

**Monitoring and Evaluation of Programme Implementation Plan 2017-18
Pune District, Maharashtra**

Report prepared by
Akram Khan
Arun Pisal
Baldev Kulaste
Vini Sivanandan

Population Research Centre
Gokhale Institute of Politics and Economics
Pune - 411004

July 2017

[Report prepared for Ministry of Health and Family Welfare, Government of India, New Delhi]
(Report for first quarter of 2017-18)

Table of Content

TABLE OF CONTENT	2
1. EXECUTIVE SUMMARY	3
A) KEY OBSERVATIONS AND FINDINGS	3
2. INTRODUCTION	6
3. STATE AND DISTRICT PROFILE	6
4. INFORMATION FROM DISTRICT HEALTH OFFICE (DHO)	8
5. OTHER HEALTH SYSTEM INPUTS	14
A) AVAILABILITY OF HEALTH SERVICES	14
B) AVAILABILITY OF DRUGS, DIAGNOSTICS, AND EQUIPMENT	14
C) BLOOD BANK UNIT	14
D) AYUSH	14
E) UNTIED FUNDS/RKS	14
F) MATERNAL HEALTH	15
G) JSSK	15
H) JSY	16
I) CHILD HEALTH	16
J) RBSK	17
K) FAMILY PLANNING SERVICES	17
L) ADOLESCENT HEALTH (ARSH CLINIC)	17
M) REFERRAL TRANSPORT AND MMUS	18
N) COMMUNITY PARTICIPATION	18
O) HMIS AND MCTS	18
6. FINANCE	18
7. OBSERVATIONS FROM THE HEALTH FACILITIES VISITED BY THE PRC TEAM	19
7.1 DISTRICT HOSPITAL, PUNE.....	19
7.3 SUB DISTRICT HOSPITAL: BARAMATI	22
7.4 COMMUNITY HEALTH CENTRE: SASWAD	24
7.5 PRIMARY HEALTH CENTRE: PARINCHE	27
7.6 SUB CENTRE: BHIVARI	28
8.LIST OF ABBREVIATIONS	30

Monitoring and Evaluation of Programme Implementation Plan, 2017-18

Pune District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP (2017-18) of Pune District was carried during the period 3-7 July, 2017. Primary data were collected using the semi-structured questionnaire from the District Programme management Unit. The data were also collected from District Hospital, 1 Women Hospital, 1 Sub Divisional Hospital, 1 Rural Hospital, 1 PHC and 1 SC.

a) Key Observations and Findings

- Total 1536 regular positions of different discipline are sanctioned and 1341 are filled and 195 positions are vacant. Vacancies at all levels are the cause of concern for the provision of the services efficiently in the district.
- Under NRHM, 1246 posts of different discipline are sanctioned of which 874 are filled and 372 are vacant for the district as a whole.
- At the CS side 447 regular positions are sanctioned of which 379 are filled and 68 are vacant.
- At District Hospital, 20 Class-I Medical Officers' posts are sanctioned of which only 10 are filled.
- All together 5 SDHs are having sanctioned 5 Class-I positions out of which three positions are filled.
- There are 19 RHs with sanctioned 19 Class-I Medical Officers positions out of which 13 positions are filled.
- Considering total positions of CI-II medical officers at all SDH, RH and cottage hospital, sanctioned positions are 135 of which only 108 are filled.
- AYUSH facilities are provided in 13 health facilities viz: DH, 8 CHCs and 4 SDHs (Baramati, Bhore, Manchar and Indapur). AYUSH services such as Ayurveda, Unani, and Homeopathic are provided at all these facilities and Yoga & Naturopathy, is provided only in DH. There are 31 AYUSH MO posts sanctioned out of which, 26 are filled and none of the AYUSH MOs are members of the RKS. AYUSH OPDs are integrated with the main facility and positions in stocks of AYUSH

medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly. Every year AYUSH camps are held at CHC level. To bring AYUSH to mainstream regular doctors are given TOT. The AYUSH medicinal garden was created at the premises of DH on April 2014 to create awareness. The garden consists of 300 medicinal plants. The grant of approximately Rs 2.5 lakhs to build this garden was funded by AYUSH Department. A new building has been sanctioned for AYUSH hospital. During the period of April to May 2017, total 28,426 OPD patients and 243 IPD patients have benefited from AYUSH in the district. Out, of which 10747 OPD patients got AYURVEDA treatment and 11816 OPD patients Homeopathy treatment.

- Under JSSK, the pregnant women in Pune district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment from birth to one year of birth. Free transport facility for mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through Public Financial Management System (PFMS) transfer to beneficiaries A/C after the discharge or within seven days of discharge. Physical verification of JSY beneficiaries is not being done by the district health officials.
- Nutrition Rehabilitation Centre with 10 beds is available in the district. Both child and mother are getting diet from the Centre. In addition to that, mother is getting paid Rs. 50/- per day for loss of wages for the period of staying in the NRC. Even then the retention of children for the 21 day treatment period is not there at NRC. Most of the parents along with children leave the treatment mid way. As per staffs of NRC very few parents with child stay beyond 6-7 days in NRC.
- There is a functional SNCU in DH with 12 Beds. NBCC is available in 73 IPHS PHCs in the district. All the health facilities including services providers, ANMs and ASHAs have been provided with necessary information for optimal utilization of SNCU services in the DH. Health staff in SNCU consists of 3 MOs (All vacant), 12 regular SNs (3 vacant), 1 staff in charge, 1 Paediatrician, 1 Data Entry Operator (Vacant) and 6 Attendant/Aaya (3 vacant). During the period April to June 2017, a total of 176 child patients was admitted in SNCU out of which 90 were inborn cases and 86 were out born cases. Out of the total cases, 11 deaths were reported.
- Rashtriya Bal Swasthya Karyakram is monitored by District Hospital. District nodal person for RBSK is appointed. It is being implemented in all the blocks of the district, Child Health Screening and Early Intervention Centre at district level is established. As per the norms total 73 teams are

allotted to the district. However, only 53 teams are full fledged as per the norms consisting of one each male and female Medical Officer, one ANM and one Pharmacist. Total 176 positions are sanctioned for the district for, of which 127 positions are filled. This hampers the service delivery of the programme.

- ARSH clinics (MAITRI) are established in District Hospital. The clinic provides health information, counselling and testing to persons aged between 10-19 years. Outreach activities are being provided by organising lectures in the schools.
- Segregation of biomedical waste is being done at all the facilities visited. Bio medical waste management is outsourced in all the facilities visited except PHC *Parinche and SC Bhivari*.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Chopada RH Amalner and PHC Kingaon. Working hours of the facility, EDL, important phone numbers, clinical protocols, etc. are prominently displayed at all the above three facilities.
- Non Communicable Diseases programme is being implemented in the district.
- There is no dedicated staff for HMIS and MCTS at the periphery. Additional responsibilities are given to the regular staff in addition to their regular duties.
- Since 2009-10 there no grants have been received under RBSK for surgeries. Patients are being sent to Rajiv Gandhi Jeevandayee Yojana which has some eligibility criteria's. Those who fail to meet those criteria's could not get any assistance.
- RBSK doctors are given duties at SDH and RH, which hamper their regular work.
- Vacancies need to be filled on a priority basis.

2. Introduction

In keeping with the goals of the National Health Mission, the Programme Implementation Plan (PIP) 2017-18 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 conditionality's and the road map given for PIP. In order to assess the implementation and progress of the PIP, the MOHFW has assigned the task of 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 2017-18 for Pune District was carried during the period 3-7 July 2017. In order to carry out quality monitoring and evaluation of the important components of PIP, various types of checklist developed by the Ministry were used. The checklist for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Report is prepared in consultation with DHO; Civil Surgeon; ACS; RMO outreach; MS; MOs; LHVs; ANM; DPM and M & E. District Hospital at Aundh, Women Hospital and SDH at Baramati, CHC at Saswad, PHC at Parinche, and SC at Bhivari were selected for monitoring of PIP. Accordingly, the District Health Office, DH, Women Hospital Baramati, SDH Baramati, CHC Saswad, PHC Parinche and SC Bhivari were visited for the purpose of PIP monitoring in the district. PRC team was accompanied by the M & E officer 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 Pune district as observed by the PRC team during the field visit.

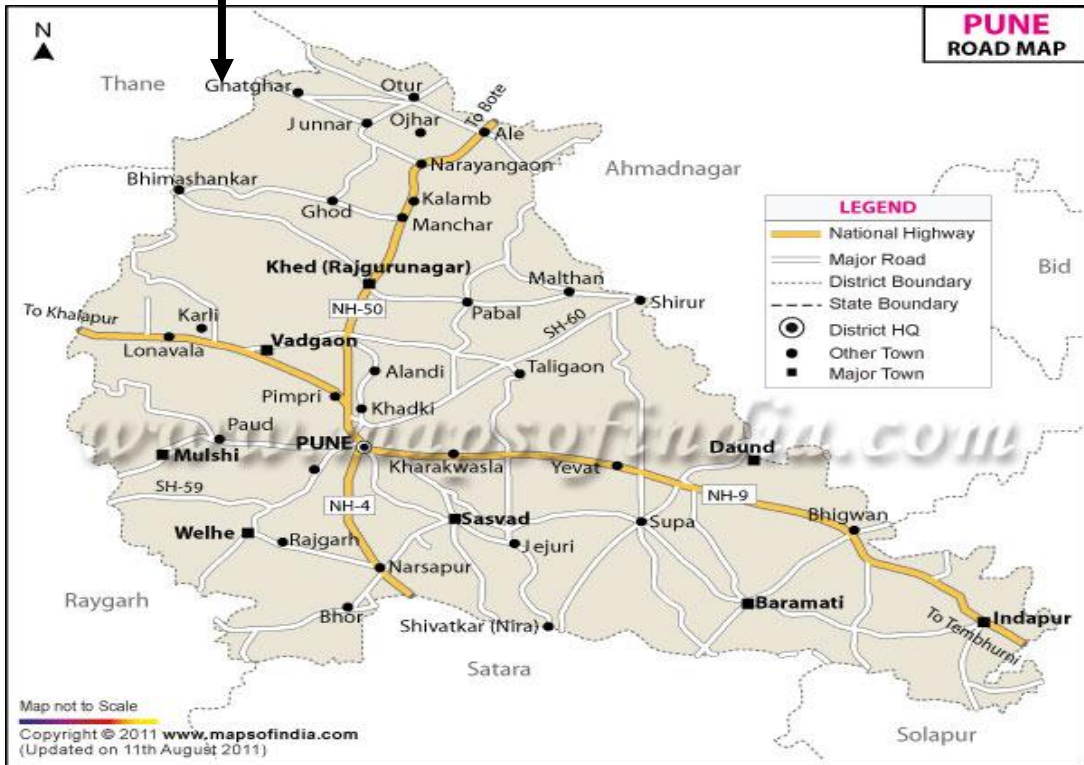
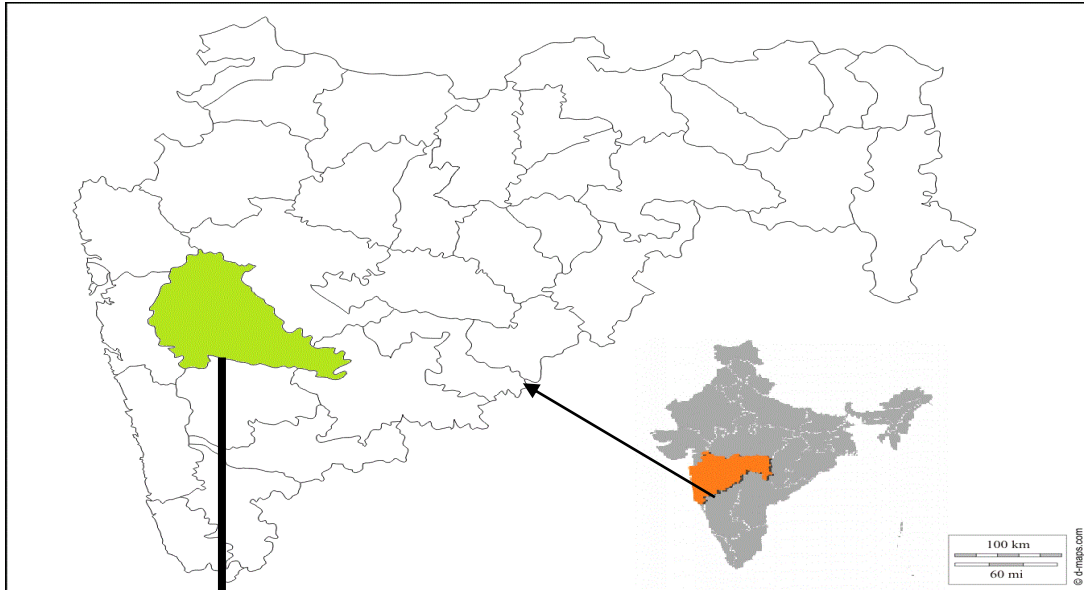
3. State and District profile

a) Pune District

Pune district is bounded by the Ahmadnagar district on the north east, Solapur district on the south east, Satara district on south, Raigad district on the west, and Thane district in the North West. It is the second largest district in the state and covers 5.1 percent of the total geographical area of the state. As per 2011 Census, the total population of the district is 94, 29,408 with male population of 49, 24,105 and female population of 45,05,303. The literacy rate for the district is 87.2 percent with male literacy rate of 92.7 percent and female literacy rate of 81.1 percent. Sex ratio is 910 per 1000 males and child sex ratio is 873 in census 2011, which has decreased considerably compared to the sex ratio of 919 and the child sex ratio of 902 in census 2001. The density of the population is 603 per sq. Km with 60.9 percent of the urban population. The

percentage of Scheduled Caste and Scheduled Tribe population in the district is 14.5 percent and 3.8 percent respectively.

Map of India, Maharashtra State, and Pune District



Key Health and Service Delivery Indicators

Items	DLHS 4	
	Maharashtra	Pune
Mothers registered in the first trimester (%)	67.9	82.0
Mothers who had at least 3 ANC visits (%)	77.9	87.9
Mothers who got at least One TT injection (%)	90.6	96.3
Institutional Delivery (%)	92.0	95.2
Home deliveries assisted by SBA (%)	4.0	2.5
Children (12-23 months) fully Immunized (%)	66.2	85.4
Using any modern method for family planning (%)	65.7	66.6
Total Unmet need for FP (%)	19.0	17.9
Unmet need for spacing (%)	10.8	12.8
Unmet need for limiting (%)	8.2	5.1

Source DLHS4

4. Information from District Health Office (DHO)

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

a) Programme Management

- District Programme Unit (DPMU) at the district level and Block Programme Management Unit (BPMU) at the block level are established in all the development blocks of the district and they are fully functional. Meeting of District Health Society (both governing and executive) takes place regularly.
- Regular monitoring of PMU staffs at various levels is conducted on a yearly basis. The NHM funds are utilized only for the salary of the staff and contingency fund. These funds to the facilities are released well in time by following NHM guidelines.
- HMIS data are regularly used to review the performance of the district. RCH officer is the Nodal person responsible for monitoring and supportive supervision in the district. The schedule of visits and check list are prepared and are available for monitoring along with the records. For effective supervision of field activities and performance, the field staffs are strengthened. The periodic review meetings at PMUs are organized and held every month.

Health Infrastructure in Pune District

Institutions	Number	Located in Government buildings	Does facilities having inpatient facility	No. of patient beds in each category
District Hospital	01	Yes	Yes	300
Women Hospital	01	Yes	Yes	100
SDH	05	Yes	Yes	100
CHC	19	Yes	Yes	30
PHC	96	Yes	Yes	6
SC	539	-	-	-

b) Planning

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

c) Human Resource:

- Among regular sanctioned post in Pune district, one each of the District TB Officer, Statistical Officer and Laboratory Technician's posts are vacant. Also, 50 posts of Class-I MO and 4 posts of class-II is vacant as against the sanctioned post of 187 and 29 respectively. However, the posts of Health supervisor, Health Assistant (M & F), Health Worker (M & F), and Pharmacists are also vacant which is shown in below table.

Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1.	District Health Officer	1	1	0
2.	Additional District Health Officer Cl- I	1	1	0
3.	District T B Officer	1	0	1
4.	MO Group A	187	137	50
5.	Statistical Officer	1	0	1
6.	AO	1	1	0
7.	BAMS Medical officer CL - B	29	25	4
8.	Extension Officer Ayurveda	5	1	4
9.	Health Supervisor	19	13	6
10.	Health Worker (Male)	261	243	18
11.	Health Assistant Male	159	144	15
12.	Health Worker (Female)	650	579	71
13.	Health Assistant (Female)	100	89	11
14.	Pharmacists	111	98	13
15.	Leprosy Technician	2	2	0
16.	Laboratory Technician	8	7	1
	Total	1536	1341	195

- The CEO has the power to recruit contractual staff under NHM. To ensure the transparent selection process, official guidelines are followed for recruitment and advertised through the local newspaper. If fewer candidates apply, then walk in interview is conducted. The presence of local candidate is considered only in case of recruitments of ANMs. For rational development, contracts of the contractual staff under NHM are renewed based on their performance report, which is prepared in stages by DPM, RCH, DHO and CEO.
- Out of the sanctioned posts of 216 Medical Officers (Class I & II) under DHO, 162 are filled (75 percent). Whereas under NHM, out of 1246 sanctioned contractual posts, 874 are filled i.e. more than 70 percent.

d) Training

- During the reference period April to June 2017, total 507 Medical Officers (MO) and 672 Staff Nurses (SN) has trained while 102 ANMs, 153 LHV's and 15 LT/HA also trained at the District Hospital.

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

Sr. No.	Name of Post	Sanctioned Post	Filled Post	Vacant post
1	DPMU	8	6	2
2	BPMU	26	23	3
3	IPHS	145	96	49
4	Non-IPHS	10	10	0
5	SNCU	24	13	11
6	FMG	4	3	1
7	EMS	1	1	0
8	RBSK	295	241	54
9	NRC	7	5	2
10	NBSU	14	0	14
11	URBAN RCH	13	11	2
12	ARSH	1	1	0
13	PCPNT	1	1	0
14	TELEMEDICINE	3	3	0
15	NURSING SCHOOL PHN	12	10	2
16	ASHA	172	142	30
17	IDW	5	5	0
18	AYUSH	32	28	4
19	SICKELE CELL	1	1	0
20	DQAC	1	1	0
21	RI	1	1	0
22	MMU	6	6	0
23	DEIC	28	16	12
24	NCD	85	2	83
25	RNTCP	60	42	18
26	NPCB	2	2	0
27	IDSP	3	2	1
28	NPPCD	3	0	3
29	NTCP	1	0	1
30	DTT	1	1	0
31	Training DHTC	1	1	0
32	Free Referral Transport	17	16	1
33	Infrastructure Human Resource	261	116	80
34	Procurement/Drug Warehouse	2	1	1
	Total	1246	874	372

Regular Staff at Civil Hospital

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Class I	20	10	10
2	Class II	34	34	0
2	Class III	223	189	34
3	Class IV	170	146	24
	Total	447	379	68

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

S.N	Type of Training	MO	AN M	LHV	SN	LT/ HA	MP W	ASH A
1	EmOC	1	0	0	0	0	0	0
2	LSAS	1	0	0	0	0	0	0
3	BeMOC	16	0	0	0	0	0	0
4	MTP/MVA	186	0	0	0	0	0	0
5	F-IMNCI/IMNCI	7	0	0	7		0	0
6	PPIUCD	30	0	0	12	0	0	0
7	SAB	0	34	5	49		0	0
8	Routine Immunization and cold chain	0	0	0	40	0	0	0
9	IYCF	15	15	20	30	0	0	0
10	NSSK Training.	32	29	3	132	0	0	0
11	Support Staff	0	0	0	0	0	0	0
12	RTI/STI	30	0	0	40	15	0	0
13	IMEP	30	0	0	0	0	0	0
14	FBNC	3	0	0	8	0	0	0
15	RI	28	24	35	24	0	0	0
16	Minilap	8	0	0	0	0	0	0
17	NSV	10	0	0	0	0	0	0
18	Training/Orientation Technical Manual's	110	0	90	330	0	0	0
	Total	507	102	153	672	15	0	0

Training status/skills of various cadres at visited facilities

Training programmes	District Hospital	Women Hospital Baramati	SDH Baramati	RH Saswad	PHC Parinche	SC Bhivari
EmOC	**	MO-1	MO-1	MO-1		
LSAS	**	MO-1	MO-1	--		
BeMOC	**	--		--		
SBA	**	SN-07	SN-7	SN-22		
MTP/MVA	**	MO-1	MO-1	--		
NSV	**	--		--		
F-IMNCI/IMNCI	**	SN-1	SN-1	--	LHV-1	
NSSK	**	SN-11	SN-11	SN-5	MO-1	
Mini Lap-Sterilisations	**	MO-1	MO-1	--		
IUCD	**	--		--	MO-1 ANM-1 LHV-1	
PPIUCD	**	MO-1 SN-11	MO-1 SN-11	SN-15		
Blood storage	**	##		Lab Tech-1		
IMEP	**	--	MO-1	--		
Immunization and cold chain	**	MO-1 SN-8		SN-15		
TOT RSKK	**	--		--		

MO= Medical officer, SN= Staff Nurse ** Data not available, -- Nil, ##- Not Applicable

5. Other Health System Inputs

a) Availability of Health Services

- During the reference period 2017-18, the expected OT surgeries were 122 and in actual both OT surgeries (minor and major) were 114.

b) Availability of Drugs, Diagnostics, and Equipment

- Expenditure on drugs constitutes more than 70 percent of the health care cost. Financial support is provided to States under National Health Mission to strengthen the health system, including supply of drugs based on the requirement proposed by the State in their annual Programme Implementation Plans.
- Provision of free EDs is available in the district. EDL is available and displayed in SDH, CHC, PHC, and SC.

c) Blood Bank Unit

- The Blood Bank Unit is available in DH. Staffs in Blood Bank Unit consist of 1 BTO, 3 Technician (2 on Contract), 1 Technician Supervisor and 1 SN.
- During the reference period April to June 2017, 10 Blood collection camps were conducted and during those camps 334 bag blood collected, out of which 274 bags were utilized.

d) AYUSH

- AYUSH facilities are provided in 13 health facilities in DH, 8 CHCs and 4 SDHs Baramati, Bhor, Manchar and Indapur. Ayurveda, Unani, and Homeopathic are provided at all these facilities and Yoga & Naturopathy, is provided only in DH. There are 31 AYUSH MOs post are sanctioned out of which, 26 are filled and none of them is a member of the RKS. AYUSH OPDs are integrated with the main facility and positions in stocks of AYUSH medicine are available at the respective facilities. AYUSH medicines are supplied from Directorate of Health Services, Mumbai the requirement of which is sent every quarterly. Every year AYUSH camps are held at CHC level. To bring AYUSH to mainstream regular doctors are given TOT. AYUSH medicinal garden in the premises of DH was created on April 2014 to create awareness. The garden consists of 300 medicinal plants. The grant of approximately Rs 2.5 lakhs to build this garden was funded by AYUSH Department.
- During the period of April to May 2017, total 28,426 OPD patients and 243 IPD patients have benefited from AYUSH in the district. Out, of which 10747 OPD patients got AYURVEDA treatment and 11816 OPD patients Homeopathy treatment.

e) Untied Funds/RKS

- The district has a functional District Health Society and has constituted RKSs/VHSCs at the facilities. The district has received Untied funds of Rs 5,61 78,465 for the financial year 2017-18. The funds are released well in time. Auditing is done to monitor the proper utilization of funds. Audit of UF/RKS funds takes place regularly. Committee members of RKS and VHSNCs have been

given training. The general body meeting of RKS is held biannually whereas the Executive Committee meeting are held on average every month.

- During the period April to June 2017, about 12 percent of the total fund has been utilized on different health services such as RCH, Immunization etc.

f) Maternal Health

i. ANC and PNC

- Maternal Health is an essential component of Reproductive & the Child Health Programme. Under maternal health, JSSK, JSY, MDR, performance based incentive to LSAS and EMOC trained medical officers are implemented in the state from the year 2016-17.
- During the reference period April to June, 2017 the total ANC registrations in the district was 90041 out of which first trimester registration was 70,418 with 78 percent first trimester registration. Among the total ANC registration, 1,424 pregnant women were line listed for severely anaemic condition and 476 diagnosed as Hypertensive pregnant women. In addition 81937 pregnant women were provided with TT in both rural and urban areas, while 100 IFA tablets were provided to 59,334 women whereas 80,024 women have visited for PNC care.

ii. Institutional Delivery

- During the reference period, Pune district reported 72,221 institutional deliveries. Out of which 3379 were C-section deliveries and all C-section deliveries were provided EmOC facilities.

iii. Maternal Death Review

- Nine maternal deaths were reported in the district during the reference period April 2016 to March 2017. The key causes of these deaths were Severe Anaemia, Severe Eclampsia with Convulsion, PPH, PM (Viscera preserve) etc. While four of the nine deaths occurred on the road, one was at home, one happened in a private hospital (Lonavala) and remaining two were at SDH (Baramati and Indapur). During the ANC period four deaths occurred, four were after delivery and one was during intranatal. Out of 9 deaths only three women have completed at least 3 ANC visits. State/district task force is formed to conduct MDR the report of which is published. There was no case of maternal death reported in the visited Women Hospital Baramati, CHC Saswad, PHC Parinche and SC Bhivari.

g) JSSK

- Free referral transport is available for all pregnant women and sick neonates. The Call Centre is located in the District Hospital premises for providing JSSK services and it operates 24x7 basis with operators. All pregnant women and sick newborn children are given free transport, medicine, diagnostics and meals. All the health facilities in the district use this facility.
- Universal toll free number of 102 and 108 are operational for availing free transport. The response time of Ambulance reaching the patients is about 20-30 minutes on average. 72,221 women delivered at the institution have used this facility.

- The vehicles are driven by the contractual drivers. Contractual drivers are not being paid on time for their services. All the vehicles under NHM carry the NHM logo. The ambulances are fitted with GPS.
- All the facilities in the district provide free transport for pregnant women and sick infants under JSSK. The facility-wise records of vehicles use are made available to the team. A total of 110 (102 vehicle-26 and 108 vehicle-84) vehicles from different facilities are providing the free transport facilities for delivery and sick neonates.

h) JSY

- JSY guidelines are normally followed in the district. Full payment is made through cheque and given to the beneficiaries after getting discharged from the facilities. The total JSY beneficiaries during the reference period (2016-17), in the district were 11,846. From these JSY payments, 495 payments were delayed due to some reason. Out of the total cash incentive provided under JSY, 24 were provided to the women who had delivered her baby at home. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. There is no grievance redressal mechanism in the district. The accuracy of JSY data is ascertained before being uploaded at HMIS portal.

i) Child health

i. SNCU

- There is a functional SNCU in DH with 12 Beds. NBCC is available in 73 IPHS PHCs in the district. All the health facilities including services providers, ANMS and ASHAs have been provided with necessary information for optimal utilization of SNCU services in the DH.
- Health staffs in SNCU consist of 3 MOs (All vacant), 12 regular SNs (3 vacant), 1 staff in charge, 1 Paediatrician, 1 Data Entry Operator (Vacant) and 6 Attendant/Aaya (3 vacant).
- During the period April to June 2017, total 176 child patients have admitted in SNCU out of 90 were inborn and 86 were out born. Out of total cases, 11 deaths were reported.

ii. NRCs

- NRC was established in DH in November 2012 and is functioning since with necessary equipment's and trained manpower of 2 SNs, ANMs, 1 MO, 1 Dietician, 1 Attendant, and 1 caretaker cum cook.

During the reference period 45 children were admitted out of which 40 were discharged, 1 has medical transfer and 4 are still in the ward. Out of which, 33 children have gained weight after the treatment. Average length of duration of stay is 7-15 days. 10 children were referred by RBSK and 9 were Pediatric ward, while remaining were either self/OPD and frontline worker.

ii. Immunization

- All the newborn delivered in health facilities get a birth dose of immunization. All the facilities provide immunization mainly on schedule immunization sessions. The schedule of immunization sessions is available in DPMU.

- Dedicated Immunization officer is in place in the district. Cold chain Mechanics are in place for the maintenance of cold chain machines in the district.

Number of children provided vaccinations (2016-17)

Vaccinations	Number of children
BCG	88,842
Penta 1/DPT 1	83,302
Penta 2/DPT 2	82,651
Penta 3/DPT 3	82,900
Polio 0	77,760
Polio 1	81,968
Polio 2	81,602
Polio 3	82,584
Measles 1	86,386
Measles 2	78,135
DPT Booster	77,784
Polio Booster	77,778
Fully Immunized	83,372

j) RBSK

- Under RBSK, 73 team units are currently working in the district. All the 73 teams units are having vehicles, necessary equipment's, and medicines. The staff consists of 2 MOs (1 male and 1 female), 1 Pharmacist, and 1 ANM constitute one unit. These units examine school as well as Aganwadies. Each unit provides health checkup, referral services to Anganwadi kids, 0-6yrs age group and school going children i.e. 6 to 18 yrs children.
- During the period 2016-17, 6136 children's in Aganwadies and 15653 children's in school have been treated with minor injuries under the RBSK in the district. While 1584 children of 0-6 years and 6757 children & adults of 6-18 years referred for the further treatment.

k) Family Planning Services

- During the reference period, 331 NSV, 22,611 Female Sterilization and 22,913 IUCD have been conducted, while 4,23,785 Condoms and 1, 58,279 Oral pills has been distributed. IEC materials were available and both types of IUCD (375 and 380) were available in the district. ASHAs are involved in social marketing of all these family planning services to the population.

l) Adolescent Health (ARSH Clinic)

- ARSH clinic is functioning in DH and CHCs. Place & time is fixed for ARSH clinic (District Hospital, Pune has such clinic every FRIDAY 2-5 pm). Trained manpower is available at ARSH clinics. Equipment's are available as well as medicines are available to adolescent. Required seating arrangement, toilet facility, and health education study material along with displays are in place in District Hospital. Every clinic has provided outreach services as a part of which children and

young adults in the age group 10-19 years are given health education. Medical counselling as well as promotive, preventive, curative, referral and other services are provided to 10-19 years adolescents.

- The number of adolescents attended ARSH clinic during the May 2017, were 772 (350 male and 422 female) in DH. Out of those, 243 were referred to other facilities.

m) Referral Transport and MMUs

- One MMU with GPS installed is available in the district with 1 ambulance per lakh population with 1 call centre. Health staff at MMU consists of one each of MO, SN, LT and Pharmacy Officer and 2 Driver cum support staff.
- During the period April 2016 to March 2017, 115 OPD patients, 42 Child OPD patients and 9 ANC & PNC patients have utilized MMU services. The microplan is prepared and performance monitoring is done on a monthly basis.

n) Community Participation

a) ASHA

- During the period April 2016 to March 2017, 2,843 ASHAs are available as against the sanctioned post of 2,881 ASHAs in the district. During the same period 143 ASHAs left and 96 new ASHAS joined. ASHAs were provided with ORS, Zinc, and for FP method, condoms and oral pills are provided. Drug replenishment kits are provided to ASHAs. An ASHA worker receives an average amount of Rs. 1704/-per month. Payments are disbursed on time to ASHAs. The ASHA resource Centre is available in the district.

b) Communicable Disease

- Malaria test is conducted in DH. In the district total 1053514 cases have examined and 139 cases were found positive.

o) HMIS and MCTS

- Dedicated staffs are available for MCTS and HMIS in MIS cell. The quality, completeness, and timeliness of data, processes and data validation is good. Staffs are trained in CHCs, PHCs, and SCs for HMIS and MCTS. Proper record of due list and work plan received from MCTS portal is maintained.

6. Finance

Sr. No.	Activity	Available Grant	Expenditure up to June 2017	% AS PER PIP
1	RCH	995.35	223.51	22.46
2	NHM Additionalities	304.89	228.14	74.83
3	Immunisation	27.36	21.98	80.35
	TOTAL	1327.60	473.63	35.68

7. Observations from the Health Facilities Visited by the PRC Team

7.1 District Hospital, Pune

The District Hospital is easily accessible from the nearest road and functioning in a government building which is in a good condition. Staff quarters are available for MOs, S.Ns, and other categories. However, some staff quarters for MOs are under repair and there is a shortage of staff quarters for SN. DH has electricity with power back up, running 24*7 water supplies, clean toilets separately for males and females. Functional labour room is available with clean toilet attached to labour room. Wards are clean and are separate for males and females. Functional NBSU, SNCU, NRC, BSU, PCPNDT, DEIC, help desk, and separate room for ARSH clinic are available. Biomedical waste is outsourced and functional help desk is available.

- The District Hospital is 300 bedded and it is located in a government building.
- The old building is in good condition. Overall cleanliness is also good.
- The health facility is easily accessible from the nearest road.
- About 275 staff quarters are available in different categories. Of which 180 are occupied and the remaining are vacant due to maintenance.
- DH has electricity with power back up, running 24*7 water supplies, separate toilets are there for males and females in the ward are clean. Overall cleanliness is good in the male and female wards. Toilets in the OPD are clean. A hospital premise is clean at all.
- Nutrition Rehabilitation Centre with 10 beds is available in the district. Both child and mother are getting diet from the Centre. In addition to that, mother is getting paid for loss of wages for the period of staying in the NRC. Even though the retention of children at NRC for 21 days is not there. Most of the parents left the treatment half the way. Maximum they use to stay in NRC for 6-7 days.
- SNCU facility is available in the hospital. At the time visit 32 babies, were admitted in the ward. Recently SNCU is upgraded from 24 beds to 32 beds.
- Separate room for ARSH clinic is available.
- Complain or suggestion box is available.
- Segregation of waste in colour coded bins is done in the entire facility. Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at the District Hospital. All operation theatre and laboratory related equipment is available. Essential drug list and essential consumable list are available in the drug store, but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- 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 48 hours after delivery.
- JSY payment is made after discharge, transfer through Public Finance Management System in beneficiaries account, on production of necessary documents. Diet is being provided to the patients free of cost.

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

7.2 Women Hospital: Baramati

Women Hospital Baramati is based at Baramati and about 120 kms from district headquarters. On the day of the PRC team visit to WH, all staff was present on duty. In charge Medical Superintendent has given all the information as regular MS post is vacant. The bed strength of the hospital is 100. The hospital is located in government building. The building is in good condition. Quarters are not available. Electricity is available with power back up of inverters at OT and Labour room. Running water is available. Toilets are available in the wards and are clean, toilet attached to Labour room is available and clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit is available. No complaint raised at appropriate place. Separate room for ARSH clinic is available. Waste management is available and outsourced. Suggestion and complaint box is available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	0	1
2	Medical officer CI-I	4	0	4
3	Medical officer CI-II	12	12	0
4	Asst. Matron	1	1	0
5	In charge sister	5	1	4
6	Staff Nurse	28	19	9
7	Dietician	1	0	1
8	Blood Bank Technician	2	0	2
9	X-Ray Technician	2	2	0
11	ECG Tech.	1	0	1
12	Pharmacist	3	3	0
13	Lab Technician	3	2	1
14	Administrative officer	1	0	1

15	Lab. Assistant	3	2	1
	Total	67	42	25

- The Women Hospital is 100 bedded and it is located in a government building.
- Newly constructed building is one of the hospital designs in the state of Maharashtra. Overall cleanliness is also good.
- The health facility is easily accessible from the nearest road.
- Sixty seven positions of various positions are sanctioned and 41 positions are filled.
- No staff quarters are available for women hospital. Time being adjustment is being done four staff nurses are staying in the quarters allotted to SDH Baramati.
- WH has electricity with power back up with inverters it needs generator power back. Running 24*7 water supplies, separate toilets are there for males and females in the ward are clean. Overall cleanliness is good in the wards. Toilets in the OPD are clean. A hospital premise is clean.
- SNCU facility is required at the facility. But initially to maintain NBSU they do not have warmers and phototherapy units in the facility. They have borrowed two warmers from DH and SDH each. Mean time an NGO run by local leader donated four warmers to the facility. To establish functional NBSU Medical Superintendent has taken initiatives.
- Separate room for ARSH clinic is available.
- Complain or suggestion box is available.
- Segregation of waste in colour coded bins is done in the entire facility. Mechanism for biomedical waste management is in place and outsourced.
- All the essential equipment is available at Women Hospital. All operation theatre and laboratory related equipment is available. Essential drug list and essential consumable list are available in the drug store, but it is not displayed in the OPD.
- Pertaining to lab tests, all listed tests are being done in the facility.
- Neither Blood bank nor blood storage unit is available at the facility. The facility is getting blood from private BSU. Actually, looking at the heavy work load at the facility BSU is required.
- 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 48 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System in beneficiaries accounts, on production of necessary documents.
- Diet is being provided to the patients free of cost.
- During the reference period, under JSSK, 17 women have received home to facility pick up service, 26 women have received inter facility, vehicle services, and 66 women have received drop back facility. In case of sick infants only 3 have received inter facility, vehicle services by government vehicle.
- There is the provision of management of high risk pregnancies, sick neonates and infants.
- Partograph is being used.
- Vaccination is done properly.

- IMEP protocol is followed.
- MDR is done in time.
- All important registers are available for maintenance of records.
- Information about JSY and JSSK is displayed. Citizen charter is displayed.
- Regular Fogging is being done by the Municipal Corporation. Laundry/washing services are outsourced. Dietary services, drug storage facilities, Equipment maintenance and repair mechanism are available.

7.3 Sub District Hospital: Baramati

Baramati Sub District Hospital is in Baramati Block and about 120 kms from district headquarters. On the day of the PRC team visit to SDH, all staff was present on duty. Medical Superintendent has given all the information. The bed strength of the hospital is 100. Hospital is located in government building. Building is in good condition. Quarters are available for all categories of the staff. Electricity back is available only for BSU and OT with inverter, 24*7 running water is available. Separate toilets are there for male and female wards but not clean, Labour room is clean. It is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit is available with 5 warmers and 7 phototherapy units. Blood storage unit is available at the facility 26 blood bags are available the day of the visit, during last year 37 blood bags are used. ARSH programme is not available. Waste management is available and outsourced. Suggestion and complaint box is available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	1	0
2	Medical officer CI-II	13	8	5
3	Medical officer CI-III	1	0	1
4	Asst. Matron	1	1	0
5	In charge sister	5	0	5
6	Staff Nurse	27	26	1
7	Physiotherapist	1	1	0
8	Dietician	1	0	1
9	Blood Bank Technician	2	0	2
10	Blood Bank Attendant	2	2	0
11	X-Ray Technician CI-III	2	1	1
12	ECG Tech.	1	1	0
13	Pharmacist	3	2	1
14	Lab Technician	3	2	1
15	Administration Officer	1	0	1
16	Asst. Superintendent	1	1	0
17	Jr. Clerk	2	2	0
18	Peon	1	0	1
19	Ward Boy	4	3	1
20	Sweeper	2	0	2
	Total	74	51	23

- All the essential equipment is available at SDH. Laboratory related equipment is available. Foot and electric suction is available in the facility. Functional ILR and Deep Freezer is not available.
- Essential drug list is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. Routine immunisation is done at SDH. Zero doses of BCG, Hepatitis B and OPV are being given. Counselling on IYCF is done. Counselling on Family Planning is being done. Mothers are advised to stay for 48 hours after delivery.
- JSY payment is made after discharge, transfer through the Public Finance Management System in beneficiaries account, on production of necessary documents. Diet is being provided to the patients free of cost.
- Diet is being provided to the patients free of cost.

- All high risk pregnancies are Managed at the facility. All essential new-born and sick neonates care is available. The Partograph is used correctly.
- Segregation of waste in colour coded bins is available. Bio waste management is done and it is outsourced. The facility adheres to IMEP protocols.
- All-important registers are available for maintenance of records.
- Most of the IEC material is displayed.
- There is no proper recording of various grants received by facility like JSY, JSSK, Untie grant, RKS and AMG. As regular staff is not willing to work on this. MS does not have any control on the staff over there.
- During the reference period, under JSSK, 15 women have received home to facility pick up service, 12 women have received inter facility, vehicle services, and 50 women have received drop back facility. In case of sick infants 2 have received home to facility pick up service, 14 have received inter facility, vehicle services, and 41 received drop back facility, by government vehicle.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in the ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was one on July 6, 2017. Laundry/washing service is outsourced, dietary services, drug storage facilities, and equipment maintenance and repair mechanism.

7.4 Community Health Centre: Saswad

- Saswad Rural Hospital is in Saswad Block and is about 25 kms away from district headquarters. On the day of the PRC team visit to RH, all staff was present on duty. Medical Superintendent has given all the information. It is 30 bedded hospitals and is located in government buildings. The building is old pattern and needs major repairs and painting. Quarters are available for 3 MOs, but not in living conditions. But they are occupied. For class II, 12 quarters are available and of which 6 are occupied and 8 for Class IV are available and 3 are occupied. Electricity is available with power back with inverter, 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to labour room and are partially clean. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization Unit are available. Waste management is outsourced to a private agency. Suggestion and complaint book is available.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer CI-I	1	1	0
2	Medical officer CI-II	3	3	0
3	Dentist CI-II	1	0	1
4	Asst. Superintendent	1	1	0
5	Jr. Clerk	2	2	0
6	Staff Nurse	7	7	0
7	Ophthalmic Assistance	2	2	0
8	X-Ray Technician CI-III	1	1	0
9	Pharmacist	2	2	0
11	Lab Technician	1	1	0
12	Lab Attendant	1	1	0
13	Peon	1	0	1
14	Ward Boy	4	2	2
15	Super	2	1	1
16	Driver	1	0	1
17	Attendant	1	0	1
	Total	31	24	7

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

- Partograph is maintained.
- Most of the IEC material is displayed.
- During the reference period under JSSK, 39 women have received home to facility pick up service, 26 women and 2 sick infants have received inter facility vehicle services, and 44 women have received drop back facility.
- Approach roads have directions to the health facility. Citizen Charter, Timings, List of services, Essential Drug List, Protocol Posters JSSK entitlements are displayed in the facility. Immunization Schedule, JSY entitlements and other related IEC materials are displayed in ANC/PNC Clinics.
- Diet is being provided to JSSK beneficiary.
- Regular Fumigation is being done. Last fumigation is done July 4, 2017. Laundry/washing service is outsourced. Drug storage facilities, equipment maintenance and repair mechanism.

7.5 Primary Health Centre: Parinche

- PHC Kingaon is about 45 kms from district headquarters in Saswad block, with 11 sub centres catering 53339 populations in the periphery. PHC Parinche is easily accessible from the nearest road. PHC is functioning in a government building, but as the building is of old pattern they facility is facing paucity of the space. Staff quarter for MO and ANM are available, but not in livable condition. PHC has electricity with power back up, running 24*7 water supply and clean toilets separately for male and female wards. Labour Room is clean. New Born Care Corner is available. Separate wards for male and female are available and are clean. Toilets in both the wards are available and are clean. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility.

Human Resource (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	3	2	1
2	ANM	13	12	1
3	LHV	1	1	0
4	Pharmacist	2	2	0
5	MPW	6	3	3
6	Driver	1	0	1
7	Class IV	1	1	0
8	HA	1	1	0
9	Peon	4	4	0
	Total	32	26	6

- All the essential equipment is available at PHC. Essential drug list is available. IFA syrup with dispenser is available. Diagnostic tests are available at the facility for HB, CBC, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sickle Cell. RPR is not done at the facility.
- All mothers have initiated the breast feeding within one hour of normal delivery. Zero doses BCG, Hepatitis B and OPV are given. Counselling on IYCF is done. Counselling on family planning is being done. Mothers are advised to stay for 72 hours after delivery.
- JSY payment is made after discharge, transfer through Public Finance Management System in beneficiaries account, on production of necessary documents. Diet is being provided to the patients free of cost.
- During the reference period, under JSSK, 47 women have received home to facility pick up service, 7 women and 2 sick infants have received inter facility, vehicle services, and 47 women have received drop back facility by government vehicle.

- All high risk pregnancies are managed at the facility. Thermoregulation facility is available for new-born and sick neonates care. Vaccines are administered correctly. Partograph is used correctly. IUCD insertion is done correctly. The alternative vaccine delivery system is in place. Wastes are segregated in colour coded bins. IMEP protocols are followed.
- All important registers are available for maintenance of records. All required IEC materials are displayed in the facility; especially JSSK and JSY entitlements and benefits are displayed. EDL, phone numbers, timings and citizen charter are displayed in the facility.
- Fumigation is done on a regular basis. Laundry services are outsourced. Grievance redressal mechanism is in place. Records are maintained for JSSK services.
- Approach roads have directions to the health facility. Protocol Posters and JSSK entitlements are displayed in the facility.
- Under JSSK 73 women have pick from home to institution; 57 women have provided referral transport; 206 women have received drop back facility from PHC; 18 Sick infants are provided transport facility for the referral service.

7.6 Sub Centre: Bhivari

Comes under PHC, Parinche which is approximately 35 Km from this SC. SC is located in main habitation with a catchment population of 6762 covering 3 villages. The building condition is good. ANM quarters are available and ANMs are residing in the quarters. Running 24*7 water supplies and electricity is available. It has not functional separated labour room, but Grampanchyat sanction funds to construct one room for delivery. Complain or suggestion box is not available. Biomedical waste is managed by burying the waste in a pit.

Health Infrastructure

Have only one ANM and one male MPW. Regular ANM received training in the testing lab. But ANM wanted to more training.

Availability of Drugs and Diagnostics and Equipment

All the essential drugs were available except for the IFA syrup with dispenser, Zinc tablets and Vit. Syrup is not available. In equipment's blood sugar testing kits is not available. Neonatal ambo bag, colour coded bins and RBSK pictorial tool kit were not available in the SC. All the essential medical supplies were available in SC except sanitary napkins.

Lab Services

HB test, blood sugar is done. Record is maintained in the SC.

ANC and PNC

During the reference period 7 deliveries were reported. All the mothers initiated breast-feeding within 1 hour of delivery. There was no maternal death. No still birth, no neonatal deaths reported during the reference period. ANMs have the skills to identify high risk pregnancy.

Immunization

During the period April and May 2017, 22 children were fully immunized with the same number of children were covered under measles and provided with vitamin A.

Family Planning Services

Family planning counselling is provided. 6 IUD insertions during the period April and May 2017 women accepted postpartum family planning services.

Infection Control and Biomedical Waste Management

General cleanliness is good.

Record Maintenance

Eligible couple registers, MCP cards, village register, referral register, delivery and stock register, due list, Payments under JSY, line listing of severely anaemic pregnant women, updated microloan, due list and work plan received from MCTS, vaccine supply is available, updated and correctly filled.

IEC

Approach roads, , timing of the SC, Immunization schedule, JSSK and JSY entitlements, visit schedule of ANM, area distribution of the ANM/VHND plan are displayed in SC. However, Citizens Charter are not displayed in SC

8.List of Abbreviations

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

MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non-Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission