

**Monitoring and Evaluation of Programme Implementation Plan 2018-19
Latur District, Maharashtra**

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Monitoring and Evaluation of Programme Implementation Plan, 2018-19

Latur District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP (2018-19) of Latur District was carried during the period June 18-22,2018. Primary data were collected using the semi-structured questionnaire from the District Programme Management Unit. The data were also collected from 1 Sub Divisional Hospital, 1 Rural Hospital, 1 PHC and 1 SC.

a) Key Observations and Findings

- Among regular sanctioned post in Latur district at DHO side, five CI-I medical officer positions are vacant. Also, 24 posts of Class-II MO are vacant as against the sanctioned post of 101. As well, 106 Health Worker male and 4 Health Assistant male positions are vacant of sanctioned positions of 276 and 70 respectively. In addition 142, Health Worker female and 1 Health Assistant female position are vacant of sanctioned positions of 401 and 48 respectively.
- Considering contractual posts, total sanctioned posts are 2350 (including ASHAs), and 61 posts are vacant in the district.
- Total 81 positions are sanctioned under IPHS of which 28 are vacant.
- In terms of sanctioned and filled in position under Civil Surgeon side 18 CI-I MO positions are sanctioned and 3 are vacant, whereas 81 CI-II positions are sanctioned of which 11 are vacant. Pertaining to nursing cadre 183 posts are sanctioned and only 11 posts are vacant. Overall 283 positions are sanctioned and 26 are vacant.
- AYUSH facilities are provided in 9 health facilities. Sanctioned posts of 22 AYUSH MOs post are filled in Ayurveda, Homeopathy and Unani. None of them is a member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from the Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.
- During the period of April to May 2018, a total of 35298 OPD patients and 74 IPD patients have benefited from AYUSH in the district. Out, of which 12883, 14167, 7492 and 760 are OPD patients of AYURVEDA, HOMEOPATHY, UNANI AND YOGA & NATUROPATHY respectively.
- Under JSSK, the pregnant women in Latur district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0 to 1 year of birth. Free transportation facility for mother and neonates is available from their residence to the hospital, hospital to hospital and hospital to the residence. They also receive free diet during their stay in the hospital.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through Public Financial Management System (PFMS) transfer to beneficiaries A/C after the discharge or within

seven days of discharge. Physical verification of JSY beneficiaries is not being done by the district health officials.

- Total 2781 women delivered at the institution of which the total number of women provided with free transport home to the institute is 2313, institute to institute is 763 and drop back institute to home is 2596. In case of sick neonates, the total number who received free transport from home to the institute is 243, institute to institute is 79 and drop back from institute to home is 97.
- There is a functional SNCU in women hospital with 10 Beds, out of which 5 beds are for inborn infants and 5 for outborn infants. All the health facilities including services providers, ANMS and ASHAs have been provided with necessary information for optimal utilization of SNCU services.
- During the reference period, 103 infants have been admitted, of which 71 are inborn and 32 are outborn; 89 infants are cured and discharged and 9 infants were referred to the higher facility; 1 infant left without medical advice and 2 died.
- Out of the total 19 positions sanctioned for SNCU at WH 15 are filled. Paediatrician position is sanctioned, but not filled and 6 positions of support staff are sanctioned, of which 3 are filled. Other positions in SNCU consist of 2 MOs and all are filled. All the sanctioned (8 SNs, 1 Data Entry Operator) positions are filled.
- NRC was established in Women Hospital and is functioning with the necessary equipment and trained manpower. Total 6 positions are sanctioned and all are filled
- During the reference period, 33 children were admitted out of which 27 were discharged, 6 are still in the ward. RBSK team referred 31 cases and 2 have been admitted on their own.
- Under RBSK, 30 team units are currently working in the district. Total 20 teams units are having vehicles, necessary equipment's, and medicines and all staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM which constitute one unit. At present there are 21 male MOs; 33 female MOs; 30 ANMs and 26 Pharmacists available in the district for RBSK. These units examine school as well as Anganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs children.
- During the reference period, from 1590 Anganwadies 99466 children's were screened. As the schools are reopened from June 15, 2018, RBSK teams have not yet started working with the age group of 6 to 18 years children.
- ARSH clinics are functioning in 4 institutes 2 SDH Udgir, Nilanga and 2CHCs Ahmedpur and Murud. Place & time is fixed for ARSH clinic. Trained manpower is available at ARSH clinics. Equipment is available as well as medicines are available to adolescent. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counselling, as well as promotive, preventive, curative, referral and other services, are provided to 10-19 years adolescents.
- The number of adolescents who attended the ARSH clinic during the reference period was 413.
- Segregation of biomedical waste is being done at all the facilities visited. Biomedical waste management is outsourced in SDH Udgir and RH Chakur. PHC Kharola and SC Talni are having deep burial pit.
- Non Communicable Diseases programme is being implemented in the district.

- There is no dedicated staff specifically for HMIS and MCTS work at district and in the periphery. Additional responsibilities are given to the other staff in addition to their regular duties. The process of filing of data entry operators by outsourcing has begun in the district.
- Non payment of 37 beneficiaries of JSY at CHC Chakur.
- Vacancies need to be filled on a priority basis.
- There is a problem of fumigation at all SDHs and RHs. As they do not have Fogger machines.
- During the discussion with a paediatrician at SDH Udgir the issue of training of EMS was discussed, Doctors on duty with the ambulance are BAMS holder; they might be not knowing the techniques or skills of taking care of sick infants during shifting from one facility to another.
- All the essential equipment is available at Women Hospital. All operation theatre and laboratory related equipment are available, except laprascope. As this is MCH hospital laprascope is essential in this facility.
- Initiation of Blood storage unit is under process. In the meantime, the facility is getting blood from GNC. Actually, looking at the heavy work load at the facility BSU is required.
- During the reference period at women hospital, under JSSK, 4 women have received home to facility pick up service, 22 women have received inter facility vehicle services, and 332 women have received drop back facility. In case of sick infants only 14 have received home to facility pick up service, 5 have received inter facility, vehicle services and 379 have received drop back facility by government vehicle.
Pick up service of pregnant women and sick infant is very less.

The PRC team suggested the following points at the time of visiting the facilities

- There is a problem of fumigation at all SDHs and RHs. As they do not have Fogger machines. The PRC team suggested to DHO and concern MS to take up the matter either at the District Health Society or in the District Development and Planning Committee.
- There are no security guards in Women hospital for one and a half year. This is primarily due to the lack of coordination among line departments. The PRC team suggested to DHO/CS to take up the matter to CEO as DHO/CS is the chairperson of the DHS. They can call a meeting of concern departments, officials and matter can be resolved within one or two sittings, instead of sending letters to each other.
- ***At SDH Udgir regular fumigation is not being done in the facility as they do not have Fogger machine. Presently they are using the conventional methods, but it is prone to infection.***
- Usually, JSY payment is made after discharge, transfer through the Public Finance Management System in the beneficiaries account, on production of necessary documents. But about 30 percent of the beneficiaries are not getting the benefit as they do not have a bank account as bank authorities are asking to maintain a minimum balance in the account, which is about Rs.500/-. Here they are getting either Rs.600/- or 700/- JSY benefit. So most of the beneficiaries are not interested to open an account in the bank. Therefore, they are deprived of the benefit of JSY. Here also the role of chairperson of DHS is very important as he/she can call a meeting of bank officials and direct them to follow the guidelines of Jandhan Yojna for the opening of Accounts.

2. Introduction

In keeping with the goals of the National Health Mission, the Programme Implementation Plan (PIP) 2018-19 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 the PIP, the MOHFW has assigned the task of evaluating and quality monitoring of the important components of PIPs to various PRCs. Latur was assigned the evaluation study of the PIP of Maharashtra for the year 2018-19.

As directed by MOHFW, the monitoring and evaluation of PIP 2018-19 for Latur District was carried during the period June 18-22,2018. In order to carry out quality monitoring and evaluation of the 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.

The report is prepared in consultation with DHO; DRCHO; MS; MOs; LHVs; ANM; DPM; DQAC and IPHS coordinator. Accordingly, the District Health Office, SDH Udgir, CHC Chakur, PHC Kharola and SC Talni were visited for the purpose of PIP monitoring in the district. DPM, DQAC and IPHS coordinator, accompanied the PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staff of the facilities visited. This report discusses in detail the implementation of PIP in Latur district as observed by the PRC team during the field visit.

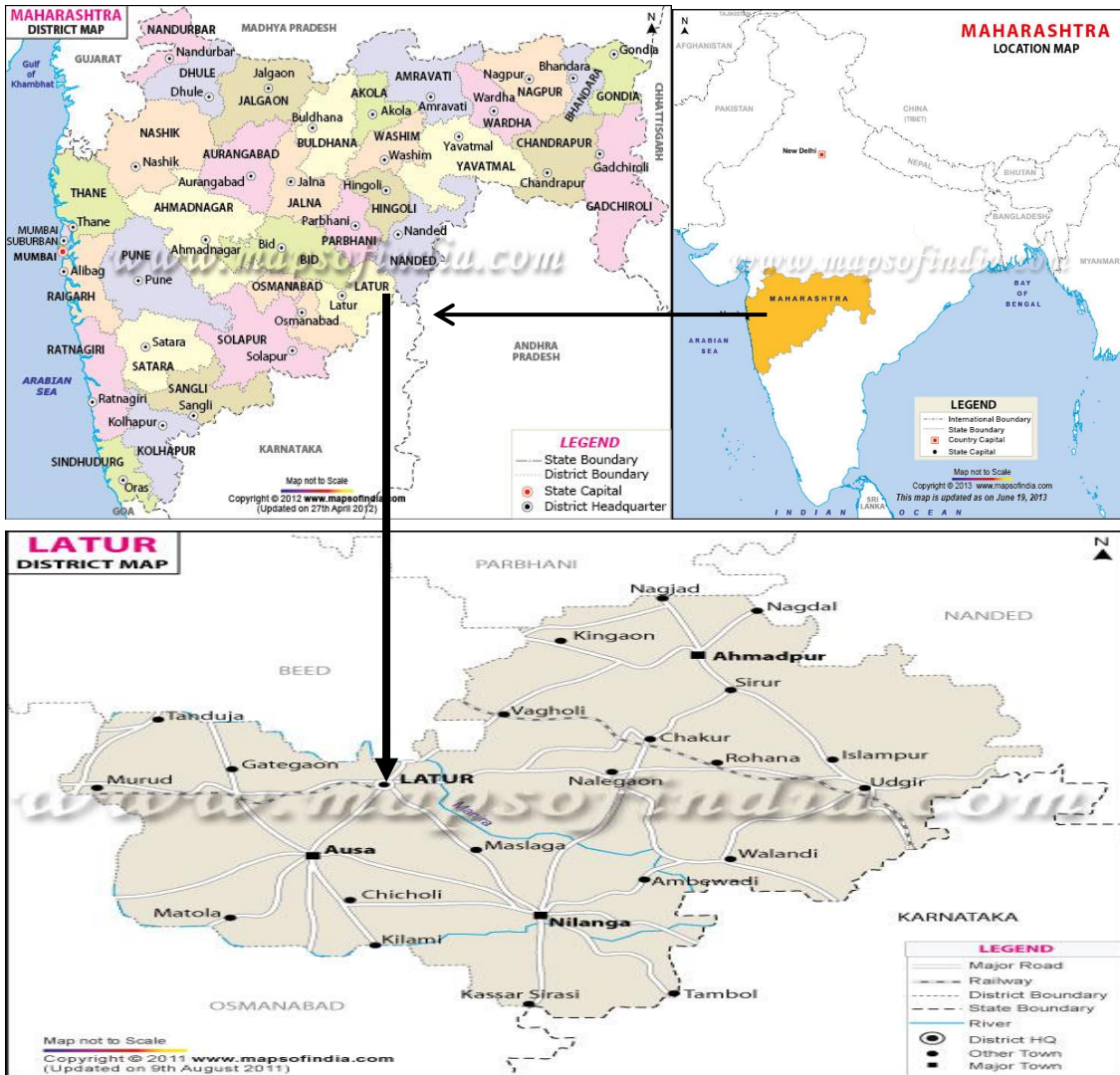
3. State and District profile

Maharashtra is a state in the western region of India. It is the second most populous state after Uttar Pradesh and third largest state by area in India. Maharashtra is the wealthiest state in India, contributing 15% of the country's industrial output and 13.3% of its GDP (World Bank, 2006–2007 figures).

As per the 2011 census, Maharashtra has a population of 112372972 inhabitants, increasing from 96,752,247 in 2001, making it the second most populous state in India. Its decadal growth rate in between 2001-2011 was pegged at 16.1%. Its density is 365 inhabitants per square kilometre. Males constitute 52% and females, 48%. Its sex ratio is 935 females to 1000 males, and for 0-6 years age group, it is 883. 82.91% of its population is literate, broken into 89.82% males and 75.48% females.

In the 2011 Indian census, Latur had a population of 2,455,543, with the percentage decadal growth rate of 18% between 2001-2011. Males constituted 52% and females 48% of the population. Latur had an average literacy rate of 79%, higher than the national average of 74%, with male literacy at 87%, and female literacy at 70%. In 2011 13% of the population of Latur was under 6 years of age, wherein Maharashtra as a whole it is 11%. For every 1000 males for age 6 and older, there were 935 females, but it is 883 females in the age group 0-6 years. Latur district has a total of 10 blocks, 5 towns and 1060 villages in its administrative area.

Map of India, Maharashtra State, and Latur District



Key Health and Service Delivery Indicators

Sr. No.	Items	Values
1	No. of Blocks	10
2	No. of Villages	945
3	Population (2011)	2,455,543
4	Population - Males (2011)	1,181,056
5	Population - Females (2011)	1,273,140
6	Literacy Rate (2011)	83.56 %
7	Literacy Rate - Males (2011)	88.57 %
8	Literacy Rate - Females (2011)	78.23 %
9	Sex Ratio (2011)	924
10	Child Sex Ratio (2011)	928
11	Density of Population (2011)	343
12	Percent Urban (2011)	23.54
13	Percent SC Population (2011)	4,81,572
14	Percent ST Population (2011)	2.34%

Items	DLHS 4	
	Maharashtra	Latur
Mothers registered in the first trimester (%)	67.9	76.2
Mothers who had at least 3 ANC visits (%)	77.9	76.8
Mothers who got at least One TT injection (%)	90.6	89.8
Institutional Delivery (%)	92.0	95.5
Home deliveries assisted by SBA (%)	4.0	1.4
Children (12-23 months) fully Immunized (%)	66.2	66
Using any modern method for family planning (%)	65.7	66
Total Unmet need for FP (%)	19.0	21
Unmet need for spacing (%)	10.8	10.6
Unmet need for limiting (%)	8.2	10.4

4. Information from District Health Office (DHO)

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. The results of the information collected from the Programme Management Unit, health officials and staff associated with various heads of PIP are as follows:

a) Programme Management

- District Programme Unit (DPMU) at the district level and Block Programme Management Unit (BPMU) at the block level are established in all the development blocks of the district, and they are fully functional. Meeting of District Health Society (both governing and executive) takes place regularly.
- Regular monitoring of PMU staffs at various levels is conducted on a yearly basis.

- HMIS data are regularly used to review the performance of the district. RCH officer is the Nodal person responsible for monitoring and supportive supervision in the district. The schedule of visits and check list are prepared and are available for monitoring along with the records. For effective supervision of field activities and performance, the field staffs are strengthened. The periodic review meetings at PMUs are organized and held every month.

Health Infrastructure in Latur District

Name of the facility	Number	No. of Beds
Women Hospital	1	100
SDH	2	100/50
Rural Hospitals	10	30
Primary Health Centers	46	6
Sub Centers	252	1
AYUSH facilities (Ayurvedic)	9	2
AYUSH facilities (Homeopathy)	8	-
AYUSH facilities (Unani)	4	-

**** District hospital is not in existence as the Government Medical College has started in the district. Now it is a part of GMC.**

Latur District: Key Service Utilization Parameters (April 2018 to May 2018)

Service Utilization Parameter	Women Hospital	SDH Udgir	CHC Chakur	PHC Kharola	SC Talni
OPD	7366	16280	7963	3504	00
IPD	1760	2848	917	85	00
Expected number of pregnancies	--	694	--	24	12
MCTS entry on percentage of women registered in the first trimester (in percent)	--	--	--	--	--
No. of pregnant women given IFA	345	206	1980	46	12
Total deliveries conducted	657	490	50	15	01
Number of Deliveries conducted at home	--	--	--	00	--
No. of assisted deliveries(Ventouse/ Forceps)	--	--	00	00	--
No. of C section conducted	166	86	00	00	--
Number of obstetric complications managed	212	90	01	00	--
No. of neonates initiated breast feeding within one hour	495	490	50	15	01
Number of children screened for Defects at birth under RBSK	00	04	00	00	00
RTI/STI Treated	12	25	00	00	00
No of admissions in NBSUs/ SNCU, whichever available (NICU)	103	15NBSU	03	00	00
Inborn	71	08	03	00	00
Outborn	32	07	00	00	00
No. of children admitted with SAM	33	00	00	00	00
No. of sick children referred	10	15	07	00	00

No. of pregnant women referred	36	99	47	10	02
ANC1 registration	51	206	471	54	12
ANC 3 Coverage	345	293	95	00	14
ANC 4 Coverage	846	291	90	00	18
No. of PPIUCD Insertions	15	386	00	06	02
No. of Tubectomy	137	112	54	11	00
No. of Vasectomy	00	00	00	00	00
No. of Minilap	00	112	54	11	00
No. of children fully immunized	80	288	34	49	13
Measles coverage	80	288	34	49	13
No. of children given ORS + Zinc	26	00	60	00	02
No. of children given Vitamin A (Non availability of stock in WH.)	00	00	34	49	20
No. of Children given IFA syrup	00	00	34	00	00
No. of women who accepted post-partum FP	184	490	52	00	00
No. of MTPs conducted in first trimester	03	01	00	00	00
No. of MTPs conducted in second trimester	00	00	00	00	00
Number of Adolescents attending ARSH clinic	00	131	00	00	00
Maternal deaths, if any	00	00	00	00	00
Still births, if any	02	03	00	00	00
Neonatal deaths, if any	02	00	00	00	00
Infant deaths, if any	00	00	00	00	00
Number of VHNDs attended	00	00	00	00	05
Number of VHNSC meeting attended	00	00	00	00	05
Service delivery data submitted for MCTS updation	00	00	00	00	00
Zero dose, Polio, BCG	00	00	00	00	00

-- Data not Available

b) Planning

The allocation of funds to Bocks under NHM is mainly on the basis of performance and requirement. The departments of Health and Family Welfare are integrated with AYUSH. Adequate cooperation is received from the department of Women and Child Development, PHE (Drinking Water supply), Rural Sanitation, Municipalities/local bodies, Education and Rural development for addressing health determinants.

c) Human Resource:

Among regular sanctioned post in Latur district, five CI-I medical officer positions are vacant. Also, 24 posts of Class-II MO are vacant as against the sanctioned post of 101. As well, 106 Health Worker male and 4 Health Assistant male positions are vacant of sanction positions 276 and 70 respectively. Also, 142, Health Worker female and 1 Health Assistant female positions are vacant of sanction positions 401 and 48 respectively.

Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy CI- I	1	0	1
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	District Tuberculosis officer CI- I	1	0	1
7	Administrative Officer CI- II	1	0	1
8	District Malaria officer CI-II	1	0	1
9	Taluka Health Officer Group A	10	10	0
10	MO Group A	101	77	24
11	Epidemiology MO	1	1	0
12	Statistical Officer	1	0	1
13	Section Officer	1	1	0
14	Office Superintendent	3	3	0
15	Accounts Asst.	3	3	0
16	Jr. Accountant	1	1	0
17	Sr. Asst.	24	01	23
18	Sr. Asst. Accounts	2	1	1
19	Jr. Asst.	64	46	18
20	Stenographer	4	0	1
21	Extension Officer (Stat.)	1	0	1
22	Extension Officer (Ayurved.)	0	0	0
23	Public Health Nurse	0	0	0
24	Attendant	209	170	39
25	Dresser	0	0	0
26	Health Worker (Male)	276	160	116
27	Health Assistant	70	66	04
28	Health Worker (Female)	401	259	142
29	Health Assistant (Female)	46	45	01
30	Pharmacists	49	45	04
31	Health Supervisor	28	24	04
32	Leprosy Technician	1	1	0
33	Laboratory Technician	2	2	0
34	Sweeper	46	0	46
	Total	1352	917	432

Regular Staff at WH, DH and CHCs

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	18	15	03
2	MO General Physician CL-II	81	70	11
3	MO CL-III	1	0	1
4	Nursing Cadre	183	172	11
	Total	283	257	26

- In terms of sanctioned and filled in position under Civil Surgeon side 18 CI-I MO positions are sanctioned and 3 are vacant, whereas 81 CI-II positions are sanctioned of which 11 are vacant.

Pertaining to nursing cadre 183 posts are sanctioned and only 11 posts are vacant. Overall 283 positions are sanctioned and 26 are vacant.

Contractual staff appointed under NHM in District Programme Management Unit (DPMU)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	3	3	
2	M&E	3	3	0
3	IPHS	81	53	28
4	FMG	3	3	0
5	IDW	5	5	0
6	ASHA	1800	1800	0
7	RKS	1	1	0
8	RBSK	122	110	12
9	AYUSH	24	24	0
10	Sickle Cell	0	0	0
11	BPMU	30	28	02
12	Procurement	0	0	0
13	Urban RCH	6	6	0
14	RCH	0	0	0
15	Tele Medicine	1	1	0
16	Quality Assurance	1	1	0
17	Referral Transport	0	0	0
18	PCPNDT	1	1	0
19	ARSH	1	1	0
20	IDSP	4	1	3
21	NPCB	2	2	0
22	ANM	140	133	07
23	LHV	27	24	03
24	Staff Nurse	86	77	9
25	IMMUNATION	4	4	0
26	Nursing School	1	1	0
27	MMU	4	4	0
	Total	2350	2286	64

- Considering contractual posts, total sanctioned posts of 2350 (including ASHAs), 64 posts are vacant in the district.
- Total 81 positions are sanctioned under IPHS of which 28 are vacant.
- The CEO has the power to recruit contractual staff under NHM. To ensure the transparent selection process, official guidelines are followed for recruitment and advertised through the local newspaper. The presence of local candidate is considered only in case of recruitments of ANMs. For rational development, contracts of the contractual staff under NHM are renewed based on their performance report, which is prepared in stages by DPM, RCH, DHO and CEO.

d) Training

- During the reference period April to May 2018, total 21 Medical Officers (MO) and 1 Staff Nurse (SN), 4ANMs are trained in the district.

Training given to health personnel of Latur district at Health and Family Welfare Training Center under various Programmes

Trained All Cadre up to 31.5.2018								
S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	4	0	0	0	0	0
2	BEmOC	3	0	0	0	0	0	0
3	F-IMNCI	1	0	0	1	0	0	0
4	Routine Immunization	9	0	0	0	0	0	0
5	RTI/STI	1	0	0	0	0	0	0
6	NSSK Trg.	7	0	0	0	0	0	0

5. Other Health System Inputs

a) Availability of Drugs, Diagnostics, and Equipment

Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under the National Health Mission to strengthen the health system, including the supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.

Provision of free EDs is available in the district. EDL is available and at all visited facilities, but not displayed at any facility. They have just taken a printout of the list and pasted it in the OPD.

b) Blood Bank /Blood storage Unit

The Blood Bank Unit is placed in the medical college. Other than this district is having BSUs at SDH Udgir and Nilanga, CHC Ahmedpur, AUSA and Murud. All of them are functional. On the day of the visit to SDH Udgir 5 blood bags were available, but during the reference period, no transfusion was done in the facility. Whereas at CHC Chakur no blood bags were available on the day of the visit. As the BTO is on maternity leave.

c) AYUSH

AYUSH facilities are provided in 9 health facilities. There are 22 AYUSH MOs post of (Ayurveda, Homeopathy and Unani) sanctioned and filled. None of them is a member of the RKS. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from the Directorate of Health Services, Mumbai the requirement of which is sent every quarterly.

During the period of April and May 2018, total 35298 OPD patients and 74 IPD patients have benefited from AYUSH in the district. Out, of 12883,14167, 7492 and 760 are OPD patients of AYURVEDA, HOMEOPATHY, UNAI AND YOGA & NATUROPATHY respectively.

HR AYUSH

Name of the post	Sanctioned	Filled
District Ayush Officer	1	1
Medical Officer (M.D.)	0	0
Medical Officer (Homeopathy)	8	8
Massagist(Male)	0	0
Pharmacist	1	1
Medical Officer (Unani)	4	4
Medical Officer (Ayurved)	9	9
Yoga Teacher	1	1
Massagist(Female)	1	1
Data Entry Operator	1	1
Total	26	26

b) Untied Funds/RKS/AMG

- The district has a functional District Health Society and has constituted RKSs/VHSCs at the facilities. Audit of UF/RKS/AMG funds takes place regularly. Committee members of RKS and VHSNCs have been given training. The general body meeting of RKS is held biannually whereas the Executive Committee meeting is held on average of every month.
- PIP for the 2018-19 is sanctioned, but funds have not yet received and, therefore, no expenses during the period April and May 2018.

c) Maternal Health

i. ANC and PNC

- Maternal Health is an essential component of Reproductive & the Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2016-17.
- During the reference period April to May 2018 the total ANC registrations in the district were 5198 out of which the first trimester registration was 4523 with 87 percent first trimester registration. Among the total ANC registration, 176 pregnant women were line listed for severely anaemic condition and 14 Hypertensive pregnant women. In addition, 2829 pregnant women were provided with TT in both rural and urban areas, while 100 IFA tablets were provided to 4260.

ii. Institutional Delivery

- During the reference period, Latur district reported 1362 institutional deliveries. Out of which 66 were C-section deliveries and all C-section deliveries were provided EmOC facilities.

➤ **iii. Maternal Death Review**

- There are no infant and maternal deaths were reported in the district during the reference period April and May 2018.

iv. JSSK

- Free referral transport is available for all pregnant women and sick neonates. The Call Centre is located in the District Hospital premises for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick newborn children are given free transport, medicine, diagnostics and meals. All the health facilities in the district use this facility. Universal toll free number of 102 and 108 are operational for availing free transport. The response time of Ambulance reaching the patients is about 20-30 minutes on average.
- All the vehicles under NHM carry the NHM logo. The ambulances are fitted with GPS.
- All the facilities in the district also provide free transport for delivery and sick neonates under JSSK. The facility-wise records of vehicles use are made available to the team, 102 and 108 vehicles from different facilities are providing the free transport facilities for expectant mothers and sick neonates.
- Total 2781 women delivered at the institution of which a total number of women provided with free transport from home to the institute is 2313, institute to institute is 763 and drop back institute to home is 2596. In case of sick neo nates free transport provided from home to the institute is 243, institute to institute is 79 and drop back institute to home is 97.

c) JSY

- JSY guidelines are normally followed in the district. Payment is done through the Public Finance Management System and given to the beneficiaries after getting discharged from the facilities. The total JSY beneficiaries during the reference period in the district were 2106. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries.

d) Child health

i. SNCU

- ii. There is a functional SNCU in women hospital with 10 Beds, 5 beds for inborn infants and 5 for outborn infants. All the health facilities including services providers, ANMS and ASHAs have been provided with necessary information for optimal utilization of SNCU services is there.
- iii. During the reference period, 103 infants have been admitted, of which 71 are inborn and 32 are outborn. 89 infants are cured and discharged; 9 are referred to a higher facility, 1 left without medical advice and 2 have died.
- iv. Total 19 positions are sanctioned for SNCU at WH, of which 15 are filled. Paediatrician position is sanctioned, but not filled and 6 positions of support staff are sanctioned, of which 3 are filled. Other positions in SNCU consist of 2 MOs and all are filled, 8 SNs sanctioned and 8 are filled, 1 Data Entry Operator.

e) NRCs

- NRC was established in Women Hospital and is functioning with the necessary equipment and trained manpower. Total 6 positions are sanctioned and are filled
- During the reference period, 33 children were admitted out of which 27 were discharged, 6 are still in the ward. RBSK team referred 31 cases and 2 have admitted at their own.

f) Immunization

- All the newborn delivered in health facilities get a birth dose of immunization. All the facilities are provided immunization mainly on schedule immunization sessions. The schedule of immunization sessions is available in DPMU.
- The dedicated Immunization officer is in place in the district. Cold chain Mechanics are in place for the maintenance of cold chain machines in the district.

Number of children provided vaccinations (2018-19)

Vaccinations	Number of children
BCG	6000
Penta 1/DPT 1	6645
Penta 2/DPT 2	6135
Penta 3/DPT 3	6098
Polio 0	4375
Polio 1	6507
Polio 2	6012
Polio 3	6007
Measles 1	5581
Measles 2	5491
Fully Immunized	2890

g) RBSK

- Under RBSK, 30 team units are currently working in the district. Total 20 teams units are having vehicles, necessary equipment's, and medicines and all staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM constitute one unit. At present are 21 male MOs; 33 female MOs; 30 ANMs and 26 Pharmacists are available in the district for RBSK. These units examine school as well as Anganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs children.
- During the reference period, from 1590 Anganwadies 99466 children's were screened. As the schools are reopened from June 15, 2018, RBSK teams have not yet started working with the age group of 6 to 18 years.

h) Family Planning Services

- During the reference period, 790 Female Sterilization and 1013 PPIUCD have been conducted while 6599 Condoms and 323 Oral pills have been distributed. IEC materials were available and both types of IUCD (375 and 380) were available in the district. ASHAs are involved in the social marketing of all these family planning services to the population.

i) Adolescent Health (ARSH Clinic)

ARSH clinics are functioning in 4 institutes 2 SDH Udgir, Nilanga and 2CHCs Ahmedpur and Murud. Place & time is fixed for ARSH clinic. Trained manpower is available at ARSH clinics. Equipment are available as well as medicines are available to adolescent. Every clinic has provided outreach services as a part of which children and young adults in the age group 10-19 years are given health education. Medical counselling, as well as promotive, preventive, curative, referral and other services, are provided to 10-19 years adolescents.

The number of adolescents attended ARSH clinic during the reference period, were 413.

j) Referral Transport and MMUs

- There is one MMU functioning in the district under NHM. It is run by MAEER'S MI9MSR Medical College and YCR Hospital, Latur. It is serving 56 villages from 10 blocks of the district
- Health staff at MMU consists one each of MO, SN, LT and Pharmacy Officer and 2 Driver cum support staff.
- During the period April to May 2018, 7907 OPD patients have utilized MMU services. The microplan is prepared and performance monitoring is done on a monthly basis.

k) Community Participation

a) ASHA

- During the period April to May 2018, 1690 ASHAs are available as against the sanctioned post of 1703 ASHAs in the district. Total 1690 ASHAs have received induction training and 1660 have trained in module 6 & 7 for the implementation of home based neo natal care services. Drug replenishment kits are provided to ASHAs. An ASHA worker receives an average amount of **Rs. 1000 /-**per month. Payments are disbursed on time to ASHAs by PFMS.

l) Communicable Disease

Malaria: During the reference period 30293 blood samples were collected in the district, a single case was detected through blood examination. Rapid Diagnostic Kits are available in the district. All positions are filled and payments are made in time.

RNTCP: During the reference period a total number of sputum collected was 11799 and 302 positive cases were found in the district. At present all of them are under the treatment.

NLEP: During reference period 139 cases detected under the programme and all of them under treatment.

- m) Non Communicable Disease:** NCD programme is being implemented in the district. It is operationalised at 2 SDHs, 13 CHCs, 46 PHCs and 2052 SCs. During the reference period, the total number of 6008 patients screened for various problems.

n) HMIS and MCTS

There is a separate cell for the monitoring of data and its quality. M & E officer and two statistical investigators are available. The data quality is good, timeliness are also maintained, completeness and consistency is there. The data validation committee is there at all facilities in the district. There is a problem of data entry from Government medical college as there is no data entry operator.

o) Good Practices

- The State enforced compulsory one year rural service bond for the fresh postgraduates, and the postgraduates in paediatrics were posted in SNCUs. It was observed at women district hospital, Latur
- Antenatal clinic integrated with yoga an innovative approach from women district hospital, Latur
- School-based treatment of dental caries in the primary dentition in visited CHC Chakur
- An increment for regular Specialists – In a bid to attract new specialists and retain the ones already working, the state launched a 3 stage salary increment and 6 stage salary increment policy for PG diploma holders and PG degree holders respectively.
- Some facilities they are utilizing the solar power for power backup in order to save the fuel and to maintain the environment clean.
- Some acute diseases are cured through the leech treatment (Ayurvedic treatment) under the AYUSH programme.

p) Finance

Though the PIP for the year 2018-19 has been approved funds have not yet received. At present district is managing their expenses from previous year balance. Following is the opening balance as of April 2018.

Sr. No.	Activity	Available Grant	Expenditure up to May 2018	% AS PER PIP
1	RCH	26.83	30.17	-3.34
2	NHM Additionalities	123.57	120.20	3.37
3	Immunisation	1.16	1.16	-6.75
	TOTAL	151.56	151.53	-6.72

Observations from the Health Facilities Visited by the PRC Team

7.1 District Hospital Latur

The District Hospital does not exist in the district as the medical college has been established in the district. GoM has handed over all the staff and infrastructure to medical college.

7.2 Women Hospital

Women Hospital Latur is based at Latur district headquarters. On the day of the PRC team visit to WH, all staff was present on duty. Medical Superintendent has given all the information. The bed strength of the hospital is 100. The hospital is located in a government building. The building is in good condition. Quarters are not available. Electricity is available with power back up generator and invertors. Running water is available. Toilets are available in the wards and are clean, toilet attached to Labour room is available and clean. WH is well accessible from the main road. Functional SNCU is available. Separate room for ARSH clinic is available. Waste management is available and outsourced. Suggestion and complaint box are available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	1	0
2	Medical officer CI-I	3	1	2
3	Medical officer CI-II	13	13	0
4	Asst. Matron	1	0	1
5	In charge sister	5	5	0
6	Staff Nurse	20	17	3
7	Store Keeper	1	0	1
8	Office Superintendent	1	0	1
9	X-ray Technician	2	2	0
11	ECG Tech.	1	1	0
12	Pharmacist	3	3	0
13	Blood Bank Technician	2	2	0
14	Lab Technician	2	2	0
15	Administrative officer	1	0	1
16	Lab. Assistant	3	3	0
17	Sr. Clerk	1	0	1
18	Jr. Clerk	1	1	0
19	OPD Clerk	1	1	0
20	OPD Peon	1	1	0
21	Blood Servant	1	1	0
22	Dresser	1	1	0
23	Emergency ward servant	3	2	1
24	Lab Servant	1	0	1
25	OT Servant	2	2	0
26	Class IV	23	19	4
	Total	94	78	16

Staff Appointed under NHM

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Paediatrician SNCU	1	0	1
2	MO SNCU	2	2	0
3	In Charge Nurse SNCU	1	0	1
4	Staff Nurse SNCU	8	8	0
5	Data Entry operator SNCU	1	1	0
6	Support Staff SNCU	6	3	3
7	MO NRC	1	1	0
8	Staff Nurse NRC	2	2	0
9	Dietician NRC	1	1	0
10	Cook NRC/ Support Staff NRC	1	0	1
11	Support Staff NRC	1	1	0
12	Staff Nurse	5	5	0
13	Blood Bank Tech	1	1	0
	Total	31	25	6

- The Women Hospital is 100 bedded and it is located in a government building.
- The newly constructed building is not yet handed over to the WH administration. As it is functioning in an old building some of the parts of the new building has been taken over by WH without official handing over. Overall cleanliness needs to improve.
- The health facility is easily accessible from the nearest road.
- There are various 94 positions sanctioned and 78 positions are filled.
- No staff quarters are available for women hospital.
- WH has electricity with power back up with investors it needs generator power back. Running 24*7 water supplies, separate toilets are there for males and females in the ward are partially clean. Hospital premise is not clean.
- Separate room for ARSH clinic is available.
- Complain or suggestion box is available.
- Segregation of waste in colour coded bins is done in the entire facility. A mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at Women Hospital. All operation theatre and laboratory related equipment are available, except laprascope. As this is MCH hospital laprascope is essential in this facility.
- Essential drug list and essential consumable list are available in the drug store, but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Initiation of Blood storage unit is under process. The facility is getting blood from GNC. Actually, looking at the heavy workload at the facility BSU is required.
- All mothers have initiated breastfeeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System in beneficiaries account, on the production of necessary documents.
- Diet is being provided to the patients free of cost.
- During the reference period, under JSSK, 4 women have received home to facility pick up service, 22 women have received inter-facility, vehicle services, and 332 women have received drop back facility. In case of sick infants, only 14 have received home to facility pick up service, 5 have received inter-facility, vehicle services and 379 have received drop back facility by government vehicle.

- There is a provision of management of high-risk pregnancies, sick neonates and infants.
- The Partograph is being used.
- Vaccination is done properly.
- IMEP protocol is followed.
- MDR is done in time.
- All important registers are available for maintenance of records.
- Information about JSY and JSSK is displayed. Citizen charter is displayed.
- Regular Fogging is being done by the Municipal Corporation. Laundry/washing services are outsourced. Dietary services, drug storage facilities, Equipment maintenance and repair mechanism are available.

7.2 Sub District Hospital: Udgir

Udgir Sub District Hospital is located in Udgir Block and about 50 km from district headquarters. On the day of the PRC team visit to SDH, all staff was present for duty. In charge, Medical Superintendent has given all the information. The bed strength of the hospital is 100. The hospital is located in a government building. The new building is constructed, but not handed over to the hospital authorities. Old building requires major repairs. 22 Quarters are available for all categories of the staff as per SDH pattern, but they are not in livable condition. Electricity backup is available with a generator, 24*7 running water is available. Separate toilets are there for male and female wards and partially clean, Labour room is clean. The facility is well accessible from the main road. Functional New Born Sick Unit and Stabilization Unit is available with 4 warmers and 2 phototherapy units.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	0	1
2	Medical officer CI-II	13	13	0
3	Medical officer CI-III	1	0	1
4	Administrative Officer CI-II	1	0	1
5	Asst. Matron CI-III	1	1	0
6	In Charge Nurse	5	5	0
7	Staff Nurse	27	25	2
8	Physiotherapist	1	1	0
9	Dietician	1	1	0
10	Blood Bank Tech	2	0	2
11	X-ray Technician CI-III	2	2	0
12	ECG Tech	1	0	1
13	Ophthalmic Asst.	1	1	0
14	Pharmacist	3	3	0
15	Lab Technician	2	2	0
16	Lab Asst.	3	3	0
17	Asst. Superintendent	1	1	0
18	Store Keeper	1	1	0
19	Sr. Clerk	1	1	0
20	Jr. Clerk	4	4	0
21	Driver	1	1	0
22	Dresser	1	0	1
23	OPD Peon	1	1	0
24	Blood Bank Attendant	1	1	0
25	Peon	2	1	1
26	OT Attendant	2	2	0
27	Ward Boy	10	9	1
28	Casualty Ward Boy	3	2	1
29	Sweeper	3	2	1
	Total	96	83	13

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
Traum Center				
	MO CI-II	5	5	0
	In Charge Nurse	1	1	0
	Staff Nurse	3	3	0
	Sweeper	2	1	1
	Driver	1	0	1
	Ward Boy	3	3	0
	Total	15	13	2
Mobile Unit				
	MO CI-II	1	1	0
	Staff Nurse	1	1	0
	Dresser	1	1	0
	Driver	1	0	1
	Ward Boy	1	1	0
	Total	5	4	1

- All the essential equipment is available at SDH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available.
- The essential drug list is available but not displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers were advised to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System of beneficiaries' accounts on the production of necessary documents. Diet is being provided to the patients free of cost.
- Diet is being provided to the JSSK patients free of cost.
- All high risk pregnancies are managed at the facility.
- In connection with the new-born and sick neonates care stabilization unit is there in the facility.
- The Partograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is done and it is outsourced. The facility adheres to IMEP protocols.
- All-important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- Proper recording of various grants received by the facility like JSY, JSSK, Untie grant, RKS and AMG.

- During the reference period, under JSSK, 189 women have received home to facility pick up service, 39 women have received inter facility, vehicle services, and 201 women have received drop back facility, by government vehicle.
- Approach roads have directions to the health facility.
- Except for Essential Drug List, Citizen Charter, Timings, List of services, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in the ANC and PNC Clinics.
- Regular fumigation is not being done in the facility as they do not have Fogger machine. Presently they are using the conventional method, but it is prone to infection.
- Laundry/washing services and dietary services are outsourced, proper drug storage facilities, and equipment maintenance and repair mechanism are available.

7.4 Community Health Centre: Chakur

Chakur Rural Hospital is located in Chakur Block and is about 40 km away from district headquarters. On the day of the PRC team visit to CHC, Medical Superintendent has given all the information. It is 30 bedded hospitals and is located in a government building. As the hospital is upgraded from the health centre to PHC the pattern of the building is not as per the CHC. Buildings are scattered. The building is good condition needs some minor repairs and painting. Quarters are available for 2 MOs, of which one is occupied. For the other staffs, 7 quarters are available and all are occupied and for CI-V category 8 quarters are available and are occupied. Electricity is available with power back with inverter, 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to the labour room and are clean. It is well accessible from the main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book are available.

Human Resource (Regular) CHC Chakur

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	1	1	0
2	Medical officer CI-II	3	3	0
3	Dentist	1	1	0
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	2	0
6	Staff Nurse	7	7	0
7	Ophthalmic Assistance	1	1	0
8	X-Ray Technician	1	1	0
9	Pharmacist	2	2	0
10	Lab Technician	1	1	0
11	Dental Asst.	1	0	1
12	Peon	1	0	1
13	Ward Boy	4	4	0
14	Sweeper	2	2	0
	Total	28	26	2
NHM				
1	Dresser	1	1	0
2	Staff Nurse	3	2	1
	Total	4	3	1

- All the essential equipment is available at the CHC. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer are available. Lab tests kits and chemicals are available.
- The essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablet blue is not being supplied.
- All listed lab tests are being done except Liver function test.
- All mothers have initiated breastfeeding within one hour of normal delivery. Immunisation is done at the facility. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is usually made after discharge, transfer through the Public Finance Management System in beneficiaries accounts, on the production of necessary documents. Diet is being provided to the JSSK patients free of cost.
- Most of the high risk pregnancy is managed at the facility. All essential new-born and sick neonates care is available. The Partograph is used correctly. IUCD insertion is done properly. Segregation of waste is done in colour coded bins and IMEP protocols are followed. Bio waste management is outsourced.

- All-important registers are available for the purpose of verification to the PRC team. It was told to the team that the medical superintendent is having all the registers in his custody and he was not available at the time of our visit. Partograph is maintained.
- Most of the IEC material is displayed.
- During the reference period, under JSSK, 81 women have received home to facility pick up service, 47 women have received inter facility, vehicle services, and 50 women have received drop back facility, by government vehicle. In case of the sick infant during the reference period, under JSSK, 2 sick infants have received home to facility pick up service and 2 sick infants have received drop back facility, by government vehicle.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Diet is being provided to JSSK beneficiary.
- Regular Fumigation is being done. The last fumigation is done on June 19, 2018. Laundry/washing service is outsourced. Drug storage facilities, equipment maintenance and repair mechanism.

7.5 Primary Health Centre: Kharola

PHC Kharola is about 22 km from the district headquarter in Renapur block, catering 21000 populations in the periphery. PHC Kharola is easily accessible from the nearest road. PHC is functioning in a government building. Staff quarter for 2 MOs and 4 for other staff and are occupied. PHC has electricity with power back up, running 24*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is available. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Bio Medical Waste is being disposed of in a deep burial pit in the premises of the facility.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	ANM	3	1	2
3	LHV*	2	2	0
4	Pharmacist	1	1	0
5	Health Asst. Male	2	2	0
6	MPW	3	3	0
7	Ward Boys	5	2	3
	Total	18	13	5

*One post is under NHM

- All the essential equipment is available at PHC. The essential drug list is available. IFA syrup with a dispenser for paediatrics is available. Vit A is available in capsule form.

- All diagnostic tests are available at the facility for HB, CBC, Urine albumin, Blood sugar, Malaria, HIV Sickle Cell and RPR are done at the facility.
- All mothers have initiated the breastfeeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers were advised to stay for 72 hours after delivery.
- Usually, JSY payment is made after discharge, transfer through the Public Finance Management System in the beneficiaries account, on the production of necessary documents. But about 30 percent of the beneficiaries are not getting the benefit as they did not open bank A/C as bank authorities are asking to maintain a minimum balance in the account, which is about Rs.500/-. Here they are getting either Rs.600/- or 700/- JSY benefit. So most of the beneficiaries are not interested to open an account in the bank. Therefore, they are deprived from the benefit of JSY benefits.
- Diet is being provided to the patients free of cost.
- During the reference period, under JSSK, 17 women have received home to facility pick up service, 10 women, 15 women have received drop back facility by government vehicle.
- Most of the high risk pregnancies are managed at the facility. Thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion is done correctly. The Alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins. IMEP protocols are followed.
- All important registers are available for maintenance of records. All required IEC materials are displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed. EDL, phone numbers, timings and citizen charter are displayed in the facility.
- Fumigation is done on a regular basis. Laundry services are outsourced. The Grievance Redressal mechanism is in place. Records are maintained for JSSK services.
- Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.

7.6 Sub Centre Talni

Talni Sub Centre comes under PHC Kharola. Catchment population is 5211 covering 03 villages. SC is 12 Km from PHC. The majority of the beneficiaries are coming from nearby villages. Sub Centre is located in the main habitation and is functioning in a government old building which is not in good condition. Power backup is not available in the facility, 24*7 running water supply is not available; no other source of water supply available in sub centre. ANM is residing in the same house, but the quarter's condition is not good. In SC labour room is available with a toilet, but water is not available in the labour room. There is no functional NBCC. The facility is clean, but the complaint/suggestion box is not available. Biomedical waste management is done in the deep burial pit in the SC.

All the essential equipment's and colour-coded bins are available at SC; Except blood sugar testing toolkits. The essential drug such as IFA syrup, and Misoprostol tablets, Inj.Magnesium Sulphate, Inj.Oxytocin is not available in SC.

Essential supplies are available except OCPs, and EC pills.

Records are maintained of following services such as VHSNC meeting, village register, stock register, RBSK lists, and JSY payment register are not updated.

ANM has the essential skills and knowledge required for quality parameters. ANM has knowledge and skill about adherence to IMEP protocol and segregation of waste in bags.

Approach road has no direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen Charter, the timing of the SC are not displayed, SBA protocols, and immunization schedule are displayed in SC.

Untied Funds and AMG are yet to be received for the year 2018-19. Diagnostic tests are available at the facility, i.e. HB, Urine Albumin and Sugar.

8.List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homoeopathy
BPMU	Block Programme Management Unit
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LAMA	Left Against Medical Advice
LHV	Lady Health Visitor
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