

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

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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 New-born 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	New-born Care Corner
NBSU	New-born 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

Monitoring and Evaluation of Programme Implementation Plan, 2018-19

Parbhani District, Maharashtra

Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP (2018-19) of Parbhani District was carried out during the period of 3-7 December 2018. The District Health Office, District Hospital (DH) Women Hospital (WH), one Sub District Hospital, one Rural Hospital (RH), one Primary Health center (PHC), and one Sub Centre were visited for data collection. Semi-structured interview questionnaire were used for data collection. This reported provides the comprehensive details and findings of activities running under NHM in Parbhani district as observed during 2018-19.

Key findings and observations

- Parbhani is geographically a large district of the state of Maharashtra, with 2 sub district hospital, 6 Rural Hospital, 6 Urban Primary Health Centre, with 31 PHCs, 214 Sub Centers serving the health services about 19 lakh population.
- Shortage of manpower is one of the major obstacles in providing the health services in all the visited health facilities. The position such as Infrastructure and manpower have increased at the various facilities. There is a shortage of medicine and equipment in some visited facilities.
- At DHO side total 881 regular positions are sanctioned. Whereas 255 positions are vacant. A huge vacancy is big trouble in providing health services in the district.
- Among the regular sanctioned post in the district, 19 medical officers-Group A, 2 positions of Medical officer- Group B, 7 Pharmacist position, 1 Medical officer (Ayurveda), 47 positions of LHV and 57 Position of sweeper are vacant against the sanctioned post.
- Such as district taluka officer, medical officers, medical officer (Ayurveda), LHV, ANM and class fourth employee position are vacant.
- NHM staff under the DHO in the district, a total 103 position is vacant against the sanctioned post. Total 87 positions of RBSK are sanctioned and 73 are filled. Further, 9 posts of Urban ANM and 12 posts of Nursing are vacant.
- During April to November 2018, a total of 189 personnel, 33 MO, 103 staff nurse, 22 LHV, 20 ANM, and 11 HA were trained in various training categories.

- Services of ANC, PNC, Deliveries, and Neonatal care, Immunization, JSY and JSSK are being Implemented at various levels of service delivery points in the district.
- A large number of the IPD and OPD patients have been observed in the visited facilities. The bed occupancy rate in the women Hospital was 240.
- Deliveries at WH, SDH, CHC and PHC has increased due to JSSK and JSY. Maternal and neonatal mortality rates have come down, Neonatal complication is managed effectively at each level.
- AYUSH facility is separately available in the district hospital and in Rural Health center. In the Jintur Rural Hospital, the beneficiaries of the AYUSH are increasing.
- NRC is available in the district it's functional in good performance.at District Hospital. In charge Medical officer is available for NRC. NRC has not adequate space in the district hospital.
- ARSH clinics are functional with trained manpower in DH, SDH and CHCs.
- Parbhani District headquarter has three hospitals in one campus- District Hospital, Women's Hospital and Orthopedic Hospital. The bed strength of the District Hospital is 406. Women Hospital has 60 beds and orthopaedic hospital having 50 beds. Women Hospital is functional in one old building within the District Hospital campus. Now WH has sanctioned the land for its expansion by Government of Maharashtra but work is yet to start, so Women Hospital are facing many problems.
- As all three facilities are in one campus and scattered, therefore, people are facing the problem to search the respected department and wards because there is no direction boards or help desk in this campus to guide the patient.
- Women Hospital has no separate Operation Theater (OT), they are using District Hospital's OT to conduct the operation.
- There is three ambulance in the Women Hospital and all are not working properly. Sometimes they tie ambulance back-door with rope, which is very risky.
- In terms of cleanliness, the situation of all visited facilities is very poor, especially Women Hospital and Jintur CHC. However, Yaldari PHC is doing marvellous work in the area of cleanliness. For that cause, Yaldari PHC should be rewarded.
- In the Sub District Hospital SELU, there is Dental Department and doing good, but Dental chair of the facility is not working properly.
- In some of the visited facilities, reports and records are being maintained properly. Many of the record and reports whether under reported or over-reported.
- YELDARI PHC is doing well in all regards in the district.
- AT Sub Centre BHOSI, JSY record is not properly maintained and updated.

Suggestions

- District hospital needs a CT Scan Machine and Technician. Also, there is a shortage of human resources such as Radiologist, ECG and X-ray technician, Additional Civil Surgeon, RMO outreach, admiration officer and CAO posts. These posts need to fill on urgent basis for the smooth functioning of the hospital.
- As Women Hospital does not have own building and have heavy workload due to nonfunctional of the maternity ward in District hospital, hence, there is a need to build a new building on a priority basis for women hospital. Also, fill the vacant post and provide the accommodation to the hospital staff for smooth functioning of health delivery system.
- There is also a need for a new Ambulance in the women hospital as the current vehicle is not properly working.
- Cleanliness is very poor in the visited facilities of the district. So there is a need to provide a proper guideline for cleanliness to the health facilities.
- The new dental chair is required in the dental department of SELU Sub District Hospital to serve the better dental service.
- Make the provision in PIP Budget for Ambulance repair and maintenance charges.
- Increase the RKS funds for all Health Facilities, currently, there is a provision of only Rs 2.5 lakh for Sub District Hospital, which is not sufficient for health all facilities that come under SDH.
- Currently, only two Sub District Hospital is available in the district, which covers the large chunk of the population. Sub District Hospital SELU have only 50 beds, therefore, giving the situation there is a need to upgrade the health facility to 100 beds.
- CHC Jintur's Operation Theater is not functional due to under repair, urgently repair the OT and hand over to CHC.
- PHC Yeldari facing the problem of manpower shortage such as MO, Pharmacist and Health assistant. There is a need to fill up these posts on a priority basis as these are the very important post at PHC level.
- There is a need for a solar system at SUB centre.

1 Introduction

In keeping with the goal 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 conditional ties 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 has been assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2018-19 for Parbhani District was carried out during the period 3-7 December,2018. 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.

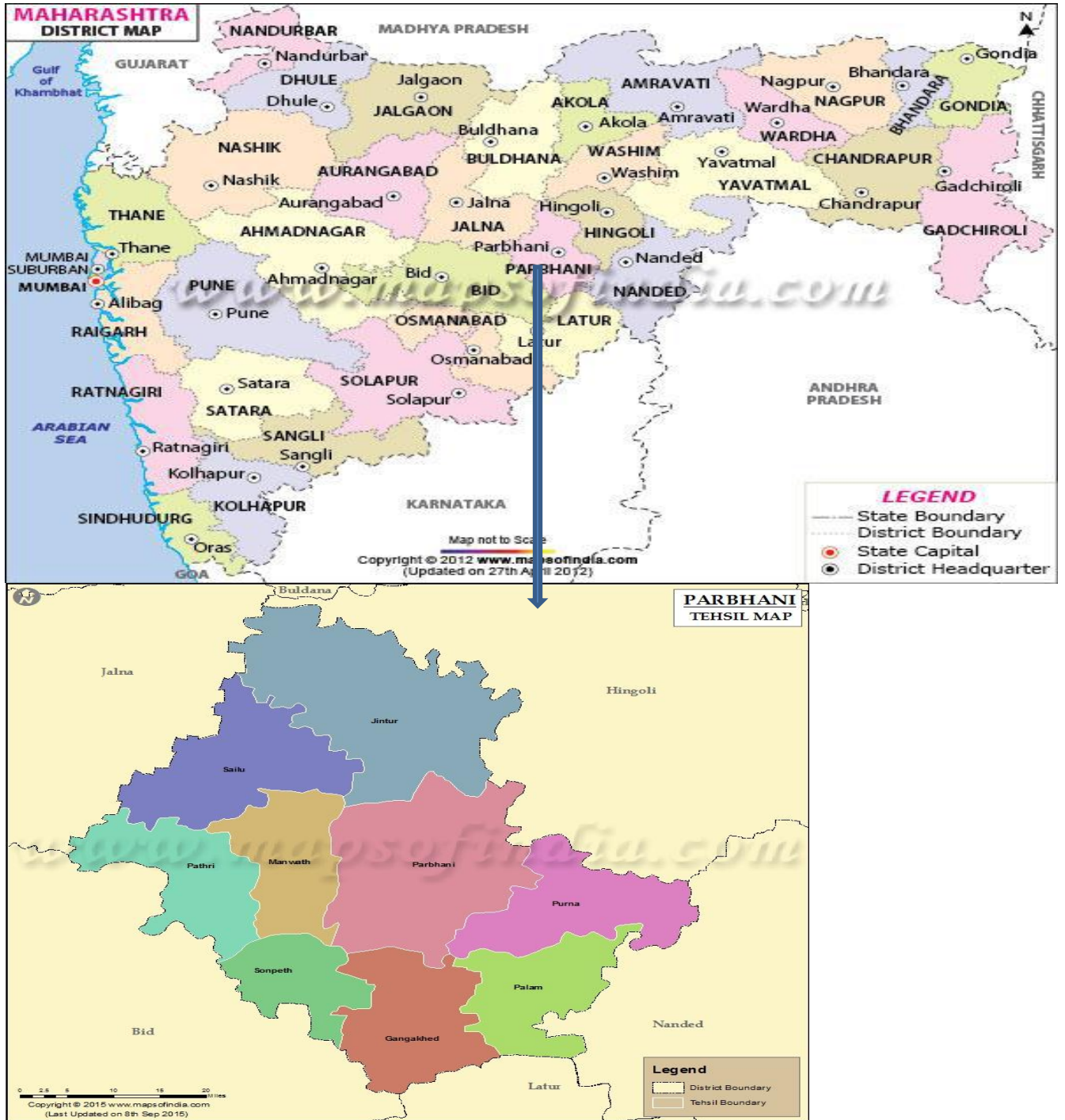
In consultation with DHO, CS, MS, M&E and IPHS Coordinator in the district, DH Parbhani, WH Parbhani SDH Sailu, CHC Jintur, PHC Yeldari, and SC Bhosi were selected for monitoring of PIP. Accordingly, the District Health Office, DH Parbhani, WH Parbhani, SDH Sailu, CHC Jintur, PHC Yeldari, and SC Bhosi were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS 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 Parbhani district as observed by the PRC team during the field visit.

2 District Profile and Key health and service delivery indicators

Parbhani District is one of the eight districts in the Marathwada region of Maharashtra state of India. Parbhani city is the headquarter of this district. Parbhani district is well known for religious tourism of Jainism, Hinduism. The district is bounded on the North by Hingoli and Buldhana districts. On the East by Nanded and Hingoli districts on the south by Latur and on the west by Beed and Jalna districts. This entire Marathwada region a district geographical region was a part of Hyderabad state. After

reorganization of the states in 1956 it became a part of the Bombay state and from 1960 onwards it is part of the present Maharashtra state. The state Capital of Mumbai is to the west Parbhani is well connected by road to other towns in Maharashtra and also the neighboring state of Telangana. Parbhani is a major railway junction connection Telangana and Marathwada. In the North East on the boundary of Parbhani and Hingoli districts there is extension of Ajanta ranges called Nirmal Hills. The main river in the district is Godavari river other rivers are Purna and Dudhna which are tributaries of Godavari major dams in Parbhani district were Yeldari dam which is on Purna river , Lower Dudhana dam is on Dudhana river Mudgal barrage on Godavari river Masoli Dam on Masoli river and Karpara Dam on Karpara river. The 2011 Indian census has counted 1,836,086 of population of which male and female were 942,870 and 893,216 respectively in Parbhani district of Maharashtra. The district has a population density of 295 inhabitants per square kilometer. The percentage decadal growth rate of 20.18% has been recorded during 2001-2011 as compared to 18.14% during 1991-2001. Parbhani had an average literacy rate of 73%, little lower than the national average of 74%, with male literacy at 83%, and female literacy at 64%. In 2011 15.01% (257,320) of the population of Parbhani was under 6 years of age as compared to 16.52% in 2001, where in Maharashtra as a whole it is 11%. In case of sex ratio for every 1000 males for age 6 and older, there were 940 females but it is 884 females in the age group 0-6 years. Parbhani district has total 9 blocks, 8 towns and 843 villages in its administrative area.

Location map of Parbhani district



Key Demographic and health Indicators of Parbhani District (2011)

Sr. No.	Items	Values	Source
1	No. of Blocks	9	Census 2011
2	No. of Villages	843	Census 2011
3	Population	1836086	Census 2011
4	Population - Males	942870	Census 2011
5	Population - Females	893216	Census 2011
6	Literacy Rate	73.34	Census 2011
7	Literacy Rate - Males	82.64	Census 2011
8	Literacy Rate - Females	63.63	Census 2011
9	Sex Ratio	947	Census 2011
10	Child Sex ratio	884	Census2011
11	Density of Population Sq.km	295	Census 2011
12	Percent Urban	31.03	Census 2011
13	Percent SC Population	13.47	Census 2011
14	Percent ST Population	2.21	Census 2011
19	Women receiving at least 3 ANC*	17268	Homespun to Oct. 2018
20	Home delivery*	4	Homespun to Oct. 2018
21	Home delivery with SBA*	3	Homespun to oct2018
22	PNC	6702	Homespun to Oct. 2018
23	Children fully immunized (9-11 months) *	17687	Homespun to Oct. 2018

Source: Census 2011; *= HMIS, 2018-2019

Key Health and Service Delivery Indicators of Parbhani

Items	Values	Items	Values
IMR	18.9	ANC	17268
NMR	15.1	SBA	03
MMR	48.92	PNC	6702
OPD (average per month)	94645	Immunization	17687
IPD (average per month)	8136	Unmet need of FP	7.5

Source: Census 2011 & HMIS, 2018-2019

Key Health's and Service Delivery Indicators: Maharashtra and Parbhani District (2011)

The below table depict the comparative status of health indicators of Maharashtra and Parbhani district. From the table we can see that the average performance of the state is better than the Parbhani district.

Sr. No.	Indicators from DLHS-4	Maharashtra	Parbhani
1	Mothers registered in the first trimester (%)	67.9	45.7
2	Mothers who had at least three ANC visits (%)	77.9	59.8
3	Mothers who got at least one TT injection (%)	90.6	79.9
4	Institutional births (%)	92.0	93.8
5	Home deliveries assisted by SBA (%)	95.9	96.6
6	Children fully immunised (%)	66.2	50.0
7	Children breastfed within one hour of birth (%)	71.2	50.0
8	Per cent of women using modern FP methods	65.7	63.5
9	Total Unmet Need for FP (%)	19.0	15.8
10	Unmet need for spacing (%)	10.8	9.9
11	Unmet need for limiting (%)	8.2	5.9

Source: DLHS-4 -2012-13

3 Information from District Health office (DHO)

Information was collected with the help of district questioners covering all the aspects of PIP under various heads. Results of the information collected from Programme management Unit. Health officials and staff associated with various heads of PIP are as follows.

- 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 allocation of funds to Blocks 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.

3.1 Health Infrastructures

Number and type of government health facilities in Parbhani district

Name of the facility	Number	Located in government building	No. of Beds
District Hospital/Medical college.	01	Yes	406 Beds available
Women's Hospital	01	Yes	60 Beds available
Orthopedic Hospital	01	Yes	50 Beds available
Sub Dist. Hospital	02	Yes	SDH SELU 50, Gangakhed 50
Rural Hospitals	06	Yes	All are 30 Beds
Urban Primary health Centers	06	Yes	All are 10 Beds
Primary Health Centers	31	Yes	All are 10 Beds
Sub Centers	214	Yes	
AYUSH facilities(Ayurveda)	21	YES	
AYUSH facilities(Homoeopathic)	20	Yes	
AYUSH facilities(Others)	07	Yes	

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health officer(DHO) Class I	01	01	00
2	Additional District officer class I	01	00	01
3	Asst. District health officer Class I	01	00	01
4	District RCH Officer	01	00	01
5	Taluka Health Officer (THO) Group A	09	09	00
6	Medical officer Group A	66	47	19
7	Medical officer Group B	08	06	02
8	Administration officer	01	01	00
9	District IEC Officer class II	01	00	01
10	Statistical officer	01	01	00
11	Pharmacists	43	36	07
12	Medical officer (Ayurveda)	08	07	01
13	Unani Hakim	03	02	01
14	LHV	37	30	07
15	Health supervisor	20	20	00
16	Health asst .Male(HA)	45	41	04
17	Health asst. Female(LHV)	167	120	47
18	ANM	316	211	105
19	Leprosy technician	01	01	00
20	Photographer	01	00	01
21	Supervisor non-medical	02	02	00
22	sweeper	148	91	57
	Total	881	626	255

Among regular sanctioned post in Parbhani district, one additional district officer class I, one district health officer Class I, one district RCH Officer positions are vacant as against the sanctioned post of one for each. 19 Medical officer Group A and 2 Medical officer Group B post are vacant against the sanctioned post. Further, 7 posts of Pharmacists , 4 posts of Health asst. Male(HA), 17 post of Health asst. Female(LHV), 105 ANM post and 57 post of sweeper are vacant.

Total 881 regular positions are sanctioned in the district at DHO side of which 255 positions are vacant.

NHM Staff under District Health Officer (DHO) in Parbhani District

	National health Mission Posts	Sanctioned post	Filled up post	Vacant post
1	DPMU	09	08	01
2	BPMU	18	18	00
3	IDW	04	04	00
4	IPHS	35	27	08
5	SNCU	40	35	05
6	NBSU	07	07	00
7	ASHA.DCM/BCM	10	10	00
8	AYUSH	22	22	00
9	RBSK	87	73	14
10	NRC	06	06	00
11	Urban ANM	24	15	09
12	RKSK	01	01	00
13	PCPNDT	01	01	00
14	TELEMEDICINE	02	02	00
15	IDSP	02	02	00
16	NURSING	156	144	12
17	NPCB	02	02	00
18	RNTCP	25	15	10
19	DIEC	01	00	01
20	NTCP	03	01	02
21	NLEP	06	06	00
22	ARSH	01	01	00
23	EMS	01	01	00
24	NPCDS	43	15	28
25	NPHCE	05	01	04
26	NMHP	07	06	01
27	PMMVY	01	01	00
28	RI	03	03	00
29	Strengthening of Nursing School	09	09	00
30	Referral Transport e service	18	17	01
31	Blood Bank	04	00	04
32	DQAC	02	00	02

33	NPPCD	02	02	00
34	Warehouse	02	01	01
	Total	559	456	103

Considering contractual posts, total sanctioned posts are 559 and 103 posts are vacant in the district. Total 35 positions of IPHS are sanctioned and only 27 are filled. Also, 156 positions of nursing are sanctioned and only 144 are filled. A total 28 positions of NPCDS are vacant.

3.2 Training status/skills of various cadres at DTC Parbhani during April to October 2018

During the reference period April to October, 2018, total 33 Medical Officers (MO); 103 Staff Nurses (SN), 22 LHV, 20 ANM, and 11 HA have been trained under the various programmes in the district. The below table shows the training given to health personnel of Parbhani district at District Training Team under various Programmes

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
BeMOC	00	00	00	00	00	00
SBA	06	20	10	10	00	00
LSAS	00	00	00	00	00	00
MTP/MVA	00	00	00	00	00	00
F-IMNCI/IMNCI	01	04	02	00	00	00
NSSK	02	06	00	00	00	00
Mini Lap-Sterilisations	04	00	00	00	00	00
Laparoscopy-Sterilisations	00	00	00	00	00	00
IUCD	00	00	00	00	00	00
PPIUCD	19	42	00	00	00	00
Blood storage	00	00	00	00	00	00
RTI/STI	00	00	00	00	00	00
IMEP	01	21	00	00	00	00
RI/Immunization and cold chain	00	10	10	10	00	11
IYCN	00	00	00	00	00	00
Total	33	103	22	20	00	11

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor, ANM.HA health assist.

3.3 Other Health System Inputs

Following services are made available at various health facilities in the district during the reference period April to October 2018; OT Surgery (major) 3912, and minor 7229, Obstetrics 22779, Gynecology 12085, Medicine up to September 113947, Emergency 26936, ENT 20238, FP 2924, and C section deliveries were 3082. All services are being provided in the district. Women's Hospital and District

Hospital is in the same campus. However the condition of women hospital is not satisfactory. There is no cleanness and so much work load. As the bed occupancy rate of the women hospital is 240 ,so many patient were sitting on the dirty floor.

3.3.1 Availability of Drugs, Diagnostics and Equipment

Essential equipment's and supplies are available and functioning condition. Essential drugs are available expect Mifepristone tablets. In some visited facilities EDL has 441 medicines, out of which 197 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from WH, SDH, CHC, PHCs and SCs. Computer inventory management is in place and E –Aushadi software is in place and e-session being taken out. EDL is available at all visited facilities, but except RH Jintur none of the visited facility has displayed it public domain. They have just taken a printout of the list and pasted it in the OPD. Here I want to particularly mention the YALDARI PHC for their cleanness and their way of serving to the patient.

3.3.2 AYUSH Services

AYUSH facilities are available in 24 facilities in the district available. The MO of AYUSH are member of RKS at 2 SDH and 5 CHCs .Stocks positions of AYUSH medicines are available. AYUSH is co-located in District DH, and SDH and CHCs and PHCs. AYUSH OPDs are maintained separately with the main facility and positions of stocks of AYUSH medicine are available at the respective facilities.

3.4 Maternal Health

3.4.1 Antenatal (ANC) and Post-natal care (PNC)

As the maternal health care services are very essential for maternal and child health, and core of the NHM program. During the reference period (April to October 2018) the ANC registration was 26546 in the district of which 18812 women were registered in first trimester. Among the total ANC registered women, 62 women were reported as severely anemic and 308 women detected as Hypertensive. In addition, 24051 pregnant women were received the TT, while hundred or more IFA tablets were provided to 23772 women. A total 2035 tests were conducted for Blood Sugar, 20243 for Urine Sugar and Protein tests. Only 6702 women were received the postnatal services. 3925 outreach camps were conducted in the district. The UHNDs data were not reported in the district.

3.4.2 Institutional Deliveries

During April 2018 to October 2018, 14007 deliveries were conducted in public Institution, among which 3082 were C-section deliveries in the district. Mothers initiated breastfeeding within 1 hour of delivery is almost universal in the facilities. However, 1663 deliveries were provided the EmOc facilities.

3.4.3 Maternal Death Review (MDR)

During April 2018 to October 2018, 9 maternal deaths were reported and all of them were reviewed. 3 cases of maternal death were reviewed in the district. There is a District Maternal Death Review Committee under the chairmanship of Civil Surgeon in the district. District Health Officer is the secretary of said committee. There are 9 notified centers of maternal death review in the district.

3.4.4 Janani Shishu Suraksha Karyakram(JSSK)

As per Government of Maharashtra Resolution dated 26thSeptember, 2011, JSSK has been launched on 7thOctober 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Parbhani district receives free benefits like registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-1 year of birth. Free transportation facility to mother and neonates are available from their residence to facility, facility to facility, and facility to residence. There is also a provision of free diet during the stay period in the facility.

During the reference period, 14007 pregnant women delivered at various public institutions i.e. WH,SDH, Community Health Centers and Primary Health Centers. All have received free and zero expense services for their delivery. Out of the total deliveries, 3082 were caesarean section deliveries. All have provided with free diet for 3 days for normal delivery (10925) and seven days for C-section deliveries (3082), free medicines and free diagnostic test.

During the reference period 915 beneficiaries provided with free Blood bags, and 14007 of blood and urine test of pregnant women were conducted. A total of 8624 women were provided the transportation services form home to institute, 2428 women were provided the facility to facility transport service and 9560 women were provided drop back to home transport service.

3.4.5 Janany Suraksha Yojna (JSY)

JSY guidelines are normally followed in the district. Payment is done through the Public Finance Management System (PFMS) and given to the beneficiaries after getting discharged from the facilities. The total JSY beneficiaries registered during the reference period in the district were 2258, however only 1473 beneficiaries has received JSY payments as per JSY guidelines. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district; wherein if any complaint registered to THO, who in turn report to DHO/CS.

3.5 Child Health

3.5.1 SNCU

SNCU is located at District Hospital under the Medical superintendent of women's hospital. All the necessary equipment available in SNCU unit. 39 beds are sectioned, but only 20 beds are available for SNCU. All the manpower/service provider are trained. During the reference period, total 1620 infant were admitted, of which 1332 are cured, 101 are referred, 78 are not cured, and 109 have LAMA 109. It has been also observed that there is a heavy work load in the SNCU Unit. Moreover, there are 44 posts sanctioned for SNCU, but only 38 posts are filled and 6 posts are vacant. Due to heavy load in the SNCU unit it is recommended that to increase the bed capacity of SNCU unit.

3.5.2 NBSU

NBSU are located in 2 CHCs and 2 SDH in the district. All the necessary equipments are available in all NBSU units. Trained manpower is available in NBSUs. During the reference period, total 306 admissions in district NBSU units are reported.

3.5.3 NBCCs

NBCC units are not functional in the district. Necessary equipment's and manpower are also not available for NBCC units in the district. During the reference period admissions data are not available at district head quarter.

3.5.4 Nutrition Rehabilitation Centres (NRC)

Nutrition Rehabilitation Centres is established at District hospital and it is functioning with all the necessary equipment and trained personal. However, there has no adequate space. 10 beds has been

sanctioned for the centre due to overload it is not enough. The average length of stay in NRC is less than 21 days. During the period April to October 2018, 206 infant have been admitted.

3.5.5 Immunization

Immunization is being done at all the facilities as per the Government of India guidelines. All the birth taken place at WH, SDHs CHCs and PHCs being getting birth doze of immunization (polio-0, and BCG) as per the immunisation programme guidelines. During the period April 2018 to October 2018, 17687 children were fully immunized; 24399 children were provided with BCG doses; 16558 children were provided with Polio-0 dose; 23205, 21634 , 21209 were provided with DPT/Penta dose-1, dose- 2 and dose- 3, respectively. 18694 children were provided with DPT booster; 18557 children were provided with Polio Booster. 17931 and 16332 children were provided with Measles dose 1 and dose 2, respectively. Moreover, 9150 immunization session were planned, though only 8681 session has been organized in the district.

3.5.6 Rashtriya Bal Swasthya Karyakram (RBSK)

The Rashtriya Bal Swasthya Karyakram aimed to improving overall quality of life of children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal personals were identified for child health screening and early intervention services at district level. Teams are constituted with proper planning for screening and advance tour in the district. In the district total 21 teams are currently working in the district. Total 20654 Anganwadi check-ups were conducted covering 15812 children's.

3.6 Family Planning Services

Family planning services are being provided at WH, SDH and all CHCs, and PHCs. During April 2018 to October 2018, 2912 female sterilizations and 12 NSV has been performed. 19177 Oral Pills cycles and 233831 condoms have been distributed. Some shortage of IEC material in the district has been observed. During the ANC care counseling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD (type380) is also available in the district. In all the family planning activities ASHAs involvement is there.

3.7 Adolescent Health (ARSH clinic)

In the district 4 ARSH clinics are established with 5 trained medical officers and 4 counsellors. Under ARSH, there is a provision of primitive, preventive, curative, referral and outreach ARSH services in college and schools. Clinical services being provided mainly related to menstrual problems, RTI/STI, Skin problems, ANC, contraceptives as well as counselling. Schools, VHNDs, MMU, teen clubs, SHGs, vocational training centres, youth festival, health mela etc. are the main mode of outreach services. There are 32 services are being provided in the district.

3.8 Community Processes

3.8.1 ASHA

Total 1087 ASHAs position has been sanctioned 1087, but only 979 ASHAs are working in the district. About 10 ASHAs have left and 8 new ASHAs have joined during the reporting period. ASHAs (955) training of Module 6 & 7 has been done. The essential drugs (ORS and Zinc) and FP methods (condoms and oral pills) are available to all ASHAs. Most of the ASHAs receive on an average Rs. 16435/- as an incentive. Payments are disbursed on time to ASHAs by PFMS.

3.8.2 Referral Transport

Total 56 vehicle are available in the district, out of total 2 vehicle are not in working condition. All working vehicle fitted with GPS system, which main center is in Pune. The number 12025(102)15513(108) Clients are using for ambulance services. Total 27538 patient has been served by ambulance services in the district during reference period.

3.8.3 Mobile Medical Unit (MMUs)

There is one NGO Shatayushi foundation working for MMU Unit in Parbhani district. These units are working in three blocks Gangakhed, Palam, and Purna covering 40 villages. MMU staff is appointed for the operation of MMU. NGO has made a Micro visits plan to provide the health service in the Parbhani district. During the reference period 32794 OPD patient have utilized MMU. In addition, 4780 ANC and PNC patients have also utilized the MMU service in the district.

3.9 Quality in Health Services

3.9.1 Communicable disease (Infection Control)

Health staffs are following the protocols. Fumigation of Operation Theater is done on the regular basis. The autoclave is being used on regular basis for disinfection of the instruments.

3.9.2 Record Maintenance

All the record /registers were available, but not updated and correctly filled in the some visited facilities. Women Hospital and Jintur CHCs are not updated records. Even the situation of the Jintur CHCs was very worse, the health staff of the facility did not know where is the register and how to maintain. Whatever data was available in the facility, there were lots of discrepancy.

3.9.3 Biomedical waste management

Segregation of Biomedical waste is being outsourced at district level. In the visited facilities, segregation of Biomedical waste is being outsourced, only Sub Centre has burred pit in Parbhani district.

3.9.4 Information Education and Communication (IEC)

In the visited facilities, Jintur CHCs and Bhosi Sub Centre are not being display the appropriate IEC material related to MCH, JSY, JSSK, FP, etc. EDL and important phone numbers, clinical protocols etc., are prominently displayed in the health facilities.

4 Disease Control Programs

4.1 National Malaria Control Programme

During the reference period 204901 blood samples were collected, out of total, three case was detected as Malaria through blood examination. Diagnostic Kits are available and provided to health worker in the district. There were total 181 posts has been sanctioned and only 131 position are filled.

4.2 Tuberculosis (TB)

Total 16320 TB cases were examined during the reference period, out of that 1317 cases are identified as positive through chest symptom, 415 cases identified as positive through lab report in the district. 32 cases has put under DOTS-Plus. There were 780 new cases are detected in the district. And 743 patients

are under treatment. There were 25 contractual posts are suctioned 16 posts are filled and 9 posts are vacant they give timely payment of the staff in the district.

4.3 Non Communicable Disease (NCDs)

As there were no data available for total diagnosed cases for non-communicable disease. Therefore, we can say how many test for same have been done in the reference period. However, 3768 cases have been identified for Diabetes, 156 has been identified for cancer and 5796 cases of Hypertension has been identified in the district. All type's drugs are available in district. NCD IEC marital is available in district.

5 HMIS and MCTs

There are dedicated staffs for HMIS and MCTS. M&E officer is responsible for reporting of the data for the district. Data is being uploaded in timely manner with regard to completeness and data validation checks applied at district level.

6 Good practices and innovations

The effective implementation of 'Mahatma Jyotiba Phule Jan Arogya Yojana' from Civil Surgeon at district hospital. Under this scheme 1032 surgery has been done in the district.

Dialysis Unit is available in the District Hospital. There are 4 Operational machines available in this unit and required staff are available for the same. 1234 patients have been utilised this service during the reference period.

7 Programme Implementation Plan (PIP) Expenditure

For the year 2018-19, Rs. 2686.27 Lakh was sanctioned for PIP Budget of NHM.; and the expenditure from April to October 2018 was Rs.1001.90 Lakhs. So total 37.30% of expenditure has been done and it is 35.17% from DHO side and 43.81% from CS side.

8 Observations from the Health Facilities Visited by the PRC Team

8.1 District Hospital Parbhani

District Hospital Parbhani is easily accessible from nearest road and is functioning in government building which is good condition. But some part of the hospital, particularly Women hospital, are very old. District Hospital is providing all facilities to district population. District Hospital has 24X7 electricity supply with power back-up. Further, express feeder is available in hospital campus. The water facility is also available in the hospital premises for 24X7. The cleanness has not been depicted during the visit in the hospital. There were separate toilet facility for male and female, but condition was so pathetic. Complaint/suggestion box are available in the hospital.

As reported by District Hospital authority and data taken from their record DH is facing the problem of shortage of manpower. Except Civil Surgeon post, none of the other Class I posts are filled. There are 19 Class-I positions has suctioned for district hospital, but only 3 posts are filled and 16 posts are vacant. There are some quarters are available for living, but all are very old, there is need to rapier that quarters urgently and make the arrangement of quarter for other staff also. Civil surgeon side has 2 SDH and 6 CHCs, but class-I Medical officers positions are vacant in the district.

District: Parbhani Key Service Utilization Parameters (April 2018 to October 2018) in the visited facilities

Service Utilization Parameter	District Hospital	Women's Hospital	SDH Selu UP To Nov	CHCs Jintur	PHCs Yeldari	SC BHOSI
OPD	218390	18722	50708	43504	7456	00
IPD	27676	9613	9756	3775	431	00
Expected number of pregnancies	-----	---	1340	1188	52	57
MCTS/RCH entry on percentage of women registered in the first trimester	-----	-----	600	300	244	----
No. of pregnant women given IFA	-----	4621	590	510	52	43
Total deliveries conducted	-----	4621	802	634	101	11
Number of Deliveries conducted at home	---	-----	--00	00000	00000	00
No. of assisted deliveries(Ventouse/ Forceps)						
No. of C section conducted		2286	84	03		
Number of obstetric complications managed, pls. specify type		1403	16	18		
No. of neonates initiated breast feeding within one hour	--	4621	789	634	101	11

Number of children screened for Defects at birth under RBSK	----	----	01	01	00	00
RTI/STI Treated	1106	----	----	130	00	00
No of admissions in NBSUs/ SNCU, whichever available	----	1560	104	80	----	00
Inborn	---	812	104	80	----	00
Out born	---	748	---	00	---	00
No. of children admitted with SAM	124	----	00	00		00
No. of sick children referred	----	101	43	22	07	00
No. of pregnant women referred	----	648	373	139	29	04
ANC1 registration	----	1466	528	510	52	57
ANC 3 Coverage	----	----	436	184	----	43
ANC 4 Coverage	---	546	308	63	52	32
No. of IUCD Insertions	---	52	122	09	29	12
No. of Tubectomy	----	166	162	43	139	00
No. of Vasectomy	---	03	00	00	----	00
No. of Minilap + Laparoscopy	---	166	162	43	139	00
No. of children fully immunized	670	---	344	170	428	37
Measles coverage	670	---	344	358	428	37
No. of children given ORS + Zinc	390	---	1086	14436	----	00
No. of children given Vitamin A (All doses)	---	---	117	358	479	37
No. of Children given IFA syrup	----	---	00	00	---	15
No. of women who accepted post-partum FP	---	---	09	00	---	00
No. of MTPs conducted in first trimester	---	19	05	00	----	00
No. of MTPs conducted in second trimester	---	---	00	00	--	00
Number of Adolescents attending ARSH clinic	1623		1224	840	----	00
Maternal deaths, if any	---	02	01	00	----	00
Still births, if any	---	31	10	02	---	00
Neonatal deaths, if any	---	60	03	---	---	00
Infant deaths, if any	---	----	---	----	---	00
Number of VHNDs attended	---	---	---	----	---	00
Number of VHNSC meeting attended	---	---	---	---	---	00
Service delivery data submitted for MCTS updation	----	----	---	---	---	00

Parbhani District Hospital provides lab service in the district. During the reference period 49200 Hemoglobin, 48138 CBC test, 12408 Urine/Sugar, 47148 Blood Sugar, 8394 RRR, 17874 Malaria, 21960 LFT, 3395 ultrasound scan general, 5675 X-Ray, 7835 ECG test have been done in the district hospital.

There is a need of CT Scan Machine and Technician (ECG and X-Ray technician) for the hospital. Many key position are in DH and also there is a dire need of Additional Civil Surgeon, RMO outreach, Admiration officer and CAO for smooth function of the hospital.

Civil Hospital Regular staff

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Class I	19	03	16
2	Class II	37	35	02
3	Class III	289	217	72
4	Class IV	191	124	67

DH has Class I 19 Posts are sectioned only 3 post are filed in the district.

Civil Hospital NHM staff Under Civil Surgeon

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	ARSH	01	01	00
2	AYUSH	22	22	00
3	IPHS	35	27	08
4	NBSU	07	07	00
5	NLEP	06	06	00
6	NMHP	06	06	00
7	NPCB	02	02	00
8	NPCDS	37	13	24
9	NPPCD	12	12	00
10	PCPNDT	01	01	00
11	DPC	01	01	00
12	RBSK	87	73	14
13	RNTCP	24	15	09
14	Urban RCH	24	15	09
15	Referral transport	18	17	01
16	Blood Bank Tech.	04	00	04
17	DEIC	01	00	01
18	DQAC	02	00	02
	Total	290	218	72

Training status/skills of various cadres at DH Parbhani during April to October 2018

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
EmocC	01	00	00	00	00	00
BeMOC	16	00	00	00	00	00
SBA	00	07	00	00	00	00
LSAS	02	00	00	00	00	00
MTP/MVA	00	11	00	00	00	00
F-IMNCI/IMNCI	07	18	00	00	00	00
NSV	04	00	00	00	00	00
NSSK	14	101	00	00	00	00

Mini Lap-Sterilisations	12	00	00	00	00	00
Laparoscopy-Sterilisations	02	00	00	00	00	00
IUCD	12	13	00	00	00	00
PPIUCD	10	29	00	00	00	00
Blood storage	00	00	00	00	00	00
RTI/STI	00	00	00	00	00	00
IMEP	09	37	00	00	00	00
RI/Immunization and cold chain	13	45	00	00	00	00
Total	102	262	00	00	00	00

8.2 Women Hospital (WH)

The Women Hospital is located in the premises of district hospital, which is easily accessible from nearest road. The condition of the women hospital building is not good. Some wards, Operation Theater and SNCU of the women hospital is in district hospital building. It is 60 beds hospital functioning as a part of civil hospital. Now Government of Maharashtra has sanctioned land for this hospital, but work yet to start for hospital. Significant findings of the women's hospital :

- There is so much crowd in the women hospital due to space scarcity. We have observed many patient sitting on the ground in the lobby.
- The bed occupancy rate of the hospital is 240. Therefore, there is a dire need to build a new building and increase the number of beds.
- Further, there is a scarcity of human resource in the hospital. As District Hospital is not functioning Maternity ward, so there is heavy work load in women's hospital. All buildings are scattered in the campus, cleaning are very poor in the district.
- Regular Fogging is not in practice. Laundry/washing services are outsourced. Dietary services, drug storage facilities, Equipment maintenance and repair mechanism are available.
- Vaccination is done properly, IMEP protocol is followed and also MDR is done on time.
- All mothers have initiated breast feeding within one hour of normal delivery. Zero doses of BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are asked to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System in beneficiaries account, on production of necessary documents.
- **The women hospital authority is being charging Rs 10 as a fee of ANC registration .**

Women's Hospital Regular staff

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
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1	Class I	04	01	03
2	Class II	07	07	00
3	Class III	43	34	09
4	Class IV	28	09	19

Women's Hospital NHM staff

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Paediatrician	01	01	00
2	Medical Officer	03	01	02
3	In charge sister	01	01	00
4	Staff Nurse	26	26	00
5	SNCU DEO	01	01	00
6	AYYA	04	03	01
7	Sweeper	04	02	02
	Total	40	35	05
	IPHS			
1	OBGY Specialist	02	01	01
2	Sonographer specialist	01	01	00
3	Lab Technician	01	01	00
	Total	04	03	01

WH have all types Drugs except Mifepristone tablets. OCPs, EC pills and IUCDs is not available since last 6 months. All equipment are available, though Women Hospital does not have own separate OT.

Training status/skills of various cadres at WH Parbhani during April to October 2018

Training programmes	MO	Staff Nurse	LHV	ANM	LT	HA
EmocC	00	00	00	00	00	00
BeMOC	07	00	00	00	00	00
SBA	00	30	00	00	00	00
LSAS	01	00	00	00	00	00
MTP/MVA	04	00	00	00	00	00
F-IMNCI/IMNCI	04	19	00	00	00	00
NSV	00	00	00	00	00	00
NSSK	08	34	00	00	00	00
Mini Lap-Sterilisations	03	00	00	00	00	00
Laparoscopy-Sterilisations	00	00	00	00	00	00
IUCD	03	07	00	00	00	00
PPIUCD	05	20	00	00	00	00
Blood storage	00	00	00	00	00	00
IMEP	03	07	00	00	00	00
RI/Immunization and cold chain	00	26	00	00	00	00
Total	38	143	00	00	00	00

Pickup-and drop back services provided at WH Parbhani. (During the reference period April to October, 2018)

Sr. No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	Free/paid
1.	Home to facility	Government vehicle	4413	672	free
2.	Inter facility.	Government vehicle	405	40	free
3.	Facility to Home Drop back.	Government vehicle	4951	734	free

8.3 Sub District Hospital: SELU

SDH Selu is located in SELU block of Parbhani and it is about 80 kms from district headquarter. On the day of PRC team visit to SDH, In charge Medical Superintendent and all staff were present in the hospital, Superintendent and Medical officer and in charge staff provided the all the information about the hospital. It is a 50 bedded hospital functioning in a government building which is old but in good condition. 8 quarters are available for the staff members, but that need to repair. There is 24x7 Electricity supply with power back- up. The facility of drinking water is also available within the premises. Separate toilets are available for male and female. in the labor room attached toilet is available. In terms of cleanliness and hygiene, the hospital administration are doing good. Waste management is outsourced to a private agency. Suggestion and complaint book are available. The human resource position are given in the below table

Staff under Sub Divisional Hospital (SDH) SELU in Parbhani District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer I Class 1	01	00	01
2	Medical officer I Class II	07	07	00
3	Dental Surgeon	01	01	00
4	Class III	15	13	02

5	Class III (Technical)	12	11	01
6	Class IV	13	08	05

Staff under NHM Sub Divisional Hospital (SDH) SELU in Parbhani District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer AYUSH	03	03	00
2	RBSK	08	04	04
3	ANM	04	03	01
4	ICTC	02	02	00
5	NBSU	02	01	01
	Total	19	13	06

- All the essential equipments are available at the SDH. Laboratory related equipment is available. Functional ILR and Deep Freezer are available. Lab tests kits and chemicals are available.
- Essential drug list is available and displayed in the OPD. Computerized inventory management is available. IFA tablet blue is not being supplied.
- All lab tests are being done in the lab. Blood storage unit is available in SDH. But in last six months, there is shortage of Medicine. SDH Have some requirement to provide good and quality services in the block.
- There is a shortage of Manpower which need to fill on urgent basis. Also there is a need to renovate the medicine store room and new Dental chair is also required in the SDH.
- No budget Provision for Ambulance Repair and maintenances charges.

Pickup-and drop back services provided at SDH SELU Parbhani.(During the reference period April to October, 2018)

Sr. No	JSSK.	Mode of transport Govt./Pvt.	No of transported ANC/INC/PNC	women during	No of sick infants transported	Free/paid
1.	Home to facility	Government vehicle	598		55	free
2.	Inter facility.	Government vehicle	283		49	free
3.	Facility to Home Drop back.	Government vehicle	672		30	free

8.4 Community Health Centre (CHC): Jintur

CHC Jintur is in Jintur block in Parbhani district. It covers 55000 population of the city. There is 20 beds Trauma centre available in the campus and both are functioning together within one premises. it is well accessible from main road. On the day of PRC team visit to CHC, all staff was present on duty. In charge Medical Superintendent has given all the information. It is 30 bedded hospitals and located in the government building. The building is old but in good condition. Quarters for living of the CHC staff are available, but are not in good condition. The significant observations of CHC Jintur as:

- Electricity is there but power back up is not available due to not functioning of the inverter since last 3 months.
- The water facility 24*7 is available in the hospital premises.
- Separate toilets are there for male and female wards, and toilet is attached to labour room.
- The situation of sanitation is not good, wards were unclean in hospital.
- Functional New Born Stabilization Unit, ICTC Center, blood storage unit is available in the hospital.
- Waste management is outsourced.
- Suggestion and complaint box is available.
- OT is under repair at the time of visit, CHC is using the OT of Truma centre.
- All the essential equipment is available at the CHC. Functional ILR and Deep Freezer (E-vin) are available.
- Laboratory related equipment is available. Lab tests kits and chemicals are available but Phototherapy unit is not functional since last one year.
- Essential drug list is available and displayed in the OPD. Computerized inventory management is available. IFA tablet blue is not being supplied.
- Record is not being properly maintained by the CHC, there were lots of discrepancy in the data.

CHC Jintur has many post vacant which need to fill on priority basis. There is also a need to repair the OT and staff quarters on priory basis to provide good and quality services in the catchment area. Further, there should be integration of building with Truma centre.

Staff under (CHC) Jintur in Parbhani District.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
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1	Medical officer I Class 1	01	01	00
2	Medical officer I Class II	03	02	01
3	Class III	16	14	02
4	Class IV	07	04	03
	Total	27	21	06

Staff under NHM at CHC (Jintur) in Parbhani District

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer AYUSH	07	07	00
2	RBSK	08	05	03
3	ANM	02	02	00
	IPHS	01	01	00
4	ICTC	02	02	00
5	NBSU	02	02	00
	Total	22	19	03

Pickup-and drop back services provided at CHC Jintur, Parbhani.

(During the reference period April to October 2018)

Sr. No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	Free/paid
1.	Home to facility	Government vehicle	467	37	Free
2.	Inter facility.	Government vehicle	199	19	Free
3.	Facility to Home Drop back.	Government vehicle	521	37	Free

8.5 Primary Health Centre: YELDARI

PHC **Yeldari** of Jintur Block is located about 57 Kms from the district headquarter. This PHC covering 54420 population under 8 Sub centres and easily accessible from the nearest road head. It is functioning in a government building which is in a good condition. Quarters for MOs and other staffs has not sufficient. The significant observations of the Yeldari PHC as:

- The water and electricity supply with the power back-up is available for 24C*7 in the facility.

- The PHC was so clean and there were separate toilets for male and female. Labour Room in the PHC were also clean and attached with toilet, however, delivery table is not available, therefore, normal table is being used for delivery .
- There are separate wards for male and female.
- New Born Care Corner is not available. Warmer is in working condition.
- Bio Medical Waste management is outsourced.
- Complaint or suggestion box is available in the facility.
- As this facility covers 8 Sub centres, therefore, workload is very high. This is the best PHC in the block in term of services providing, cleanliness, health providers behaviours. Moreover, PHC also having internet and CC TV cameras, along with sound system. The PHC administration is now thinking about to do paperless work, which is very good initiative.
- All the essential equipment such as; lab equipment, Microscope, Reagents and testing kits is available at the PHC. However, Centrifuge, auto Semi analyzer is not available at the PHC.
- Essential Drugs and supplies are available in the PHC except Misoprostol tables, although, some shortage of medicine has been reported at PHC.

Staff under (PHC) YELDARI in Parbhani District.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	02	01	01 on deputation
2	Pharmacist	01	00	01
3	Lab technician	01	00	01
4	Jr. Clark	01	01	00
5	Driver	01	01	00
6	Health Ass.	04	03	01
7	SN	03	02	01
8	Sweeper	04	02	02
	Total	17	11	06

Pickup-and drop back services provided at PHC YELDARI Parbhani.(During the reference period April to October2018)

Sr. No	JSSK.	Mode of transport Govt./Pvt.	No of women transported during ANC/INC/PNC	No of sick infants transported	Free/paid
1.	Home to facility	Government vehicle	100	05	FREE
2.	Inter facility.	Government vehicle	27	06	FREE

3.	Facility to Home Drop back.	Government vehicle	102	00	FREE
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8.6 Sub Centre: BHOSI

BHOSI Sub Centre is under the catchment area of **YELDARI PHC** and is about 15 KMs from the PHC. This SC is catering for two villages and covering a population 5250. The Sub Centre is far from the main habitation and functioning in an old Government building near by a primary school. The ANM is also stays at in the sub centre.

The water and electricity facility is available in 24X7 in the sub centre. Labour room is available with attached toilet. There is no functional NBCC. Biomedical waste management and wastes are buried in pit. There is a two ANM; one is regular and another one on contractual position. All the essential equipment available at Sub Centre. Essential drug list and diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar. Blood sugar tasting kits not available for three months. Pregnancy test kit and OCPs are available at the facility. All the essential Registers are available and well maintained. Breast feeding initiated within one hour of normal delivery is almost universal. Counselling on IYCF and on Family Planning is being also provided. ANM is well trained and having the skills of quality parameters. Untied Funds and AMG are received in this year, but not utilized. Sub Centre premises is surrounded by wall and approach road to this facility. No Posters of JSSK entitlements, villages under the Sub Centre, JSY entitlement and VHND plans are displayed in the facility. VHND record is also not updated and grievance redressal mechanism is also not in place in Sub Centre. However, Information related to phone number, timings, SBA protocols and immunisation schedule are displayed. The transport facility for ANC/PNC women and neonates during the reference period being provided; 4 women's have been referred to institute.