

**Monitoring and Evaluation of Programme Implementation Plan, 2014-15:
Kolhapur District, Maharashtra**

Report prepared by

**Vini Sivanandan
Arun Pisal
R.S. Pol**

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

August 2014

(A Report prepared for the Ministry of Health and Family Welfare, Government of India, New Delhi)

Table of Contents

1	Executive Summary.....	3
2	Introduction.....	9
3	State and District Profile.....	9
4	Key Health and Service Delivery Indicators.....	11
5	Health Infrastructure.....	11
6	Human Resources	13
7	Other Health System Inputs.....	13
8	Maternal Health.....	15
	8.1 ANC and PNC.....	15
	8.2 Institutional Deliveries.....	16
	8.3 Maternal Death Review.....	16
	8.4 JSSK.....	16
	8.5 JSY.....	17
9	Child Health.....	18
	9.1 Immunization.....	18
	9.2 RBSK.....	19
10	Family Planning.....	19
11	ARSH.....	20
12	Quality in Health Services.....	20
	12.1 Infection Control.....	20
	12.2 Record Maintenance.....	21
	12.3 IEC.....	21
13	Referral Transport and MMUs.....	22
14	Community Processes.....	22
	14.1 ASHA.....	22
15	Disease Control Programmes.....	22
	15.1 Tuberculosis.....	22
	15.2 Leprosy.....	22
	15.3 Non Communicable Diseases.....	22
16	HMIS and MCTS.....	23
17	Good practises and innovations.....	23
17	Annexure.....	24

Monitoring and Evaluation of Programme Implementation Plan 2014-15: Kolhapur District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Kolhapur District was carried during the period 14-18 July 2014. The District Health Office, SDH Kodali, CHC Malkapur, PHC, Bambawade and SC Shitur were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Kolhapur district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

SDH Kodali is functioning in a government building and is in a good condition except for rainy season when some section of the building has leakage problem hence requires repair. Staff quarters although available is inadequate. SDH has functional NBCC and NBSU. CHC Malkapur is functioning in a government building and is in a good condition except for Post Mortem room which is having leakage problems. Space for labour room is inadequate. Staff quarters are not available for any of the staffs. Functional NBCC is available. NRC and BB/BSU are not available in CHC Malkapur and SDH Kodali. PHC Bambawade has functional NBSU and NBCC. SC Shitur is located at the outskirts of the village.

Human Resources and Training

District in general finds shortage of specialist, technicians and support staff. SDH Kodali requires one Medical Officer and one MO is absent out of the sanctioned seven post of MOs. CHC Makalpur requires one each of staff nurse, lab assistant, driver, and peon in regular posts. PHC Bambawade has only one M.O.

Availability of Drugs, Diagnostics, and Equipment

EDL with 92 medicines are available in the district during the reference period April-June, 2014. There is no shortage of essential drugs in the visited health facilities. IFA tablets (blue), IFA syrup with dispenser, and Mifepristone tablets are not available in SDH Kodali. All the essential supplies and consumables are available in SDH Kodali except for EC pills. Essential drugs (IFA syrup with dispenser and Zinc tablets) are not available in CHC Malkapur. Essential supplies and equipment's are available in CHC Malkapur except for reagents and testing kits. Except for sanitary napkins, all the supplies and consumables are available in this CHC. Diagnostics test are available except for CBC in the visited CHC. In PHC Bambawade essential supplies are available except for sanitary napkins. Laboratory equipment, Semi auto analyzer is not available. All the major diagnostics tests are

available except for CBC, Serum bilirubin, and Blood Sugar. Essential drugs such as IFA syrup with dispenser, Zinc tablets, Inj Magnesium Sulphate, and Misoprostol tablets are not available in SC Shitur. Essential equipment are available except for blood sugar testing kits, Neonatal ambu bag, and RBSK pictorial kit. All the essential supplies are available except for sanitary napkins in this SC.

Maternal Health

ANC and PNC

During the reference period April-June 2014, district reported first trimester ANC registrations of 73 percent. Women were line listed for severe anaemic condition as well as hypertensive pregnant women were identified. Pregnant women were provided with TT and IFA tablets. Mothers were advised to initiate breastfeeding within 1 hour of delivery. Essential ANC and PNC care were provided in the visited health facilities.

Institutional deliveries

During the reference period April to June 2014, 13,776 deliveries were conducted in the institution. SDH Kadoli reported 83 deliveries, 50 deliveries in CHC Malkapur with one still birth, 134 deliveries in PHC Bambawade with one neonatal death and one delivery in SC Shitur during the reference period. All the mothers initiated breastfeeding within 1 hour of the birth.

Maternal Death Review

District task force is formed to conduct MDR and the state/district task force publishes the MDR report. Four maternal deaths were reported in the district during the period April to June, 2014 out of which only two is reviewed and the other two is under process. There was no case of maternal death reported in the visited SDH, CHC, PHC, and SC.

JSSK

District reported 84 percent free pick up transport facilities from home to institute during the reference period April to June, 2014 and 95 percent received free drop back to home from government vehicle. Fifty three neonates were provided with free transport from home to institute during the reference period. Number of neonates provided free transport from institute to institute is 11 and drop back facilities to home in government vehicle were provided to 67 neonates in the district during the reference period.

During the reference period April-June 2014, none of the beneficiaries reported free transport from home to institute in SDH Kadoli. Neonates receiving JSSK benefits were nil in SDH Kadoli and PHC Bambawade.

JSY

During the reference period April-June 2014, 1,053 beneficiaries received JSY payments as per JSY guidelines which are same as the estimated JSY beneficiaries in the district. Out of the total beneficiaries in rural area 44 percent are from accredited private hospital and 15 percent from PHCs whereas in urban area all the JSY beneficiaries were from CHC/WH/cottage hospital. The maximum number of case (1049) was promoted by ASHAs in rural regions. Full amount of financial assistance is

provided in the form of bearer cheque within 15 days of delivery. Physical verification of beneficiaries is done to check malpractices and whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district. JSY payment to beneficiaries is not given at PHC Bambawade as all the documents are available at SC and JSY payments are provided at SC level.

Child Health

NBCC, SNCU and NBSU units are established at various facilities in the district to provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children. Nutritional Rehabilitation Centre does not exist in the district. SNCU is available at Gadhinglag SDH. NBSU is available at seven CHC and SDH with necessary equipments and trained manpower.

Nutritional Rehabilitation Centre does not exist in the district. SNCU is available at Gadhinglaj SDH. NBSU is available at seven CHC and SDH with necessary equipments and trained manpower. Essential new born care such as thermoregulation, breastfeeding and asepsis are provided to neonates in the visited health facilities except in SC Shitur.

Immunization

During the reference period April-June 2014, 13,815 children's were fully vaccinated in the district. Immunization Sessions are planned and held in the district. Babies are provided with BCG doses; DPT 1, 2 and 3; DPT booster; zero doses of Polio ; Polio 1, 2 and 3 doses; Polio booster; Hepatitis 1, 2, and 3; and Measles 1 is provided to babies. Micro plan and Outreach plan are prepared. Immunization is provided to babies in all the visited health facilities.

RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal persons are identified for child health screening and early intervention services are established at district level. Teams are constituted for screening with proper plans of visit. Children's are screened, treated and referred for treatment. Through Anganwadi check-up malnourished children's are identified for SAM and MAM. One case of child death due to neural tube defect in surgical cases was reported during the reference period.

Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of spacing methods. IEC materials related to family planning are available in the district. Family planning services such as female sterilization, male sterilization, IUCD, PPIUCD, condoms, and Oral pills are available in the district. Family planning along with counselling services are provided in the visited health facilities.

Infection Control

Implementation of effective infection control programme is to protect everyone from the transmission of infections. Specifically cleaning, disinfecting and reprocessing of reusable equipment and waste management need to be adapted in every facility in protecting and preventing infections. General cleanliness in the visited health facilities was found to be good. There is a mechanism for biomedical waste management.

Community Processes

ASHA

During the reference period April-June 2014, 2,773 ASHAs are required at the gram panchayat level. Module 6 & 7 for implementing home based new born care schemes training were given to ASHAs at block level in the district. ORS & Zinc and family planning methods (condoms and oral pills) are not available to ASHAs.

Disease Control Programmes

Tuberculosis

Rapid diagnostic kits, drugs, and staffs were available. Timely payments were provided to RNTCP staffs and DOT providers.

Leprosy

The prevalence rate of NCD is 0.4 percent. District has well maintained and updated records of NLEP. Monthly monitoring reports as well as training reports are maintained.

Non Communicable diseases

Screening and establishment of NCD clinics at PHC's and morbidities are identified. IEC materials are available for prevention of NCDs. However, there are no special clinics or drugs available for NCD.

HMIS and MCTS

Dedicated staffs are available for HMIS and MCTS to assess the quality, completeness, and timeliness of data, processing and data validation. However, S.O post is vacant and statistical assistant looks in data issues related to HMIS and MCTS. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional since November 2011. District officials could not access online verification done by PRC on HMIS data. One such common error identified is newborn weighed at birth are more than live births also it appears that there is some problem in software from transferring data from DHIS-II to HMIS portal. Data entries are regularly updated in MCTS in the visited facilities.

Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY and JSSK are provided at various levels of service points.
- Blood storage unit/ Blood bank are not available in the visited health facilities. SDH Kadoli and CHC Malkapur require BB/BSU. In addition CHC Makalpur requires separate maternal ward, labour room, and neonatal ward.
- The present number of staff quarters at SDH Kodali is inadequate. Building slab of SDH requires waterproofing as during rainy season sections of building has leakage problem. Solar water system is also required.
- CHC Malkapur is located in a hilly location and the condition of the road connecting to this CHC is not good. Staff quarters are unavailable. Post mortem room has leakage problem and requires waterproofing. Flooring repair is required. Labour room although available is finding shortage of space. There is also requirement for maternal ward, labour room and neonatal ward due to high demand of patients. In addition there is requirement for solar water system, compound wall, street lamp outside the hospital, and water cooler.
- SC Shitur is located outside the village which may lead to inconvenience in approaching the health services.
- Diet is outsourced in CHC Malkapur. However, the budget for diet is insufficient.
- Availability of experts also ensures timely and effective treatment. The facilities visited are with shortage of specialists. Specialist such as General physician, General surgeon, Gynaecologist, Paediatrician, Anesthologist, and Orthosurgeon at least on contract basis is required in SDH Kadoli. Specialist such as Gynaecologist and Anaesthetist is required on permanent basis in CHC Malkapur. There is shortage of ANM in Bambawade PHC.
- Technicians and supports staffs are finding it difficult to cope up with the high demand of patient services which in turn may consequently affect timely provision of health services and strain on the existing staffs. CHC Malkapur requires additional junior clerks, ANM, GNM, Class IV worker, and data entry operator. SDH Kadoli requires additional lab technicians, Xray technician, Dental technician, or assistant to Dentist. Two drivers are also required for ambulance.

- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, the visited health facilities have low percentage of usage of free transport facility from home to institute for delivery.
- Except for trauma care all the major health services such as OPD, IPD, OT Surgery (major and minor), Medicines, Obstetrics, FP services, Ancillary Services of Blood Bank, Radiology, Pathology, Gynaecology, C-section Deliveries, Cardiology, Emergency, Ophthalmology, ENT, Mild patient management, OPD Medicines and Gynaecology are available in the district.
- In SDH Kodali, CHC Malkapur and SC Shitur all the essential drugs are available except for IFA tablets (blue), and IFA syrup with dispenser and Mifepristone tablets in SDH Kadoli. Zinc tablets are not available in CHC Malkapur, Zinc tablets, Inj Magnesium Sulphate, and Misoprostol tablets are not available in SC Shitur.
- Essential supplies and consumables such as EC pills is required in SDH Kadoli, reagents and testing kits is required in CHC Malkapur, laboratory equipments, Semi auto analyzer is not available in PHC Bambawade, blood sugar testing kits, Neonatal ambu bag, and RBSK pictorial kit is required in SC Shitur.
- Pregnant women were line listed for severe anaemic condition but separate records/registers are not maintained for the same. Four maternal deaths are reported in the district during the period April-June 2014 out of which two were reviewed and the other two maternal deaths are in process.
- To provide quality services trained manpower is required and hence it is suggested to provide more training for the health and support staffs.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

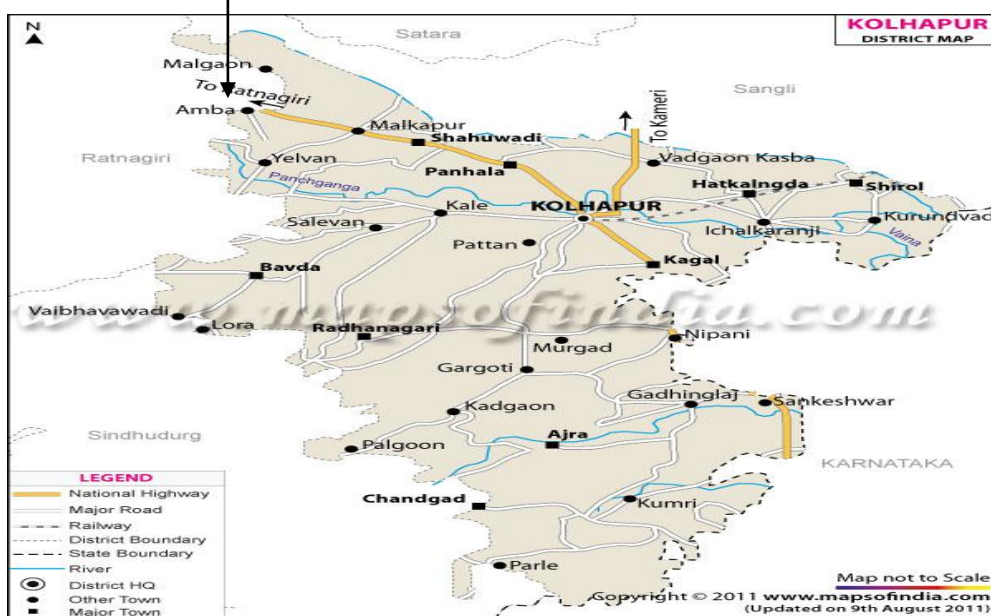
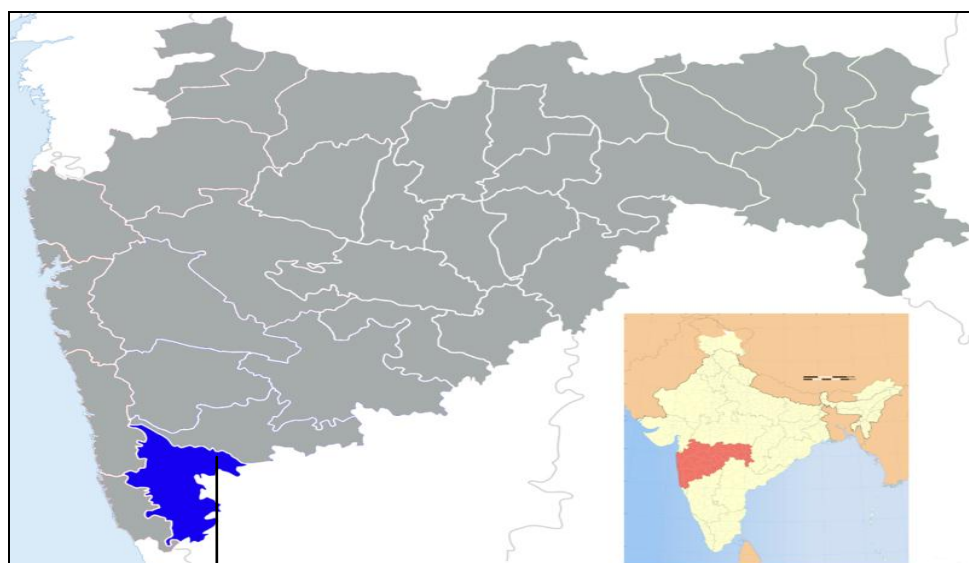
As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Kolhapur District was carried during the period 14-18 July 2014. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list 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, Nodal officer, RCH officer, DPM, and IPHS coordinator in the district, SDH, CHC, PHC, and SC was selected for monitoring of PIP. Accordingly, the District Health Office, SDH, CHC, PHC, and SC were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of the Quality Assurance Cell (QAC) and Co-ordinator of IPHS 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 Kolhapur district as observed by the PRC team during the field visit.

3. State and District Profile

Kolhapur district is the southernmost district of Maharashtra. The city is situated on the banks of river Panchganga and is known as 'Dakshin Kashi'. Kolhapur is seat of Goddess Mahalaxmi and is one of the Shaktipeeths mentioned in Indian mythology. Kolhapur district is part of the Pune division (one of the six administrative divisions) of Maharashtra state. As per 2011 Census, the total population of the district is 38,76,001 with male population of 19,80,658 and female population of 18,95,343. The district constitutes about 3.4 percent of total population of the state. The population by sex shows that male constitutes about 51 percent and female constitutes about 48.9 percent of the total population. Kolhapur district has sex ratio of 957 which is more than the state level sex ratio of 925. The child sex ratio in the district is 863 female children per 1000 male children in 2011. Literacy rate of Kolhapur is 81.5 percent and sex wise literacy rates shows that it is 88.6 percent for males and 74.2 percent for females with a gap of almost 14 percent between males and females.

Map of Maharashtra State and Kolhapur District



Key Demographic Indicators: Maharashtra and Kolhapur District (2011)

Indicators	Values		Indicators	Values	
	Kolhapur	Maharashtra		Kolhapur	Maharashtra
No. of Blocks	12	355	Scheduled Caste (%)	13.0	11.8
No. of Villages	1208	43,663	Scheduled Tribe (%)	0.4	9.4
Population – Total	38,76,001	11,23,72,972	Literacy Rate – Total (%)	77.2	82.9
Population – Male	19,80,658	5,83,61,397	Literacy Rate – Male (%)	84.3	89.8
Population – Female	18,95,343	5,40,11,575	Literacy Rate – Female (%)	66.3	75.4
Density of Popn/Sq.km	504	365	Sex Ratio (f/m)	949	925
Urban Population (%)	31.7	45.2	Child Sex Ratio	845	883

Source: Census of India 2011

4. Key Health and Service Delivery Indicators

The Mother and Child Health programme includes all pregnant women should be registered for ANC with in the first 12 weeks of pregnancy. Accordingly, the first antenatal check-up should take place at least during the first trimester of the pregnancy. It also includes the provision of 3 ANC checkups and at least one tetanus toxoid injection. According to DLHS3, the percent of mothers received 3 ANC check-ups in Kolhapur district (82 percent) is higher than the state as a whole (74 percent). Eighty nine percent of the births took place in the institution in the district, which is much higher than the state level (64 percent).

Key Health and Service Delivery Indicators: Maharashtra and Kolhapur District

Items	DLHS 2		DLHS 3	
	Maharashtra	Kolhapur	Maharashtra	Kolhapur
Mothers registered in the first trimester (%)	51.7	---	61.6	78.7
Mothers who had at least 3 ANC check-ups (%)	69.2	89.7	74.5	82.2
Mothers who got at least one TT injection (%)	87.6	98.7	89.6	95.7
Institutional births (%)	57.9	76.5	63.6	89.1
Children (12-23 months) fully immunized (%)	70.9	98.6	69.1	78.3
Using modern method for family planning (%)	60.8	71.4	62.6	70.0
Unmet need for FP (%)	12.6	6.3	14.2	12.7
Unmet need for spacing (%)	---	2.5	5.9	6.6
Unmet need for Limiting (%)	---	3.8	7.7	6.1

Health Indicators: Kolhapur District

Items	Maharashtra	Kolhapur
Crude Birth Rate	16.6	14.6
Crude Death rate	6.3	6.7
Child mortality rate	5.6	3.9
MMR	104	95.6
Institutional deliveries (%)	81.5	96.4
Infant Mortality Rate (IMR)	24.0	16.5
Total Fertility Rate	2.0	1.8
OPD (average per month)	--	7027
IPD(average per month)	--	4059

Source: Z.P Kolhapur, Health Department (2012)

Health Infrastructure

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	0	NA	NA	NA
SDH	04	Yes	Yes	100 bedded 1 hospital & 50 bedded 3 hospitals
CHC	16	Yes	Yes	30
PHC	73	68	Yes	7
SC	413	351	NA	NA
AYUSH facilities (Ayurvedic)	12	Yes	Yes	NA
AYUSH facilities (homeopathic)	13	Yes	Yes	NA

NA = Not Applicable

SDH Kodali: is located in Panhala block with a catchment population of 80,000 covering 131 villages. It is situated approximately 38 Km from the district headquarters. The health facility is easily accessible from nearest road. This SDH is a 50 bedded hospital functioning in a government building and building condition is good except for rainy season when some parts of the building have leakage problem and needs repair. Staff quarters although available is inadequate. SDH has electricity with power back up, running 24*7 water, clean toilets separately for males and females. It has a functional labour room with clean toilets attached to it. Hospital has functional NBCC and NBSU with functional radiant warmer with neonatal ambu bag. Wards are clean and are separate for males and females. There is a separate room for ARSH clinic. NRC and BB/BSU are not available in SDH. Complaint or suggestion box is available. ICTC centre is available. Biomedical waste is managed through deep burial pit.

CHC Malkapur: The selected CHC Malkapur is in Shahuwadi block with a catchment population of 5,634. Health facility is situated approximately 45 Km from the HQ and is easily available from nearest road. CHC is functioning in a government building and is in a good condition except for Post Mortem room which is having leakage problems. CHC has electricity with power back up, running 24*7 water supplies clean wards, toilets separately for males and females and labour room with attached clean toilet. However, labour room is small as space is not available. Functional new born care corner with functional radiant warmer with neonatal ambu bag is available. NBSU is not available. Wards are clean and are separate for males and females. Staff quarters are not available for any of the staffs. NRC and BB/BSU is not available in the CHC. Separate room for ARSH clinic is available. Deep burial pit is available for biomedical waste management. Complaint/ suggestion box and ICTC centre is available in the visited CHC.

PHC Bambawade: The selected PHC in Shahuwadi block with a catchment population of 53,000 covering 28 villages. Health facility is situated approximately 40 Km from the HQ and is easily available from nearest road. PHC is functioning in a government building which is in a good condition. Staff quarters for MO, SN and other categories are available. PHC has electricity with power back up, running 24*7 water supplies and clean toilets separately for males and females. Functional labour room is available with clean toilet attached to the labour room. NBCC with functional radiant warmer with neonatal ambu bag is available. Functional NBSU is available. Wards are clean and are separate for males and females. There is a mechanism for biomedical waste management. Complaint or suggestion box is available.

SC Shitur comes under PHC, Bambawade which is approximately 7 Km from this SC. Health facility is located in main habitation covering five villages with a population of 5,106. SC is functioning in a government building which is in a good condition. It has electricity with no power back up and 24*7 running water supply. Quarter for ANM is available. It has a functional labour room with clean toilet attached to it. NBCC do not exist. General cleanliness in the facility is good. Complain or suggestion box. Biomedical waste management is unavailable.

6. Human Resources

During the reference period April-June, 2014 out of the total 1,105 proposed post of NRHM in Kolhapur 905 posts are filled. The vacant post mainly consist of 8 specialist post in IPHS programme, 27 vacant post of staff nurse in human resource, 119 ANM posts and 17 vacant post of LHV in Infrastructure human Resource programme. Among the regular staff out of the total 174 sanctioned post of class I and II 128 posts are filled. Among the class III & IV out of the total 1,194 sanctioned post 1,031 are filled. Health staffs received training in EmOC, BeMOC, SBA, MTP/MVA, FIMNCI, NSSK, Minilap Sterilisation, IUCD, PPIUCD, Blood storage, IMEP, and Immunization and Cold Chain.

During the reference period April-June 2014 the following trainings were conducted at DTC: SAB trainings for ANM/LHVs and SNs; BeMOC, and NSSK trainings for MOs and SN, LHV; RI training for SN; ASHA training to ASHAs, FBNC training to MO.

SDH Kodali requires one Medical Officer and one MO is absent as per the seven sanctioned post of MOs. Health staff received training in BeMOC, SBA, MTP/MVA, NSV, FIMNCI, NSSK, Minilap Sterilisation, Laparoscopic Sterilisation, IUCD, PPIUCD, Blood storage, IMEP, and Immunization and Cold Chain.

CHC Malkapur requires one each of Staff nurse, Lab assistant, driver, and peon in regular posts. Under NRHM there is a requirement of one urban ANM against the sanctioned post. MOs received training in NSSK, RI, FIMNCI, MINILAP, ARSH, Malaria, RCH, ART, DOTS, MOCP Medicine, CTC, Contraceptive Update, BeMOC, and RT/STI. Staff nurses received training in RCH, RI, Cu-T380A, SAB, IYCN, Waste management, PPTCT, NSSK, CTC, Cold chain maintenance, Contraceptive update, DHIS-2 reporting, New copper-T 375, Whole blood testing, MCTS, and LAC ART.

PHC Bambawade: PHC has sanctioned 2 MOs which are vacant and one MO is deputed from Man PHC. Other health staffs includes 3 SN, 6 ANM out of the sanctioned 12 ANMs, one each of LT and pharmacist and 1 LHV as against 2 sanctioned post of LHV and 1 male health assistant. Trainings received by MOs in BeMoc, MTP/MVA, NSSK and Minilap. It was suggested ANM requires training in NSSK. ANM received training in SBA, GNM received training in IMNCI and F-IMNCI. LHV received training in IMNCI, IUD, RTI/STI, Immunization, and cold chain.

SC Shitur has 2 ANMs of which the regular ANM is given the additional charge of this SC and one ANM is under NRHM. One male MPW is deputed in this SC. Deputed ANM received training in IMNCI and Immunization. ANM under NRHM did not receive any training. Male MPW received training in T.B and Malaria.

7. Other Health System Inputs

Except for trauma care all the major health services such as OPD, IPD, OT Surgery (major and minor), Medicines, Obstetrics, FP services, Ancillary Services of Blood Bank, Radiology, Pathology, Gynaecology, C-section Deliveries, Cardiology, Emergency, Ophthalmology, ENT, Mild patient

management, OPD Medicines and Gynaecology are available in the district. SDH and PHC manage high-risk pregnancies and provide essential newborn care for sick neonates and infants.

Availability of Drugs and diagnostics, Equipments

EDL with 92 medicines are available in the district during the reference period April-June 2014.

SDH Kodali: EDL is available and displayed only in drug store. Computer inventory system is in place. All the essential drugs are available in the health facility except for IFA tablets (blue), and IFA syrup with dispenser, and Mifepristone tablets. Diagnostics test and all the essential supplies and consumables are available in SDH except for EC pills which are not available since past 3 months. During the reference period April-June 2014, 1,479 haemoglobin tests; 2,009 CBC tests; 2,808 Urine albumin and sugar test; 447 Blood sugar test; 290 RPR test; 1,492 Malaria test; 76 T.B test; 962 HIV test; 167 liver function test and 326 KFT test were done. Blood bank/ BSU are not available in this health facility.

CHC Malkapur: EDL list is available in CHC but not displayed in the hospital. Except for two ED (IFA syrup with dispenser and Zinc tablets) all the other essential drugs are available in the CHC. Essential supplies and equipment's are available in CHC except for reagents and testing kits which are not available since the past two months. Laboratory equipment's are available and are functioning well. Except for sanitary napkins, all the supplies and consumables are available in the CHC.

Diagnostics tests are available except for CBC. During the reference period April-June 2014, 635 haemoglobin tests were conducted, 1,544 urine albumin and sugar test, 238 blood sugar test, 260 VDRL test, 699 malaria test (with active 144 cases), 218 T.B test, 921 HIV test, 32 liver function test and 14 stool, 346 sonography tests were conducted.

PHC Bambawade: EDL is available and displayed and there is no shortage of EDL. Computer inventory management is in place. Essential supplies are available except for sanitary napkins. Among the laboratory equipments, Semi auto analyzer is not available. Major diagnostics tests are available except for CBC, Serum bilirubin, and Blood Sugar tests.

SC Shitur: Essential drugs are available except for IFA syrup with dispenser, Zinc tablets, Inj Magnesium Sulphate, and Misoprostol tablets. Essential equipments are available in SC except for blood sugar testing kits, Neonatal ambu bag, and RBSK pictorial kit. Essential supplies are available except for sanitary napkins. Health staffs in SC have knowledge and skills to correctly measure BP, Haemoglobin, urine albumin, and protein. In addition health staffs in the facility have the knowledge and skill to identify high risk pregnancy, and are aware of referral PHC and FRU,

AYUSH Services

AYUSH facilities such as Ayurvedic and Homeopathic are provided in health facilities such as CHCs and SDHs. AYUSH OPDs are integrated with the main facility. Stock positions as well as AYUSH medicines are available. AYUSH MO is a member of the RKS.

User Fees

In CHC no user fee is charged for ANC and PNC services and to BPL patients. In PHC, only a user fee of Rs. 5/- is charged. No user fee is charged for any services in SC.

8. Maternal Health

8.1 ANC and PNC

During the reference period April-June 2014, out of the total 15,668 ANC registrations first trimester registrations was 11,527 in the district resulting in 73 percent first trimester registration. One hundred and thirteen women were line listed for severe anaemic condition and 86 Hypertensive pregnant women were identified. During the reference period 13,111 pregnant women were provided with TT and 11,641 pregnant women were provided with IFA tablets. Around 12,852 mothers received postnatal visits.

SDH Kodali: During the reference period April-June 2014, 298 women were registered for ANC in first trimester and 34 MTPs were conducted during this period. Total deliveries conducted during this period were 83 and all the neonates were initiated with breastfeeding within one hour of delivery as well as screened for defects at birth. Among the total deliveries 2 were assisted deliveries and 11 c section deliveries. Thirty obstetric complications were managed during this period. Mothers are also advised to stay for at least 48 hours after delivery in the hospital. Although SDH can manage high risk pregnancy, 31 pregnant women were referred to other facilities.

CHC Malkapur: During the reference period April-June 2014, ANC first trimester registration were 20, ANC 3 and 4 were 66 and 33 respectively. Expected number of pregnancies was 25 and on 18 women MCTS entry was done. The number of pregnant women provided with IFA tablets were 66. Six obstetric complications were managed in the CHC. Total number of deliveries conducted in the health facility is 50 and 49 mothers initiated breast-feeding within 1 hour of delivery. One still birth was reported during this period.

PHC Bambawade: During the reference period April-June 2014, ANC registration was 174 in first trimester with ANC3 (217) and ANC4 (223). MCTS entry on 112 women registered for first trimester was done, and 10 pregnant women were referred to higher FRU. 182 Pregnant women were provided with IFA tablets. PHC can manage high risk pregnancy. The expected number of pregnancies was 174. In PHC, 28 obstetric complicated cases were managed. Sixty two MTPs were conducted during this period. Total deliveries conducted during the period are 134 and 131

neonates initiated breast-feeding within 1 hour. One each of neonatal and infant death was reported during this period. Mothers are advised to stay at least 48 hours after delivery in the hospital.

SC Shitur: During the reference period April-June 2014, ANC registration was 16 in first trimester, ANC3 (12) and ANC4 (13) registration. MCTS entry is 100 percent on women registered for first trimester. Six pregnant women were referred and 12 pregnant women were provided with IFA tablets. The expected number of pregnancies was 16. Only one delivery was conducted during this period and the neonates are initiated breastfeeding within 1 hour. There is no maternal, neonatal death, and still birth during the given period.

8.2 Institutional Deliveries

During the reference period April to June 2014, 13,776 deliveries were conducted in the institution. C-section deliveries conducted in public and private institutions were 935 and 1,868 respectively. Mothers initiated breastfeeding within 1 hour of delivery. SDH Kadoli reported 83 deliveries. In CHC Malkapur, 50 deliveries and one still birth was reported in PHC Bambawade, 134 deliveries are reported with one neonatal death. Only one delivery was reported in SC Shitur during the reference period and breastfeeding within 1 hour of the birth was initiated in the visited facilities.

8.3 Maternal Death Review

District task force is formed to conduct MDR and the state/district task force publishes the MDR report. Four maternal deaths were reported during the reference period April to June 2014 in the district out of which only two maternal deaths is reviewed and the other two is under process. No maternal death was reported in the visited SDH, CHC, PHC, and SC. The two maternal deaths reported are in the month of April 2014. One of the mothers was only 20 years of age and cause of death was reported as postpartum eclampsia with intracranial haemorrhage with acute renal failure. The outcome of the pregnancy was live male birth by c section. The other mother was of 32 years of age and it was her second birth the cause of death is RVHD with MS with PS with TR with LVH in CCF. The committee findings were death caused due to low age of mother and unaware of family planning.

8.4 JSSK

Under JSSK, free zero expenses delivery, drugs, and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to all the mothers in the district.

In Kolhapur district, during the reference period April to June 2014, 1,824 mothers availed free transport from home to institute, out of the total 2,151 institutional deliveries thus 84 percent of mothers utilized the scheme. Free drop back facility was utilized by 2045 mothers resulting in 95 percent drop back.

Number of neonates admitted are 71 and 53 neonates were provided free transport from home to institute with 74 percent pick up. Number of neonates provided free transport from institute to institute is 11. Drop back facilities to home in government vehicle are provided to 67 neonates with a result of 94 percent drop back. In general it is observed a low percent of utilization of transport facilities from home to institute.

Total number of vehicles available in SDH and CHC is 20. During the reference period, out of the total 678 deliveries 559 mother's availed free home to institute transport facilities, sixteen percent (110) utilized institute to institute transport facilities and drop back facilities were utilized by 611 mothers thus resulting in 90 percent drop back. Number of neonates admitted are 26 and 17 neonates are provided free transport from home to institute, number of neonates provided free transport from institute to institute is 8 and drop back facilities to home in government vehicle are provided to 24 neonates.

SDH Kodali: Government vehicles are available in SDH. During the reference period April-June 2014, none of the beneficiaries reported free transport from home to institute, 31 beneficiaries are provided with inter facility and drop back facility to home are provided to 59 beneficiaries. Record of neonates receiving JSSK benefits was nil during the reference period.

CHC Makalpur: There is no expenditure incurred by mother's on travel, drugs and diagnostics and diet is provided free of charge. JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities. The mode of transport is in government vehicle. In CHC, only 6 beneficiaries were provided with free transport from home to institute, 44 beneficiaries are provided with free inter facility transport and 39 were provided with drop back facility to home during the reference period April-June 2014. One neonate received free transport facility from home to institution and 4 neonates received inter transport facilities and 3 neonates received free drop back facility.

PHC Bambawade: During the reference period April-June 2014, twenty two beneficiaries utilized the services of free transport from home to PHC and 126 got free drop back service. Four beneficiaries were provided with inter transport facility. Nil number of neonates utilized the services of free transport.

8.5 JSY

During the reference period April-June 2014, 1,053 (977 in rural area and 76 in urban area) beneficiaries received JSY payments, which is nearly equal to the estimated JSY beneficiaries and provided as per JSY guidelines in the district. Out of the total 977 beneficiaries in rural area 438 were in accredited private hospital and 152 were in PHCs whereas in urban area all the cases were in SDH/CHC hospital. The maximum number of case (1049) was promoted by ASHA in rural regions. JSY payments are made as per the eligibility criteria indicated in JSY guidelines and there is no delay in JSY payments to the beneficiaries. Full amount of financial assistance is provided in the form of bearer cheque within 15 days of delivery. JSY benefits were also provided to beneficiaries for home deliveries. Physical verification of beneficiaries (at least 5%) is done to check malpractices, if any and

whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district. In the visited facility CHC Malkapur, SDH Kadoli, JSY payment is given before discharge and through bearer cheque in CHC Malkapur and through A/C payee cheque in SDH Kadoli. JSY payment is not given at PHC Bambawade as all the documents are available at SCs and the payment is provided at SC level.

9. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, SNCU and NBSU units are established at various facilities in the district. Nutritional Rehabilitation Centre does not exist in the district. SNCU is available at Gadhinglaj SDH. NBSU is available at seven CHCs and SDHs with necessary equipments and trained manpower.

SDH, Kodali: SDH provides essential new born care such as thermoregulation, breastfeeding, and asepsis. The number of children admitted in NBSU unit during the reference period April-June 2014, was 5.

CHC, Malkapur: Essential newborn care such as thermoregulation, breastfeeding and asepsis are provided in CHC. Six children's were referred to other facilities. CHC can manage sick neonates and Infants and can correctly administer vaccines.

PHC, Bambawade: PHC can manage sick neonates and Infants and can correctly administer vaccines. Essential newborn care such as thermoregulation, breastfeeding and asepsis are provided in PHC. Alternate vaccine delivery (AVD) system is functional in PHC.

SC, Shitur: SC can correctly administer vaccines. However, SC cannot provide essential newborn care (thermoregulation, breastfeeding and asepsis). Health staffs can correctly identify signs and knowledge to treat pneumonia and dehydration,

9.1 Immunization

During the reference period April-June 2014, 13,815 children's were fully vaccinated in the district, 4,379 immunization Sessions were planned and held in the district; 10,187 babies were provided with BCG doses; DPT 1, 2 and 3 are provided respectively to 13,199; 12,740 and 12,858 babies; DPT booster was provided to 13,032 children; zero doses of polio are provided to 9,137 babies and polio 1, 2 and 3 doses are provided respectively to 13,185; 12,760 and 12,862 babies; Polio booster was provided to 13,024 children; Hepatitis 1, 2, and 3 are provided respectively to 13,204; 12,772 and 12,878 babies; and Measles 1 is provided to 13,787 babies. Micro plan and Outreach plan are prepared.

SDH Kodali: During the reference period April-June 2014, 32 children were fully immunized with the same number covered for measles. The number of children provided with vitamin A is 55. Children's are provided with ORS + Zinc was 229. BCG and zero doses of OPV are provided to babies.

Counselling on IYCF and family planning is also done and mothers are advised to stay for atleast 48 hours.

CHC Malkapur: During the reference period April-June 2014, 14 children are fully immunized with the same number covered for measles. The number of children under measles coverage is 14 and 20 children are provided with vitamin A. Children provided with ORS + Zinc were 36 and 20 children were provided with Vitamin A. BCG and zero doses of OPV are provided to babies. Counselling on IYCF and family planning is also done and mothers are advised to stay for atleast 48 hours.

PHC Bambawade: During the reference period April-June 2014, 196 children are fully vaccinated and the same numbers of children were covered under measles. The number of children provided with vitamin A doses is 169. All mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B are provided to the babies.

SC Shitur: During the period April-June 2014, 22 children are fully vaccinated and the same numbers of children were covered under Measles. The number of children provided with vitamin A doses is 47. Health staffs can correctly administer vaccine, guidance support for breast feeding methods, aware of immunization schedule, aware of onsite administration of vaccine. However, health staffs have no knowledge or skill of AVD.

9.2 RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children and young adults through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal persons are identified for child health screening and early intervention services are established at district level. Teams are constituted for screening with proper plans of visit. The number of children screened during the period April-June 2014, is 3,820 and through AWC check-ups is 2,16,363 in the age group 0-6 years children, 15,999 children's in the age group 0-6 years were treated and 3,279 children's were referred for treatment, 33 children were identified for heart surgery, 377 children for other surgery, 17 heart surgery were conducted and 13 other surgery conducted for children (0-6 years). Anganwadi check up for malnutrition shows 2,16,363 in the age group 0-6 years were screened and 236 and 1,340 children identified for SAM and MAM. In surgical cases, 292 children were operated, 100 were waiting for surgery, 305 were suggested for other intervention, and 5 were none willing for any intervention. One child died due to neural tube defect. Children and young adults covered in the age group 6-18 years are 250 males and 286 females. Seven cases were referred and 245 males and 284 females were treated.

10. Family Planning

Family planning along with counselling services are provided in the district. ASHAs are involved in social marketing of spacing methods. IEC materials related to family planning are available in the district. Family planning services such as female sterilization, male sterilization, IUCD, PPIUCD, condoms, and Oral pills are available in the district.

SDH Kodali: Family planning counselling is provided. Tubectomy conducted during the reference period April-June 2014 is 77. IUCD was conducted on 15 women and 4 women accepted postpartum family planning services and 22 Minilaps were conducted during this period.

CHC, Malkapur: During the reference period April-June 2014, 114 minilap sterilization and 4 IUCD were conducted in the CHC. 133 RTI/STI cases were treated in CHC.

PHC Bambawade: During the reference period April-June 2014, 91 IUD insertions, 3 vasectomies, and 20 minilaps were conducted. Eight women accepted post partum FP services. Thirteen RTI/STI cases were treated. Counselling of family planning is provided and the record of FP is also maintained.

SC Shitur: During the reference period April-June 2014, 9 IUD was conducted.

11. ARSH

In SDH Kadoli, 137 adolescents attended ARSH clinic. ICTC counselling during the reference period April-June 2014 was 962 out of which 674 were VCTC and 285 for ANC.

12. Quality in Health Services

12.1 Infection Control and Biomedical Waste Management

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

SDH Kodali: Segregation of waste is done in colour coded bins. SDH adheres to IMEP protocols and has bio medical waste management. Regular fumigation is done in SDH. Washing/laundry service and dietary scheme is outsourced. There is an appropriate drug storage system, equipment maintenance and repair mechanism is done at HER Kolhapur.

CHC Malkapur: Segregation of waste is done in colour coded bins. CHC adheres to IMEP protocols and has bio medical waste management. Regular fumigation is done in CHC. Dietary service is outsourced however; the budget provided for diet is inadequate. Washing/laundry services are available in CHC. There is an appropriate drug storage facilities, equipment maintenance and repair mechanism in place in CHC. There is a grievance redressal mechanism.

PHC Bambawade: Regular fumigation is done in PHC. Washing/laundry service and dietary scheme are available in PHC. There is an appropriate drug storage system, equipment maintenance and repair mechanism in place in PHC.

SC Shitur: SC has knowledge and skills of adherence to IMEP protocol, and segregation of waste in colour coded bins. Biomedical waste is dumped in PHC.

12.2 Record Maintenance

SDH Kodali: In SDH all records/registers for IPD/OPD, ANC, PNC, line listing of severely anaemic pregnant women, labour room, partographs, FP-operation, OT, FP, Immunisation, payment under JSY, referral, drug stock registers, untied funds expenditure, AMG expenditure, and RKS expenditure are available, updated and correctly filled.

CHC Malkapur: Registers for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP, OT, FP (OT), immunisation, Referral, updated microplan, MDR, Infant death review and Neonate death review, drug stock registers, untied funds expenditure, AMG expenditure, and RKS expenditure are available, updated and correctly filled.

PHC Bambawade: Registers/records for IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anaemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated microplan are available, updated and correctly filled in PHC. As well as percent expenditure on untied funds, percent expenditure on AMG and percent RKS expenditure is done.

SC Shitur: untied funds expenditure, Annual maintenance grant, delivery register as per GOI format, stock register, Eligible couple registers, MCH register, vaccine supply, updated microplan, due list and work plan received from MCTS portal through mobile/physically, village register, MCP cards, referral registers, delivery and stock register are available, updated and correctly filled. Payments under JSY are available, VHND plan around 19 and VHSNC meetings and action taken records are available. Records of families with 0-6 year old children under RBSK are not available. Line listing of severely anaemic pregnant women is done in R-15 register but no separate record is maintained, are not available.

12.3 IEC

SDH Kodali: Approach roads have direction to SDH. JSSK entitlements, immunization schedule, JSY entitlements Citizens' charter, timing of health facility, list of services available, EDL and protocol posters and other IEC material are displayed in SDH.

PHC Bambawade: Approach roads have direction to PHC. Citizens' charter, EDL, timing of health facility, list of services, protocol posters, immunization schedule, and JSSK, JSY entitlements are displayed in PHC.

CHC Malkapur: Approach roads have direction to CHC. Citizen charter, Timings of health facility, list of services available, EDL, Immunization schedule, Protocol posters, JSSK and JSY entitlements are available and displayed in CHC.

SC Shitur: Approach roads have directions to SC. Citizens' Charter, Visit schedule of ANM, area distribution of the ANM/VHND plan Immunization schedule, and JSY entitlements are displayed in SC. Timing of the SC, JSSK and SBA protocol are not available in SC.

13. Referral Transport and MMUs

Ambulances and MMU are available in the district as referral transport. During the reference period April-June, 2014, 1,539 patients were treated and 47 were referred with 113 ANC and 16 PNC cases. Micro plan are prepared. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis.

14. Community Processes

14.1 ASHA

During the reference period April-June 2014, district requires 2,773 ASHAs at the gram panchayat level out of which 2,681 are in place. Fifteen ASHAs left and three new ASHAs joined during this period. Module 6 & 7 for implementing home based new born care schemes training were given to 2,649 ASHAs at block level in the district. Oral Pills are provided to all the ASHAs. However, ORS & Zinc, and family planning methods (condoms and oral pills) are not available to ASHAs. An ASHA worker receives an average amount in the range of Rs. 800-100/-per month depending upon the performance. The highest incentive paid to ASHA worker is Rs. 11,500/- and the lowest is Rs. 75/-. Payments are disbursed in time to ASHAs and drug replenishment kits are not provided to ASHAs.

15. Disease Control Programmes

15.1 Tuberculosis

During the reference period April-June 2014 1,19,999 slides were prepared and 17 were found to be positive cases. Rapid diagnostic kits, drugs and staffs were available. Timely payments were provided to RNTCP staffs and DOT providers.

15.2 Leprosy

Number of new leprosy cases reported during the last 12 months in the district is 235, total NCD cases are 24. The prevalence rate of NCD is 0.4 percent. District has well maintained and updated records of NLEP. Monthly monitoring reports as well as training reports are maintained.

15.3 Non Communicable diseases

Screening and establishment of NCD clinics at PHC level and morbidities are identified. IEC materials are available for prevention of NCDs. However, there are no special clinics or drugs available specifically for NCD. The total patients reported/treated in OPD were 1,207 males and 990 females, in IPD 216 males and 143 females, no deaths were reported in the month of June 2014. The total number of patients reported/treated in OPD was 1,018 males and 849 females; in IPD 34 males and

22 females, no deaths were reported in the month of May 2014. The total patients reported/treated in OPD were 921 males and 668 females, in IPD 29 males and 23 females, no deaths were reported in the month of April 2014.

16. HMIS and MCTS

Dedicated staffs are available for HMIS and MCTS to assess the quality, completeness, and timeliness of data, processing and data validation. However, S.O post is vacant and statistical assistant looks in data issues related to HMIS and MCTS. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional since November 2011. However, the district officials could not access online verification done by PRC on HMIS data. One such error is newborns weighed at birth are more than live births also it appears that there is some problem in software from transferring data from DHIS-II to HMIS portal. Data entries are regularly updated in MCTS in the visited facilities.

17. Good Practices and Innovations

Kolhapur was the first district to start the Kayapalat program in all the health facilities. The funding comes from public and private partnership. The main objective of this programme is to provide health services and to improve the outlook of the health facilities. Another new program will be initiated and is called Chirayu Yojana to collect health information of children, through ASHAs.

17. Annexure

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 and 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
IYCF	Infant and Young Child Feeding
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LHV	Lady Health Visitor
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation

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