



Monitoring and Evaluation of Programme Implementation Plan 2019–20,
Raigad District, Maharashtra

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Table of Contents

EXECUTIVE SUMMARY	I
KEY OBSERVATIONS AND FINDINGS	I
RECOMMENDATION/SUGGESTIONS	III
1. INTRODUCTIONS	1
1.1 . DISTRICT PROFILE	2
1.2. HEALTH PROFILE OF THE DISTRICT	3
2. INFORMATION FROM DISTRICT HEALTH OFFICE	5
2.1. PROGRAMME MANAGEMENT	5
2.2. HUMAN RESOURCE AND HEALTH INFRASTRUCTURE	5
3. Human Resource	5
4. Health Infrastructure	7
5. TRAINING OF HEALTH PERSONNEL	8
6. MATERNAL HEALTH AND CHILD HEALTH	8
6.1. JANANI SURAKSHA YOJANA (JSY)	9
6.2. JANANI SHISHU SURAKSHA KARYAKRAM (JSSK)	9
6.3. MATERNAL DEATH REVIEW	10
7. CHILD HEALTH	10
7.1. NUTRITION AND MANAGEMENT OF COMMON CHILDHOOD ILLNESS	11
7.2. MANAGEMENT OF COMMON CHILDHOOD ILLNESSES	11
7.3. IMMUNIZATION	11
7.4. RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)	12
8. FAMILY PLANNING	13
9. INFORMATION EDUCATION COMMUNICATION (IEC)	13
10. COMMUNITY PROCESS	14
11. AYURVEDA, YOGA AND NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY	14
12. DISEASE CONTROL PROGRAMME	15
12.1. COMMUNICABLE DISEASE	15
13. BUDGET UTILIZATION	15
14. FACILITY WISE OBSERVATION	16

14.1.	DISTRICT HOSPITAL ALIBAG	16
14.2.	SUB- DISTRICT HOSPITAL: URAN.....	18
14.3.	COMMUNITY HEALTH CENTRE/RH: URAN.....	20
14.4.	PRIMARY HEALTH CENTRE-KOPURLI	22
14.5.	SUB- CENTRE: CHANJE	23
15.	CONCLUSION.....	23
	LIST OF ACRONYMS AND ABBREVIATIONS	25

Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2019-20). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Raigad district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Raigad. The following public health facilities were visited by the PRC Pune team: District Hospital Alibag, SDH Uran, CHC Uran, PHC-Kopurli and SC-Chanje. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

Key Observations and Findings

Meetings were conducted with District Health Officer (DHO), Civil Surgeon and Medical Officers in-Charge, facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strength and weakness of the facilities in service providing. Further, we reviewed relevant programmatic data and information available from the District Programme Management Unit (DPMU), Health Management Information System (HMIS) and also made observations regarding performance of key component of NHM for feedback on programme implementation in the district. The major key observation of this PIP monitoring report are as follows:

1. The visited facilities are easily accessible from nearest road and has electricity with power back-up, running water 24*7 water supplies, available clean toilets separately for male and female, wards are clean, complaint/suggestion box and help desk is available. However, at the PHC and Sub-centre power back-up and complain/ suggestion box is not available.
2. The staff quarters and MOs and staff nurse are available in the all visited facility, though, in the DH the staff quarters for MO and staff nurse are not available due to current building is set to revamp, and staff quarters for class fourth employees are available in. The staff quarter for ANM is available at the Sub-centre, but currently she is not residing over there.

3. In overall, cleanliness in the visited health facilities is need to be improved. Approach road has direction to all the visited health facilities, except Sub-centre.
4. IEC material related to maternity care, family planning hand washing protocol, general awareness etc. is available and displayed in the health facilities.
5. All the necessary equipment's i.e. X-ray, ECG, Ultrasound Scanners and CT-Scanners were available in the DH and SDH and CHC.
6. Functional and clean toilet attached to labour room, Functional New Born Care Corner, Functional Newborn Stabilization Unit, Functional SNCU, availability of nutritional rehabilitation centre and separate room for ARSH clinic is available in the DH and SDH.
7. All the essential drugs were available at all the facilities at the time of visit. With regards to supplies, sanitary napkins were available at the time of monitoring visit.
8. In the DH, SDH, CHC, and PHC all mothers were asked to stay for 48 hours after Delivery. The free diet facility and all services are available in the all the health facility. However, JSY payments were made to all the eligible beneficiaries. These payments were initiated through PFMS mode from THO office.
9. The high-risk pregnancy is being managed, essential newborn care is being provided, correct use pantograph, correctly administer vaccines and correctly insertion of IUCD is being done in the visited facilities: DH, SDH, CHC and PHC.
10. The percentage of institutional delivery has reached at its level as 96 percent of the institutional deliveries are being conducted in health institutions.
11. All the essential equipments and drugs were available in all the visited health facilities. All the basic tests are being done in the hospital i.e. Haemoglobin, Urine albumin and sugar, Malaria T.B. and HIV.
12. All the important register and records at the DH SDH, CHC and PHC are properly being maintained, At the SC eligible couple register, MCH register, village register, delivery register, stock register, Due list, line listing of severely anaemic pregnant women are updated.
13. There were 13 maternal deaths had been occurred during the reference period in the district. Of each 12 maternal deaths were reviewed.
14. The work load and bed occupancy rate is so high in the visited health facilities.

Recommendation/Suggestions

Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation has been made by the PRC monitoring team:

1. District is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled up at all levels on urgent basis.
2. There is a need of training of health personal of DH, SDH, CHC, PHC and SCs under different program of NHM i.e. EMoC, BeMoC, SBA, MTP etc.
3. The SDH is equipped with 50 beds but at present the hospital functioning is overloaded with 100 to 150 beds. Therefore, it is recommended that the bed strengths of the hospital should be increased.

1. Introductions

National Health Mission (NHM), previously known as National Rural Health Mission (NCHCM) was launched in order to make health care more accessible and affordable to all especially to the vulnerable and underserved and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also the need for effective inter-sectorial convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resources allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2019 – 20 has been designed and submitted to Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) 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 PIP, the MoHFW has assigned the task of evaluation and quality monitoring of the important components of NHM to various PRCs. PRC, Pune was assigned the evaluation study of PIP of Maharashtra and Madhya Pradesh states for the year of 2019-20.

In order to carry out quality monitoring and evaluation of important component of NHM, various type 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.

This report discusses the monitoring and evaluation of PIP findings and observations for the Raigad District in Maharashtra, each was carried out during the period 6-10 January, 2020. In the district, apart from District Health Officers Office, District Hospital, Sub – District Uran, CHC-Uran, Primary Health Centre Kopurli and Sub – Centre Chanje were visited.

This report provides a review of key population, health and service delivery indicators of the Raigad District. The report also deals with health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS and MCTS. The report is also included the inputs of the DHO, Civil Surgeon, Medical Superintendent, ANMs and beneficiaries.

1.1 District Profile

Raigad district is in Maharashtra state. The area of the district is 7152 square kilometers. The district is bounded by Mumbai Harbour to the northwest, Thane district to the north, Pune district to the east, Ratnagiri district to the south, and the Arabian Sea to the west. According to 2011 census, the total population of Raigad district is 2,634,200 inhabitants.

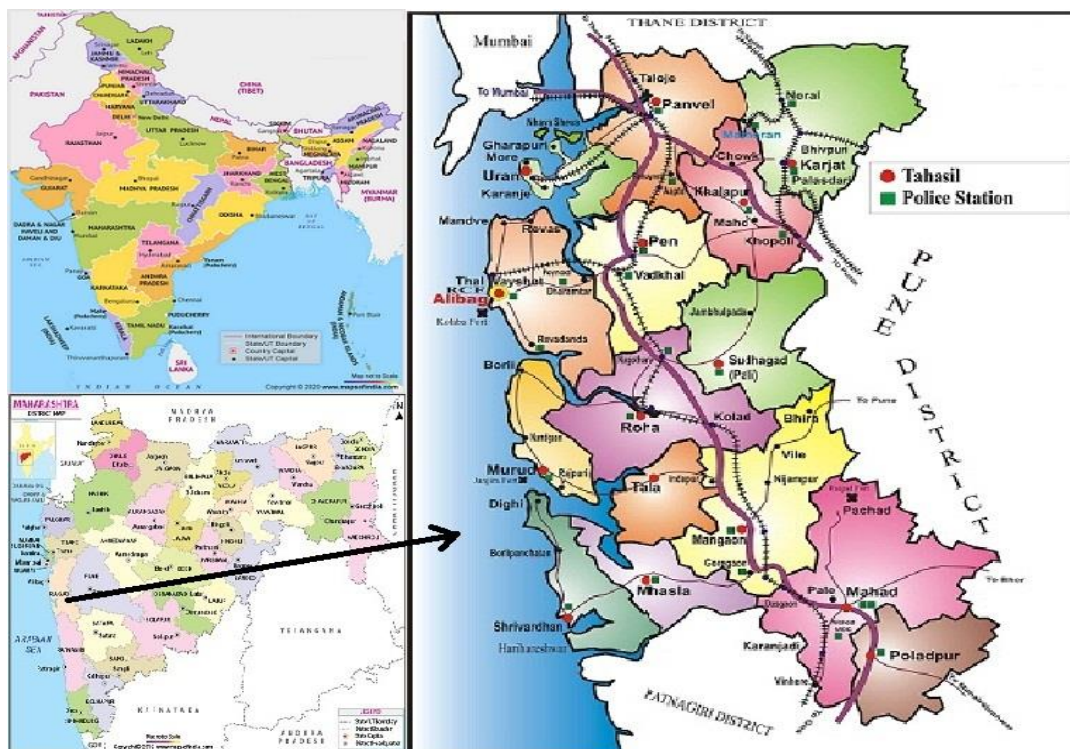


Figure 1: Integrated Map of Raigad, Maharashtra

The district comprises with 15 talukas viz. Alibag, Panvel, Murud, Uran, Uran, Karjat, Khalapur, Mangaon, Roha, Sudhagad, Tala, Mahad, Mhasala, Shrivardhan, Poladpur, are further comprises with villages 1827.

Table 1: Key Demographic Indicators of Raigad and Maharashtra

Parameters	Maharashtra	Raigad
Total Area (in sq.km)	307,713	7,152 km ²
Total Population	112,374,333	26.34200
Scheduled Caste	13,271,408	5.1
Scheduled Tribes	10,507,000	11.6
Sex Ratio	929	959
Child Sex Ratio	894	887
Population Density (sq.km)	365	368
Literacy	82.34	83.14
Male literacy	88.38	89.1
Female literacy	75.87	76.9

Source: Census, 2011

1.2. Health Profile of the district

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Raigad with respect to various domains such as Maternal Health, Child Health, Delivery Care, Family Planning etc.

Table 2 summarises the current status of health care service delivery indicators in the district. An important component of the maternal health is ANC, which is a systematic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. In Raigad, 70.8 percent of pregnant women were registered for ANC in first trimester and 96.9 per cent have received 4 or more ANC check –ups against the total ANC registration. Early registration of pregnancy allows for adequate care during the cycle. District has observed the adequate distribution of IFA supplementation, as it was given to 96.7 percent of women registered for ANC.

Delivery care is another important component for maternal health as well for infant health. 96 per cent of all deliveries are institutional deliveries, while comparing the institutional deliveries versus total ANC registration, it goes down with 76.4 percent. About 21 percent of the institutional deliveries were C- Section deliveries. With regards to PNC, 97.7 percent of the new-borns were breastfed within one hour of birth and 99.8 percent new-borns were weighed at birth, areas only 41.1 per cent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery.

With regards to service delivery for child health, Raigad district has observed that 32417 children of age 9 to 11 months have received full immunization. The most common childhood disease is reported as diarrhoea with 3000 cases followed by Pneumonia with 233 cases in the district during the reference period.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization as a method of permanent family planning dominates with 97.9 per cent of all sterilization conducted during April – December, 2019 in Raigad district.

Table : 2 Raigad District: Key Service Utilization Parameters of visited facilities (April 2019 to December 2020)

Service Utilization Parameter	DH Alibag	SDH Uran	RH Uran	PHC kopurli	SC Chanje
OPD	101880	58352	35569	17413	-
IPD	24248	3848	890	567	-
Expected number of pregnancies	370	675	227	241	251

MCTS entry on percentage of women registered in the first trimester	126	610	130	0	0
No. of pregnant women given IFA	249	341	227	1913	276
Total deliveries conducted	2809	460	151	3	1
No. of assisted deliveries (Ventouse/ Forceps)	56	7	0	0	-
No. of C section conducted	1171	69	0		
Number of obstetric complications managed, pls. specify type	205	0	0	1	-
No. of neonates initiated breast feeding within one hour	2676	445	151	2	1
Number of children screened for Defects at birth under RBSK	49	0	08	0	0
RTI/STI Treated	57	0	5	0	-
No of admissions in NBSUs/ SNCU, whichever available	730	109	11	0	-
Inborn	465	106	-	-	-
Out born	265	3	-	-	-
No. of children admitted with SAM	67	0	-	-	-
No. of sick children referred	02	18	5	0	0
No. of pregnant women referred	79	357	311	5	
ANC1 registration	167	675	227	1517	172
ANC 3 Coverage	77	696	-	1410	40
ANC 4 Coverage	37	679	-	1333	10
No. of IUCD Insertions	534	35	17	200	0
No. of Tubectomy	623	396	21	8	-
No. of Vasectomy	00	00	0	0	-
No. of Minilap + Laparoscopy	136	00	21	0	-
No. of children fully immunized	298	509	411	1155	233
Measles coverage	298	509	411	1155	233
No. of children given ORS + Zinc	127	00	-	-	47
No. of children given Vitamin A	621	911	1033	5691	1571
No. of Children given IFA syrup	00	00			1440
No. of women who accepted post-partum FP	920	31	515	1136	-
No. of MTPs conducted in first trimester	125	38	165	-	-
No. of MTPs conducted in second trimester	2	38	0	-	-
Number of Adolescents attending ARSH clinic	3561	1359	0	-	-
Maternal deaths, if any	4	0	0	0	0
Still births, if any	47	8	0	6	0
Neonatal deaths, if any	22	0	0	6	0
Infant deaths, if any	44	1	0	0	0
Number of VHNDs attended	-	-	-	-	8
Number of VHNSC meeting attended	-	-	-	-	8
Service delivery data submitted for MCTS updation	-	-	-	-	75

Source: HMIS and DHO Raigad, 2019 -20

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health system has been a contribution of NHM. The OPD patient load is as high as 213214 patients and the load of IPD patients is 29553

2. Information from District Health Office

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. Results of the information collected from Programme Management Unit, Health Officials and Staff Associated with various heads of PIP are as follow:

2.1. Programme Management

District Programme Management Unit (DPMU) at the district level and Block Programme Management Unit (BPMU) at the block level are established in all the development block of the district and they are fully functional. Meeting of District Health Society (governing and executive) of both these units are taking place regularly. DPMU staffs are visiting regularly for PIP monitoring at various level on yearly basis. The NHM funds are utilized only for salary of staff and contingency fund. These funds to the facilities are released as and en received from apex body of NHM with its 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. Supervision visits from apex officers are done periodically.

2.2. Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of HR under NHM includes different interventions to ensure recruitment, development, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health HR to meet the demands in public sector.

The Public Health Care Infrastructure includes of Sub Centres at the most peripheral level, Primary Health Centre envisaged to provide an integrated curative and preventive health care and Community Health Centre which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

3. Human Resource

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead to decrease in the quality of health care services. There are some improvements in human resources after

implementation of National Health Mission. Table 3 presents the status of regular staff under District Health Office in Raigad district. There are total 144 post of the different level of employees are vacant in the district. Further, among the sanctioned post of one each of THO class I, RCH officer, ADHO class I, District TB Officer, Statistical Investigator and statistical supervisor and post of Health assistant female, post of MPW and ANM posts are vacant in the district during the reference period.

Table 3: Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy CI- I	1	0	1
3	Additional District Health Officer CI- I	1	0	1
4	Asst. District Health Officer CI- I	1	0	1
5	District RCH officer CI- I	1	0	1
6	District Tuberculosis officer CI- I	1	1	0
7	District Malaria officer CI-I	1	1	0
8	Administrative Officer CI- II	1	0	1
9	Statistical Officer	1	1	0
10	Taluka Health Officer Group A	15	9	6
11	MO Group A	79	79	00
12	Asst administrative Officer	1	0	1
13	Jr administrative Officer	1	1	0
14	Asst finance officer	1	1	0
15	Jr Accountant	1	1	0
16	Sr clerk	1	0	1
17	Jr clerk	4	2	2
18	Section Officer	8	8	0
21	Extension Officer (Ayurveda.)	1	0	1
24	Dresser	3	1	2
26	Health Worker (Male)	252	132	120
27	Health Worker Female	524	283	241
28	Supervisor (non medical)	2	1	1
29	Pharmacists	65	47	18
30	Health Supervisor	6	5	1
31	Leprosy Technician	9	9	0
32	Laboratory Technician	5	2	3
33	Driver	4	3	1
34	Peon	7	3	4
	Total	998	544	407

Table 4 depicts the status of contractual staff appointed under NHM in Raigad district. PRC monitoring team have observed that overall there were 144 posts (22% of total) of different classes of employees are vacant among the contractual staff under NHM.

Table 4: Contractual staff appointed under NHM in District Programme Management Unit (DPMU)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	IPHS	43	23	20
2	SNCU/NBSU DEO	31	27	4
3	EMS			

4	AYUSH	23	20	3
5	DPMU	4	4	0
6	RBSK	123	101	22
7	NRC	7	6	1
8	Telemedicine	2	2	0
9	DEIC			
10	Dialysis	2	1	1
11	NMHP			
12	NPCDCS	6	0	6
13	NTCP			
14	PNDT	1	1	0
21	RNTCP	40	22	18
22	KMC			
23	RKSK	123	101	22
24	PHARMASIST			
25	ASHA CO ORDINITER	15	13	2
26	QAC	1	1	03
27	DEIC	12	00	12
28	ANM	121	121	00
29	NPCB	1	1	0
30	Staff Nurse	56	33	23
21	BLOCK ACCONUTANT			
32	DEO	3	2	1
33	MIS	3	2	1
34	NVBDCP	14	12	2
35	SVHCP	1	0	1
36	NLEP	1	0	1
37	NTCP	2	2	0
38	NOHP	3	3	0
39	NMHP	1	0	1
40	RI	5	5	0
	Total	644	505	144

Source: DHO Raigad, 2019

4. Health Infrastructure

Table 5 depict the details of Health Infrastructure in the Raigad district. Raigad district 5 Sub- District Hospitals, 9 Rural Hospital (CHC), 52 Primary Health Centre, and 288 Sub- Centres are available in the district. The district also having five AYUSH facilities.

All the facilities are run in a government building. Regarding the transport facility in the district, there are 36 ambulances working currently in the district.

Table 5: Status of Health Infrastructure in Raigad district, 2019 – 20

No. of institutions	No. Available	Located in Govt. Building	No. of HF having inpatient facility	No of inpatient beds in each category
District Hospital	1	1	1	272
SDH	5	5	5	50
CHCs	8	9	9	30
PHCs	2		51	6

SCs	52	51		1
AYUSH facilities (Ayurveda)	288	244	0	
AYUSH facilities (Homoeopathic)	1	1	0	0
AYUSH facilities (Others)	5	5	0	0
Transport facility	Number Available			
108/102	77			

Source: DHO Raigad, 2019 – 20

5. Training of Health Personnel

Table 6 depict the status of training given to health personnel of Raigad district at Health & Family Welfare Training Centre under various Programmes during April-December 2019. Total 338 health personnel had trained under various programme head. Of each 338 health personnel were trained under F-IMNCI/IMNCI programmes followed by Immunization and cold chain management (19), RTI/STI, 10, skill lab (2), IYCF- 18, Routine immunization – 24, NCD (231) and SBA with 6 health personals. and 24 health personals were trained under IUCD and PPIUCD respectively during the reference period.

Table 6: Training given to health personnel of Raigad district at Health & Family Welfare Training Centre under various Programmes.

Sr. No.	Training programmes	No. of health personnel
1	BEmOC	4 MO
2	SAB	3, ANM, 1 LHV, 2 SN
3	Routine Immunization	9 ANM, 1 SN, 14 MPW
4	RTI/STI	10 SN
5	IYCF	7 MO, 8 ANM, 3 LHV
6	PPIUCD	9 MO, 5 ANM 10 SN
7	Cold Chain Handlers Training	19 LHV
8	NCD	43 MO, 188 ANM
9	Skilled Lab	2 SN

Source: DHO Raigad, 2019-20

6. Maternal Health and child health

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers is not only important in their own right but also central to solving large boarder, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. while mother hood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aim to reduce child and maternal mortality through strengthening of health care delivery system.

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 44.5 percent of women opted for IUCD insertions as a family planning method. Women continue to bear an uneven burden of sterilization in Raigad, as only 0.1 percent of the men has opted for permanent sterilization against the total permanent sterilization.

With regards to accessibility of ANC services, about 70.6 per cent of women had registered for ANC in 1st trimester and about all women had received 4 or more ANC services against the total ANC registration. Moreover, 5.7 per cent of obstetric complications were managed against the total deliveries during April – December, 2019.

About 4.4 percent of all home deliveries were attended by SBA during the reference period. Raigad district has performed extremely well with regards to institutional delivery as institutional delivery is almost universal in the district (96.1%). During the same period there were 21.5 per cent of C – Section deliveries had performed against the total institutional deliveries.

Postnatal care is yet another domain integral to maternal health. In Raigad, 88.6 per cent of women were discharged under 48 hours of delivery from the health facilities. However, 97.7 per cent of new-borns were initiated breastfeeding within one hour of birth and almost all the new-borns were weighed at birth, of the weighted new-borns, 10 per cent were born with less than 2.5 kg weight.

6.1. Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY a demand promotion scheme was launched in April 2005 with the objective to reducing maternal and infant mortality. This conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of ₹1500 is provide to mothers deliver in institutional facilities. A total of 3000 mothers of total institutional delivery have received JSY benefits under the JSY scheme in the district during the reference period.

6.2. Janani Shishu Suraksha Karyakram (JSSK)

Government of India had come with another programme named as Janani Shishu Suraksha Karyakram (JSSK) and launched it in 2012, in order to eliminate out of pocket exUranditure for pregnant women and sick –new born and infants on drugs, diet, diagnostics, user charges, referral transport etc. which was occurring during the successful implementation of JSY. The scheme entitles to all pregnant women delivering in public health institutions to absolutely free and no exUranses delivery including Caesarean section.

In Raigad, the coverage of JSSK was good, as 8441 mothers has received the facility of free drugs and consumables, 6461 mothers have received the free diet up to 3 days during normal delivery and 1980 mothers have received the free diet up to 7 days for C-section delivery during the reference period (Table 8). Additionally, 719 mothers have received the facility of free provision of blood, however relatives to be encouraged for blood donation for replacement under JSSK during April to December, 2019. A total 14182 beneficiaries have received free transport facility-home to hospital, inter-hospital and drop back to home.

Table 7: status of services utilization under JSSK programme in the Raigad district, Maharashtra, April to December, 2019

Services utilization	Number
Free and zero exUranse delivery	8441
Free caesarean section	1980
Free drugs and consumables	8441
Free diet up to 3 days during normal delivery	6461
Free diet up to 7 days for C-section,	1980
Free essential and desirable diagnostics (Blood & urine tests, USG, etc.) during Ante Natal Care, Intra Natal Care and Post Natal care	719
Free provision of blood, however relatives to be encouraged for blood donation for replacement.	Yes
Free transport – home to hospital, inter-hospital in case of referral and drop back to home	14182
Exemption of all kinds of user charges	8441

Source: DHO Raigad, 2019

6.3. Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

There were 13 Maternal Deaths has been observed in the Raigad district during the reference period as shown in below The major causes of these deaths were PPH (5), hypertension (2), Eclaiincia (2), Obstructed/prolong labour (2), and 2 maternal deaths occurred due to other causes.

Source: DHO Raigad and HMIS 2019

7. Child Health

The RMNCH+A under the National Health Mission also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality.

Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NCHCM, 2005-12) have laid down the goals for child health.

7.1. Nutrition and management of common childhood illness

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economics returns. Nutrition is fundamental to all the achievement of the other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

RMNCH implementation in terms of nutrition includes calcium, iron and vitamin A supplementation to improve maternal and infant survival. With regards to the same, below figure no. 3 shows that 20812 children in the district were given 1st dose of vitamin-A supplement and 12729 children have given 9th dose of Vitamin-A supplement. areas, 7448 severely underweight children were provided health check –up during the same time.

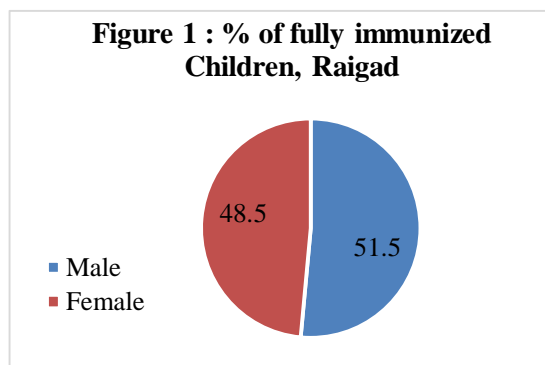
7.2. Management of Common Childhood Illnesses

Every year about 8 million children in developing countries die before they reach their fifth birthday, of which many deaths occurred in the first year of their life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infection, diarrhoea, malaria or severe malnutrition or combination of these conditions.

In India, common childhood illness in children under 5 years of age include fever, acute respiratory infections, diarrhoea and malnutrition (40%) and often in combination. As shown in figure 4 below, in Raigad district total 2178 children were suffered with diarrhoea, of which 955 (39.8 %) were treated at IPD. Similarly, for ARI and Pneumonia, 573 and 383 children respectively were admitted during the reference period. while 215 children were admitted in NRC of severe acute malnutrition during the same time.

7.3. Immunization

Immunization Programme is one of the key interventions for protection of children from life threatening situations. Immunization programme under NHM, is one of the major public health intervention in the country. In overall the



district has administered to total 19,775 children for full immunization, of which 51.5% are male children and 48.5 % are female children

The below table 9 depicts the immunization coverage scenario of Raigad district. Total 14539 newborns have received BCG vaccination and 9193 of them has received OPV 0 vaccination at birth. DPT vaccination was reportedly updated to pentavalent vaccine, are the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases for five diseases, including Hepatitis B and Haemophilia influenza type B as well. Measles and Rubella (MR) vaccination successfully administered to 13963 children.

Table 9: Status of immunization coverage in Raigad, 2019 -20

District	BCG 0	OPV 0	Pentavalent			Measles & Rubella	Full Immunization
			1	2	3		
Raigad	14539	9193	19021	18575	18667	13963	19775

Source: HMIS, DHO Raigad, April to December, 2019

7.4. Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

In the Raigad district, District Nodal Persons has been Identified for the Child Health Screening and Early Intervention Services and early intervention centre at the district level has been stabilised. 10996 and 7222 children were screened by RBSK mobile health teams at Anganwadi centre and govt. and Govt. aided schools respectively in the district. Out of total screened children, 7071 children were identified with Disease and 756 children were identified with Deficiency and 432 children were identified with Development delay. Moreover, 2553 children were managed by medical intervention and 768 children were managed by surgical intervention in the district during the reference period. Additionally, total 1101 cases were admitted DEIC during the reference period as per the district DPM report.

Table 8: Status of RBSK Programme in Raigad, April- December, 2019

Parameters	Numbers of children
Total Number of checked	10996
Reffered	49

Children Diagnosed SAM-MAM	19
NRC	1
Heart surgery	1
Other Surgeries	7

Source: HMIS, Raigad, April- December, 2019

8. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A women's freedom to choose "en to become pregnant" has a direct impact on her health and well-being as well as the neonates. This could be achieved only by providing privilege of choices for contraception methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 10 shows the achievement of status of family planning services in Raigad district during April-December, 2019. Female sterilization was dominated under permanent sterilization as only 8 male had sterilization. There were 35301 combined oral pill cycle and 0 Centchroman pill strip distributed in the district. Apart from this, the condom distribution was satisfactory in the district with a total of 116470 condoms distributed during April to December 2019.

Table 9: Status of Family Planning in Raigad during April-December, 2019

Dist.	Sterilization		IUCD	PPIUCD	Oral Pill	Condoms
	Male	Female	Insertions	&PAIUCD		
Raigad	0	1048	4291	157	35301	116470

Source: DHO Raigad and HMIS, April- December, 2019

9. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviour in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcaster or TV spots, etc. are printed/produced and circulated/broadcasted as a means of promoting desired & positive behaviour in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.

The visited facilities had put in place the procured IEC material in place except PHC-Kopurli and SC-Chanjen. This might be because of PHC-Kopurli is currently undergoing of construction work, but SC-Chanjen seems because of the negligence of the concerned authority. Though, IEC material was in placed in all the visited facilities, but some of the important posters of JSY, JSSK were missing in all the visited facilities.

10. Community Process

The Accredited Social Health Activist (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategies role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

The details of ASHAs is highlighted in Table 11. In the Raigad district there were total 2217 ASHAs workers required, out of them 2208 are currently working and 4 has been left in last quarter. All the ASHA workers are having necessary drugs, kits and family planning methods. Of the total working ASHAs, only 2000 ASHAs have trained module 6 & 7 to implement the HNBC schemes in the district. All the ASHA workers are being paid on time with average incentive of 5600, areas, the highest incentive was 18200 and lowest incentive was 500 during April – December, 2019.

Table 10: Status of ASHAs worker in Raigad, April- December, 2019

Parameters	Number & Status
Number of ASHAs required	2217
Number of ASHAs appointed	2208
Vacant post of ASHAs	9
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	2093
Availability of ORS, Zinc, FP methods to all AHSAs	Yes
Number of Block Facilitator required	211
Number of Block Facilitator appointed	208
Vacant post of block Facilitator	3
Number of BCM required	8
Number of BCM appointed	8

Source: DHO Raigad, 2019-20

11. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy) system of Medicine is a major vision of NHM. The AYUSH system, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System. There are 5 health facility having AYUSH health system, however none of the facility providing the inpatient service (table 12). Total 82508 patients have received the treatment from these facility as an outpatient during the reference period.

Table 11: Status of AYUSH services in Raigad, 2019 -20

Sr. No.	Details	April – December, 2019
1	Number of facilities with AYUSH health system	5
2	No. Health Facilities have AYUSH Inpatient service	0
3	No. of patients o received treatment	

Source: DHO Raigad, 2019 -20

12. Disease Control Programme

Several National Health Programmes such as National Vector Borne Disease Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc. come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable disease in the district has been discussed below.

12.1. Communicable Disease

During April- December, 2019, total 34242 slide were prepared for Malaria and out of that, 410 slides found positive. There is 500 of Rapid Diagnostic kits (RDK) are available in the district. There are 25916 on-going DOTS patients registered in the district and 1605 DOTS cases completed successfully. Moreover, there were 958 inpatients of Tuberculosis and 68 children having Tuberculosis during the reference period.

12.2 Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

As per the observation of the monitoring team, HMIS data in the district faces some errors, the primary cause of which remains the shortage of manpower. Well trained data entry operator or statisticians are not available in most of the facilities. In such a scenario, paramedical staffs are mostly allotted to complete the task which leads to multitude of errors. It was further reported that data validation and error is not being considered while reporting and uploading the data.

Table 12: HMIS/MCTS status in Raigad, April- December, 2019

Parameters	Status
Dedicated Staff available for HMIS and MCTS	All ANM, LHV,MPW, Block level DEO, SI and M & E officer at Dist. level
Quality of data	Good
Timeliness	Present
Completeness	Yes
Consistent	Yes
Processes	Well planned
Mechanism	By root level Staff
Data validation checks (if applied)	Yes

Source: DHO Raigad, 2019

13. Budget Utilization

The budget utilization summary for Raigad district is presented in below

Table 13. April – December 2019. The maximum utilization has been observed in followed by community interventions (68.70) warehousing and logistic (61.67). Program management (63.37), HR (59.68), Service Delivery (community based) – (34.37)

Table 13: Budget utilization parameters, Raigad 2019 -20

Sr. No.	Budget Head	% Exp.
1	Training	16.63
2	HR	59.68
3	Drug/warehousing and logistic	61.67
4	Service Delivery (facility Based)	40.18
5	Referral transport	44.10
6	Service delivery (community based)	34.37
7	Community interventions	68.70
8	United fund	45.85
9	IEC	25.46
10	QAC	29.45
11	PPP	20.46
12	Program Management	63.37

Source: DHO Raigad, 2019 -20

14. Facility Wise Observation

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising DH, one SDH, one CHC, one PHC and one SC.

14.1. District Hospital Alibag

The District Hospital of the Raigad district is located in the heart of the district in the Raigad City. The catchment population of district hospital is about 2936000 Lakh and covering almost 1827 villages.

It is having 372 beds and essential infrastructure, however currently the hospital building is old. It is the largest tertiary care hospital semi tribal and semi-rural population In Raigad District. Moreover, the following observations have been made by the PRC monitoring team:



- DH Raigad is easily accessible from nearest road and has electricity with power back-up.
- Running water 24*7 supplies, available clean toilets separately for male and female, wards are clean, complaint/suggestion box and help desk is available in the hospital.
- Functional and clean toilet attached to labour room, Functional New Born Care Corner, Functional Newborn Stabilization Unit, Functional SNCU.
- Availability of nutritional Rehabilitation centre
- Separate room for ARSH clinic is available in the hospital.
- The Bio-medical waste management is out-sourcing and ICTC/PPTCT centre is available in the hospital.
- All the necessary equipment's i.e. X-ray, ECG, Ultrasound Scanners and CT Scanners were available in the facility.
- All the essential drugs were available at the facility. With regards to supplies, sanitary napkins were available at the time of monitoring visit.
- There was functional blood bank unit at the facility, which was cleaned and properly managed.
- In the facility, all mothers were asked to stay for 48 hours after birth and provided diet free of cost. JSY payments were made to all the eligible beneficiaries. These payments were initiated through PFMS mode from THO office.
- The high-risk pregnancy is being managed, essential new born care is being provided, correct use pantograph, correctly administer vaccines and correctly insertion of IUCD is being done in the Hospital.
- The functional blood Bank is available in the DH.
- DH has shortage of manpower.

Table 14 Provides the status of human resource in the district hospital. From the table, we can see that about 11 per cent posts of sanction post are vacant in the district hospital. 15 post of Class I, 6 Class II, 92 post of Class III and 15 Class IV posts are vacant.

Table 14: Status of Human Resource at the DH Raigad, April to December, 2019

<i>Sr. No.</i>	<i>Position Name</i>	<i>Sanctioned</i>	<i>Filled</i>	<i>Vacant</i>
1	Class I	19	4	15
2	Class II	30	24	6
3	Class III	240	148	92
4	Class IV	19	4	15
	Total	308	180	128

Source: DH, Raigad, 2019-20.

Table 2 highlights the services delivery indicators of the DH. During the reference period, the facility had provided only 101880 IPD services against the 24248 OPD service. At the same time, institute has conducted 1171 C – section deliveries against the 2809 institutional deliveries of which 56 were assisted with Vento’s/forceps and 205 obstetric complications were managed. areas all the neonates were initiated breastfeeding within one hours of their birth.

Total 57 children have been screened defect at birth under RBSK and 850 new-born were admitted in NBSUs/SNCU of the Hospital.

Total 2 children and 79 women had been referred from the DH during the reference period to other health facilities. Moreover, a total of 534 IUCD and 136 Mini lap, 125 MTP in the first trimester and 9 MTPs in the second trimester had been done in the Institution. Further, 4 maternal deaths, 47 stillbirths, 22 neonatal deaths and 41 infant deaths are occurred in the hospital during April to December 2019.

14.2. Sub- District Hospital: Uran

Sub-District Hospital is located in Uran block and was 28 km away from District headquarter. The facility is easily accessible from nearest road head. The catchment population of the SDH is about 54800 and it is catering the health facility to 200 villages The facility is equipped with 50 beds but at present the hospital functioning is overloaded. It is functioning in a government building, which is in a good condition. staff quarter are available for MOs and Staff Nurses, though 2 staff quarter are available for fourth class employees. Apart from the above point the following observation have been made by the PRC monitoring team:

- There are adequately equipped with bathroom, solar heating with beds and food for patient.
- All equipment and Laboratories are available in the hospital. Malaria kits and drugs were available.
- Blood Storage Unit is available in the Hospital. Automatic temperature system is working in blood storage unit. All essential tests are being done in the facility.
- NBSU is available in the hospital.
- labour room is clean with attach toilet.
- There are timely JSY payment.
- HIRKANI CHEMBERS (Breast feeding) room is available in the hospital.
- Vaccination is done by properly.
- All the registers are available for records.
- In laboratory data on displayed but still there is scope for display of month wise data.
- Segregation of waste in colour coded bins is followed.
- Emergency transport services is available.
- At this sub-district hospital, the patients referred from PHC's and other rural hospitals are treated by providing specialist and surgical services. In case of emergency, hospital refers patients to neighbouring district hospitals in Raigad.
- In SDH new born care corner is available and radiant warmer although available.
- Essential services are available such as General Medicine, General Surgery, Obstetrics & Gynaecology Services, Family Planning services like Counseling, Tubectomy (Both Laparoscopic and Minilap), NSV, IUCD, OCPs, Condoms, ECPs, Paediatrics including Neonatology and Immunization Emergency (Accident & other emergency) Critical care/Intensive Care (ICU), Anaesthesia, Ophthalmology etc.
- The dietary service is available in hospital along with separate room for dietician.
- AYUSH facility available. AYUSH medicine stock is available in the Hospital.

Table 16 depicts the status of human resource at the SDH Uran. About 6 of the posts are vacant out of total sanctioned posts 42. The key post; 1 post of M.S., 1 post of M.O, 1 post of Metron, are vacant at the health facility.

Table 16: Status of human resource at the SDH Uran, Raigad, April- December, 2019

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	Class I (M.S.)	1	0	1
2	Class II (M.O.)	7	6	1
3	Asst Metron	1	0	1
4	In Sister	2	2	0
5	SN	10	11	1
6	Assistant Supretendant	1	1	0
7	Sr. Cleark	1	1	0
8	Jr. cleark	2	1	1
9	Lab Tech	1	1	0
10	Lab Asit.	1	1	0
11	X-Ray Technician	1	1	0
12	Pharmacist	3	3	0
13	OT assistant	1	1	0
14	Dresser	1	1	0
15	Peon	2	2	0
16	Ward Boy	5	4	1
17	Sweeper	2	2	0
	Total	42	38	6

Source: SDH Uran, Raigad, 2019

During the reference period, the facility had provided only 3848 IPD services against the 58352 OPD service (table 23). At the same time, institute has conducted 69 C – section deliveries against the 460 deliveries conducted at the hospital. 7 deliveries were assisted with ventous/forceps and 1 obstetric complication were managed. Whereas, all of the neonates were initiated breastfeeding within one hours of their birth at the institute.

57 children were screened defects at birth under RBSK and 109 new-borns were admitted in NBSUs/SNCU of the Hospital. Further, 18 sick children and 357 pregnant women were referred during the reference period. In addition, 35 IUCD insertion, 396 Tubectomy had been done; and 38 MTPs in first trimester were also conducted at the facility during the reference period. Further, 2 maternal deaths, 4 stillbirths have occurred in the hospital during April to December 2019.

14.3. Community Health Centre/RH: Uran

Community Health Centre (CHC)-Uran is located in the Uran taluka of Raigad district. It is 70 km away from the district headquarter and well connected with the nearest road head. The catchment population of the CHC is 28600 along covering the 68 villages of the district.

The following observations are made by the monitoring team, o visited the Rural Hospital-Uran:

- Specialists are required.
- Wards are separate for male and females.
- Biomedical waste management is available.
- Dugs storage facilities are available.
- Family planning services such as female sterilization, male sterilization, condoms are available.
- Cases referred by PHC are treated in CHC. X-ray facility, Laboratory are also available in CHC.
- Ambulance service is available. (2 ambulances in functional and one in back up) Security, ambulance and cleaning services are made available in hospital on contract basis.

From the table 17 it can be seen that total 4 posts of the permanent staff are vacant at the facility, among them 2 post of the M.O.,1 Posts of SN and 1 post of the Ward Boy.

Table 17: Table Status of Human Resource at theCHC, Uran, Raigad, April- December, 2019

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Class I (M.S.)	1	1	0
2	Class II (M.O.)	5	3	2
3	SN	7	6	1
4	Assistant Supretendant	1	1	0
5	Jr. cleark	2	2	0
6	Lab Tech	1	1	0
7	Lab Asit.	1	1	0
8	X-Ray Technician	1	1	0
9	Pharmacist	1	1	0
10	Driver	1	1	0
11	Peon	1	1	0
12	Ward Boy	4	3	1
14	Sweeper	2	2	0
	Total	28	24	4

Source: Rural Hospital- Uran, 2019-20

During the reference period, the CHC has provided 890 IPD services against the 35569 OPD service (table 26). At the same time, institute has conducted 1 C -section delivery against the 151 deliveries conducted at the hospital. All of the neonates were initiated breastfeeding within one hours of their birth at the institute.

Total 11 new-borns were admitted in NBSUs/SNCU of the CHC. Further, 5 sick children and 311 pregnant women were referred during the reference period. In addition, 17 IUCD insertion and 165 MTPs in the first trimester were performed at the CHC.

14.4. Primary Health Centre-Kopurli

The Primary Health Centre (PHC), Kopurli is situated at Uran Block of Raigad district and 79 km away from the District Headquarter, covering a population of 154000 from the 70 revenue villages. The bed strength of the health facility is six. The building of the PHC government, though the land is donated therefore, health facility has scarcity of space. The owner of the land not allowing to increase the infrastructure and make the boundary wall and gate. The following observations have been observed by the PIP monitoring team:



- Male and Female ward is available.
- Drugs storage room is available and essential drugs are available like IFA syrup, Zinc tablets etc.
- Family planning services such as Tubectomy, vasectomy are available.
- Maximum IEC material were missing at the time of visit.
- PHC in urban area and large catchment population near washi

From the table 18 we can see that almost all key posts are filled, except class III employee

Table 18: Regular staff at PHC Kopurli, Uran, Raigad, April- December, 2019

Sr. No.	Name of the Post	Sanction Post	Filled Post	Vacant Post
1.	Medical officer class 2	2	2	0
2.	Health assistant male	2	2	0
3.	Health assistant female	2	2	0
4.	Pharmacist Officer	1	1	0
5.	Health worker female	8	6	2
6.	Health worker male	8	8	0
7.	Health worker NCHCM			
8.	Leprosy technician	1	0	1
9.	Lab Technician	1	0	1
10.	Health Assistant Male	2	2	0
11.	Health assistant Female	2	2	0
	Total	29	25	4

Source: PHC-Kopurli, Uran, Raigad

Table 28 depicts the service delivery Status of Kopurli PHC during April to December 2019. Total 567 IPD and 17413 OPD service has been provided by the PHC during the reference period. Further, 1 sick children and 05 pregnant women were referred during the reference period. Regarding the

family planning total 200 IUCD insertion and 1136 women have accepted the post-partum family planning services during April to December 2019.

14.5. Sub- Centre: Chanje

Sub- Centre (SC) Chanje is situated 17 km away from Kopurli PHC in the Uran Block. The catchment population of SC is 23852 and covering the 6 neighbouring villages of the area. The SC is located near the main habitation and functioning in the government building, which is recently constructed. The following insight has been observed by the PRC monitoring team at the day of visit:



- A separate Labour room has been constructed with attached toilet with all the essentials.
- . Though ANM residence room available at the facility, but she is not staying at the facility. The ANMs were well trained and know all the health parameters measurement.
- All the essential equipment's were available except EC Pills. Similarly, all the essential drugs were available at the SC.
- Approach road has no direction to the SC. Posters of JSSK entitlements, JSY entitlement, Citizen Charter, the timing of the SC, Posters of JSSK entitlements, JSY entitlement, Citizen Charter, the timing of the SC are not displayed, SBA protocols is displayed in the SC and immunization schedule are given for printing.

The below table 29 providing the status of services provided by the Chanje Sub-centre during April to December 2019. The 92 % of women were registered in the MCTS system of total registered in their first trimester and all the women provided with the IFA tablets. Moreover, 1440 children given IFA syrup and 1571 children were given the Vitamin A during the reference period. During the same period 16 VHNDs and VHNC meeting have been attended at the sub-centre.

15. Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health address the challenges for further Improvement. The Population Research Centre, GIPE, Pune undertook this work and monitored the many states across the country. Programme Implementation Plan has focused on major key points such as facility based

services, interaction with community based workers, utilization of untied fund, infrastructure, status of Human Resources, training of HR, quality in health facility, IEC, budget utilization, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research Centre (PRC), Pune team has visited DH, SDH, CHC PHC and SC of Raigad district for monitoring and find out the loopholes in the existing health system for the same and given their insights.

A handwritten signature in black ink, appearing to be 'S. J. K. R. E.', written on a light-colored background.A handwritten signature in blue ink, appearing to be 'A. M. S.', written on a light-colored background.

List of acronyms and Abbreviations

ANC	Ante Natal Care	MOIC	Medical Officer In- Charge
MDR	Maternal Death Review	BMW	Biomedical waste
ANM	Auxiliary Nurse Midwife	NBCC	New Born Care Corner
MMU	Mobile Medical Unit	NBSU	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	NSSK	Navjat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	SNCU	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	BSU	Blood Storage Unit
CHC	Community Health Centre	CMO	Chief District Medical Officer
PIP	Programme Implementation Plan	DPM	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	HMIS	Health Management Information System
NSV	No Scalpel Vasectomy	PRC	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	IEC	Information, Education and Communication
OPD	Out Patient Department	RKS	Rogi Kalyan Samiti
ECG	Electrocardiography	RCH	Reproductive Child Health
EMOC	Emergency Obstetric Care	IPD	In Patient Department
PNC	Post Natal Care	PPP	Public Private Partnership
FRU	First Referral Unit	OPV	Oral Polio Vaccines
DH	District Hospital	OCP	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	VHND	Village Health and Nutrition Day
TT	Tetanus Toxoid	LT	Laboratory Technician
MCTS	Mother and Child Tracking System	ALOS	Average Length of Stay
IMEP	Infection Management and Environment	IUCD	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	JSY	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	LHV	Lady Health Visitor
SN	Staff Nurse	LSAS	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	M&E	Monitoring and Evaluation