

**Monitoring and Evaluation of Programme Implementation Plan, 2015-16  
Beed District, Maharashtra**

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## Table of Contents

1	Executive Summary.....	3
2	Introduction .....	8
3	State Profile and district profile .....	8
4	Key health and service delivery indicators .....	10
5	Health Infrastructure: .....	12
6	Human Resources .....	13
7	Availability of Health services .....	21
8	Maternal health .....	22
8.1	ANC and PNC.....	22
8.2	Institutional deliveries .....	22
8.3	Maternal death Review.....	22
8.4	JSSK .....	22
8.5	JSY .....	24
9	Child health .....	24
9.1	Immunization .....	24
9.2	RBSK .....	25
10	Family planning .....	25
11	ARSH.....	25
12	Quality in health services.....	26
12.1	Infection Control .....	26
12.2	Record Maintenance.....	26
12.3	IEC .....	26
13	Referral transport and MMUs.....	27
14	Community processes.....	27
14.1	ASHA.....	27
15	Disease control programmes .....	27
16	HMIS and MCTS.....	27
17	Annexure.....	28

## **Monitoring and Evaluation of Programme Implementation Plan 2015-16: Beed District, Maharashtra**

### **1. Executive Summary**

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Beed District was carried during the period 21-25 September 2015. The District Health Office, DH Beed, WH Neknoor, SDH Gevrai, PHC Tadsona, and SC Nathapur were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Beed district as observed during the field visit for monitoring. The key findings are given below:

#### **Health Infrastructure**

- **WH Neknoor** NRC is not available and there is no separate room for ARSH clinic. The main source of water used in hospital is bore well. However, there is no mechanism of filtering drinking water. Staff nurses require separate changing room.
- **SDH, Gevrai:** Staff quarters are available for all the categories of staffs however, one of the MO quarter is not in good condition and need repair. Functional NBSU although available there is no provision of battery back up. NRC is not available. **SDH is located in a highway although PM room is constructed it is not yet handed over. Mortuary room is also required. Compound wall is required with security. Accommodation for accompanying relatives is required.**
- **PHC Tadsona:** The construction of new building is in progress and is likely to be over in a year time. At present PHC is functioning in an old building with minimum infrastructure.

#### **Human Resources and Training**

- District as a whole is facing shortage of health staffs. In the district a total of 161 posts in grade I and II are available out of which 118 posts are filled. Out of the sanctioned 36 MOs in Class I 15 are available. Out of the vacant 21 posts of Class I MOs 9 are vacant in DH, Beed. Out of the sanctioned 116 MO class II posts 100 are available; all three posts of OS are vacant; and only 1 post of dentist is filled. There is severe shortage of specialist such as Anaesthetist, Gynaecologist, paediatrician, pathologist, MOs and MPHWS in the district.
- **DH Beed:** Nearly, half of the staff positions vacant in class III are of staff nurses; vacant posts of 3 head clerk, and only one sanctioned post of ECG technician, housekeeping, social worker, plumber, technician, arthritis cum prosthetic technician posts are vacant. In nursing school all the sanctioned posts of coordinator and teachers are vacant. Also, one sanctioned post of driver; Technician (OT), librarian etc are vacant.

- **WH Neknoor:** Specialists posts are vacant in Class 1 and II. Also, vacant posts of sisters and matron.
- **SDH Gevrai:** There is shortage of health staffs in SDH Gevrai.

### **Availability of Drugs and diagnostics, Equipments**

EDL and EDL lists of medicines are available in the district.

- **DH BEED:** Essential drugs are available in DH except Mifepristone tablets. IFA (blue) and IFA syrup with dispenser. All types of diagnostics test are available. Sufficient numbers of blood bags are available. MVA equipments are not available and there is shortage of space for equipments.
- **WH Neknoor:** Essential drugs are available in WH except for Misoprostol tablets. Among equipments Ventilator, Surgical Diathermies, laparoscopes, ultrasound scanners, CT scanner, and C-arm unit are not available. Essential diagnostics test are available except for Liver Function test, Ultrasound (Scan and OB), and Endoscopy. Blood Storage Unit is available in WH.
- **SDH, Gevrai:** IFA syrup with dispenser and Mifepristone tablets are not available. ILR and deep freezer requires repair. EC pills and sanitary napkins are also not available.
- **PHC Tadsona:** Among equipments Radiant warmer, Semi auto analyzer, Microscope, and Hemoglobin meter requires repair. Major diagnostics tests are available except CBC, serum Bilirubin test, and RPR tests.
- **SC Nathapur:** Essential equipments are available in SC except Neonatal ambu bag which although available is not in working condition. Among EDs IFA syrup with dispenser is unavailable since April, 2015.

### **AYUSH services**

- AYUSH facilities are provided in eleven health facilities. Ayurveda, Panchkarma, Homeopathy, and Unani are available in the district. AYUSH OPDs are earmarked separately with the main facility. AYUSH MO is a member of the RKS.

### **Maternal health**

- During the reference period ANC registration in first trimester was 65 percent. Women having severe anemia were line listed and treated in institute. Hypertensive pregnant women's were also identified. B-sugar and U-sugar tests were conducted. Protein tests were not conducted. Pregnant women were provided with TT and IFA tablets.

- Under JSSK free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to Mothers and infants. District in total reported 60 percent pick up and drop back of 69 percent against the total deliveries.
- JSY incentives are paid as per eligibility criteria; Full amount of financial assistance is provided in before discharge from the facility in the form of a/c payee. JSY benefits were also provided to beneficiaries for home deliveries. However, as reported District level authorities (TMO) do not do physical verification of beneficiaries to check of any malpractices. Grievance redressal mechanism are not activated in the district. Child health

### **Child Health**

- District has critical basic health facilities to reduce neonatal, infant morbidity and mortality. SNCU and NBSU unit is established in district with necessary equipment and trained manpower.
- Children's were fully vaccinated in the district. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.
- Under Rashtriya Bal Swasthya district nodal person is identified for child healthy screening and early intervention services are available at district level. Teams are constituted for screening with proper plans of visit vehicle, equipment, and medicines.

### **Family planning**

- Family planning along with counselling services are provided in the district. IEC materials related to family planning are available as well as IEC activities are conducted. Female sterilization, IUCD; condoms, and oral pills were provided in the facility. ASHAs are involved in the social marketing of spacing methods.
- Under ARSH there is a provision of health awareness, counseling, programme information and outreach ARSH services.

### **Referral transport and MMUs**

- District has ambulances with different types. On an average for a population of 25,000 one ambulance is available. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis.

## ASHA

- Module 6 & 7 training are provided to ASHAs in the district. In Family planning methods condoms and pills are provided to all the ASHAs. ORS and Zinc are available to all the ASHAs. Payments are disbursed in time to all the ASHAs and drug replenishment kits are provided to all ASHA. ASHA resource centre is available.

## HMIS and MCTS

- In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes, consistency and data validation. Data entries are regularly updated in MCP and MCTs in the visited facilities.

## Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points.
- Infrastructure needs upgradation in the district. In WH Neknoor the main source of water is bore well and, there is no mechanism of filtering drinking water. Staff nurses do not have separate changing room. These problems existed even during last PIP visit by PRC in 2013.
- Funds need to be allocated for repair work and for proper functioning of child care units. In **SDH, Gevrai** one of the MO quarter is not in good condition. There is no provision of battery back up in NBSU in SDH Gevrai .
- **SDH Gevrai is located in highway although Post Mortem room is constructed it is not handed over to the hospital. In addition mortuary room is also required. Compound wall with security is required. Dharmshalas in the vicinity of the hospital need to be build for accommodation of accompanying relatives.**
- PHC Tadsona is presently functioning in an old building and the new building constructed need to be handed over to PHC at the earliest.
- Availability of health experts also ensures timely and effective treatment. There is severe shortage of specialist and MO in the district. Vacant position in the district needs to be filled at the earliest for timely provision of health and other related services. Available health providers are burden with administrative duties as well.

- There is shortage of specialist such as Anaesthetist, Gynaecologist, Paediatrician, Pathologist, MOs, and MPH. In DH nearly, half of the staff positions vacant in class III are of staff nurses. Also supporting staffs with only one sanctioned post are vacant. **In nursing school all the sanctioned posts of coordinator and teachers are vacant.** Training needs to be strengthened for health and supporting staffs.
- In terms of availability of drugs and equipments there is an improvement in the availability of essential equipments and drugs as compared to last PRC visit for PIP. It is suggested to develop proper mechanism for maintenance and repair of equipments
- Under JSSK free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to mothers and infants. However, infants pick up percent of 43 percent in PHCs and 55 per cent in DH and WH reflects need to improve the awareness and pick up service specifically to infants.
- Regarding JSY, District level authorities (TMO) need to strengthen physical verification of beneficiaries. Grievance redressal mechanism need to be activated in the district both at provider and receiver level.
- Health care problems can be avoided with good quality of environment; proper waste management. Avoiding contamination of ground water may lead to accessibility of safe and potable drinking water.
- For effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required.
- Proximity and awareness to public health facility will make substantial difference in the outreach and utilizing the health care facilities. Mapping and interlinking of health facilities for emergency care and diagnostic tests should be prioritized.
- PIP funds needs to be released on time for smooth and uninterrupted functioning of health facilities.

## **2. Introduction**

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2015-16 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Beed District was carried during the period 21-25 September 2015. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

In consultation with DHO, CMO and Nodal officer in the district, DH Beed, WH Neknoor, SDH Gevrai, PHC Tadsona, and SC Nathapur was selected for monitoring of PIP. Accordingly, the District Health Office, DH Beed, WH Neknoor, SDH Gevrai, PHC Tadsona, and SC Nathapur were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, QAC coordinator, DPM, and M & E officer have also accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Solapur district as observed by the PRC team during the field visit.

## **3. State and District profile**

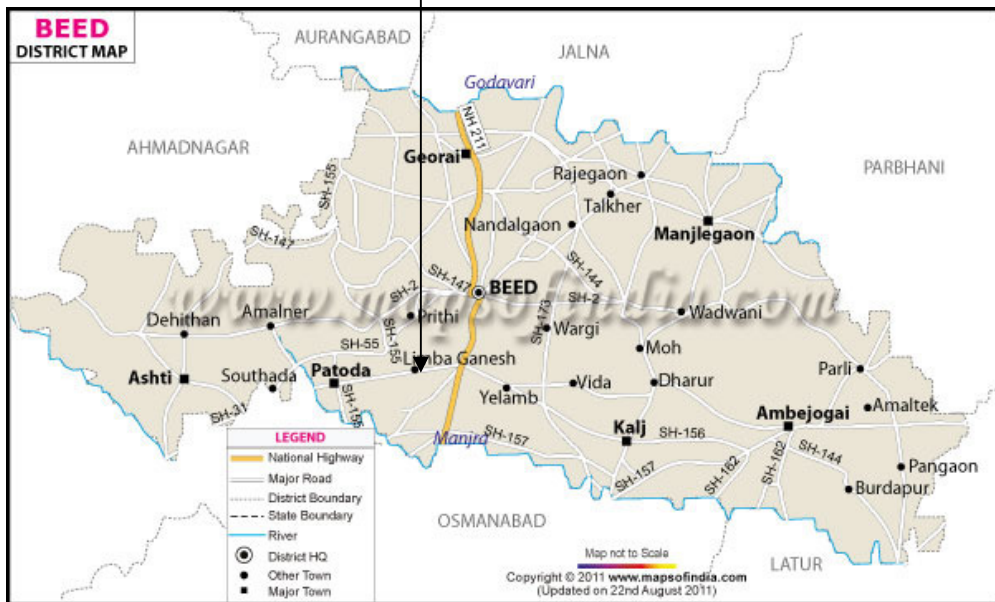
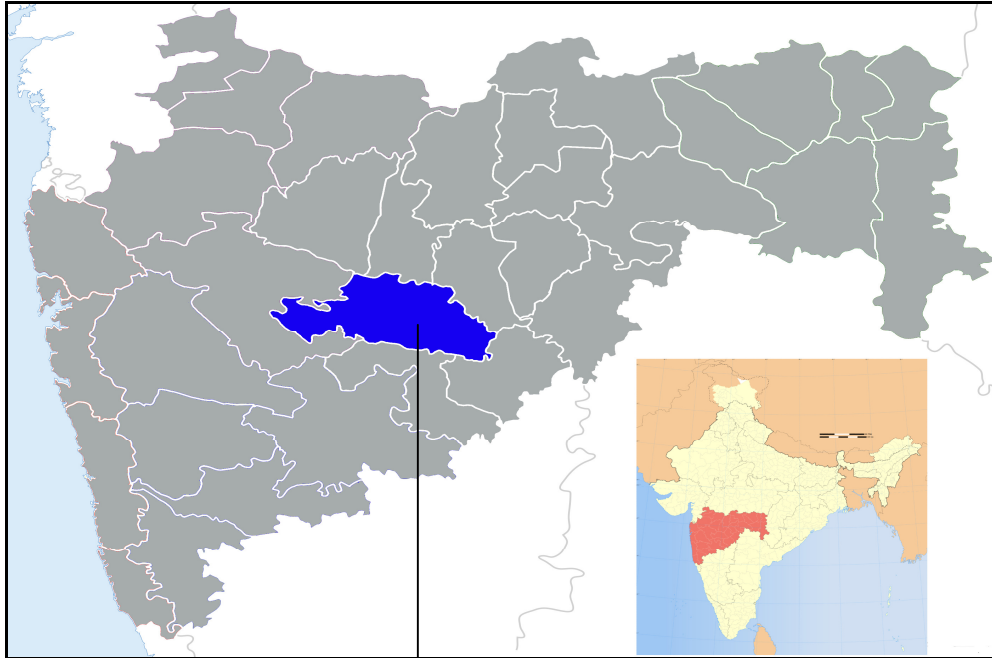
Beed district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. The district constitutes about 2.3 percent of total population of the state. The ancient name of Beed was Champavati nagar. This historical city is situated on the bank of the Bindusara river. This city is surrounded by various historical places.

At state level, the sex ratio has increased from 922 in 2001 to 925 in 2011. However, in Beed district the sex ratio has shown a declining trend with the current sex ratio less than what was in the 2001 census and even less than the state level sex ratio of 925. The child sex ratio in the district is extremely unfavourable to the girl child with 807 female children per 1000 male children in 2011. Further, the child sex ratio in the district declined by 87 points from 2001 (894) to 2011 (807), which is a maximum decline in the state. Sex wise literacy rates shows that it is 83 percent for males and 62 percent for females with



a gap of almost 20 percent between males and females. Female literacy is much lower than the state average of 75 percent.

### Map of Maharashtra State and Beed District



### Key Demographic Indicators: Maharashtra and Beed District (2011)

Indicators	Values		Indicators	Values	
	Beed	Maharashtra		Beed	Maharashtra
No. of Blocks	11	355	Scheduled Caste (%)	13.59	11.8
No. of Villages	1,365	43,663	Scheduled Tribe (%)	1.27	9.4
Population – Total	2,585,049	11,23,72,972	Literacy Rate – Total (%)	77.0	82.91
Population – Male	1,349,106	5,83,61,397	Literacy Rate – Male (%)	85.6	89.82
Population – Female	1,235,943	5,40,11,575	Literacy Rate – Female (%)	67.8	75.48
Density of Popn/Sq.km	242	365	Sex Ratio (f/m)	916	925
Urban Population (%)	19.89	45.23	Child Sex Ratio	807	883

Source: Census of India 2011

#### 4. Key Health and Service Delivery Indicators, Beed

Items	Values
Infant Mortality Rate (IMR)	15.09
Neonatal Mortality Rate (NMR)	8.35
Maternal Mortality Rate (MMR)	54.73
OPD attendance (average per month)	187276
IPD attendance (average per month)	14149
Mothers registered in the first trimester (%) #	51.9
Mothers who had at least 3 ANC visits (%) #	58.5
Home deliveries #	1.3
Unmet need for FP (%) total #	19.8
Children received full vaccination (%) #	54.5
Institutional deliveries (%) #	98.7

Source: Survey of Causes of Death (2012); SRS (2012)# DLHS 4 (2012-13)

**Beed District: Key Service Utilization Parameters of visited facilities (April to July 2015)**

Service Utilization Parameter	DH Beed	WH Neknoor	SDH Gevrai	PHC Tadsona	SC Nathapur
OPD	138474	18485	54619	4550	
IPD	55411	2870	2690	72	
Expected number of pregnancies	--	--	--	225	--
MCTS entry of women registered in the first trimester	--	210	296	168	43
No. of pregnant women given IFA	1610	412	343	225	56
Total deliveries conducted	3336	293	452	29	13
Number of Deliveries conducted at home					--
No. of assisted deliveries(Ventouse/ Forceps)--	--	40	--	--	
No. of C section conducted	455	10	--		
Number of obstetric complications managed	--	7	196	--	
No. of neonates initiated breast feeding within 1 hour	3286	292	452	29	13
No. of children screened under RBSK	--	--	--	--	--
RTI/STI Treated	436	--	19	7	
NBSUs/ SNCU Inborn	358	284	31	--	
NBSUs/ SNCU Outborn	149	19	--	--	
No. of children admitted with SAM	2	--	--	--	
No. of sick children referred	7	10	6	--	--
No. of pregnant women referred	--	53	196	9	19
ANC1 registration	1610	210	396	79	56
ANC 3 Coverage	1232	93	343	34	31
ANC 4 Coverage	1067	11	659	8	23
No. of IUCD Insertions	198	19	106	12	16
No. of Tubectomy	880	71	89	11	
No. of Vasectomy	2	--	--	--	
No. of Minilap + Laparoscopy	400	71	--	--	
No. of children fully immunized	1704	39	428	16	37
Measles coverage	3489	38	428	16	37
No. of children given ORS + Zinc	967		10	28	22
No. of children given Vitamin A	6978	48	428	16	110
No. of Children given IFA syrup					--
No. of women who accepted post-partum FP	10	22	452	--	
No. of MTPs conducted in first trimester	930	23	--	--	
No. of MTPs conducted in second trimester	59	--	--		
Number of Adolescents attending ARSH clinic	--	--	4945		
Maternal deaths, if any	--	--	--	--	--
Still births, if any	1	--	3	--	--
Neonatal deaths, if any	10	1	--	--	--
Infant deaths, if any	--	--	--	--	
Number of VHNDs attended					5
Number of VHNSC meeting attended					2
Service delivery data submitted for MCTS updation					82%

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

In addition in DH Beed during the reference period the following services were provided Minor surgery (4483); major surgery (3401); Xray (8974); USG (11589); ECG (5601); CT scan (402); Dog bite cases (4231); snake bite cases (160); Blood units collected (5599); LT (135917); MLCs (3488); LSCS(455) ; and Scorpion bite cases (55).

## 5. Health Infrastructure

### Health Infrastructure in Beed District

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	1	Yes	1	320
Women's Hospital	1	Yes	1	60
SDH	3	Yes	2	100 beds at Parli 50 beds at Dharur 50 beds at Georai
CHC	11	Yes	11	30
PHC	50	45	44	6
SC	280	178	178	NA
AYUSH facilities (Ayurvedic)	*	Yes		10
AYUSH facilities (Homeopathic)	*	Yes		10
AYUSH facilities (others)	*	Yes		10

NA = Not Applicable; \* located in DH

**DH BEED** is located in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are available for all the categories of staffs. DH has electricity with power back up, running 24\*7 water supplies, clean wards, and toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBCC, NRC, NBSU, BSU, ICTC/PPTCT, help desk, and separate room for ARSH clinic are available. Complaint/ suggestion box is available. Biomedical waste is outsourced.

**WH Neknoor** is combined with CHC, is a 60 bedded hospital located in a government building and in a good condition. The health facility is easily accessible from nearest road. WH has electricity with power back up, running 24\*7 water, clean wards, and toilets. However, there is no mechanism of filtering drinking water. The main source of water in hospital is through bore well and in summer they have to rely on tank water. Staff quarters are available for all the categories of staffs which is quite good as staff quarters were not available during the last PIP visit in 2013. Staff nurses do not have a separate changing room. Functional and clean labour room is available with clean toilet attached to it. Functional NBSU and BSU are available. Wards are clean. ARSH clinic are not held in a separate room. NRC is not available. ICTC centre is available. Biomedical waste is outsourced. Complaint or suggestion box is not available.

**SDH, Gevrai** is located in Gevrai block and approximately 30 km from headquarter. The health facility is easily accessible from nearest road. SDH is functioning in a government building which is in a good condition. Staff quarters are available for MOs, SNs, and other categories of staffs. However, one of the MO quarter is not in a good condition. SDH has electricity with power back up although infrequent, running 24\*7 water supply, clean wards, and toilets separately for males and females. Separate wards are available for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBSU although available could not function properly due to non provision of battery back up. ARSH clinic are held separately in a room. NRC is not available. Complaint/suggestion box is not available. ICTC centre is available. Biomedical waste is outsourced. **SDH is located in highway although Post Mortem room is constructed it is not yet handed over to hospital. Mortuary room is also required. Compound wall is required with security. For outsourcing fund is required. Accommodation of relatives is also required.**

**PHC Tadsona** is located in tadsona block covering 29 villages and is located approximately 29 kms from headquarter. The selected PHC is easily accessible from nearest road and is functioning in an old government building which is not in a good condition. The construction of new building is in progress and is likely to be handed over in a year's time. Staff quarters for MO although available is not in a good condition. Staff quarters for SNs are available and for other categories not available. PHC has electricity with power back up, running 24\*7 water supplies is not available. Wards are clean as well as toilets but are not available separately for males and females. Functional clean labour room is available with toilet attached to the labour room. The cleaning of this room is maintained through RKS fund. NBCC and NBSU are not available. Waste management is done by burying in a deep burial pit. Complaint/suggestion box is available.

**SC Nathapur** comes under PHC Tadsona, which is located approximately 16 Km from this SC. SC is located in main habitation covering five villages with a population of approximately 6,376. SC is functioning in a government building which is in a good condition. It has electricity with power back up and running water 24\*7 supply. ANM quarters are available and ANMs are residing in these quarters. Functional clean labour room is available with attached clean toilet. NBCC is not available. General cleanliness is maintained. Complaint/ suggestion box is available. Biomedical waste management is available in the form of deep burial pit.

## **6. Human Resources and Training**

District as a whole is facing severe shortage of health and supporting staffs. District In total has 161 posts in grade I and II out of which 118 posts are filled. Out of the sanctioned 36 MOs in Class I 15 are available. Out of these 21 vacant posts of Class I MOs 9 vacant posts are in DH, Beed itself; all the sanctioned three posts of OS are vacant; and out of the three sanctioned post of dentist only one post of is filled.

**No. and types of HRH required vs available (Class I & II), postings in Beed District as on August, 2015**

Sr. No.	Name of Post	Sanctioned	Available	Vacant	Blocks with no. of facilities vacant)
1	Chief Supriendent – Class I	1	1	0	
2	MO- Class I	36	15	21	Jirubeed-9; Neknoor-4; Dharur-1; Ashti-1; Raimoha-1; Patoda-1; Mazalgaon-1; Talked-1; Gevrai-1; Parli y-1
3	MO- Class II	116	100	16	Telgaon-5; Khej-6; talked-2; Chinchwan-1; Ashti-1; Nandurghat-1
4	OS Grade B	3	0	3	Jirubeed-1; Khej--1; Parli y-1
5	Dentist- Grade B	3	1	2	Khej--1; Parli y-1
6	MO- Class III Grade B	2	1	1	Khej--1
	<b>Total</b>	<b>161</b>	<b>118</b>	<b>43</b>	

District is in shortage of specialist such as Anaesthetist, Gynaecologist, Paediatrician, Pathologist, MOs and MPHWS.

**No. and types of HRH required vs available (Regular + NRHM) in Beed District as on August, 2015**

Sr. No.	Name of Post	Sanctioned	Available
1	Gynaecologist	28	19
2	Paediatrician	22	16
3	Anaesthetist	27	10
4	Cardiologist	0	1
5	ENT	3	1
6	Eyes	5	3
7	Radiologist	4	4
8	Pathologist	1	0
9	Medicines	9	6
10	MOs	117	107
11	LHV	38	36
12	ANM	428	416
13	MPHW (m)	311	196
14	SN	312	301
	<b>Total</b>	<b>1305</b>	<b>1116</b>

**Human Resource at DH:** Nearly, half of the staff positions vacant in class III are of staff nurses. Also 3 junior clerks out of the sanctioned 7 posts are vacant and only 1 sanctioned post of ECG technician,

housekeeping, social worker, plumber, technician, arthritis cum prothetic technician posts are vacant. **In nursing school all the sanctioned posts of coordinator and teachers are vacant.** Also, one sanctioned post of driver; Technician (OT), librarian etc are vacant.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
	<b>Class III</b>			
1	Assistant Matron	1	1	0
2	Coordinator (ANM)	5	5	0
3	Nurse	25	25	0
4	Staff nurse	115	92	23
5	Matron	1	1	0
6	Staff Nurse(psycatrist)	3	2	1
7	Staff Nurse(paediatrics)	3	1	2
8	Staff Nurse(general)	4	3	1
9	Dietician	1	1	0
10	Technician (Arthritis cum prosthetic )	1	0	1
11	Occupation therapist	1	1	0
12	Technician (ECG)	2	1	1
13	Senior Clerk	4	4	0
14	Junior Clerk	7	4	3
15	Typist (Marathi)	1	1	0
16	Clinical	2	2	0
17	Administrative officer	1	1	0
18	Account officer	2	2	0
19	Technician (ophthalmologist)	6	4	2
20	Technician (Blood)	3	3	0
21	LT	3	3	0
22	Pharmacist CL III	7	7	0
23	Storekeeper	1	1	0
24	Head supervisor(cleaner)	1	0	1
25	Supervisor(cleaner)	2	1	1
26	Electrician	1	1	0
27	Housekeeping	1	0	1
28	Accountant	2	2	0
29	Telephone operator	2	2	0
30	Mason	1	0	1
31	Dentist (technician)	1	1	0
32	Dentist	1	1	0
33	Social worker	1	0	1
34	Plumber	1	0	1
35	Tailor	1	1	0
36	Statistical assistant	1	1	0
37	MSW	1	1	0
38	Psycatrist	2	2	0

39	Medical Counsellor	1	0	1
40	Warden	1	1	0
41	Driver	10	10	0
	<b>Total</b>	<b>230</b>	<b>189</b>	<b>41</b>
<b>Eye hospital (20 bedded), DH Beed Class III</b>				
1	Staff Nurse	5	5	0
2	Assistant (OT)	1	0	1
3	Officer (Ophthalmologist)	15	15	0
	<b>Total</b>	<b>21</b>	<b>20</b>	<b>1</b>
<b>Transferrable (medical), DH Beed</b>				
1	Staff Nurse	1	1	0
2	Driver	1	0	1
	<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Transferrable (technical), DH Beed Class III</b>				
1	Service operator	1	1	0
2	Mukadam	1	1	0
3	Electrician	1	0	1
4	Skilled worker	1	0	1
	<b>Total</b>	<b>4</b>	<b>2</b>	<b>2</b>
<b>Trauma care unit, Talegaon taluk, Mazalgaon Beed ,Class III</b>				
1	Sister	3	3	0
2	Staff Nurse	1	1	0
	<b>Total</b>	<b>4</b>	<b>4</b>	<b>0</b>
<b>GNM nursing school, Beed Class III</b>				
1	Teacher	1	0	1
2	Assistant teacher	1	0	1
3	Coordinator/syllabus	14	0	14
4	Typist	1	0	1
5	Warden	3	0	3
6	Head Clerk	1	1	0
7	Librarian	1	0	1
8	Assistant LT	1	1	0
	<b>Total</b>	<b>23</b>	<b>2</b>	<b>21</b>
	<b>Grand Total</b>	<b>284</b>	<b>218</b>	<b>66</b>

**WH Neknoor:** Table below shows all the specialists posts are vacant in Class 1. Class II also staffs are vacant mainly of sisters and one matron. WH requires training for health and supporting staffs.



Sr. No.	Name of the post	Sanctioned	Filled	Vacant	Remark
1	MS Cl-I	1	0	1	
2	MO Cl-I (Paediatrician)	1	0	1	
3	MO Cl-I (Gynaecologist)	1	0	1	
4	Anaesthetist- Cl-I	1	0	1	
	<b>Total</b>	<b>4</b>	<b>0</b>	<b>4</b>	
1	Gynaecologist	1	1	0	IPHS, NHM
2	Anaesthetist	1	1	0	On call
3	MO (Ayurvedic)	1	1	0	
	<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	
1	MO Cl-II	3	3	0	Gynaecologist
2	MO Cl-II (Paediatrician)	2	2	0	One MO is on leave and in place one contractual MO
3	Anaesthetist - Cl-II	2	2	0	One MO is on leave and in place one contractual MO
	<b>Total</b>	<b>7</b>	<b>7</b>	<b>0</b>	
	<b>Class III</b>				
1	Assistant Matron	1	0	1	
2	Staff nurse	5	5	0	One SN on deputation in DH
3	Sister	20	16	4	
4	Sister(paediatrics)	1	0	1	
5	Dietician	1	0	1	
6	Senior Clerk	2	2	0	One senior clerk on deputation in CHC patoda
7	Junior Clerk	2	2	0	
8	OPD clerk	2	0	2	
9	Administrative officer	1	1	0	
10	Technician (X ray)	2	0	2	
11	LT	2	2	0	
12	Pharmacist CL III	3	3	0	
13	Storekeeper	1	1	0	
	<b>Total</b>	<b>43</b>	<b>32</b>	<b>11</b>	
	<b>Class IV</b>				
1	Mukadam	1	0	1	
2	Assistant Cook	1	1	0	
3	Assistant LT	1	1	0	
4	Assistant Ophthalmic	1	1	0	
5	OT attendant	3	3	0	
6	Ward boy	8	8	0	
7	Sweeper	10	10	0	
8	Security	3	3	0	
	<b>Total</b>	<b>28</b>	<b>27</b>	<b>1</b>	

**SDH Gevrai:** In SDH Gevrai. One each of the sanctioned post of MS, assistant LT and junior clerk are vacant.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant	Remark
1	MS CI-I	1	0	1	
2	MO CI-II (Surgeon)	1	1	0	
3	MO CI-II (Gynaecologist)	1	1	0	
4	MO CI-II (Surgeon)	1	1	0	
5	MO CI-II	1	1	0	
6	Paediatrician CI-II	1	1	0	
7	MO CI-II	2	2	0	
8	Assistant Matron	1	1	0	
9	Staff nurse	2	2	0	
10	Assistant Supriendent	1	1	0	
11	Senior Clerk	1	1	0	
12	Junior Clerk	1	0	1	Vacant post
13	Administrative officer- CL II	1	1	0	
14	Sister In charge	12	12	0	
15	Technician (ophthalmologist)	1	1	0	
16	LT	1	1	0	
17	Pharmacist	3	2	1	
18	Assistant LT	1	0	1	Vacant post
19	Ophthalmic officer	1	1	0	
20	Driver	1	1	0	
21	Helper....	1	1	0	
22	OT attendant	1	1	0	
23	Ward boy	5	4	1	Vacant since 31 August 2014
24	Dresser	1	1	0	
25	Sweeper	2	2	0	
26	Security	2	1	1	
	<b>Total</b>	<b>47</b>	<b>41</b>	<b>6</b>	
	<b>Trauma care Unit</b>				
1	MO CI-II	2	2	0	
2	Orthopaedics CI-II	1	1	0	
3	Anaesthetist CI-II	2	2	0	
4	Staff nurse	1	1	0	
5	Sister In charge	3	2	1	
6	Driver	1	0	1	Vacant post
7	Ward boy	3	3	0	
8	Sweeper	2	2	0	
	<b>Total</b>	<b>15</b>	<b>13</b>	<b>2</b>	

**PHC Tadsona:** All the posts are filled in PHC except one each of the sanctioned post of Pharmacist, female health assistant, junior clerk, and driver.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant	Remark
1	Medical officer (Grade A)	2	2	0	
2	SN	0	1	0	Contractual
3	ANM	1	1	0	
4	Pharmacist	1	0	1	One available Under NRHM
5	LHV/PHN	1	1	0	Under NRHM
6	Lab. Tech.	3	3	0	
7	Health assistant (male)	2	2	0	
8	Health assistant (female)	1	0	1	Contractual
9	Technician (leprosy)	1	1	0	
10	Assistant (eye)	1	1	0	
11	Health worker	4	4	0	
12	Peon	5	5	0	
13	Driver	1	0	1	Contractual
14	Helper	9	9	0	4 are under NRHM
15	Junior clerk	1	0	1	
	<b>Total</b>	<b>33</b>	<b>30</b>	<b>4</b>	

**SC Nathapur:** SC has 2 ANMs (1 regular and one under NRHM). ONE MPW is also available

**Training status /skills of various cadres in the visited health facilities, Beed district.**

Training programmes	District total	DH Beed	WH Neknoor	SDH Gevrai	PHC Tadsona	SC Nathapur
EmOC	13 MOs	MO-1, Matron-1,	--	--	--	
LSAS	7 MOs		--	--	--	
BeMOC	136 MOs		--	--	MO-2, ANM-1	
SBA	130 ( ANM, LHV, SN)		SN-4	SN-8	ANM-1	ANM-1
MTP/MVA	64 MOs		--	--	MO-1	
NSV	34 MOs		MO-1	--	MO-1	
F-IMNCI/IMNCI	330 (ANM 280, LHV-50)		MO-1	MO-1	MO-2	ANM-1
NSSK	452 ( MO-37, SN- 107,ANM 208; LHV-50, ANM-50)		SN-2	SN-4	--	--
Mini Lap- Sterilisations	63 MOs		--	--	MO-1	
Laparoscopy-	8 MOs		--	--	--	
IUCD	555 ( MO-100, SN- 75,ANM 330; lhv- 50)		--	SN-7	MO-2, ANM-1	--
PPIUCD	53 (MOs-32, SN- 21)		--	SN-2	--	
RTI/STI	--		--	--	MO-2	
Immunization and cold chain	--		--	--	ANM-1, MO-1	
RNTCP	--		--	--	--	
Blood storage	--		LT-1	--	--	
IMEP	671 ( MO-138, SN- 103,ANM 50; lhv- 50, ANMcont-330)		--	--	--	
RI			--	--	--	ANM-1

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

**7. Availability of Health service by no of facilities:** Health services of OT Surgery (Major) OT Surgery (Minor), Medicines, Obstetrics, Gynaecology, Cardiology, Emergency, Trauma Care, Ophthalmology, ENT, FP services, Ancillary services of blood bank, Radiologist, Pathologist, Mild Patient management, C section deliveries, OPD medicines, and OPD Gynaecology are available in the district.

#### **Availability of Drugs and diagnostics, Equipments**

EDL and EDL lists of medicines are available in the district.

**DH BEED:** EDL is available and displayed in DH. Computer inventory system is in place. All the essential drugs are available in DH except Mifepristone tablets, IFA (blue) and IFA syrup with dispenser. Essential diagnostics test are available in DH. Sufficient numbers of blood bags are available, and blood bag refrigerators are functioning. Registers of blood bags issued is properly maintained. Essential supplies and equipments are available in DH except for MVA equipments. However, there is shortage of space for equipments. During the reference period April-July, 2015 Hemoglobin (34,766), CBC (13,966), Urine albumin and sugar (31,999), Blood sugar (11,954), RPR (2,432), Malaria (4,490), and LFT (10,053) tests were conducted. In terms of equipments and availability of drugs and diagnostics there is an improvement in the availability of essential equipments and drugs as compared to last PRC visit.

**WH Neknoor:** EDL is available and displayed only in drug store in WH. Computer inventory system is in place. Essential drugs are available in WH except for Misoprostol tablets. Essential supplies and consumables are available in WH except for Ventilator, Surgical Diathermies, laparoscopes, ultrasound scanners, CT scanner, and C-arm unit. All types of diagnostics test are available except for Liver Function test, Ultrasound (Scan and OB), and Endoscopy. Blood Storage Unit which was not available during our last visit is now available in WH. BSU has functional blood bag refrigerators with temperature for chart recording. Sufficient no of blood bags are available. During last PIP visit the same equipments were not available however, the number of equipments non available are less now.

**SDH, Gevrai:** EDL is available and displayed. Computer inventory system is in place. Essential drugs are available in SDH except for IFA syrup with dispenser (not available since July 2015), and Mifepristone tablets. Essential equipments are available except ILR and deep freezer which requires repair. Essential supplies and consumables are available except EC pills, and sanitary napkins. Adequate vaccine stocks are available. Essential diagnostics test are available. During the reference period April-July 2015, Hemoglobin (1108), CBC (1155), Urine albumin and sugar (1078), Blood sugar (42), RPR (422), Malaria (1283), TB (433), and HIV (1484) were conducted. Blood Storage Unit is functioning in SDH.

**PHC Tadsona:** EDL is available and displayed in PHC. Essential drugs are available. Essential supplies and equipments are available except radiant warmer and semi autoanalyzer which requires repair. Among laboratory equipments Semi auto analyzer, Microscope (2), and Hemoglobin meter (2) requires repair. Major diagnostics tests are available except CBC, serum Bilirubin test, and RPR tests. During the period

April-August, 2015 Hemoglobin (45), Urine albumin and sugar (40), Blood sugar (75), Malaria (1744), TB (126), and HIV (40) were conducted.

**SC Nathapur:** Essential drugs and equipments are available in SC except for equipment Neonatal ambu bag which although available is not in working condition. Among EDs IFA syrup with dispenser is unavailable since April, 2015.

### **AYUSH services**

AYUSH facilities are provided in eleven health facilities of the district. AYUSH services of Ayurveda, Panchkarma, Homeopathy, and Unani are available. These services are provided in DH, WH and in RHs in Ashti, Mazalgaon, Kaij, Dharur and Patoda and in SDHs Parli and Georai. During the reference period April-July, 2015 the number of patients were provided the services of Ayurveda (OPD 11076 IPD 299), Panchkarma (OPD 855 IPD 427), Homeopathy (OPD 8404 IPD 194), Unani (OPD 4543 IPD 89), and Illaj bid Tajib (OPD 299 IPD 36).

AYUSH OPDs are earmarked separately with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is a member of the RKS.

## **8. Maternal health**

### **8.1 ANC and PNC**

During the reference period April-July, 2015 as per DHIS-II, out of the total 18,124 ANC registrations first trimester registrations were 11,874 in the district. Thus, district recorded 65 percent registration in first trimester. Women having severe anemia were line listed and treated in institute. Hypertensive pregnant women's were also identified. B-sugar and U-sugar tests were conducted. Protein tests were not conducted. Pregnant women were provided with TT (12,915) and IFA tablets (13,845).

In the visited facilities pregnant women were provided with IFA tablets. Mother's are advised to stay for atleast 48 hours after delivery in the hospital and breast-feeding was initiated within 1 hour of the delivery.

### **8.2 Institutional deliveries**

During the reference period, April to July, 2015 as per DHIS-II data, institutional deliveries was 8,163 out of which 594 were C-section deliveries in the district. Patients were provided with EmOC facilities.

### **8.3 Maternal death Review**

State/district task force is formed to conduct MDR the reports of which are published. Nil maternal deaths were reported in the district during the reference period April-July, 2015.

### **8.4 JSSK**

Under JSSK free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to mothers and infants. District in total had 6,744 institutional deliveries during the reference period April-July, 2015

out of which, 4,078 were provided with home to institute free transport with a pick up of 60 percent against institutional deliveries and drop back service was provided to 4,649 women with a drop back percent of 69 percent against institutional deliveries. Inter transport facilities were provided to 1,709 mothers. The number of infants admitted during the reference period was 967 out of which nearly half the number of infants 493 received free pick up, and 418 infants were provided with drop back. Inter transport facilities were provided to 190 infants.

There are 50 PHCs in Beed district and each PHC is provided with a vehicle for JSSK. During the reference period April to July, 2015 in PHCs free transport from home to institute was provided to 1,814 mothers as against 2,042 deliveries in PHCs, thus out of the total deliveries in PHCs 88 percent of mothers were provided with free transport service from home to Institution. Inter Institute transport facilities were provided to 1,620 mothers and drop back to home was provided to 1,736 mothers. Drop back percent was 85 percent as against the institutional deliveries in PHCs.

In RHS and SDHs, the number of mothers provided with free transport from home to institution was 3,249 which were only 58 percent against the institutional deliveries 5,571. Institute to Institute free transport was provided to 2,389 mothers and drop back to home was provided to 4,148 mothers thus 74 percent of total deliveries were provided with drop back facilities.

Similarly in DH and WH out of the total number of 9,060 deliveries in WH and DH 5,518 women were provided with free pick up transport service leading to 60 percent pick up service. Inter transport facilities was provided to 358 mothers and drop back to 6,625 mothers thus 73 percent of mothers utilized free drop back transport facilities.

Although, the number of women provided with free transport service was better in PHCs the reverse is observed in RHs and SDHs in terms of infants with 173 neonates provided with free pick up service as against 381 infants admissions, inter transport service to 296 infants and drop back to 166 infants thus leading to a pick up percent of 43 and drop back 45 percent of admissions.

In DH and WH the number of infants who received home to institute free transport was 1,168 and inter institute transport was 143 and drop back was 1,114 as against 2,111 admissions thus leading to a pick up of 55 percent and drop back percent of 95 per cent.

**DH Beed:** During the reference period April-July, 2015 314 women and 77 infants were provided with free transports from home to institute, 3 women and 14 infants were provided with inter facility (to Aurangabad) and drop back facility to home were provided to 12 women and nil number of infants.

**WH Neknoor:** During the reference period April-July, 2015 2,020 women and 424 infants were provided with free transports from home to institute, 139 women and 63 infants were provided with inter facility and drop back facility to home were provided to 2,217 women and infants.

**SDH Gevrai:** During the reference period April-July 2015, 27 women were provided with free transports from home to institute, 180 women were provided with inter facility and drop back facility to home were provided to 25 women. Among sick infants 27 of them got inter facility transport facilities.

**PHC Tadsona:** Thirty four women were provided with the services of free transport from home to PHC and all of them received free drop back service. Nine beneficiaries were provided with inter transport facility.

### **8.5 JSY**

During the reference period April-July 2015; JSY incentive paid as per eligibility criteria was 1,100; and in 968 cases there were no delays in JSY payments. Full amount of financial assistance is provided before discharge from the facility in the form of a/c payee. JSY benefits were also provided to beneficiaries for home deliveries. District level authorities (TMO) do not do physical verification of beneficiaries (at least 5%) to check if any malpractices and whether proper records of JSY beneficiaries are maintained. Grievance redressal mechanism is not activated in the district. Proper records are maintained at facility level.

JSY payments are given before discharge in the form of ac payee cheque in DH, WH, PHC Tadsona, and SDH Gevrai. Diet is outsourced in SDH Gevrai.

## **9. Child health**

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in district (DH, SDH, CHC) with necessary equipment and trained manpower. During the reference period April-July 2015 in SNCU 511 sick babies were admitted out of which 365 were cured, 52 not cured, and 47 were referred. NBSU is available with necessary equipment and trained manpower. During the reference period April-July, 2015 in NBSU 35 were admitted and the same number of babies was referred.

Trained manpower are available in DH Beed however, there is shortage of MOs and SN. Full availability of health staff can strengthen functioning of SNCU. PHC Tadsona and SDH Gevrai can manage sick neonates and infants. However, WH Neknoor cannot manage sick neonates and infants.

### **9.1 Immunization**

During the reference period April – July 2015; as per DHIS-II 2,721 children's were fully vaccinated in the district. Immunization sessions 4369 were planned and 4355 were held in the district. Babies (15,856) were provided with BCG doses. DPT 1, 2 and 3 were provided respectively to 17,294; 16,112; and 16,023 babies. DPT booster was provided to 16,039 children. Zero doses of polio were provided to 13,960 babies and polio 1, 2 and 3 doses were provided respectively to 17,172; 16,205; and 16,069 babies. Polio booster was provided to 16,047 children's. Hepatitis 0, 1, 2, and 3 were provided respectively to 3714; 17,156; 16,195; and 15,922 babies. Measles 1 &2 were provided respectively to 16,653 & 15,354 babies. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.



In the visited health facilities zero doses of OPV, BCG and hepatitis B were provided to the babies. Health staffs can correctly administer vaccines. There is availability of alternate vaccine delivery system. In SC Nathapur ANM have necessary skill and knowledge to correctly use partograph, provide essential newborn care, correctly administer vaccine, guidance/support for breastfeeding, and correctly identify sign of pneumonia and dehydration, and awareness of immunization schedule.

## **9.2 RBSK**

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child healthy screening and early intervention services are available at district level. Teams (39) are constituted for screening with proper plans of visit with 37 male MOs and 36 female MOs; 37 pharmacist; 33 ANMs; and each team equipped with vehicle, equipment, and medicines.

The target for screening anganwadis during the period April to September, 2015 was 2884 and all the centres were screened. The number of children screened under anganwadi during the reference period April – July 2015 was 2,31,823 with 1,21,497 males and 1,10,326 females.

The target for screening schools during the period April to September, 2015 was 2,951 and 730 schools were screened with an achievement of 25 percent of the target. The number of children screened in schools during the reference period April – July 2015 was 80,066 with 43,110 males and 36,956 females.

## **10 Family planning**

Family planning along with counselling services are provided in the district (4,244). IEC materials related to family planning are available as well as IEC activities are conducted.

As per DHIS-II data during the reference period April –July, 2015 NSV (2), female sterilization (4,242); IUCD (2479); 78,918 condoms, and 26,891 oral pills were provided in the district. IUCD 380 is available in the district. There are 27 facilities where PPIUCD services are available. ASHAs are involved in the social marketing of spacing methods.

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained.

## **11 ARSH**

ARSH clinics functioning in the district with trained manpower (out of the sanctioned 13 posts, 8 are filled and out of the 5 available manpower one requires training). Under ARSH there is provision of health awareness, counseling, programme information and outreach ARSH services.

## **12 Quality in health services**

### **12.1 Infection Control and Biomedical Waste Management**

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Specifically cleaning, disinfecting and reprocessing of reusable equipments, and waste management, need to be adapted in every facility in protecting and preventing infections.

Regular fumigation is done in the visited health facilities. Washing/laundry service and dietary scheme are available. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place. Tallies are not implemented in SDH Gevrai and WH Neknoor and there is mechanism for grievance redressal. In DH Beed Tallies are implemented and there is mechanism for grievance redressal.

### **12.2 Record Maintenance**

All records/registers for IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled.

In SDH Gevrai RKS amount available was nil during the reference period April to August, 2015. However, an amount of 5500 was spend on RKS thus SDH is with a deficient of 5500. Untied fund and AMG available was nil and nil expenditure.

In PHC, Tadsona Referral registers are not available only one book is available. In SC, Nathapur MCP cards are not available. VHND plan and VHSNC meetings are conducted but records are not maintained.

### **12.3 IEC**

**DH:** Approach roads have direction to WH. JSSK entitlements; immunization schedule, JSY entitlements, EDL, timing of health facility, and other IEC material are displayed in DH.

**WH Neknoor:** Approach roads have direction to WH. JSSK entitlements, immunization schedule, JSY entitlements, EDL, timing of health facility, protocol posters and other IEC material are displayed in WH. Citizens' charter and list of services available, are not displayed in WH.

**SDH, Gevrai:** Approach roads do not have direction to SDH. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in SDH. However, citizen charter and EDL are not displayed in SDH.

**PHC, Tadsona:** Approach roads do not have direction to PHC. Timing of health facility, protocol posters, immunization schedule, list of services available, EDL, and JSY entitlements are displayed in PHC. However, Citizen charter, JSSK entitlements are not displayed in PHC.

**SC Nathapur:** Approach roads have directions to SC. Immunization schedule, JSSK entitlements, Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and JSY and JSSK entitlements are not available in SC. SBA protocol are displayed in SC.

### **13. Referral transport and MMUs**

District has ambulances with different types. On an average for a population of 25,000 one ambulance is available and one MMU. Micro plan are prepared. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis. Number of patients served in MMU during the reference period April-July, 2015 was 6,611.

### **14. Community Processes**

#### **14.1 ASHA**

During the reference period April-July, 2015 there is a requirement of 1,904 ASHAs as per sanctioned post. Out of which 1,788 are in place. During the same period 35 ASHAs left and the same number of new ASHAs joined. Module 6 & 7 training was given to 1,734 ASHAs in the district. In Family planning methods condoms and pills are provided to all the ASHAs. ORS and Zinc are available to all the ASHAs. An ASHA worker receives an average of Rs. 950/-per month. The highest incentive paid to ASHA worker is Rs. 35,000/- and the lowest is Rs. 1000/-. Payments are disbursed in time to all the ASHAs and drug replenishment kits are provided to all ASHA. ASHA resource centre is available.

### **15. Disease control programmes**

The number of slides (Malaria) prepared during the reference period April-July2015 was 9,111 out of which positive slide reported was 442. RDK are not available. Drugs and staffs are available. The number of sputum test conducted during the reference period April-July 2015 was 4,090 and 232 was found to be positive.

DOT medicines are available. All key RNTCP contractual staff positions are filled and timely payment of salaries to RNTCP staffs and DOT providers. The number of new cases detected was 313 out of which nil was detected by ASHAs and 388 patients are under treatment.

### **16. HMIS and MCTS**

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes, consistency and data validation. Data entries are regularly updated in MCP and MCTS in the visited facilities.

## List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LHV	Lady Health Visitor
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation

NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee