

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

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

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2013-14 of Sangli District was carried out by the PRC team during 21-25 July, 2014. The District Health Office, SDH Islampur, RH Vita, PHC Dafalapur and SC Ankale were visited for the study by the PRC team. During the field visit the PRC team was accompanied by District Quality Control Assurance Coordinator and IPHS Co-ordinator, RKS Co-ordinator and district supervisor for all three days. As well DRCHO, DPM have accompanied for one day. This report discusses in detail the implementation of PIP in Sangli district as observed during the field visit for monitoring. The key findings are given below:

Key Conclusions and Recommendations

- Under NRHM, 518 posts of different discipline are sanctioned of which 479 are filled and 37 are vacant for the district as a whole. A total of 962 regular positions of different discipline are sanctioned and 666 are filled and 296 positions are vacant. About 30.76 percent positions are vacant in the district, which may affect the performance of service delivery in rural areas.
- AYUSH is integrated with the system. Awareness about AYUSH is also good in the district. AYUSH OPD is quite remarkable as compared to regular OPD. Homeopathy and Ayurveda is available in the district.
- Under JSSK, the pregnant women in Sangli district receives benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet and diagnostics during their stay in the hospital.
- Regarding the implementation of free transport under JSSK, it is quite remarkable that in the district there is more than 90 percent pregnant women's are getting free transport to reach public institutions and 100 percent neonates are getting pick up facility from home to institute.
- JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. JSY payments are made either by bearer cheque or by direct transfer. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. Total number of 1,289 women received JSY benefit during the reference period April- June, 2014.

- Nutrition Rehabilitation Centre is not established anywhere in the district. Malnourished children are being treated at Village Child Development Centre and at Child Treatment Centres in all 10 blocks of the district and at SDHs and CHCs. During the reference period April- June, 2014 there are 105 ongoing VCDC from which total 1,725 SAM/MAM children are treated.
- As the district hospital is under DMER SNCU is located in the district hospital.
- At Rural Hospital diet is being provided only for JSSK beneficiaries.
- Though there is provision of Children Treatment Centre at SDH Islampur no camps has been organised as there are no referrals of SAM/MAM children.
- Rashtriya Bal Swasthya Karyakram is monitored by DRCHO. District Nodal Person for RBSK is appointed (DRCHO). It is being implemented in all the 10 Blocks of the district of Sangli. Child Health Screening and Early Intervention Centre at district level are established. A total 32 teams are working under the programme. Each team consists of one each male and female Medical Officer, ANM and Pharmacist. All the sanctioned positions under NRHM are filled in all blocks. Plans for the visits (in villages and schools for screening of children and young adults) are prepared and sent to the respective authorities by the RBSK teams.
- ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSK clinics (MAITRI) are established at following facilities; RH Atpadi, RH Palus, SDH Islampur, SDH K.Mahankal, PVPGH, Sangli. Medical officer, Staff nurse are available at the clinic and counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. All those who are involved in ARSH programme are trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years.
- Segregation of bio medical waste is being done at all the facilities visited.
- Display of appropriate IEC material related to MCH, JSY, JSSK, FP, etc., are seen at SDH Islampur, RH Vita, PHC Dafalapur and SC Ankale.
- For effective implementation of JSSK, there are instructions from DHO to all the facilities. It is remarkable that pick rate was 98 percent in the year 2013-14 and 93 percent in the first quarter of 2014-15 for pregnant women and 100 percent for sick new born.
- There is dedicated staff such as Data Entry Operators for HMIS and MCTS at all SDHs, RHs and PHCs. Quality of data is also good district as whole.
- All SDHs, RH and PHCs are given Data Entry Operator cum accountant for the purpose of HMIS and MCTS data entry. Committees are established at all levels for quality check of the data.

Timeliness is being followed. There is consistency in data. With regard to completeness, MCTS updating is upto 88 percent in the year 2013-14 and 84 percent in the first quarter of the year 2014-15. Data validation checks are applied at district level. However, there are some technical issues with the DHIS software.

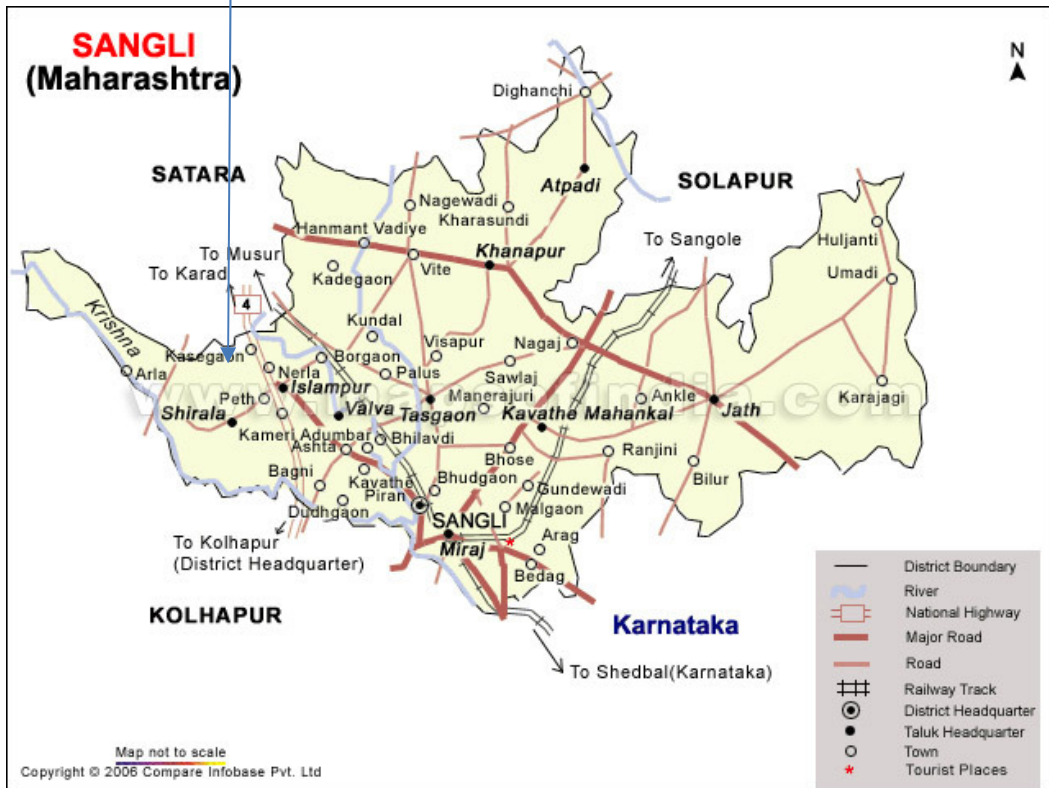
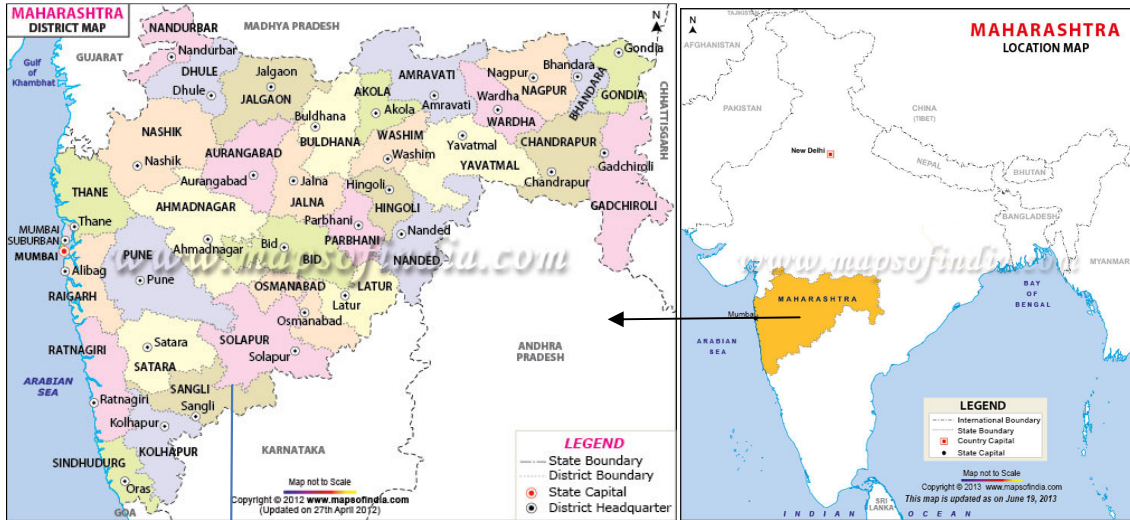
- At DHO side (regular positions), out of the total 851 positions sanctioned 698 are filled and 153 positions are vacant. The vacant positions are medical officers (20), ANM(51), MPW (28) and THO(4). This may affect the service delivery leading to an increase in workload for the present staffs. Therefore, it is recommended to give a special consideration for filling of vacant post at the earliest.
- There is no SNCU and NRC in the district.
- There are 2 SDH and 13 Rural Hospitals in the district, total 306 positions are sanctioned, of which 237 are filled and 59 are vacant. In MO Class-I category, 15 posts are sanctioned, 85 are filled and 7 are vacant. In MO Class-II, 53 posts are sanctioned and 43 are filled and 10 posts are vacant. In Nursing cadre 122 posts are sanctioned, 116 are filled and 6 positions are vacant. In all 59 positions are vacant at SDH and RH as a whole, which may affect the performance of the service delivery.

During PIP monitoring visit some suggestions are made by district authorities are given below

- There may be no ABCD pattern of PIP all programme needs to bring under one umbrella.
- As there are different officers for different programme i.e. Malaria, RNTCP and NLEP. DHO is not having any administrative control on these departments but DHO is held responsible for the performance of all the programmes. This needs to be streamlined and addressed.
- As per DPMU, BPMU needs to be strengthened.
- THOs job responsibilities and authorities are not fixed and there is no demarcation between MO and THO. Both are from same cadre. Therefore, district seniority list needs to be prepared and THOs are appointed as per the seniority and there may be some incentive for the post of THO.
- There should not be difference in remuneration of regular staff and contractual staff. There may be equal pay for equal work.
- PIP grants needs to be disbursed strictly in the month of April of every financial year. Delay in releasing grants affects the performance and increase pressure of spending money at the end of the financial year. Most of the time grant remains unspent on some heads. Hence, it is being curtailed in next financial year.

- Regular MO vacancies need to be filled up on priority basis.
- AYUSH facility needs to extend in phase manner initially up to IPHS facilities and subsequently cover entire district.
- IPHS grants should to be rotate to all the facilities, as once basic infrastructure will be improved it hasgrant to be given to non-developed facilities.
- There should be provision of funds in PIP for innovative schemes.
- PIP funds needs to be allotted on the basis of the requirement of the facilities.
- There is a need of state level consultation for preparation of PIP.

Location of Sangli District in Maharashtra



2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2014-15 has been designed and submitted to the MOHFW, New Delhi 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 and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi 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 for each month of 2014-15. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Sangli District of Maharashtra for the period of April – June, 2014.

As directed by MOHFW, the monitoring and evaluation of PIP 2014-15 for Sangli District was carried out during the period 21-25, July, 2014. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during 21-25 July, 2014 to obtain information on implementation of PIP in the district. The DHO Office, DPMU, one SDH, one RH, one PHC and one SC were selected for the study. PRC team was accompanied by District Quality Control Assurance Coordinator and IPHS Co-ordinator, RKS Co-ordinator and district supervisor for all three days. As well DRCHO, DPM have accompanied for one day. 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 Sangli district as observed by the PRC team during the field visit.

3. District Profile

Sangli is located in the western part of Maharashtra and situated in the river basins of the Warna and Krishna river. It is bounded by Satara, Solapur districts to the north, Vijapur district to the east, Kolhapur and Belgum districts to the south and Ratnagiri district to the west. The physical settings of Sangli district shows a contrast of immense dimensions and reveals a variety of landscapes influenced by relief, climate and vegetation. The climate ranges from the rainiest in the Chandoli (Shirala) region, which has an average annual all of over 4000 mm to the driest in Atpadi and Jath tehsils where the average annual rainfall is about 500 mm. The vegetal cover too varies from the typical monsoon forest in the western parts to scrub and poor grass in the eastern parts. Geographical location is North Latitudes 16.4 to 17.1, East Longitude 73.43 to 75.00. Climate is Min. Temp 14.0 Celsius to Max Temp 42.0 Celsius.

According to the 2011 census Sangli district has a population of 2,822,143. The district has a population density of 329 inhabitants per square kilometre. Its population growth rate over the decade 2001-2011 was 9.18 percent. Sangli has a sex ratio of 964 (Census 2011) females for every

1000 males, and a literacy rate of 82.62 percent. Marathi is the main language and Kannada is also spoken widely.

Sangli has a sex ratio of 966 females for every 1000 males. The child sex ratio in the district is 867 female children per 1000 male children in 2011. Total literacy of the district is 72.62 percent as per 2011 census. Sex wise literacy rates shows that it is 78.11 per cent for males and 66.11 per cent for females with a gap of almost 12 per cent between males and females. Female literacy is much lower than the state average of 75 per cent.

Key Demographic Indicators: Sangli District

Sr. No.	Items	Values
1	No. of Blocks	10
2	No. of Villages	733
3	Population (2011)	28,22,143
4	Population - Males (2011)	14,35,728
5	Population - Females (2011)	13,86,415
6	Literacy Rate (2011) %	72.62
7	Literacy Rate - Males (2011) %	78.11
8	Literacy Rate - Females (2011) %	66.11
9	Sex Ratio (2011)	966
10	Child Sex Ratio (2011)	867
11	Density of Population (2011)	329
12	Percent Urban (2011)	25.48
13	Percent SC Population (2011)	12.51
14	Percent ST Population (2011)	0.64

Source: Census 2011

4. Key Health and Service Delivery Indicators: Maharashtra and Sangli District

Sr.No.	Indicators from DLHS-3	Maharashtra	Sangli
1	Mothers registered in the first trimester (%)	61.6	71.1
2	Mothers who had at least three ANC visits (%)	74.4	81.6
3	Mothers who got at least one TT injection (%)	88.7	97.3
4	Institutional births (%)	63.5	76.1
5	Home deliveries assisted by SBA (%)	5.7	2.8
6	Children fully immunised (%)	69.0	87.5
7	Children breastfed within one hour of birth (%)	52.5	52.5
8	Per cent of women using modern FP methods	63.9	69.3
9	Total Unmet Need for FP (%)	13.6	9.8
10	Unmet need for spacing (%)	5.9	5.5
11	Unmet need for limiting (%)	7.7	4.3

Source: DLHS-3

Number and type of government health facilities in Sangli district

Name of the facility	Number	No. of Beds
District Hospital	0	--
Women Hospital	0	--
Ophthalmic Hospital	0	--
Sub District Hospital		
SDH	2	50
Rural Hospitals	13	30
Primary Health Centers	59	6
Sub Centers	320	--
AYUSH facilities (Ayurvedic)	7	--
AYUSH facilities (Homeopathy)	7	--
AYUSH facilities (Unani)	0	--
AYUSH facilities (Yoga) at DH	0	--

Sangli District: Key Service Utilization Parameters (April 2014 to June 2014)

Service Utilization Parameter	SDH Islampur	RH Vita	PHC Dafalapur	SC Ankale
OPD	11321	1654	3096	
IPD	642	192	229	
Expected number of pregnancies	125	137	90	41
MCTS entry on percentage of women registered in the first trimester	171	137	200	41
No. of pregnant women given IFA	359	114	104	41
Total deliveries conducted	50	29	111	8
Number of Deliveries conducted at home				--
No. of assisted deliveries(Ventouse/ Forceps)	--	--	0	
No. of C section conducted	2	--		
Number of obstetric complications managed, pls. specify type	7	--	0	
No. of neonates initiated breast feeding within one hour	48	28	109	8
Number of children screened for Defects at birth under RBSK	1	6388	--	--
RTI/STI Treated	4	--	105	
No of admissions in NBSUs/ SNCU, whichever available	48	2	--	
Inborn	48	2	--	
Outborn	--	--	--	
No. of children admitted with SAM	--	--	--	
No. of sick children referred	4	2	--	--
No. of pregnant women referred	30	31	16	3
ANC1 registration	292	137	200	41
ANC 3 Coverage	250	115	192	31
ANC 4 Coverage	203	102	60	33
No. of IUCD Insertions	38	13	65	12
No. of Tubectomy	38	--	58	

No. of Vasectomy	--	--	--	
No. of Minilap + Laparoscopy	3	16	58	
No. of children fully immunized	231	185	170	35
Measles coverage	231	185	170	35
No. of children given ORS + Zinc	--	--	700+3000	18
No. of children given Vitamin A	1438	194	170	35
No. of Children given IFA syrup				--
No. of women who accepted post-partum FP	12	--	--	
No. of MTPs conducted in first trimester	12	--		
No. of MTPs conducted in second trimester	6	--		
Number of Adolescents attending ARSH clinic	69	--		
Maternal deaths, if any	--	--	--	--
Still births, if any	1	1	2	--
Neonatal deaths, if any	1	--	--	--
Infant deaths, if any	--	--	--	--
Number of VHNDs attended				9
Number of VHNSC meeting attended				1
Service delivery data submitted for MCTS updation				28

Note: -- = Nil; * = No data; ** = Services not available

5. Health Infrastructure

There is a hospital at district level under Directorate of Medical Education and Research. There are two SDH available in Sangli district one at Islampur (50 bedded) and another at Kawthe Mahankal (50 bedded). There are thirteen Rural Hospitals in the district and all of them are with 30 beds. All of them are located in Government buildings. The district has 59 Primary Health Centres and all of them are functioning from government buildings as per norms. The district has 320 Sub Centres of which 283 are functioning from government buildings.

AYUSH facility is co-located and is available at seven facilities in the district. Ayurveda and Homeopathy are the most popular medicines and Yoga is not available in the district. District has established linkages to fill service delivery gaps. There is one Mobile Medical Units are there in the district run by three different NGO. MMU is functioning in one and catering about 120 villages. There is a good impact of the services in periphery.

6. Human Resources

In the district, a total 851 regular positions of different discipline are sanctioned and 698 are filled and 153 positions (17.17 per cent) are vacant. Under NRHM, 518 posts of different discipline are sanctioned of which 479 are filled and 37 are vacant (7.14 per cent) for the district as a whole.

7. Other Health System Inputs

Following services are available at various health facilities of the Sangli district: Surgery (major OTs are available at 3 SDH and 9 RH, minor OTs are available at 58PHCs and 14 SDH and RH of the district); Medicine, Obstetrics and Gynaecology services are available at one SDH and one RH; FP services are available at all facilities; Emergency and Trauma Care unit is sanctioned but not yet started functioning at SDH Islampur; Ophthalmic facility; ENT is available at one RH. SDH Islampur, K.Mahankal & RH Vita are tie-up with Mother Blood Bank for Blood Transfusion. Radiology is available at SDH; Pathology, Mild In-patient management are available at all facilities.

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

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	1	0
4	Asst. District Health Officer CI- I	0	0	0
5	District RCH officer CI- I	1	1	0
6	District Tuberculosis officer CI- I	1	0	1
7	Administrative Officer CI- II	1	0	1
8	District Malaria officer CI-II	1	0	1
9	Taluka Health Officer Group A	10	6	4
10	MO Group A	118	98	20
11	Epidemiology MO	1	1	0
12	Statistical Officer	1	0	1
13	Section Officer	1	1	0
14	Office Superintendent	3	2	1
15	Accounts Asst.	1	1	0
16	Jr. Accountant	1	1	0
17	Sr. Asst.	2	2	0
18	Sr. Asst. Accounts	2	1	1
19	Jr. Asst.	7	6	1
20	Stenographer	1	0	1
21	Extension Officer (Stat.)	1	1	0
22	Extension Officer (Ayurveda.)	1	1	0
23	Public Health Nurse	1	1	0
24	Attendant	10	10	0
25	Dresser	-	-	-
26	Health Worker (Male)	2	2	0
27	Health Assistant	2	2	0
28	ANM	385	334	51
29	LHV	65	25	40
30	MPHW Male	220	192	28
31	Health Assistant (Female)	1	1	0
32	Pharmacists	1	1	0
33	Health Supervisor	5	4	1
34	Leprosy Technician	0	-	-

35	Laboratory Technician	0	-	-
36	Sweeper	1	1	0
37	Non-Medical Supervisor (Under Leprosy)	1	1	0
	Total	851	698	153

Contractual staff appointed under NRHM in Sangli District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	4	4	0
2	M&E	3	3	0
3	IPHS	9	8	1
4	FMG	4	2	0
5	IDW	5	4	1
6	ASHA	70	64	6
7	RKS	2	2	0
8	RBSK	130	129	1
9	AYUSH	14	14	0
10	Sickle Cell	-	-	-
11	BPMU	20	20	0
12	Procurement	2	2	0
13	Urban RCH	16	16	0
14	RCH	-	-	-
15	Tele Medicine	1	1	0
16	Quality Assurance	1	1	0
17	Referral Transport	-	-	-
18	PCPNDT	3	3	0
19	ARSH	1	1	0
20	IDSP	4	3	1
21	NPCB	3	3	0
22	ANM	191	170	21
23	LHV	25	19	6
24	Staff Nurse	3	3	0
25	IMMUNATION	1	1	0
26	Nursing School	-	--	-
27	MMU	6	6	0
	Total	518	479	37

Staff appointed at various RH and SDH of the district

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	15	8	7
2	MO General Physician CL-II	53	43	10
3	Nursing Cadre	122	116	6
4	Class IV Cadre	116	70	36
	Total	306	237	59

Availability of drugs and diagnostics and equipment

The lists of essential drugs are formulated and are available in all types of facilities. Supplies are allocated to various facilities depending upon the case load and demand. Computerised Drug Inventory System is in place.

AYUSH Services

AYUSH services are co-located at following facilities RH-Shirala, RH-Palus, RH-Vita, RH-Atpadi, RH-Jath, SDH Kavathemahakal, SDH Islampur SDHs and RHs of the District. Ayurveda and Homeopathy services are available. Yoga facility is not available at any facility. AYUSH OPD clinics are monitored separately. Total patients treated at all facilities under AYUSH services during April 2014 to June 2014 at Ayurvedic OPD is 8168 and IPD is 157; Homeopathy OPD is 9344 and IPD is 161. AYUSH doctors are not members of RKS committees. Adequate medicine is being supplied for all AYUSH facilities. Total 14 positions are sanctioned for AYUSH and 13 are filled.

Training status /skills of various cadres district as a whole during April 2013 to March 2014.

S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	0	123	33	42	0	0	0
2	BEmOC	109	0	0	0	0	0	0
3	CEmOC/EmOC	2	0	0	0	0	0	0
4	LSSA	1	0	0	0	0	0	0
5	MTP / MVA	73	30	0	0	0	0	0
6	IMNCI	0	554	79	0	137	216	0
7	IMNCI (Sup)	0	0	52	0	90	0	0
8	F-IMNCI	77	0	0	0	0	0	0
9	IMNCI Sensitization	0	0	0	0	0	0	0
10	Minilap	64	26	6	0	0	0	0
11	NSV	79	0	0	0	0	0	0
12	Laparoscopic Sterilization	2	0	0	0	0	0	0
13	IUD 380A	48	61	30	16	0	0	0
14	Newer CuT-375 Sensitization	35	50	30	16	0	0	0
15	Routine Immunization	156	564	76	89	140	295	0
16	ARSH Trg.	58	203	35	0	0	0	0
17	RTI/STI	98	12	0	35	0	0	0
18	Induction Trg. Contra.	0	187	5	3	0	0	0
19	ASHA-Module-2 TOT	14	0	17	0	38	0	0

20	ASHA-Module-3 TOT	12	0	14	0	32	0	0
21	ASHA-Module-4 TOT	13	0	14	0	43	0	0
22	ASHA-Module-5 TOT	15	0	20	043	7	0	0
23	ASHA-Module-6 & 7 TOT	0	19	17	0	0	0	0
24	ASHA-INDUCCTION 8DAYS	0	0	0	0	0	0	56
25	ASHA-Module-2 TOT Block level	0	0	0	0	0	0	1919
26	ASHA-Module-3 & 4 Block level	0	0	0	0	0	0	1925
27	ASHA-Module-4 Block level	0	0	0	0	0	0	1780
28	ASHA-Module-5 Block level	0	0	0	0	0	0	1724
29	ASHA-M-6 & 7 NT Block level Ph-I	0	0	0	0	0	0	1524
30	ASHA-M-6 & 7 Block level Ph-I	0	0	0	0	0	0	0
31	ASHA-M-6 & 7 Block level Ph-II	0	0	0	0	0	0	0
32	ASHA-M-6 & 7 Block level Ph-III	0	0	0	0	0	0	0
33	ASHA GatpravartakTrg. PM&E	0	0	0	0	0	0	58
34	IYCN Trg. 3 days	44	199	57	47	5	6	0
35	NSSK Trg.	124	304	31	96	0	0	0

User Fees

At various facilities user fee is charged for few services i.e., registration Rs. 5/- and X-Ray Rs. 30/-. All services are free for patients come under JSSK, BPL and SC/ST categories.

8. Maternal Health

8.1 ANC and PNC

As per HMIS data, ANC registration is 12,248 from April 2014 to June 2014 of which 10,018 women were registered in first trimester. Severely anaemic pregnant women HB below 11 reported in HMIS are 10,990 and HB level below 7 treated at facility are reported as 105. Number of Hypertension cases reported during April 2014 to June 2014 is 171. Number of women received TT and IFA tablets during April 2014 to June 2014 are 10,108 and 9,963 respectively. Number of women received post natal services are reported as 6,299.

Training status/skills of various cadres at visited facilities vs service delivery

Training programmes	SDH Islampur	RH Vita	PHC Dafalapur	SC Ankale
EmOC	4 MO	--	--	
LSAS	2 MO	--		
BeMOC	4 MO	--	2 MO	
SBA	10 SN	4 SN	2 ANM	
MTP/MVA	2 MO	1 MO	1 MO	
NSV	--		--	
F-IMNCI/IMNCI	1 MO	1 SN	1 MO	1 ANM
NSSK	12 SN, 2 ANM	3 MO, 4 SN	2 MO, 3 ANM	1 ANM
Mini Lap-Sterilisations	4 MO	3 MO	1 MO	
Laprosopy-Sterilisations	1 MO	1 MO	--	
IUCD	4MO	3 MO, 4 SN	2 MO, 3 SN	--
PPIUCD	4 MO	--	--	
RTI/STI	--	--	2 MO, 3 ANM	
HIV	--	--	-	1 ANM
Leprosy	--	--	--	
RNTCP	--	--	--	
Blood storage	1 Lab Tech	--	--	
IMEP	--	--	--	
Immunization and cold chain	7 MO, 15 SN, 6 ANM	3 MO, 4 SN	2 MO, 3 ANM	--
IYCN	12 SN	--	--	

MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor

8.2 Institutional Deliveries

During the reference period April 2014 to June 2014, number of public institutional deliveries conducted in the district, including C-Section, is 12,333 (public institutions deliveries 4,312 and private institutions deliveries 8,021).

8.3 Maternal Death Review

During April 2014 to March 2014, 8 maternal deaths were reported in the district. Of which 6 cases were reviewed by the District Quality Assurance Committee under the Chairmanship of Civil Surgeon. Major Causes of maternal deaths are reported as Shock, Cardiac arrest, PPH, ARDS, DIC, Septicaemia etc. District task force is established in the district. There are 76 notified facility based maternal death review centres in the district.

8.4 JSSK

As per Government of Maharashtra Resolution dated 26th September 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Sangli district receive benefits like free registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-365 (recently issued circular by state Govt.) days of birth. Free transportation facility to 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.

During the reference period April-June 2014, 4,312 pregnant women have delivered at various public institutions i.e. Sub District Hospitals, Community Health Centres and Primary Health Centres under free and zero expenses delivery. Totally 1,699 women were provided with free diet, 3 days in case of normal deliveries and 7 days for C-Section delivery, free medicines and diagnostic tests. About 1,670 women were provided with home to hospital free transport, 340 women were provided hospital to hospital transport as free referral services and 1,690 women were provided with freedrop back facility. With respect to neonates, 97 neonates were provided with home to institute free transport and 107 neonates were provided drop back facility.

8.5 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) of JSY is paid through cheque and is given to the beneficiary at the time of discharge or within seven days of discharge. The district health officials strictly monitor JSY by randomly doing physical verification of JSY beneficiaries. At district level, the Grievance Redressal Mechanism is activated as stipulated under JSY guidelines. Official physical verification of 5 percent of beneficiaries of JSY is not taking place in the district.

The number of women received JSY benefit during the reference period is 1,289 for institutional deliveries. During the reference period April to June 14, 2,227 women were registered under JSY in the district.

9. Child Health

9.1 NICU

NICU is not available in the district.

9.2 NRC

Nutrition Rehabilitation Centre is not established anywhere in the District.

9.3 Immunization

Immunisation is being done at all the facilities as per Government of India guidelines. All the newborns delivered at SDHs, RHs and PHCs are getting birth dose of immunization (Polio-0 and BCG) as per the immunisation programme guidelines. No facility is having immunisation services on daily basis. There are fixed days for immunisation at all the facilities.

9.4 Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram is monitored by DRCHO. District Nodal Person for RBSK is appointed (DRCHO). It is being implemented in all the 10 Blocks of the district of Sangli. Child Health Screening and Early Intervention Centre at district level are established. A total 32 teams are working under the programme. Each team consists of one male and one female Medical Officer, one ANM and one Pharmacist. All the positions are filled in all blocks. Plans for the visits are prepared and sent to the respective authorities by the RBSK teams.

Target for the screening of Anganwadi children (3 to 6 years) is fixed for the year 2014-15 as 1,92,342 and the achievement was 1,09,467. Target for screening of 6-18 years children was 5,62,628, and achievement was 1,10,640. Total Cases identified with some problems are 11,790 and in the age group of 6 weeks to 6 years and 6 years to 18 years are 11,234 and 437 respectively.

10. Family Planning Services

Family planning services are being provided in all major facilities of the District. During April to June 2014, 3,745 female Sterilisations and 8 NSVs were performed. Total number of IUCD insertion was 3,079, oral pills distribution was 10,107 and condom pieces distributed was 79,509. IEC materials are available in the district. During the ANC clinic, counselling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

11. ARSH

ARSH is now renamed as Rashtriya Kishore Swasthya Karyakram (RKSK). RKSKclinics (MAITRI) are established at following facilities; RH Atpadi, RH Palus, SDH Islampur, SDH K.Mahankal, PVPGH, Sangli. Medical officer, Staff nurse are available at the clinic and counsellor is appointed on contractual basis under NRHM and trained in ARSH programme. All medico and non-medico staff who is involved in ARSH programme are trained. The clinic provides health information, counselling and testing to persons aged between 10-19 years.

12. Quality in Health Services

12.1 Infection Control: Health staffs are following the protocols. Fumigation of Operation Theatre is being done on regular basis. Autoclave is being used on regular basis for disinfection of the instruments.

12.2 Biomedical Waste Management: Segregation of bio medical waste management is done at all visited facilities. All facilities are done bio medical waste management at facility as per given norms.

12.3 IEC: Display of appropriate IEC materials related to MCH, JSY, JSSK, FP, etc., are seen at SDH Islampur and RH Vita, PHC Dafalapur and SC Ankale. Working hours of the facility, EDL, important phone numbers, clinical protocols etc. are prominently displayed at all the above facilities.

Clinical Establishment Act: Authorities could not share anything on this.

13. Referral Transport and MMUs

The number of ambulances of different types available in the district is 74. For the ambulance services a 24*7 Call Centre is now shifted to Pune as centralised Call Centre for entire state. During April 2014 – June 2014, 4,994 patients have utilized ambulance services. Performance monitoring is carried out on regular basis. There one MMUs functioning in the district is operated by NGOs for 40 villages in Sangli district.

14. Community Processes

Three Mobile Medical Units is there in the district run by NGO named Prakash Shikshan Prasarak Mandal, Islampur. MMU is functioning mainly in Jath, Kawathe Mahankal and Atpadi blocks of the district and catering 40 villages of three blocks. There is good impact of the services provided by the MMUs.

During April 2014 to June 2014, total 4,994 patients were treated and 1,323 lab tests were done by MMU from 40 villages. Advance tour programme plan is supplied to all the concerned Sub Centres.

14.1 ASHA

Total number of ASHAs required in the district is 1,952 and total positions filled are 1,584. Five positions of ASHAs are vacant. The number of ASHAs trained for HBNC is 1,572. ORS and Zinc are supplied to all ASHAs. FP methods (condoms) are given to all ASHAs for distribution. Most of the ASHAs receive, on an average, the incentive amount of Rs. 1000/- to 2000/- per month. The highest incentive of Rs. 11769/- was paid during the reference period and lowest incentive of RS. 150/- is being paid. Total of 3,86,300/- incentive paid to all ASHAs during reference period. Drug kit replenishment is provided as and when required. There is no ASHA resource centre in the district. Their incentive amount payment is directly deposited in the bank account.

15. Disease Control Programmes

15.1 National Malaria Control Programme

Number of slides prepared during the reference period are 92,431, of which 18 are positive. Sufficient Rapid Diagnostic kits are available in the district. District authorities are finding shortage of staff.

15.2 Revised National Tuberculosis Programme (RNTCP)

Number of sputum test conducted during the reference period are 6,041 of which number of positive cases are 311. DOT medicines are available at all the facilities. Timely payment of salaries is made to RNTCP staff. There are no grants available to provide payment to DOT providers.

15.3 National Leprosy Eradication Programme (NLEP)

Number of new cases detected are 523 and 266 patients are under treatment in the district. Not a single case is identified by ASHA.

16. Non Communicable Diseases

There is no set up of NCD at district level.

17. Good Practices and Innovations

OPERATION KAYAPALAT (The concept KAYAPALAT means thoroughly change)

MATRUTAVA SANVARDHAN DIN: Is an initiative to attract the pregnant women towards PHC and promote various group activities with a view to increase the utilization of the maternal and child care services, and to increase efficiency and utilization rate of Maternal and Child health services, to improve the overall health status of mother and child, as well as strengthening of the public health institutions.

ADMINISTRATIVE INTERVENTION EMPLOYEE CARD SYSTEM

To improve the quality of services, for effective implementation of various programs and schemes, to motivate the employee's viz. MOs, ANMs, ASHAs, Performance based evaluation, Card issued by Head of department to the employee.

JOB CHART

Specific job responsibilities assigned to achieve the targets within span of time. Job is assigned as per the qualifications and job responsibilities of employee.

PHC RANKING SYSTEM

PHC ranking will be done on the basis of Technical indicator Physical / Financial indicator. Besides this Eco-friendly green and clean health institute campaign has started.

18. HMIS and MCTS

All SDHs, RHs and PHCs are given Data Entry Operator cum Accountant for the purpose of HMIS and MCTS data entry. Committees are established at all levels for quality check of the data. M&E is responsible for reporting of the data for the district. Quality of HMIS data is fair although there are some concerns in the quality of data. Timelines is being followed for uploading the data. With regard to completeness, MCTS updating is 85 percent. Data validation checks are applied at district level.

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

19.1 Sub District Hospital (SDH): Islampur

- Islampur Sub District Hospital is in Islampur Block and is about 45kms from the district headquarters. On the day of PRC team visit to SDH, all staff was present on duty. Regular MS was present in the facility. Bed strength of the hospital is 50. Hospital is located in government building. The building needs minor repairs specially leakages in the roof. Staff quarters are available only for MS and MOs. Medical Officers are staying at headquarter. Electricity is available with power back up of inverter but it is insufficient, running water is available 24*7. Separate toilets are there for male and female wards and labour room are clean. Facility is well accessible from main road. Functional New Born Sick Unit and Stabilization Unit are available with 4 warmers, 2 Phototherapy units and one mobile incubator. There are separate wards for male and female patients. Blood storage unit proposal is in process it has sent to respective authorities. At present facility is tied up with mother blood bank. Children Treatment Centre is there but as there is no referrals of SAM/MAM children no camps has been conducted so far. There is separate room for ARSH clinic and it is being conducted on every Saturday during 3 pm to 5 pm. Bio medical waste management is in place in the facility. Suggestion and complaint book are available. ICTC centre is available in the facility.
- All the essential equipment is available at SDH. Laboratory related equipment is available.
- Essential Drug List is available and displayed in the OPD. Computerised inventory management is available. IFA tablets blue is not being supplied. Misoprostol and Mifepristone tablets are available. Emergency contraceptive pills are available. Sanitary napkins are not supplied to the facility. Labelled emergency tray is available. Pertaining to lab tests, kits and chemicals are available. All lab tests are being done in SDH. All essential consumables are being supplied.
- Facility is having sonography facility for both ANC and general patients. During the reference period 135 ANC and 147 General patients undergone sonography tests.

- 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 0 are provided. Counselling on IYCF and Family Planning is provided. Mothers were advised to stay for 72 hours after normal delivery.
- JSY payment is made through bearer payee cheque at the time of discharge on production of necessary documents.
- Diet is being provided to the patients free of cost.
- No facility of management of high risk pregnancy at the facility. All essential new-born and sick neonates care is available.
- Segregation of waste in colour coded bins is available. Bio waste management is done at the facility. The facility adheres to IMEP protocols.
- All important registers are available for maintenance of records.
- All essential IEC material is displayed in the facility.
- Registers for Untied Funds, AMG and RKS funds are maintained
- Under the heads of Untied Funds, AMG and RKS facility have received of Rs. 1,24,910/- in first quarter of 2014-15 and expenditure is Rs. 79,900/-, which is 63.96 percent of received grants.

Human Resource at SDH Islampur (Regular)

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	MO CI-I	1	1	0
2	MO CI-II	7	7	0
3	Asst. Superintendent	1	1	0
4	Asst. Matron	1	1	0
5	Staff Nurse	12	12	0
6	Parisevika	2	2	0
7	X-Ray Technician CI-III	1	1	0
8	Pharmacist	3	3	0
9	Lab Technician	1	1	0
10	Lab Asst.	1	1	0
11	Sr. Clerk	1	1	0
12	Jr. Clerk	2	2	0
13	OPD Attendant	1	1	0
14	Dresser	1	1	0
15	OT Attendant	2	1	1
16	Peon	2	2	0
17	Ward Boy	5	5	0
18	Sweeper	2	2	2
19	Ophthalmic Asst.	2	2	2
	Total	47	44	3
Contractual under NRHM				
1	Specialist MO	5	5	0
2	Dresser	1	1	0
3	ANM	6	6	0

- Under JSSK, during the reference period, not a single women have received home to facility pick up service; 18 women have received inter facility vehicle services; and 15 women have received drop back facility. Similarly, in case of new-born, 1 new-born received free pick up from home, 2 have received referral transport and none of the neonates 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 not displayed at the facility. Immunization Schedule, JSY entitlements and other related IEC materials are not displayed in ANC and PNC Clinics.
- Regular fumigation is being done and last fumigation was done on July 22, 2014. Laundry/washing service is outsourced, dietary services, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility. Tally package is not being in use at the facility.

19.2 Rural Hospital: Vita

- Vita Rural Hospital is in Vita Block and is about 60kms away from district headquarters. On the day of PRC team visit to RH, all the staff were present on duty. Medical Superintendent has given all information to the PRC team. It is a 30 bedded hospital and is functioning in a government building. The building is in good condition. Quarters are available for MS-1 , MO-2, SN-7, and Class-IV-8. All are occupied by the concerned staff. Electricity is available with power back up (inverter). 24*7 running water is available. Separate toilets are there for male and female wards and toilet is attached to labour room and is clean. Wards, Toilets and bathrooms are maintained well. It is well accessible from main road. Functional New Born Care Corner and New Born Stabilization are available with one radiant warmer and phototherapy unit. One mobile radiant warmer is also available for referral services. Waste management is done in deep burial pit. ICTC facility is available at the facility at least one camp is being organised under ICTC. Suggestion and complaint book are available.
- All the essential equipment is available at the RH. 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 and displayed in the OPD. Computerised inventory management is available. All essential drugs are being supplied. Zinc tablets, sanitary napkins and Drugs for common ailments are not being supplied.
- All lab tests are being done.
- All mothers have initiated breast feeding within one hour of normal delivery. No Immunisation is done at CHC. Routine Immunisation need is catered by Sub Centre which is located in the same village. Only zero doses of BCG and OPV are being 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 at the time of discharge, on production of necessary documentation. Diet is being provided to JSSK beneficiaries free of cost.

- All high risk pregnancy are Managed at the facility as Gynaecologist and Anaesthetic positions are filled there. 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 done at facility in deep burial pit.
- All important registers are available for maintenance of records. Registers for Untied Funds, AMG and RKS funds are maintained.
- All required IEC material is displayed in the facility.
- During the reference period, under JSSK1 woman got free home to institute transport, 14 have provided free inter facility transport and 21 have provided free institute to home transport. In case of new born not a single child received transport services
- 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. JSY entitlements and other related IEC materials are displayed in ANC/ PNC Clinics.
- Regular Fumigation is being done. Last fumigation was done on July 22,, 2014. Laundry/washing service is outsourced. Dietary services available only for JSSK beneficiaries, drug storage facilities, equipment maintenance and repair mechanism, Grievance Redressal mechanism are available in the facility.

Human Resource (Regular) in RH Vita

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	1	0
2	Medical officer CI-II	3	3	0
3	Asst. Superintendent	1	1	0
4	Jr. Clerk	2	2	0
5	Staff Nurse	7	7	0
6	X-Ray Technician CI-III	1	1	1
7	Pharmacist	1	1	0
8	Lab Technician	1	1	0
9	Lab Asst.	1	1	0
10	Peon	1	1	0
11	Ward Boy	4	4	0
12	Driver	1	1	0
13	Sweeper	2	1	1
14	Ophthalmic officer	2	2	0
	Total	27	25	2
Staff under NRHM				
1	MO	2	2	0
2	Dentist	1	1	0

3	Paediatrician	1	1	0
4	ANM	4	4	0
5	Counsellor	1	1	0
6	LAB Tech	1	1	0
7	Attendant	1	1	0
8	Dresser	1	1	0
	Total	12	12	0

19.3 Primary Health Centre: Dafalapur

- PHC Dafalapur is in Jat Block and is located about 85 KMs from the district headquarter. It caters to 18 villages and about 35,000 population. It is functioning in a Government building. It requires some minor repairs. Staff quarters are available, one each for MO, LHV, SI and ANM. PHC has electricity with power back up of solar energy. Water source is available for 24*7 water supplies are available. Both the wards are having clean toilets. Labour Room is available with attached toilet. New Born Care Corner and stabilizing unit is available. Separate wards for male and female are available. Male ward is mostly being used for Tubectomy patients as there is underutilisation of male ward. Bio Medical Waste is done at facility in deep burial pit.
- All the essential equipment is available at PHC. Essential drug list is available and displayed for public. Diagnostic tests are available at the facility for HB, CBC, Urine Albumin and Sugar, Malaria, TB, HIV.
- All the listed drugs are available at the facility except IFA syrup, tablet Misoprostol Mifepristone and sanitary napkins. Drugs for BP, Diabetics and other common ailments are also available. There is adequate stock of vaccine available.
- 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 but patients are reluctant to stay even for 24 hours. JSY payments are made at the time of discharge. The mode of payment is bearer cheque. Free diet is being provided to the patients under JSSK.
- There is no specialized manpower to manage high risk pregnancies but they could manage high risk pregnancies at facility. Essential new born care is being given. There is provision to manage sick neonates at the facility. Wastes are segregated in colour coded bins.

Human Resources at PHC Dafalapur

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	Health Assistant Male	6	4	2
3	Health Assistant Female	1	1	0
4	ANM	5	3	2
5	Pharmacist	1	1	0
6	Jr. Asst.	1	1	0
7	Ward Attendant Male	2	1	1
8	Ward Attendant - Female	2	0	2
9	Sweeper	1	1	0

10	Total	21	14	7
Contractual staff under NRHM				
1	ANM	4	3	1
2	Lab Tech	1	0	1
3	ASHA Facilitator	1	1	0

- All registers are available and maintained at the facility.
- RKS, AMG and UNTIRD fund registers are maintained there is no expense incurred during the quarter.
- Timings, EDL, JSSK entitlement and JSY entitlement are displayed in the facility. IEC materials, protocol posters, immunisation schedule, list of services are displayed.
- During reference period under JSSK 67 women are provided transport facility for home to institute, 9 are given institute to institute and 79 are provided with institute to home.
- Approach road is there for the facility.
- Regular fumigation is being done; last fumigation is done on July 8, 2014. There is functional laundry and washing service is available. Diet is being given to JSSK beneficiaries. Equipment repair and maintenance mechanism is available. Grievance redressal mechanism is available. Tally software is not in use.

19.4 Sub Centre: Ankale

- Ankale Sub Centre is under the catchment area of Dafalapur PHC and is about 11 KMs from the PHC. This SC is catering for three villages and covering a population 7,375.
- Sub Centre is located in main habitation and functioning in a Government building and is in good condition. The ANM also stays at headquarter. There is running water and electricity for 24*7. Labour room is available and functional attached toilet is there. There is no functional NBCC. No deep burial pit is available for biomedical waste management and wastes are buried in open ground. There is one ANM in regular position no additional ANM is appointed under NRHM.
- All the essential equipment is available at SC. Essential drug list is available. Diagnostic tests are available at the facility i.e. HB, Urine Albumin and Sugar.
- Following medicines are available at the facility: IFA tablets, Vit. Syrup, ORS packets, Inj. Oxytocin, Antibiotics, and drugs used for common ailments. But Zinc tablets and Inj. Magnesium Sulphate, Misoprostol tablets are not available at the facility.
- Pregnancy test kit and OCPs are available in the facility but there is no supply of emergency contraceptives and sanitary napkins.
- All the essential Registers are available and maintained at the facility.
- Breast feeding initiated with within one hour of normal delivery. Counselling on IYCF is done. Counselling on Family Planning is being done.
- ANM is having knowledge and skills of quality parameters.
- Untied Funds and AMG are received by the ANM and records are maintained.
- Approach road is there for the facility.

- Posters of JSSK entitlements, villages under the SC, JSY entitlement and VHND plans are displayed. Information related to phone number, timings, SBA protocols and immunisation schedule are displayed. Grievance redressal mechanism is not in place.

20. 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
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

