PHCs in the District are given in the following table.

(in Rs)

	For CHCs for the year				For PHCs for the year			
	2009-10		2010-11 (April –Sept.)		2009-10		2010-11 (April –Sept.)	
	Budget*	Expdr.	Budget*	Expdr.	Budget*	Expdr.	Budget*	Expdr.
Corpus fund	518974	516437	502537	105747	3518332	3423119	2282713	398103
AMG Fund	1005798	998960	506838	71691	1700000	1685459	1027041	157335
Untied fund	602003	480839	371164	23255	1144209	1128964	577745	79146

\* Budget includes the opening balance

- c) In visited CHC Kukanoor and PHC at Ginegera, funds were utilized as per guidelines on developmental activities of the hospitals, such as buying Radiant warmer, oxygen cylinder, medical lab equipments, computer trolley, furniture like instrument trolley, bedside screens, ceiling fans etc during 2009-10 and 2010-11.

### 3. Functioning of Village health Sanitation Committees (VHSC):

- a) As reported, 596 VHSCs were set up upto 2009-10 in the district and every year Rs. 10,000 are allotted to each VHSC. The funds are operated jointly by FMPHW (ANM) and Sarpanch of Gram Panchayat. All VHSCs have ASHA as member
- b) VHSC funds to the extent of Rs. 11,83,780 was available for the year 2009-10 in the district. Out of it only Rs.17, 9, 124 was spent during the year. Similarly, Rs. 69,49,656 was available for the year 2010-11 in the district and only Rs.1,57,579 were spent during the year up to Sept. 2010.
- c) In the visited sub-centers at Hosalingpur, Karkehalli, Rajura and Yeiypur, VHSC funds to the tune of Rs. 10,000 each were released in 2009-10 and 2010-11 and amount was spent fully by these centres in 2009-10. VHSC at Karkehalli has spent Rs. 5000 during 2010-11 and Rs. 10,000 in 2009-10 for which details of expenditure records were not available.

### 4. Janani Suraksha Yojana (JSY)

- d) It has been reported that 29949 deliveries were conducted during 2009-10 in the district and JSY payments were made to 32621 beneficiaries. Similarly, 12510 deliveries were conducted during 2010-11 in the district and JSY payments were made to 1805 beneficiaries till Sept 2010 during 2010-11. Budget to the tune of Rs. 1,51,83,891 was spent in the year 2009-10 and Rs. 55,11,893 (upto Sept. 2010 ) was spent in 2010-11 towards payments of JSY cash incentive to the beneficiaries in the district. It was observed that JSY beneficiaries to whom incentive were paid are a few thousand more than the number of deliveries in the District for the year 2009-10. In any case, paid cases should not be more than total deliveries conducted in the year and previous backlog cases.

- e) The average expenditure per case should fall in between the range of minimum incentive of Rs. 500 and maximum Rs. 1500 but actual average (per case) expenditure work out to be less than Rs. 500 for the year 2009-10.
- f) In the visited Sub Centers, no pending JSY beneficiary was found for cash incentive in 2009-10 and in the year 2010-11 (upto 9/10) .
- g) In SC Hosalingapur, (PHC Gingira), the expenditure to the tune of Rs. 1,40,400 was shown for 103 JSY beneficiaries in the year 2009-10 as per bank pass book maintained at the SC. However on verification, it was observed that 21 beneficiaries @ Rupees 1500 to each (total amount Rs. 31500) and 82 beneficiaries @ Rs. 700 to each (total amount Rs. 57400) were paid with a total expenditure of Rs. 88,900 implying thereby that an excess amount of Rs. 43025 is withdrawn from the bank which should be available with the SC during 2009-10. This matter may be looked into by the district authorities.
- h) During Sample check, 30 contacted JSY beneficiaries stated that they received full JSY cash incentive; MCH cards were issued to all and ANC/PNC visits were made by ANMs/ASHAs.

**5. Untied funds:**

- a) CHC @ Rs. 50,000, PHC @ 25,000 and Sub-centre @ Rs 10,000 are given as untied fund every year. Details of the funds available at district level and expenditure incurred are given below as reported:

S. no.	Particulars	2009-10			2010-11 (Up to June)		
		Sub Centers	CHCs	PHCs	Sub Centers	CHCs	PHCs
	Total Budget Available	110000	6020032	1144209	1288777	371164	577745
	Expenditure	110000	480839	1128964	142139	23255	79146

- b) In the year 2008-09 , Untied funds to the tune of Rs. 29,30,000 had been released to the district for 173 sub centres. The total budget of Rs. 52, 63,092 including opening balance of Rs. 23, 33,092 was available with the district in 2008-09 . The district office should not have released any budget to sub centres as there was huge opening balance. Going by united funds guidelines, each SC can incur the expenditure of upto Rs. 10,000 per year. Accordingly, an amount of Rs. 17, 30,000 would have been sufficient for the whole year, more than this amount was already lying as opening balance. At

the end of 2008-09 entire fund was booked as expenditure by the district office without collecting the expenditure statement from peripheral SCs. As per this statement average expenditure per SC comes out to be Rs. 30422 which is 3 times of the expected average expenditure of Rs. 10,000 per SC. During the year 2009-10 average expenditure works out to be Rs. 578 per SC. This shows that there is no monitoring on the pattern of untied funds expenditure in the district.

- c) In the SCs visited, untied funds and Annual Maintenance Grant (AMG) were being released and utilized. The AMG of Rs. 10,000 was also released to the sub-centres functioning in rented building.

#### **6. Services of ASHA:**

- a) In the district, 908 ASHAs were selected, trained and provided with drug kits upto the end of 2009-10. It was reported to the inducted 235 new ASHAs in 2010-11.
- b) During 2009-10, Rs. 87,82,217 was spent towards payment of work based incentive to ASHAs and during 2010-11 till Sept '10 an amount of Rs. 53,30,725 was also spent under the Scheme.
- c) In the visited Sub-Centers, as per villagers of the centres, ASHA were functioning as a member of the VHSCs. 57 ASHAs were contacted in three SC area and all of them were working and were being paid performance based remuneration regularly. In Sub centre area of PHC Ginegera, ASHA remuneration was being paid once in 3-4 months.

#### **7. 24 hour delivery care system:**

- d) In the district, up to March 2010, 30 of total 42 PHCs were functioning as 24 hour delivery care institutions. In 2010-11, 39 out of the 42 PHC were identified to work round the clock.
- b) During 2009-10, 28 out of 30 PHCs achieved the stipulated minimum of 10 deliveries per month. During April to Oct. 2010, 9 of the 39 were not performing at least 10 deliveries as expected in a month.
- c) Staff position in these centres was not available at the district office. 2 medical officers and at least 3 staff nurses are required in each 24X7 delivery care centres to maintain the quality of the services. In CHC Kukanoor, new born sick care unit was not set up under the scheme.

#### **8. Physical infrastructure and Stock position:**

##### **(ii) CHC:**

- a) CHC at Kukanoor, was functioning in Govt. building which was not as per IPHS standard. Blood storage unit and X-Ray Plant was not available there.
- b) Injection Artheether and Quinine were not available.
- c) Staff quarters for 2 of the 4 sanctioned posts of doctors and 18 para medical staff were provided.

(iii) **PHC:**

- e) PHC at Gingera was functioning in Govt. building, though not as per IPHS. Residential quarters for MOs were not available. AYUSH Medical Officer was posted.
- f) Stock of Oral Pill was not there in this PHC from April to Sept. 2010.

**iii) Sub Centres**

- a) Sub Centres at Hosalingapur, Karkehalli, Rajura and Yediyapur were visited and it was found that Labor room was not available at any of the SCs. SC Karkehalli and SC Yediyapur were functioning in ANM quarters which were very small with only two rooms for staying and running the centre without additional space / facility for conducting deliveries/clinic. These buildings need repair of roofs and compound walls.
- b) Examination table, , delivery table, McIntch sheets, Ambu bag/suction , delivery kit, RDT kit for malaria, torch, weighing machine and BP apparatus were not available in most of the visited sub-centers.
- c) DDKs, Kerosine oil, Co-Triomoxazole tablets, Tab. IFA, sanitary napkins, EC Pills, Tab Chloroquine, TabMetranidazole, Cap Ampicillin , Tab Oxitoxin and Inj. Gentamycine etc were not in stock at the centres.

**iv) IT infrastructure and mother and child tracking:**

- a) 5 computers were installed at the district headquarters. All 4 blocks head quarters, 9 CHCs and 28 out of 42 PHCs were having computer in the district.
- b) Internet connectivity was provided to the systems available at district, blocks , CHCs and PHCs.
- c) It was reported that the data is available in hard copies at all levels and facilities were waiting for MCH tracking software from GOI for making data entry.

**9. Opinion and Knowledge of Community on Health Services:**

- a) To assess knowledge and community satisfactions, 40 mothers having child upto one year age were interviewed in the area of the visited 4 sub-centers and found that most of them were happy with PNC services.
- b) 31 (77.5)% respondents were not aware about danger sign of ARI and only 10 (25%) mothers did not have the knowledge about advantages and side effects of contraceptive uses.
- c) 10 persons in the sub-centre area of SC Rajpura were interviewed. All of them expressed their satisfaction towards the work of MPW(M) .
- d) Public opinion was good on the services being rendered by the PHCs/CHCs visited by the team. Villagers expressed satisfaction on the overall functioning of PHCs.

**10. Maintenance of records and registers at SC level:**

- a) Most of the service registers for FW Programmes were in printed form except Monthly Reporting formats and Mother and Child tracking Formats. Though printed forms /registers were not supplied, non printed registers /Photostat copies of forms were maintained at SCs visited.
- b) Due to absence of IUD register at the reporting units, reported cases could not be verified.

**11. Other Observations and suggestions:**

- a) JSY paid beneficiaries were more than the total number of deliveries reported in the district for 2008-09 and 2009-10 . In any case, paid cases should not be more than the total deliveries because 3<sup>rd</sup> or higher order births and mothers of APL category are not eligible for JSY incentive. There were 30226 paid JSY beneficiaries in 2008-09 and 32621 in 2009-10 as against the total deliveries 26927 and 29949 respectively.
- b) Number of ANC Registered is quite high compared to number of deliveries in the district. The total deliveries reported in 2008-09 and 2009-10 were 26927 and 29949 respectively. Where as total no. of ANC Registered were 31175 and 34031 respectively during 2008-09 and 2009-10. ANC Registrations need to be streamlined.

## 6. District Gadag:

**Major observations of Regional Evaluation Team, Bangaluru about the Evaluation work in Gadag district of Karnataka State in Nov. 2010.**

### III. Details of the visited Institutions:

Districts Visited	PHCs /CHCs visited	SCs Visited
Gadag	PHC: Naregal, Jagapu and Lakkundi.	Naregal A & B, Jagapur, Banahatti, Surakoda, Sambapura and Adavi Somapura

### II. Major observations:

#### . Health Human Resources:

- a). In the district, 9 posts of Medical Officer out of sanctioned strength of 45, 72 out of 99 posts of Nursing sisters (regular), 10 out of 29 MPH Supervisor (Male), 6 out of 44 Pharmacist, 11 out of 20 posts of staff nurse, 5 out of 26 post of LHV, 6 out of 43 posts of Lab technician, 11 out of 107 posts of MPH Worker (Male) and 33 of the 185 sanctioned posts of MPH Worker (Female) were lying vacant.
- b). In CHCs and Taluk Hospitals most of the specialist's posts were vacant. 2 out of 6 posts of Physicians, 2 out of 5 posts of surgeons, 3 out of 4 posts of Gynecologists, all 4 posts of Pediatricians, all posts of Anesthetists and all posts of ENT Specialists were vacant in the district.
- c). In the visited PHC Naregal, out of the 5 sanctioned posts of ANMs, only 1 ANM was working there. In PHC Lakkundi one out of 2 Medical officer and on sanctioned post of Block Health Educator was lying vacant. In PHC Jagapu only post of First Division Assistant, Male supervisor, Block health educator and 2 of 3 posts of health worker were vacant.

#### 2. Functioning of Rogi Kalyan Samiti (RKS) :

- a) Rogi Kalyan Samiti has been formed in Distt. Hospital, 2 CHCs, and 35 PHCs in the district.
- b) Details of RKS funds available and expenditure concurred at CHCs & PHCs in the

District is given in the following table:

Category	CHCs				PHCs			
	2009-10		April to Sept 2010		2009-10		April to Sept 2010	
	Budget *	Expdr.	Budget*	Expdr.	Budget*	Expdr.	Budget*	Expdr.
Corpus fund	1009419	705919	378058	369710	2500000	2120124	2568837	402053
AMG Fund	823419	750538	600000	404744	2842900	2619033	1522788	237835
Untied fund	505855	390675	321780	129045	1585683	1374214	875000	176829

\* Includes opening balance

- c) In visited PHC at Jagapur, RKS expenditure was not as per the guidelines. A major deviation was observed. During 2008-09 a total of Rs. 78145 ie. Rs 38, 145 was withdrawn from RKS funds for PHC and another Rs. 40,000 was withdrawn from Sub Center untied funds and paid to Electricity Board for setting new connection, for erecting 4 poles and meter fixing charges. Actually this was a newly constructed building and the work was supposed to be done by building contractor. Instead, RKS and Sub centre funds have been utilized for the purpose.

3) **Functioning of Village Health and Sanitation Committees (VHSC):**

- a) In the district, 333 VHSCs were set up upto 2009-10 and every year Rs. 10,000 are allotted to each VHSC. 130 VHSCs funded during 2009-10 in the district. This fund is operated jointly by Anganwadi worker and Sarpanch of Gram Panchayat.
- b) Major lapses were observed in accounting procedure under VHSC funds. The total budget available for VHSC funds was of Rs. 33,90,000. The entire amount was booked as expenditure during 2008-09. The actual expenditure incurred by all the VHSCs was only Rs. 16,98,593 . Thus a over booking of expenditure to the tune of Rs. 16,91,407 was observed. For adjusting the overbooking of expenditure in previous year i.e., 2008-09, zero expenditure was shown during 2009-10 by the district office, though many peripheral VHSCs reported expenditure during 2009-10.
- c) Funds for 2010-11 were not released to the VHSC in the visited SCs,. till the month of visit by the team. From current year i.e. 2010-11, ASHA has to maintain the accounts instead of Anganwadi worker in previous year.

4. **Janani Suraksha Yojana (JSY)**

- a) It was reported that, 19254 deliveries were conducted during 2009-10 in the district and JSY Payment was made to 11953 beneficiaries during the period. In 2010-11 (Upto

Sept'10. ) 7693 deliveries were conducted in the district and JSY Payment was made to 5719 beneficiaries during the period.

- b) It was reported that a total budget of Rs. 96,25,033 was available in the district out of it an expenditure of Rs. 84,68,763 was incurred in the year 2009-10. Out of the amount of Rs. 75, 31, 270 available for 2010-11, Rs. 42,59,606 was spent during 2010-11 (Up to Sept. 10)
- c) In the visited sub-centres all the beneficiaries of JSY were given cash incentives during last two years. This amount paid directly to the beneficiary by MO of the concerned PHC.
- d) During Sample check, 28 JSY beneficiaries who were contacted in the district stated that they received full JSY cash incentive; MCH cards were issued to all and ANC/PNC visits were made by ANMs.

**5. Untied funds:**

- a) CHC @ Rs. 50,000, PHC @Rs. 25,000 Sub-centre @ Rs 10,000 and VHSC @ Rs. 10,000 are given every year under this head for strengthening the services in the district. The details of budgetary provision to whole of the district for CHC, PHC and SHC was reported as under.

Sl. No.	Particulars	2009-10			2010-11 (Up to Sept)		
		Sub Centers	CHCs	PHCs	Sub Centers	CHCs	PHCs
	Total Budget Available	1720083	505855	1585683	1720083	321780	875000
	Expenditure	0	390675	1374214	161920	129045	176829
	Balance	1720083	115180	211469	1558163	192735	698171

- g) **Deviations from the normal practice of spending these funds are reported .**
  - i) Untied Fund to the extent of Rs. 36,60,000 including opening balance of Rs. 17,80,000 was available for the sub-centre in the year 2008-09 in the district, out of it Rs. 36,50,000 was reported to have been spent during the year where as the actual expenditure was only Rs. 14,71,084. The distt. office booked heavy expenditure, during the year 2008-09 and to adjust it zero expenditure was shown for 2009-10. Whereas the

visiting team found that many peripheral SCs reported considerable expenditure during 2009-10. This is a major lapse in accounting procedure.

- ii In the sub-centres of PHC Naregal, health committees have not passed any resolutions for individual needs of their SCs. The Taluk Health Officer made centralized purchasing after drawing bulk money at one point for all the sub-centres. All the SCs have shown having spent uniform amount of Rs. 7255 on drugs. These drugs were not usable and not required at SC level. No cash books were maintained at SC level.
- iii The sub-centres where the post of ANM is lying vacant for more than a year are also allotted untied funds, where there is no ANM in the center who will utilize the fund. In Naregal PHC, 2 ANMs are posted for 5 SCs .
- iv It was also observed that for 4 sub-centres withdrawal was made on the last day of the financial year 2009-10. Distt. Level programme officers should monitor monthly / quarterly expenditure and the pattern of during financial year.

**6. Services of ASHA:**

- a) As per the target, 660 ASHAs were selected, and provided with drug kits upto the end of 2009-10 in the district . While all the selected ASHAs were working, 526 out of them were trained in all Modules upto the end of 2010. No new ASHAs were proposed for 2010-11.
- b) During 2009-10, Rs. 11, 84,678 was spent towards payment of work based incentive to ASHAs and during 2010-11 (April to Sept.), an expenditure of Rs. 39, 15,512 was incurred towards payment of remuneration to ASHAs in the district.
- c) In the visited institutions, 32 ASHAs were contacted, all of them were working and were being paid regularly. Almost all the villages of Sub-centres were having required number of ASHAs.

**7. 24 hour delivery care system:**

- a) In the district, 20 of total 37 PHCs were functioning as 24 hour delivery care institutions. Two of them had two MOs. All of them had 3 Staff Nurses in position. There was no separate budget released for these centres, except salary to contractual staff nurses.
- b) During 2009-2010, 5 of the total 20 PHCs functioning as 24x7 service centres, did not achieve the stipulated minimum of 10 deliveries per month.

**8. Physical infrastructure and Stock position:**

- (i) **PHCs**

6. PHCs visited at Jagapu and Lakkundi were functioning in Govt. buildings. OT was not functional in these PHCs. Toilets were very dirty and not usable at PHC Lakkundi.
- b) Residential quarters for doctors were not available in PHC Jagapu. In PHC Lakkundi it was available.
- c) AYUSH MO was not in position at PHC Lakkundi and this post is filled up at PHC Jagapu but MO was deputed to other PHC.
- d) Vehicle was not available at both the PHCs.

**ii) Sub Centres**

- a) Sub centres visited at Surakoda, Sambapura were functioning in Govt. buildings and SCs at Banahatti and Somapura were functioning in Rented buildings.
- b) Labour room was functional at Surakoda and Sambapura but no delivery was conducted at in this HSC in last 3 months.
- c) Examination table, delivery table, McIntch sheets and Ambu bag/suction, Delivery Kit, RDT kit for malaria, Weighing Machine, Heamoglobinometer and BP apparatus were not available in most of the visited sub-centers in the district.
- d) Most of the visited sub-centres had no supply of Thermometer, DDKs, Kerosine oil, Co-Triomoxazole tablets, Tab. IFA, Sanitary Napkins, EC Pills, Tab Chloroquine, Tab Metranidazole, Cap Ampicillin, Tab Oxitoxin and Inj. Gentamycine etc.

**9. Opinion and Knowledge of Community on Health Services:**

- a) To assess knowledge and community satisfactions, 40 mothers having last child upto one year old were interviewed in the area of 4 sub-centres and found that most of them were happy with PNC services.
- b) 36 (90) % respondents were not aware about danger sign of ARI and 10 (25%) mothers did not have the knowledge about advantages and side effects of contraceptive uses. Deliveries of 31 (77.5%) mothers were conducted at Govt. or private institutions.
- c) 10 persons in the area of two sub-centres at SC Sambpura and Adavi Somapura were interviewed. All of them have expressed their satisfaction towards the work of MPW (M).
- d) Public opinion was good on the services being rendered by the PHCs/CHCs visited by the team. Villagers expressed satisfaction on the overall functioning of PHCs.

**10. Maintenance of records and registers at SC level:**

- a) Printed central registers for Sterilization and IUD were maintained at the visited PHCs and IUD consolidated registers were maintained at PHCs visited.
- b) Stock Registers were not maintained at PHC/SCs. Follow up entries were not made for sterilization/IUD cases in the register.

## **11. Other Observations**

a) PHC Jagarpur was designated as 24X7 centre with effect from Sept. 2010. Two medical officers (1 AYUSH) and three Contractual staff nurses were posted in Sept. 2010. Facilities are yet to be created. Newly constructed PHC building was handed over in July 2010 ; PHC has no approach road. As the building is located in an agricultural field, it has no accessibility for about 1 KM. During rainy season even a healthy person cannot walk to PHC leave alone the pregnant women.

b) In the visited sub-centres the following observations are made on the expenditure pattern of Untied Funds:

- i. Within a span of 2 months in the last quarter of the year large part of the fund is spent.
- ii Dates of withdrawals of funds are more or less the same for many sub centres.
- iii Upto the year of 2008-09, majority of the SC have not utilized the funds.
- iv. Centralized purchasing was made without taking into consideration the needs of individual.
- v. Panic and pressurized spending pattern, often guided by the taluk level and distt. Level office at the tail end of financial year.

## 7. District Haveri:

### Major observations of Regional Evaluation Team (RET), Bangaluru about the Evaluation work in Haveri District of Karnataka State in January, 2011.

Districts Visited	PHCs visited	SCs Visited
Haveri	PHCs: Kod, Shankripura and Negalur.	Hullathi, Thavargi, Motebennur-A, Motebennur-B, Basapura and Havanur.

## II. Major observations:

### 1. Human resources:- .

- a) There was acute shortage of Medical Officers and Para-medical staff in the district. 89 of the 184 sanctioned posts of Medical officer, 104 of the 167 sanctioned posts of Staff Nurse, 8 of the 43 sanctioned posts of LHV, 21 of the 40 sanctioned posts of Male Supervisor, 6 of the 81 sanctioned posts of Pharmacist, 7 of the 53 sanctioned posts of Lab Technician, 84 of the 205 sanctioned posts of MPH (Male) and 7 of the sanctioned 321 posts of MPH (Female) /ANM were vacant in the district.
- b) The required manpower in Block Programme Management Units ( BPMU) was in position. District Programme Officers are in position.
- c) In PHC Khod, 1 Medical Officer was reported to be on unauthorized absence since July, 2010. One post of Medical Officer in PHCs Negalur and Shankripura was vacant.

### 2. Janani Suraksha Yojna (JSY):-

- a) Women belonging to BPL, SC, ST category family is eligible for JSY payments for their first two deliveries. The rates of institutional delivery are Rs. 700 per case for rural area, Rs. 600 per delivery in urban area. Rs. 1500 per case for caesarean delivery in private institutions are also given. For home delivery, mothers are entitled for incentive @ Rs. 500.
- b) 22,575 deliveries in the year 2009-10 and 16,925 deliveries in 2010-11 ( up to Oct.10) were conducted in the district. It was reported that 18774 beneficiaries in 2009-10 and 12,809 in the year 2010-11 (up to Oct.10) were assisted with incentives under the scheme.

- c) There were sufficient funds available under JSY head in the district. It was reported that the budget to the tune of Rs. 1,44,60,612 including an amount of Rs. 36,52,868 as opening balance was available in 2009-10 and the funds to the tune of Rs. 1,95,69,672 (including Rs. 8,17,672 as opening balance ) was available during 2010-11 in the district. The district incurred expenditure to the tune of Rs.1,36,42, 940 in 2009-10 and Rs. 94,01,781 in 2010-11 (up to Oct.10) under the scheme.
- d) During visit to the Sub centres, it was found that all the eligible beneficiaries had been paid with cash incentives during 2009-10 and 2010-11 and no pending cases were reported in any Sub centre. It was also observed that no amount was released to the sub centres in this regard and the JSY amount was paid directly to the beneficiaries by concerned MO of PHC.
- e) During field verification, it was observed that all 30 JSY mothers contacted had received 3 ANC checkups and also full JSY cash incentive in time. Follow up visits were made by the ASHA/ ANM after delivery and the concerned records were maintained properly; JSY cards were issued to all the beneficiaries.

### 3) Untied Fund:-

- a) As reported, status of the availability budget and utilization of the same in the district under the head is as under:

Sl. No	Particulars	Budget for CHCs		Budget for PHCs		Budget for HSCs	
		2009-10	April to Nov 2011	2009-10	April to Nov 2011	2009-10	April to Nov 2011
1	Opening Balance of Untied fund	1,46,278	3,475	6,63,209	52,819	1,60,000	21,70,000
2	Released during the year	1,08,722	2,46,525	9,32,800	14,97,181	20,10,000	6,80,000
3	Total budget available (incl interest earned )	2,68,860	2,50,049	15,96,009	15,50,000	21,70,000	28,50,000
4	Expenditure	2,65,385	1,93,518	15,43,190	8,59,858	0	12,67,065
5	Balance	3,475	56,531	52,819	6,90,142	21,70,000	15,82,935

- b) Untied funds @ Rs. 10,000 to each HSC, @Rs. 25,000 to each PHC and @ Rs. 50,000 to each CHC are given per year. Funds were released to the Sub Centres for the year 2010-11 up to the month of January, 2011. The whole funds including corpus and AMG are kept at the disposal of RKS at PHC / CHC level.
- c) It was observed that untied funds were utilized to purchase items such as registers / records; first aid kits to schools, chairs, table, racks, cupboard, drugs, ambu bag, drip stand, over head water tank (syntax), stationery and labour cot in the visited sub centres. Besides this, untied funds were also utilized for transportation of high risk delivery cases, remuneration to ASHAs for conducting house hold survey, taking Xerox copies of reporting formats and for conducting village health & nutrition day etc.

#### 4. Rogi Kalyan Samiti (RKS):-

- d) Rogi Kalyan Samiti (RKS) had been registered in 6 CHCs, 84 PHCs and District Hospital in the District.
- e) RKS Funds to the tune of Rs. 2, 50,000 at CHC level, Rs. 1,75,000 at PHC level and Rs. 5,00,000 at DH level were being provided every year. These funds includes RKS corpus fund, AMG fund and untied funds at CHC/ PHC level. All these funds are kept at the disposal of RKS and after taking the approval in RKS meetings, the institutes utilize the funds on developmental activities relating to health care.
- f) Status of RKS funds in whole of the district are given in the following table:

Type of fund	Budget for CHCs				Budget for PHCs			
	2009-10		04/10to 11/10		2009-10		04/10to 11/10	
	Budget	Exp.	Budget	Exp.	Budget	Exp.	Budget	Exp.
Corpus Funds	5,51,657	5,38,814	5,02,155	4,31,997	59,03,000	58,03,443	62,01,569	35,34,391
AMG Funds	5,01,222	4,93,885	5,00,000	3,08,159	34,19,634	32,28,410	32,56,925	17,46,094
Untied Funds	2,68,860	2,65,385	2,50,049	1,93,518	15,96,009	15,43,190	15,50,000	8,59,858

- g) During visit to the PHCs at Khod and Shankripura, it was observed that the available funds were sufficient during last two years and the funds were spent on purchase of Labour cot, water filter, medical equipment, electrical goods, surgical equipments, stationery items, wheel chair, dressing drum, RPR kit for syphilis detection, blood-grouping solution, glucomeeter strips, battery strips, RO water purifier etc.

## **5. Services of ASHA :-**

- a) In the district, 1,119 ASHAs were selected in 2009-10. All were trained and provided with drug kits. 104 new ASHAs were proposed to be inducted during 2010-11.
- b) During 2009-10, an expenditure to the tune of Rs. 35,65,744 was incurred and during April to November 2010, Rs.77,81,072 were spent in the district towards payment of performance based remuneration to ASHAs.
- c) In the visited Sub-Centres, all villages were having ASHAs. 23 ASHAs were contacted, all were trained and received drug kits and Performance based remuneration was being received by them regularly.

## **6. Functioning of Village Health & Sanitation Committees (VHSC):-**

- f) In the district all 698 revenue Villages were having VHSCs. Every year Rs. 10,000 was allotted to each VHSC which was being kept in the bank account operated jointly by the Aganwadi worker and Sarpanch of Village Gram Panchayat. From the current year 2010-11, ASHA would replace Aganwadi worker to maintain the account of VHSC fund.
- g) In the visited Sub-Centres, VHSC fund to the tune of Rs. 10,000 each was released only in 2009-10 and funds for 2010-11 were not released. More than 50% of the allotted fund were not utilized in the visited HSCs in this regard.

## **7. 24 x 7 hours delivery care System:-**

- a) In the district, 37 of the total 68 PHCs were identified to work as 24X7 delivery care institutions. Of these 37 centres, only 4 PHCs had 2 Medical Officers, and 3 Staff Nurses were posted in 31 PHCs.
- b) No separate budget was released to these centres, except salary funds for the contractual staff nurses.
- c) During 2009-10, 11 of the 37 PHCs and during 2010-11, 6 of the 30 PHCs could not even achieve the stipulated minimum 10 deliveries per month under this scheme.

## **8. Physical Infrastructure and Stock Position:-**

### **i) PHC**

- a) PHC, Khod and PHC, Shankaripura were functioning in Govt. buildings. Facilities were not available there as per IPHS. Power backup was available in both the PHCs but vehicle was not available.
- b) Medical officer under AYUSH was not posted in PHC Shankaripura. Residential quarter for Medical Officer needed repairs in both the PHCs. Oral Pills were not available in PHC Khod.

**ii) Sub Centres:**

- f) Sub centres visited at Thavargi, Motebennur-A and Motebennur-B were functioning in Govt. building, and SC at Hullathi in rent free building.
- g) Labour room was not available in any visited SC except Motebennur-B SC.
- h) ANMs were staying in Sub centre except SC at Hullathi.
- i) Regular water supply was not available in the visited HSCs.
- j) Examination table was not available at Hullathi and Thavargi SCs. Cup board for drugs were not available at Thavargi, Motebennur- A & B SCs. Steam sterilizer were not available at Hullathi, Thavargi and Motebennur-A SCs. RDT kit for Malaria, Stove, Haemoglobinometer were not available at the visited SCs. Delivery table, McIntsh sheets, Nischay pregnancy test kit were not available at Hullathi.
- k) DDK, Sanitary napkins, Cap. Ampicillin, Inj. Gentamycin and kits A & B were not available in the visited SCs. Kerosene oil / gas, Tab. Oxitocin and Cap. Ampicillin were not available at Hullathi, Thavargi and Motebennur-A SCs. Co-trimoxazole tablets and IFA Tab. were not available at Hullathi & Thavargi SCs. IUDs, OP cycles, and Chlorine solution were not available at Hullathi SC. EC pills, Condoms and Antiseptic solution were not available at Motebennur-A SC.

**9) Community Satisfaction and opinion on Health Services:-**

- a) As many as 40 mothers were interviewed in the area of 4 Sub centers visited in the district to assess their knowledge and opinion on the services provided by the ANMs.
- b) 30 (75.0%) mothers had no knowledge on danger signs of ARI and 9 (22.5%) mothers had no knowledge on advantages and side effects of contraceptive methods. 37 of 40 (93% ) deliveries were institutional.
- c) The team found that the opinion of the community about the services provided by the MPW (M) was satisfactory at the visited centres.
- d) Public opinion was good on the services being rendered by the PHCs visited by the team. village leader, ANC / PNC beneficiaries and others expressed good opinion on the overall functioning of PHCs.

**10) Sample Verification of FW Acceptors:-**

77 Family Welfare acceptors were selected for sample verification and out of them 61 (79.2%) could be contacted. Minor discrepancy in the recorded age of acceptor, age of spouse, total No. of children and No. of male children was found during sample check.

Most of the acceptors reported to have received services and compensation money in cases of sterilization operation.

**11) IT infrastructure & Mother and child (MCH) tracking :-**

- a) There were Computer installed with Internet connectivity in district head quarter, all 7 blocks head quarter and all 5 CHCs in the district. It was reported that 28 of 68 PHCs were provided computers and only 15 PHCs had Internet facility.
- b) It was reported that the concerned staff at district, block, CHC and PHC level was sensitized about MCH tracking and the reporting centres were capturing data in prescribed formats .

**12) Maintenance of Records and Registers :**

- a) Printed registers for Eligible Couple were maintained at the visited PHCs / SCs.
- b) For Family Planning beneficiaries and maintenance of stock, non printed registers were maintained.
- c) Stock registers for the items purchased under NRHM funds were not maintained at PHCs / SCs.
- d) Wherever printed registers / forms are not supplied, non printed registers / Photostat copies of forms are maintained at SC level.

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## 8. Davangere District:

### Major observations of Regional Evaluation Team (RET), Bangaluru about the Evaluation work in Davangere District of Karnataka State in January, 2011.

Districts Visited	PHCs visited	SCs Visited
Davangere	PHCs: Hadadi, Kondajji and Kulambi.	Kanagandanahalli, S.G. Halli, Sarathi, Dituru, Muktenahalli & Hanumanahalli.

## II. Major observations:

### 1. Human resources:-

- 49 of the 205 sanctioned posts of Medical officer, 19 of the 158 sanctioned posts of staff Nurse, 10 of the 48 sanctioned posts of LHV, 22 of the 38 sanctioned posts of the Male Supervisor, 28 of the 111 sanctioned posts of Pharmacist, 48 of the 193 sanctioned posts of MPH (Male) and 21 of the 338 sanctioned posts of MPH (Female) / ANM were vacant in the district.
- It was also reported that there were 66 posts of specialist sanctioned in the CHCs and Taluk as well as District level Hospitals in the district and out of these 23 posts were vacant in the district. However all 9 posts of Gynecologists and all 7 posts of Dental specialists were filled.
- Sanctioned manpower in district and Block Programme Management Units under NRHM were in position.
- In the visited PHCs one or two posts of para medical staff were lying vacant.

### 2. Janani Suraksha Yojna (JSY) :-

- Women belonging to BPL, SC, ST category family is eligible for JSY payments for their first two deliveries. The rates are Rs. 700 per case for rural area, Rs. 600 per delivery in urban area; Rs. 1500 per case for caesarean delivery in private institutions and Rs. 700 in Govt. institutions are also provided. For home delivery, Rs. 500 per case are given.
- 30,281 deliveries in the year 2009-10 and 21,015 deliveries in 2010-11 (up to Oct.10) were conducted in the district. It was reported that 21,856 beneficiaries in 2009-10 and 12,864 beneficiaries in the year 2010-11 (up to Oct.10) were assisted with incentives under the scheme.

- c) There was sufficient fund available under JSY head in the district. It was reported that the budget to the tune of Rs. 2,10,76,765 ( including Rs. 52,96,465 as opening balance ) was available in 2009-10 and the budget of Rs. 1,57,42,807 (including Rs. 46,34,007 as opening balance ) was available during 2010-11 (up to Oct.10) in the district. The district incurred expenditure to the tune of Rs.1,64,42,758 in 2009-10 and Rs. 97,47,203 in 2010-11 ( up to Oct.10 ) under JSY.
- d) During visit to the sub centres, it was found that all eligible beneficiaries in the year 2009-10 and 2010-11 had been paid with their cash incentives and no pending case of JSY payment was reported at any Sub centre. It was also observed that no amount was released to the Sub centres. JSY amount was paid directly to the beneficiary by concerned MO of PHC.
- e) During field verification it was observed that all 31 contacted JSY mothers had received 3 ANC checkups and also full JSY cash incentive in time and follow up visits were made by the ASHA / ANM after delivery; JSY cards were issued to all the beneficiaries and the records were maintained properly.

### 3) Untied Fund:-

- a) **Status of untied funds in CHC / PHC and HSC level is as given below:**

Sl. No	Particulars	Budget for CHCs		Budget for PHCs		Budget for HSCs	
		2009-10	April to Nov, 2010	2009-10	04/10to 11/10	2009-10	April to Sept, 2010
1	Opening Balance	2,00,000	50,000	10,87,984	2,58,553	10,27,860	9,45,373
2	Released during the year	1,00,000	0	1,422,528	20,50,446	28,80,000	0
3	Total budget available	3,00,000	50,000	25,11,493	23,08,999	39,12,151	9,45,373
4	Expenditure	2,50,000	48,637	2,252,940	4,32,985	29,66,778	4,50,714
5	Balance	50,000	1,363	2,58,553	18,76,014	9,45,373	4,94,659

- b) During visit to the Sub centres, PHCs and CHCs, it was observed that funds @ Rs. 10,000 to each HSC, @ Rs. 25,000 to each PHC and @ Rs. 50,000 to each CHC are given per year. No funds were released to the Sub centres during 2010-11 up to the month of January, 2011. The whole funds including corpus and AMG are kept at the disposal of RKS at PHC / CHC level.

- c) It was observed that in the visited Sub centers, untied funds were utilized to purchase items like registers / records; First Aid Kits for Schools, Chairs, Table, Racks, Cupboard, Drugs, Ambu bag, Drip stand, over head water tank (syntax), Stationery and Labour Cot etc. Besides this, the funds were also spent on transportation of high risk delivery cases, remuneration to ASHAs for conducting House Hold Surveys for, Xerox copies of reporting formats and for conducting village health & nutrition days etc.

**Rogi Kalyan Samiti (RKS):-**

- a) It was reported that Rogi Kalyan Samiti (RKS) in the district had been registered in CHCs, PHCs and also in District Hospital.
- b) Funds to the tune of Rs. 2,50,000 at CHC level, Rs. 1,75,000 at PHC level and Rs. 5,00,000 at DH level RKS were being provided every year. These funds include corpus fund for RKS, AMG fund and untied fund at CHC/PHC level. All these funds are kept at the disposal of RKS and after taking the approval in its meeting, funds are utilized on developmental activities relating to health in the Institution.
- c) Details of RKS fund in whole of the district are given in the following table:

Type of fund	Budget for CHCs				Budget for PHCs			
	2009-10		April to Nov' 2010		2009-10		April to Nov' 2010	
	Budget (Incl. O.B)	Exp.	Budget (Incl. O.B)	Exp.	Budget (Incl. O.B)	Exp.	Budget (Incl. O.B)	Exp.
Corpus Fund	4,98,186	3,76,554	5,23,664	2,07,905	84,00,000	64,47,568	55,40,300	8,74,764
AMG Fund	6,00,000	5,35,117	64,883	64,883	55,00,664	50,82,380	22,14,160	8,79,801
Untied Fund	3,00,000	2,50,000	50,000	48,637	25,11,493	22,52,940	23,08,999	4,32,985

- d) During visit to the PHCs at Kondajji and Kulambi, it was observed that the sufficient funds were made available during last two years and the expenditure incurred on purchase of TV/ DVD, construction of aluminum partitions and repair of electrical connections, Medicines for Camp, Glucometer, Blood group strips, VDRL kit, Vidal Kit for Typhoid Fever, Suction Apparatus, Sterilizer Coil, Stethoscope, Instruments, Oxygen Cylinder, Baby Trolley, Vacuum Pump For Delivery Suction, Dressing Drums, Mucus Sucker etc.

**5. Services of AHSA :-**

- a) As against the requirement of 1181 ASHAs in the district, 563 ASHAs were selected in 2009-10. They were trained and provided with drug kits in the district. 618 new ASHAs were proposed to be inducted during 2010-11.
- b) During 2009-10, an expenditure of Rs.16,000 and during April to November 2010, Rs. 30,56,460 was incurred in the district towards payment of performance based remuneration to ASHAs.
- c) In the visited Sub-Centres, all villages were having ASHAs. 25 A contacted SHAs of them were contacted All were found to be trained and given drug kits. Performance based remuneration was received regularly by them.

**6. Functioning Village Health Sanitation Committees (VHSC):-**

- a) 782 VHSCs were functioning in the district. Every year Rs. 10,000 is allotted to each VHSC which was being kept in the bank account operated jointly by the Anganwadi worker and Sarpanch of village Gram Panchyat. From the current year 2010-11 ASHA would replace Anganwadi worker.
- b) Status of utilization of funds by the VHSCs in the district is as reported below:

Sl.no.	Particulars	Period	
		2009-10	April to Nov' 2010
1	Opening Balance of VHSC fund	18,25,690	23,89,492
2	Released during the year	76,20,000	0
3	Interest Earned etc.	4,005	0
4	Total budget available	94,49,695	23,89,492
5	Expenditure	70,60,203	13,97,617

- c) In the visited Sub-Centres, VHSC funds to the tune of Rs. 10,000 each was released only in 2009-10. Funds for 2010-11 were not released till the month of visit by them.

**7. 24 x 7 hours delivery care System:-**

- a) In the district, 30 of the total 96 PHCs were identified for providing 24X7 delivery care services. Of these 30 centres, only 3 PHCs had 2 medical officers, and 14 PHCs had 3 Staff Nurses posted.
- b) No separate budget was released to these centres, except the salary budget to the contractual staff nurses.
- c) During 2009-10, 23 of the 30 PHC and during 2010-11, 19 of the 30 PHCs did not achieve the stipulated minimum 10 deliveries per month.

**8. Physical Infrastructure and Stock Position:-**

**i) PHC**

PHC, Kondajji and PHC, Kulambi were functioning in Govt. buildings. Power backup was not available in PHC Kulambi and vehicle was not available in both the PHCs.

Medical officer under AYUSH was not posted in PHC Kondajji. Residential quarter for medical officer was needed repairs in both the PHCs.

**ii) Sub Centres:**

- a) Sub Centres visited at Sarathi, Dituru, Muktenehalli and Hanumanahalli were functioning in Govt. building.
- b) In the visited Sub Centres, MPW (M) was not posted except SC at Sarathi.
- c) Regular water supply was not available in the visited HSCs.
- d) ANMs were staying in Sub centre except SC at Dituru and Hanumanahalli.
- e) Examination table was not available at Dituru and Hanumanahalli SCs. Ambu bag/suction was not available in the visited SCs except at SC Dituru . Nischay pregnancy test kit, RDT kit and Haemoglobinometer were not available in the visited SCs. Steam sterilizer was not available in the visited SCs except at Sarathi SC. Foot stool, McIntsh sheets and Weighing machine were not available at Dituru and Hanumanahalli. Delivery kit was not available at SCs Sarathi and Hanumanahalli.
- f) DDK, Sanitary napkins, Kerosene oil/gas, Co trimoxazole teblets, EC pills, Tab. Metranidazole, Tab. Oxitocin Cap. Ampicillin, Inj. Gentamycin and kits A & B were not available in the visited SCs. OP cycles was not available in the visited SCs except Dituru SC. IFA Tab, IUDs, Antiseptic solution and Chlorine solution were not available at Dituru & Hanumanahalli SCs.

**9) Community Satisfaction and opinion on Health Services:-**

- a) As many as 40 mothers were interviewed in the area of 4 Sub centers visited in the district to assess their knowledge and opinion on the Service provided by the ANMs.
- b) 34 (85%) mothers had no knowledge on danger signs of ARI and 8 (20.0%) mothers had no knowledge on advantages and side effects of contraceptive methods. 92.5% (37) deliveries were institutional.
- c) The team found that the opinion of the community about the services provided by the MPW (M) was satisfactory at the visited centres.
- d) Public opinion was good on the services being rendered by the PHCs visited by the team. Village leader, ANC/ PNC beneficiaries and others expressed good opinion on the overall functioning of PHCs.

**10) Sample Verification of FW Acceptors:**

72 Family Welfare acceptors were selected for sample verification and out of them 61 cases (84.7%) could be contacted in the district. Minor discrepancy in the recorded age of acceptor, aged of spouse, total No. of children and No. of male children was found during sample check. Most of all the acceptors received follow-up services and compensation money was given in the sterilization operation cases.

**11) Maintenance of Records and Register:**

- a) Printed registers for Eligible Couple, ANC / PNC were maintained at the visited PHCs/SCs.
- b) For Family Planning beneficiaries and maintenance of stock, non printed registers were maintained. Follow up entries were not made for some of the Sterilization/IUD cases.
- c) Stock registers for the items purchased under NRHM funds were not maintained at PHCs/SCs.

**12) IT infrastructure & Mother and child (MCH) tracking:**

- a) There were computer installed with internet connectivity at district head quarter, all 6 blocks head quarter and all 6 CHCs in the district. It was reported that 29 of 103 PHCs were provided computers and only in 18 PHCs, internet facility was there..
- b) It was reported that the concerned staff at district, block, CHC and PHC level was sensitized about MCH tracking and the reporting centres were capturing the data in prescribed formats at in the districts.

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## 9. District Bagalkot:

**Major observations of Regional Evaluation Team (RET), Bangaluru about the Evaluation work in Bagalkot District of Karnataka State in the months of October, 2010 and March, 2011 respectively.**

### I. Details of the visited Institutions:

Districts Visited	PHCs visited	SCs Visited
Bagalkot	Kaladagi, Girisagar and Shiroor.	Khajjidoni, Gaddanakere, Sonna, Badagandi, Shiroor-A and Shiroor-B.

### II. Major observations:

#### 1. Human resources:-

- There was acute shortage of specialists/Para-medical staff in the district. 5 of the 61 sanctioned posts of Medical Officer and 2 of the 10 sanctioned posts of Dental Medical Officers were vacant. Out of the 60 sanctioned posts of Specialist at CHC & SDH level, only 28 were filled in.
- 69 of the 147 sanctioned posts of Staff Nurse, 13 of the 37 sanctioned posts of Male Supervisor, 13 of the 75 sanctioned posts of Pharmacist, 90 of the 208 sanctioned posts of MPH (Male), 47 of 243 sanctioned posts of MPH (Female) and 151(84%) of the 179 sanctioned posts of 2<sup>nd</sup> MPH (Female) were vacant in the district.
- In PHC Shiroor, one sanctioned post of Staff Nurse, 1 of the 4 sanctioned posts of MPH (Male) and in PHC Kaladagi, one sanctioned post of First Division Assistant was lying vacant.
- In PHC Girisagar, 2 of the 6 sanctioned posts of Staff Nurse, 2 of the 5 sanctioned posts of MPH/(F)/ANM and 3 of the 5 sanctioned posts of MPH (Male) were lying vacant.

#### 2. Janani Suraksha Yojna (JSY):-

- Under JSY, Women from BPL and SC/ST categories are entitled for incentive for first 2 deliveries as per the rates fixed by the Govt.

b) 38,786 deliveries in the year 2009-10 and 15181 deliveries in 2010-11 (up to August, 2010) were conducted in the district. It was reported that 14,117 mothers in 2009-10 and 7539 in the year 2010-11 (up to October, 2010) were identified for getting JSY benefit.

c) It was reported that the budget to the tune of Rs. 1,53,99,014 ( including Rs. 47,74,948 as opening balance) and Rs. 1,11,23,614 (including Rs.51,23,614 as opening balance) was available during 2009-10 and 2010-11 (up to August, 2010) respectively in the district. The expenditure to the tune of Rs.1,02,75,400 in 2009-10 and Rs. 45,78,600 in 2010-11 (up to August, 2010 ) was incurred under JSY.

d) During visit to the Sub Centres, it was observed that all the beneficiaries had been paid with their cash incentives during 2009-10 and 2010-11.

e) During field verification, it was observed that all 31 JSY beneficiaries contacted had received 3 ANC checkups and JSY cash incentive in time. Follow up visits were made by the ASHA/ANM after delivery.

f) Registers/ records were maintained in non-printed registers and JSY cards were issued to all the beneficiaries.

### 3. Untied Fund:-

a) Provision and utilization of untied funds in the district are as under:

Sl. No.	Particulars of Untied fund	Budget for CHCs		Budget for PHCs		Budget for HSCs	
		2009-10	April to August, 2010	2009-10	April to August, 2010	2009-10	April to August, 2010
1	Total budget available	5,84,471	5,56,844	15,45,969	10,84,805	7,80,000	13,70,000
2	Expenditure	5,77,627	0	14,86,164	1,31,648	5,80,000	21,194
3	Balance	6,844	5,56,844	59,805	9,53,157	2,00,000	13,48,806

b) During visit to the Sub Centres, PHCs and CHCs, it was observed that funds @ Rs. 10,000 to each HSC, @ Rs. 25,000/- to each PHC and @ Rs. 50,000 to each CHC were given per year. Untied funds were not released for the year 2010-11 to the Sub Centres. The whole funds including untied funds and AMG were kept at the disposal of RKS at PHC/CHC level.

c) It was observed that in the visited Sub Centers, Untied Fund was utilized for white wash, civil works, electricity, plumbing, equipment repair, purchase of the items such as instruments, surgical equipment, medicines, stationary and zerox paper, beds, cupboard, generator, suction machine, shadow-less lamps, baby warmer etc. Besides, some amount was also spent as transport charges to ICTC staff.

#### 4. Rogi Kalyan Samiti (RKS):-

a) Rogi Kalyan Samiti (RKS) have been formed and registered in 7 CHCs, 43 PHCs and District Hospital in the District.

b) Funds to the tune of Rs. 2,50,000 at CHC level, Rs.1,75,000 at PHC level and Rs. 5,00,000 at DH level were being provided to RKS every year. These funds includes corpus fund, AMG fund and untied fund at CHC/PHC level. All these funds are kept at the disposal of RKS and after taking the approval of RKS in its meeting, the funds are utilized on developmental health relating activities in the Institution.

c) Details of RKS fund in whole of the district are given in the following table:

Type of fund	Budget for CHCs				Budget for PHCs			
	2009-10		Apr. – Aug. 2010		2009-10		Apr. – Aug. 2010	
	Budget	Exp.	Budget	Exp.	Budget	Ex p.	Budge t	Exp.
Corpus Fund	13,65,016	9,43,590	11,88,764	2,60,289	36,73,766	33,31,732	38,87,064	41,21,073*
AMG Fund	15,57,981	10,77,834	17,81,869	11,108	40,23,566	40,23,566	18,33,443	1,87,270
Untied Fund	5,84,471	5,77,627	5,56,844	0	15,45,969	14,86,164	10,84,805	1,31,648

\* excess expenditure was met from the budget of flexi pool funds

d) During visit to the PHCs at Kaladagi and Girisagar, it was observed that RKS meetings were being conducted regularly. The funds were sufficient and the expenditure was incurred for purchasing of generator, suction machine, shadow-less lamps, baby warmer, RO water purifier etc.

## **5. Services of ASHA :-**

- a) In the district, 1141 ASHAs out of 1173 selected were trained till 30-03-2010. 207 new ASHAs were proposed to be inducted during 2010-11.
- b) During 2009-10, an expenditure to the tune of Rs. 1,30,96,261 and during April to August 2010, Rs.47,52,404 was incurred in the district towards payment of performance based remuneration to ASHA.
- c) With regard to sample verification of ASHA, in visited institutions, 11 ASHAs were contacted and observed that all were trained and performance based remuneration was paid to them regularly. But drug kits were not provided to the ASHAs.

## **6. Functioning of Village Health & Sanitation Committees (VHSC):-**

- a) In the visited district 627 revenue villages, 167 Gram Panchyats, 2153 Anganawadi Centres were functioning and Village Health & Sanitation Committees were formed in all 627 villages. Every year Rs. 10,000 was allotted to each VHSC which was being kept in the bank account maintained by Anganawadi Workers. During the current year 2010-11, these accounts have to be maintained by the ASHA. The accounts could not be verified due to the process of transferring the account books from Anganawadi worker to ASHA.
- b) In the visited Sub-Centres, VHSC funds to the tune of Rs. 10,000 each were released only in 2009-10 and funds for 2010-11 were not released.
- c) As per the details available, the district had received Rs.25,50,000 for the year 2009-10 as VHSC funds, out of which Rs. 23,10,000 was spent during the year. For the year 2010-11 Rs. 2,40,000 was available which was carried from last year but no expenditure was incurred upto August, 2010.

## **7. 24 x 7 Hours Delivery Care System:-**

- a) In the district, 39 PHCs were identified to work as 24X7 Delivery Care institutions. Of these 39 centres, only 3 PHCs had 2 Medical Officers, and all the centres had 3 Staff Nurses posted.
- b) No separate budget was released to these centres, except the salary budget to the contractual staff nurses.
- c) During 2009-10, 5 of the 39 PHCs and during 2010-11, 9 of these PHCs did not achieve stipulated minimum 10 deliveries per month under this scheme.

## **10. Physical Infrastructure and Stock Position:-**

### **i) PHC/CHC**

- a) PHC, Kaladagi and PHC, Girisagar were functioning in Govt. buildings. Both were not as per IPHS. Power back up was available in both the PHCs .

- b) Residential quarters for Medical were needed repairs in CHC, Itadhar. Oral Pills tablets were short in supply in CHC, Itadhar.
- c) PHC Girisagar was upgraded to CHC level. As the new building is yet to be handed over., it was functioning in the old PHC level building. Residential quarters for Medical Officer was available but not fully equipped.

**ii) Sub Centres:**

- a) Sub Centres visited at Khajjidoni, Gaddanakere, Sonna and Badagandi were functioning in Govt. building.
- b) Labour room was available in 2 of the four Sub Centres visited by the team.
- c) ANMs were staying in Sub Centres except SC at Sonna.
- d) Examination table, Ambu bag/suction, RDT kit and Haemoglobinometer were not available in the visited SCs. Cup board for drugs, delivery table, McIntsh sheets and Nischay pregnancy kit were not available at Sonna, Badagandi SCs. Benches for clients, steam sterilizer, delivery kit and foot stool were not available in the visited SCs except SC at Gaddanakere. IUD Insertion Kit and BP apparatus were available in all the visited SCs except SC at Badagandi. Weighing Machine (Infant) and Weighing Machine (Adult) were available in all the visited SCs except SC at Sonna.
- e) Sanitary napkins, Gentamycin Inj. and Tab. Oxitocin were not available in the visited SCs. Cap. Ampicillin Inj, OP cycles and EC pills were not available at all the visited SCs except SC at Sonna. Disposable syringes were not available at Khajjidoni & Sonna SCs. DDKs were not available at Gaddanakere & Badagandi SCs. Thermometre was not available at Sonna & Badagandi SCs. Tab. Chloroquine were not available at all the visited SCs except SC at Badagandi. Tab. Metranidazole was not available at Gaddanakere & Sonna SCs. Condoms were not available at Khajjidoni & Badagandi SCs. Kit-B was not available at Gaddanakere & Badagandi SCs.

**9. Community Satisfaction and opinion on Health for Services:-**

- a) 40 mothers were interviewed in the area of 4 Sub centers visited in the district to assess their knowledge and opinion on the services provided by the ANMs/MPHW (F).
- b) 33 (82.5%) mothers had no knowledge on danger signs of ARI and 9 (22.5%) mothers had no knowledge on advantages and side effects of contraceptive methods. 34 of 40 (85.0%) deliveries were institutional.
- c) The team observed that the community is more or less satisfied with the services provided by the MPW (M) at the visited centers.

Public opinion was good on the services being rendered by the PHCs /CHC visited by the team. Village leader, ANC/PNC beneficiaries and others expressed good opinion on the overall functioning of PHCs /CHCs.

**10. Sample Verification of FW acceptors:-**

During the visit, 66 (67.3%) family welfare acceptors were contacted out of 98 cases selected, Minor discrepancies were observed in the recorded age of acceptors, total no. of children and male child.

**11. Maintenance of Records and registers:-**

- a) Printed registers for Sterilization were maintained at the visited PHCs. IUD/OP/CC registers were maintained at SC levels.
- b) Immunization & MCH, stocks and cash books were maintained at PHC/SC levels.
- c) Stock registers for the items purchased under NRHM funds were not maintained at PHCs/SCs.
- d) Wherever printed registers/ forms are not supplied, non printed registers/ Photostat copies of forms are maintained at the SCs.

**12. IT infrastructure and Mother & Child (MCH) Tracking System:-**

- a) Computer was available at the district headquarter, all 6 Blocks head quarters, 7 CHCs and at 23 out of 43 PHCs.
- b) Internet connectivity was provided to the systems available in district, 6 blocks, 7 CHCs and 23 out of 43 PHCs.
- c) It was reported that the hard copies of data available in PHC/Block level and the facilities were waiting for MCH tracking software from GOI for making data entry.

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## 10. Mysore District:

**Major observations of Regional Evaluation Team (RET), Bangaluru about the Evaluation work in Mysore District of Karnataka State in the months of October, 2010 and March, 2011 respectively.**

### I. Details of the visited Institutions:

Districts Visited	PHCs visited	SCs Visited
Mysore	Hampapura, Muguru and Ilawala.	Bachegowdanahalli, Karigala, Kurubur-A, Alagudu, Utagalli and Inakal-A.

### II. Major observations:

#### 1. Human resources:

- a) All the sanctioned posts in District and Block Programme Management Units are filled in except the post of Programme Manager in Block Programme Management Unit (BPMU).
- b) The district Health machinery was working with severe shortage of Staff. 52 of the 295 sanctioned posts of Medical Officer, 36 of the 244 sanctioned posts of Staff Nurse, 32 of the 64 sanctioned posts of Male Supervisor, 45 of the 165 sanctioned posts of Pharmacist, 76 of the 229 sanctioned posts of MPW(M) and 59 of the 656 posts of MPH(Female) /ANM were lying vacant in the district. Apart from this, many posts of specialists like Physicians, Gynecologists, Pediatricians, Anesthetics, Radiologists, Pathologists, ENT Specialists, Ophthalmologists, Dental Medical Officer, Lab Technicians and LHVs were also lying vacant in the district.
- c) In the visited PHC Hampapur, only post of MO was sanctioned and posted whereas it was declared as 24X7 service centre.

#### 2. Janani Suraksha Yojna (JSY):-

- a) Under the Scheme, Women belonging to BPL, SC/ST category families are eligible to receive JSY cash incentive for the first 2 deliveries only. ASHA also gets incentives for accompanying pregnant woman to hospital for delivery.

- b) As reported, 44,352 deliveries in the year 2009-10 and 36,720 deliveries in 2010-11 (Upto January, 2011) were conducted in the district. There were 22,282 and 24,165 beneficiaries under JSY during 2009-10 and in 2010-11 respectively.
- c) There was sufficient fund available in the district. After incurring an expenditure of Rs. 2,04,17,068 in 2009-10 and Rs. 1,67,83,466 in 2010-11 (Upto Jan 2011), the balance of Rs. 7,51,980 in 2009-10 and Rs. 37,72,014 (Upto January, 2011) respectively was reported to be available in the district .
- d) No pending cases for cash incentives were observed in the visited Sub Centres.
- e) During field verification it was observed that all the 23 cases contacted had received 3 ANC checkups. ASHA accompanied the beneficiaries to the health centres for delivery. It was confirmed that all the beneficiaries received full JSY incentives as per norms through cheque. Follow up visits were made by the ASHA/ANM after delivery.
- f) JSY registers were maintained in printed forms neatly with complete information in all the three Sub-Centres. MCH cards and JSY cards were issued. JSY incentive amount was paid to beneficiaries by MO through cheques at PHCs.

### 3. Untied Funds:-

(a) Details of the budget availability and expenditure incurred in the district are given below:

Sl. No.	Particulars	Budget for CHC/TH.		Budget for PHCs		Budget for HSCs	
		2009-10	4/10 to 1/11	2009-10	4/10 to 1/11	2009-10	4/10 to 1/11
1	Total budget available *	5,50,000	4,46,356	37,14,092	29,93,623	16,60,000	26,56,608
2	Expenditure	3,78,644	16,397	33,39,769	18,79,232	13,19,392	11,89,838
3	Balance	1,71,356	4,29,959	3,74,323	11,14,391	3,40,608	14,66,770

\* incl. Opening Balance.

- b) In all the visited SCs, untied funds were utilized for purchase of stationery items equipments etc. Part of the funds was used for transportation of high risk delivery cases and conducting of village health and nutrition days etc.

c) **AMG for SC:** Annual Maintenance Grant of Rs. 10,000 was released to SC Bachegowdanahalli of PHC Hampapura and SC Kurubur of PHC Muguru and the amount was utilized for repairing of SC buildings.

#### 4. Rogi Kalyan Samithi (RKS):-

- a) Rogi Kalyan Samithi was set up in 9 CHCs , and 124 PHCs in the district.  
 b) As reported Annual allotment of funds under RKS is done at the following rates.

Institutions	AMG	Untied fund	Corpus fund	Total
District Hospital	-	-	5,00,000	5,00,000
CHC/TH	1,00,000	50,000	1,00,000	2,50,000
PHC	50,000	25,000	1,00,000	1,75,000

c) Status of availability and utilization of funds at CHC and PHC level during 2009-10 and 2010-11 is given below:

Funds	For CHCs /TH for the year				For PHCs for the year			
	2009-10		April 2010 to Jan 2011		2009-10		April 2010 to Jan 2011	
	Budget *	Expdr.	Budget*	Expdr.	Budget*	Expdr.	Budget*	Expdr.
Corpus fund	504000	502540	301460	250440	2100000	1815883	6791717	3872659
AMG Fund	1200000	773850	426150	NA	5980515	5349424	5707091	3165238
Untied fund	550000	378644	446356	16397	3714092	3339769	2993623	1879232

\* incl. Opening Balance.

d) PHC Hampapur and PHC Mugur were visited by the team. During 2009-10, Corpus fund was not released to both the PHCs. AMG funds of Rs. 50,000 and Rs. 25,000 were also released to these institutions and the funds were utilized for purchasing Medical equipments required in the PHCs. Besides, repair of OT roof, painting of the building, wiring replacements, making of signboards fencing of the premises, Termite chemical treatment etc was also undertaken by the RKS. No discrepancy was found in records.

#### 5. ASHA Scheme:-

a) There are 1328 Villages but ASHAs were working in 1142 villages. 650 ASHAs have been selected till 1st March, 2011 and 1625 of them were reported to have been trained in all the modules . 1576 ASHAs were given drug kits.

b) During 2009-10, Rs.1,31,12,747 and during April 2010 to Jan 2011, Rs. 1,69,83,198 were spent in the district towards payment of performance based remuneration to ASHA.

c) 21 ASHAs contacted for sample verification and it was observed that all were trained and drug kits were given to all of them. All of them reported that they were being paid performance based remuneration regularly.

#### **6. Village Health Sanitation Committees (VHSC):-**

a) There were 1328 revenue villages in the district and 1080 VHSCs have been constituted. During 2009-10, 1062 VHSCs were allotted funds.

b) It was observed that VHSC funds to the tune of Rs.52,75,000 and Rs. 1,09,53,465 including opening balance were available in 2009-10 and 2011 (04/10 to 01/11) respectively, out of that expenditure to the tune of Rs. 40,46,635 and Rs. 40,61,634 was made during 2009-10 and 2011 (04/10 to 01/11).

c) During 2009-10 and 2010-11, VHSC funds to the tune of Rs. 10,000 was granted to all the VHSCs in the visited SCs. Sarpanch, Village Gram Panchayat and Anganwadi worker jointly operated the funds till 2009-10. During 2010-11, ASHA and Sarpanch were maintaining the accounts.

#### **7. 24 x 7 Hours Delivery Care System:-**

a) 25 of 124 PHCs in the district have been identified for providing 24 X 7 delivery care units; only 12 of them has two MOs and 9 had 3 staff nurses posted. No additional budget was released to any of these centers except the salary of contractual Staff Nurses appointed.

b) During 2009-10, 9 of the 25 PHCs did not achieve the stipulated minimum 10 deliveries per month. During April' 10 to January' 11, 10 of these 24X7 PHCs did not conduct 10 deliveries per month.

c) In the visited PHC at Hampapur only one MO was posted though it was designated as 24X7 PHC. 3 Staff nurses were available there. In PHC Ilwala two Medical Officers and 2 staff nurses were posted. Both of the Centres reached 10 deliveries per month mark during 2009-10 and up to Jan '11 in the year 2010-11.

#### **8. Physical Infrastructure and Stock Position:-**

##### **ii) PHC:**

a) PHC Hampapur and Mugur were functioning in government buildings but not as per IPHS. The new building for the PHC Mugur which was upgraded as CHC was complete but waiting to be occupied.

b) Presently Vehicle facility was not available in these PHCs. Labour room and OT was not functional. Telephone was not available at PHC Mugur.

c) AYUSH Medical Officer was not posted at PHCs Hampapur and Mugur.

### **iii) Sub Centers :**

- a) Out of the four Sub Centers visited, 3 were functioning in rented building . Only SC at Bechegowdanahalli was functioning in Govt. building.
- b) SC Karigala and Kurubur-A had no source of water. Electricity was not available at Kurubur and Alagudu SCs. ANMs were staying in Sub Center except at Kurubur SC.
- c) OT was available only at Bechegowdanahalli SC but no delivery was being conducted there.
- d) Ambu bag/Suction, IUD Insertion Kit, Steam Sterilizer, Delivery Kit, Gloves, Weighing Machine (Infant), Haemoglobinometer, RDT kit for Malaria etc. were not available at any of the SCs visited. Examination table, Benches for clients, cup board for drugs, foot stool etc were not available at Bechegowdanahalli and Karigala SCs.
- e) DDK, IUDs and drugs like EC Pills, Antiseptic Solution, Tab. Oxitocin, Cap Ampicillin and Injection Gentamycin, Kits A & B etc. were not available at any Sub center visited.
- f) Thermometer was not available at Bechegowdanahalli and Karigala SCs. ORS was not available at SC Alagudu.

### **9. Community Satisfaction and Opinion on Health for Services:-**

- a) As many as 40 mothers were interviewed in the area of 4 Sub centers visited in the district to assess their knowledge and opinion on the services provided by the ANMs.
- b) As observed by the team awareness on danger signs of ARI was very poor among the mothers. 33 (82.5%) respondents had no knowledge of symptoms of ARI.
- c) Only 9 (22.5%) women had known about the advantages and side effects of Family Planning method.
- d) The team found that the opinion of the community about the services provided by the MPW (M) at visited 2 PHCs and 2 Sub Centres was satisfactory.
- e) Public opinion was good on the services being rendered by the PHCs visited by the team. Village leader, ANC/PNC beneficiaries and others have all expressed good opinion on the overall functioning of PHCs.

### **10. Sample Verification of FW acceptors:-**

During the visit, 78 (80.4%) family welfare acceptors were contacted out of 97 cases selected. Minor discrepancies were found in the age of acceptors, total children and male child.

### **11. Maintenance of Records and Registers:-**

- a) Printed registers for eligible couple, ANC/PNC were maintained at visited PHCs/SCs
- b) For Family Planning beneficiaries and maintenance of stock, non printed registers were maintained.

- c) OP/CC registers were maintained on SC level only.
- d) Stock registers for items purchased under NRHM funds were not maintained at PHC/SC.

## **12. IT infrastructure and Mother & Child (MCH) Tracking System:-**

- a) Computer was available at the district headquarter, all 7 Blocks head quarters, 3 CHCs and at 25 out of 138 PHCs.
- b) Internet connectivity was provided to the systems available in district, 7 blocks, 3 CHCs and 18 out of 25 PHCs.
- c) It was reported that the hard copies of data available in PHC/Block level and the installation of MCH tracking software of GOI was complete and data entry was in progress.