

**Monitoring and Evaluation of Programme Implementation Plan, 2016-17 Satara
District MAHARASHTRA**

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Monitoring and Evaluation of Programme Implementation Plan, 2016-17:

Satara District, Maharashtra.

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2016-17 of satara District was carried out by the PRC team during 21- 24 June 2016. The District Health Office, DH Satara, SDH Phaltan, CHC Undale, PHC Masur and SC Kival were visited for the study by

the PRC team. This report discusses in detail the implementation of PIP in Satara district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure:

District in total has one DH, 2 SDH, 15 CHCs, 71 PHCs and 400 SCs. However, 4 PHCs and 51 SCs are not functioning in a government building.

Staff quarters although available is inadequate and whatever available are not in good condition in DH,CHC Undale, and PHC Masur. Staff quarters are not available in SDH Phaltan. Generator is not available in SDH PHALTAN. New Born Care Corner is available however, warmer is in working condition in Primary Health Centre MASUR. Bio waste management is not available in Sub Centre Kival.

Human Resources and Training:

District as a whole is shortage of health staffs. Forty posts of MO group a posts are vacant. The only sanctioned posts of Administrative officer, Additional district health officer, Statistical investigator and District Extension officer are vacant. Sixty six posts of MPW (m) and 35 posts of ANM are vacant. In addition one each sanctioned posts of photographer and project operator is vacant. Under NRHM 116 posts of RCH and 153 posts of ANMs are vacant.

DH Satara: There is shortage of Specialist health staffs in DH Satara as out of the sanctioned 18 posts only 10 are filled. Out of the sanctioned 7 posts of other specialist 5 are vacant and the only sanctioned posts of Gynaecologist, General Physician and Outreach RMO are lying vacant.

SDH PHALTAN: Out of the sanctioned 46 posts 38 are filled. Only sanctioned posts of Sr. clerk, Supervisor are vacant. One post of dresser is deputed at RH Wai.

Community Health Centre Undale: The total sanctioned post in CHC Undale is 25 out of which 16 are filled. Out of the 3 MO posts sanctioned only one is filled. The sanctioned post of Sr Clerk and lab assistant are lying vacant.

Primary Health Centre MASUR: The total sanctioned post in PHC Masur is 35 out of which 29 are filled. Out of the 20 NRHM posts sanctioned 16 is filled. The sanctioned post of LT is lying vacant.

Availability of Drugs, Diagnostics, and Equipment

EDL and EDL lists of medicines are available in the district.

EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. Essential supplies and equipment's are available.

In the visited facilities EDL is available and displayed. Computer inventory system is in place. Essential drugs, supplies and consumables are available. Adequate vaccine stocks are available. Essential supplies and equipment's are available.

However in **Primary Health Centre MASUR** deep freezer, Reagents and testing kits is not available and semi auto analyzer is not supplied. And lab technician was transferred to another facility. So lab testing services are not available in the hospital

Essential equipment's are available at SC **Kival** except blood sugar testing kits, color coded bins and neonatal ambu bag. Essential drug such as Vitamin A syrup and misoprostol tablets are not available. Essential supplies are available except OCPs pills.

AYUSH services

AYUSH facilities are provided in Ayurvedic dispensary. AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is member of the RKS.

Maternal health

ANC and PNC

ANC registration was 7965 during the reference period April & May 2016 out of which 6019 women's was registered in the first trimester.

In the visited facilities mothers were initiated breast-feeding within 1 hour of the delivery. Mother's were also advised to stay for atleast 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets. High risk pregnancies are not managed in SC ANM have necessary skills and knowledge to correctly measure BP, hemoglobin, urine albumin and protein, identify high risk pregnancy, and awareness on referral PHC and FRU.

Institutional Deliveries

During the reference period April & May 2016, number of institutional deliveries conducted in the district was 7933 out of which c section deliveries was 1047.

Maternal Death Review

State/district task force is formed to conduct MDR the reports of which are published. During April & May 2016, two maternal deaths were reported in the district. Key causes of maternal deaths are found.

JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) is paid to direct transfer mode or A/c pay cheque. During the reference period April and May 2016 291 mothers received JSY benefits. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. At district level, the Grievance redressal Mechanism as stipulated under JSY guidelines. Proper records are maintained.

JSSK

During the reference period April & May 2016, 3198 free and zero expense institutional deliveries were reported from the district out of which 519 were free c section deliveries. Institutional deliveries were recorded at various public health institutions i.e. District Hospital, Sub District Hospitals, Rural Hospitals and Primary Health Centres under free and zero expenses delivery. About 2246 women's were provided pick up service 345 women's provide the inter facility transport service and 2679 women's were provided drop back service.

Child health

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in DH Satara and SDH Karad with necessary equipment and trained manpower. In addition there are 5 NBSU and 42 NBCC available with necessary equipment and trained manpower.

Immunization

Immunization sessions were planned and held in the district. Babies were provided with BCG doses; DPT 1, 2 and 3; DPT booster; Zero doses of polio; polio 1, 2 and 3 doses; Polio booster; Hepatitis 0,1, 2, and 3; and Measles 1 &2 were provided to babies. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain and there is no hindrance to stock management.

RBSK- The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child health screening and Teams are constituted for screening with proper plans of visit. Among those screened, process is in progress to identify health related problems.

Family planning

Family planning along with counselling services are provided in the district. IEC materials related to family planning are available.

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained. Health staffs can correctly insert IUD.

ARSH

There are 5 ARSH clinics in the district. Every month two or three camps are held in schools & colleges as part of outreach ARSH services. All types of services are provide in the ARSH clinics. ARSH clinic have a trained manpower available. However, one ICTC counsellor and Medical officer are yet to be trained.

Referral Transport and MMUs

The number of ambulances of different types available in the district is 91 and GPS are installed in 89 ambulances.. There is one MMUs functioning in the district at Mahableshtar. Micro plan are prepared. Performance monitoring is done on monthly basis.

ASHA

Payments are disbursed in time to ASHAs and ASHAs are being paid in time if funds are available. **Drug kit replenishment is not provided to ASHAs.** ASHA resource centre is established in the state.

HMIS and MCTS

Dedicated staff available for HMIS and MCTS. Data quality is good for MCTS. MCTS data entry is in time with completeness. Some HIMS Data consistent is available.

Key Conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal Care, Immunization, Child Health, JSY, and JSSK are provided at various levels of service points.
- Health care problems can be avoided with good quality of environment; proper waste management. Avoiding contamination of ground water may lead to accessibility of safe and potable drinking water.
- Proper mechanism should be in place to prioritize the training and identify the health personnel for requisite training. In PIP there should provision to provide more training in MCTS and HMIS.

- For effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation.
- Availability of experts also ensures timely and effective treatment. There is severe shortage of specialist and MOs in the district. Vacant position in the district needs to be filled at the earliest for timely provision of health and other related services. Available health providers are burdened with administrative duties as well.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required. Overall, district has low percentage usage of free transport facility from home to institute.
- PIP funds need to be released on time.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 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 in 2016-17. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Satara District of Maharashtra for the reference period April & MAY, 2016.

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Satara District was carried out during the period 21-24 June 2016. 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 the period 21-24 June 2016 to obtain information on implementation of PIP in the district. The DHO Office, District Hospital, SDH, one Rural Hospital, one Primary Health Centre and one Sub Centre were selected for the study. 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 Satara district as observed by the PRC team during the field visit.

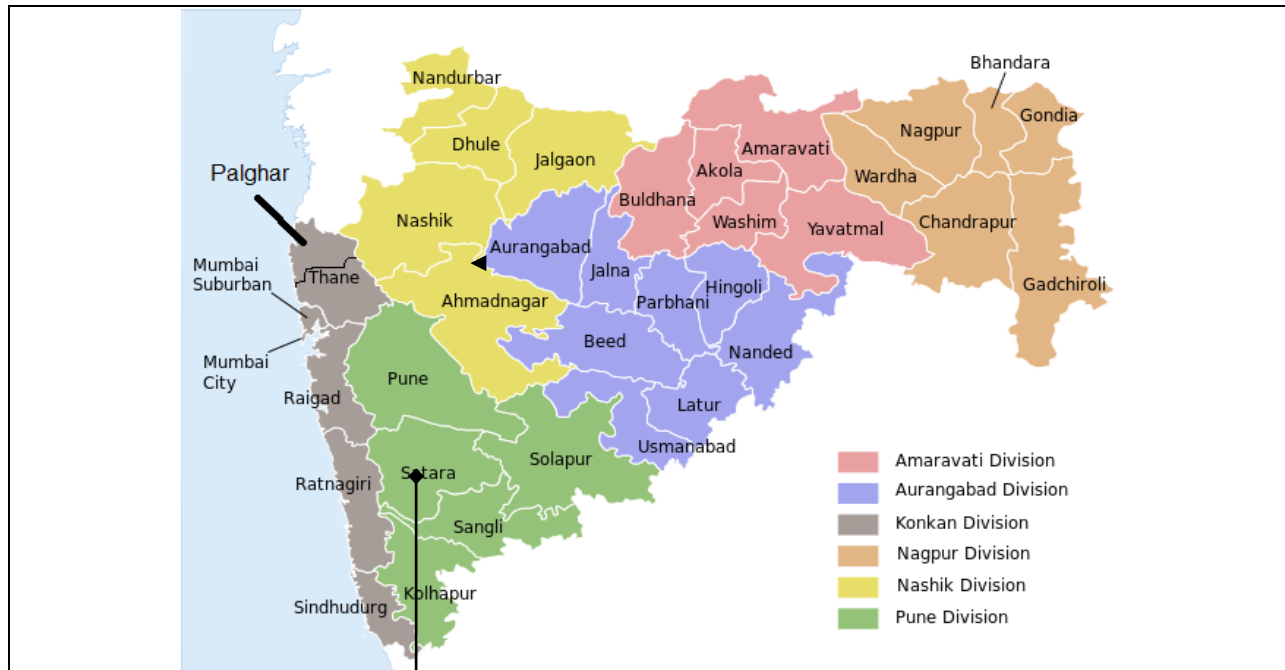
3. District Profile

Satara has historical background. Most of the prevailing kingdoms in north are having their traces in Satara district. In the year 1848, Satara was referred as Satara Province. At that time Satara province had 11 sub divisions. Viz Vijapur, Jawali, Karad, Khanapur, Khatav, Koregaon, Pandharpur, Satara, Tasgaon, Walva, and Wai. In 1884, Malkampeth was constituted, which is referred afterwards as Mahabaleshwar. Two districts namely north Satara and South Satara were formed. Now North Satara is referred as Satara and south Satara is referred as Sangli. Satara district has eleven talukas. Variation in terrain is seen in the district

The district lies between 17.5 degree and 18.11 degree North latitude and between 73.33 degree and 74.54 degree East longitude. The district is completely landlocked being surrounded by Ratnagiri district on the West, Sangli district on the south, Sholapur on the west, Pune on the north and Raigad on the North West. It covers 10,480 sqkms. Most of the central satara district's area falls in the river Krishna basin and limited area falls in the river Bhima basin.

As per 2011 census the total population of the district is 3003741. With density of 287 persons per sq. km. The male & female population is 1510842 & 1492899 respectively. The urban population is 18.98% respectively. The literacy rate in the district is 74.09%.

Map of Maharashtra State and Satara District



Key Demographic Indicators: Satara District

Sr. No.	Items	Values
1	No. of Blocks	11
2	No. of Villages	1800
3	Population	3003741
4	Population - Males	1510842
5	Population - Females	1492899
6	Literacy Rate	74.09
7	Literacy Rate - Males	79.49
8	Literacy Rate - Females	68.73
9	Percent Urban	18.98
10	Percent SC Population	10.76
11	Percent ST Population	0.98
12	OPD attendance (average per month)*	159466
13	IPD attendance (average per month)*	10846
14	Women receiving atleast 3 ANC*	8757
15	Home delivery*	01
16	Home delivery with SBA*	01
17	Children fully immunized (9-11 months)*	7401

Source: Census 2011; *= HMIS

Key Health and Service Delivery Indicators

Items	Values	Items	Values
IMR	12.85	ANC	8757 *
NMR	11.0	SBA	01 *
MMR	53	PNC	-----
OPD (average per month) *	159466	Immunization	7401 *
IPD (average per month) *	10846	Unmet need of FP	360237 *

Source: Survey of cause of Death; *= HMIS

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

Sr. No.	Indicators from DLHS-4	Maharashtra	Satara
1	Mothers registered in the first trimester (%)	67.9	71.2
2	Mothers who had at least three ANC visits (%)	77.9	87.5
3	Mothers who got at least one TT injection (%)	90.6	94.8
4	Institutional births (%)	92.0	97.6
5	Children fully immunised (%)	66.2	86.3
6	Children breastfed within one hour of birth (%)	71.2	64.6
7	Percent of women using modern FP methods	65.7	68.7
8	Total Unmet Need for FP (%)	19.0	16.8
9	Unmet need for spacing (%)	10.8	10.4
10	Unmet need for limiting (%)	8.2	6.4

Source: DLHS-4

5. Health Infrastructure

Health Infrastructure in Satara District

Number and type of government health facilities *in Satara* district

Name of the facility	Number	Located in government building	No. of Beds
District Hospital	1	Yes	242
Sub Dist. Hospital	2	Yes	SDH Karad(100)&Phaltan(50)
Rural Hospitals	15	Yes	30
Primary Health Centers	71	67	NA
Sub Centers	400	349	NA
AYUSH facilities(Ayurveda)	17	yes	
AYUSH facilities(Homoeopathic)	01	Yes	
PHU	06	Yes	

NA = Not Applicable

District Hospital Satara: DH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters although available is inadequate and whatever available (quarters for MOs and other staffs) are not in good condition. Quarters for SNs and other categories are not available. DH has electricity with power back up, running 24*7 water supply, clean wards, and toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Functional NBCC, NBSU and SNCU are available. Wards are separate for males and females. There is a separate room for ARSH clinic. Complaint/suggestion box, Functional help desk, is available. ICTC centre is available. NRC is not available. Biomedical waste is outsourced.

SDH PHALTAN: SDH Phaltan is located in Phaltan Block and is at a distance of app. 67 km from district headquarter. It is easily accessible from main road. SD is 50 bedded hospital and is functioning in a government building which is in a good condition. Building is not sufficient for this hospital. And there are no Staff quarters for any staff working in SDH phaltan. Electricity is available with power back up Small (inverter) available. **Generator is not available in the hospital.** 24*7 running water is available. Separate toilets are available for males and females. Functional and clean labour room is available with clean toilet attached to it. In NBSU warmer available. BB/blood storage unit is not available. A separate room for ARSH clinic is available. Biomedical; Waste management, ICTC centre are available and Suggestion and complaint book are not available in the facility.

Community Health Centre Undale: CHC is located in Karad Block and is at a distance of about 70 Kms from the district headquarter. It is easily accessible from nearest road head. CHC is functioning in a government building. **Staff quarters although available is not sufficient for all staff members.** CHC has electricity with power back up. Water source is available for 24*7. Clean toilets are available separately for male and female. Labour Room is available clean toilet is attached. There are separate wards for males and females. New Born Care Corner with warmer is available and functional. Stabilizing unit is available. Bio Medical Waste is done by out sourced in the facility Complaint or suggestion box is available. ICTC Centre is available and functional in separate room.

Primary Health Centre MASUR: PHC is in Karad Block and is located about 43 Kms from the district headquarter. It caters to 23 villages covering 45025 population and easily accessible from nearest road head. **It is functioning in a government building which is not in a good condition. Building is old, and space is very congested. Quarters for MOs and other staffs although available are not sufficient.** PHC has electricity with power back up. Water source is available for 24*7. Clean toilets are available separately for males and females. Labour Room is available and clean attached with toilet. There are separate wards for male and female. **New Born Care Corner is available however, warmer is in working condition.** Bio Medical Waste management is out sourced. Complaint or suggestion box is available in the facility.

Sub Centre: Kival: Kival Sub Centre comes under PHC **Masur with a** catchment population of 5165 covering 03 villages. Sub Centre is located in main habitation and is functioning in a Grampanchayat building Electricity with power back up is not available. Water is available. ANM is residing in the quarters available at SC. There is no functional NBCC. **Facility is clean but complaint/suggestion box are not available. Deep burial pit is not available.**

6. Human Resources and Training

District as a whole is shortage of health staffs. Forty posts of MO group a posts are vacant. The only sanctioned posts of Administrative officer, Additional district health officer, Statistical investigator and District Extension officer are vacant. Sixty six posts of MPW (m) and 35 posts of ANM are vacant. In addition one each sanctioned posts of photographer and project operator is vacant. Under NRHM 116 posts of RCH and 153 posts of ANMs are vacant.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	01	01	0
2	Additional District Health Officer CI- I	02	01	01
3	District RCH officer CI- I	01	01	0
4	MO Group A	155	115	40
5	Administrative Officer CI- II	01	0	01
6	Statistical Officer	01	01	0
7	Statistical investigator	01	0	01
8	Statistical supervisor	01	01	0
9	Cold chain Investigator	01	01	0
10	District Extension officer	01	0	01
	Total	165	121	44
1	Pharmacists	86	81	05
2	Laboratory Technician	05	05	0
3	Leprosy Technician	07	07	0
4	Health Supervisor	18	18	0
5	Health Worker (Male)	464	398	66
6	ANM	476	441	35
7	LHV	105	103	02
8	Health Supervisor(female)	06	05	01
9	Photographer	01	0	01
10	Project operator	01	0	01
	Total	1169	1058	111
	National health Mission Posts			
1	RCH	574	458	116
2	MMU	06	06	0

3	Asha	2670	2517	153
4	Asha Block facilitator	101	96	05
	Total	3351	3077	274

Training status/skills of various cadres at visited facilities during April to May 2016

Training programmes	DH SATARA	SDH PHALTAN	RH UNDALE	PHC MASUR	SC Kivale
EmOC	0	4 MO	1 MO	-	
BeMOC	08 MO	4 MO	2 MO	2 MO	
LSAS	03MO	-	1 MO	-	
SBA	55 SN	8 SN	5 SN	2 LHV 1 ANM	
MTP/MVA	01 Mo	-	1 MO	2 MO	
NSV		-	1 MO	1 MO	
F-IMNCI/IMNCI	04 SN	2 MO 3 SN	2 MO	1 MO	
NSSK	43 MO 121 SN	8 SN	3 MO	2 MO 9 ANM	
Mini Lap-Sterilisations	0	3 MO	1 MO	2 MO	
Laparoscopy-Sterilisations		-	1 MO	-	
IUCD		7 SN	1 MO	1 MO 1 LHV 2 ANM	
PPIUCD	08 MO 62 SN	2 MO 10SN	1 MO	--	
RTI/STI	27 MO	-	-	1 MO 2 LHV	
IMEP	49 MO 103 SN		2 MO	-	
Blood storage	-	-	-	-	
RI/Immunization and cold chain	-	5 MO 10 SN	1 MO 4 SN	2 MO 9 ANM	

Note: MO= Medical officer, SN= Staff Nurse, LHV= Lady Health Visitor, ANM = Auxiliary nurse midwife.

DH Satara: There is shortage of Specialist health staffs in DH Satara as out of the sanctioned 18 posts only 10 are filled. Out of the sanctioned 7 posts of other specialist 5 are vacant and the only sanctioned posts of Gynaecologist, General Physician and Outreach RMO are lying vacant.

Human Resources at District hospital Satara.

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Civil surgeon CL 1	01	01	0
2	R MO	01	01	0
3	Outreach RMO	01	0	01
4	General Surgeon	01	01	0
5	General Physion	01	0	01
6	Paediatrician	01	01	0
7	Gynaecologist	01	0	01
8	Anaesthetist	01	01	0
9	Ophthalmic	01	01	0
10	Orthopaedic	01	01	0
11	ENT	01	01	0
12	Other specialist	07	02	05
	Total	18	10	08

SDH PHALTAN: Out of the sanctioned 46 posts 38 are filled. Only sanctioned posts of Sr. clerk, Supervisor are vacant. One post of dresser is deputed at RH Wai.

Human Resource in Regular SDH Phaltan

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	01	01	0
2	Medical Officer	07	07	One MO deputed at Dhaiwadi RH.
3	SNs	12	10	02 2 SNs. are deputed at RH khandla, and civil hospital Satara
4	Assistant Superintendent.	01	01	0
5	Sr. Clerk	01	0	01
6	OPD Clerk	01	01	0
7	Jr. Clerk	01	01	0
8	Asst. Matron	01	0	01
9	Supervisor	02	0	02
10	X-Ray tech	01	01	0
11	Lab. Tech.	01	01	0
12	Lab Asst.	01	01	0
13	Pharmacist	03	02	01
14	peon	02	02	0
15	Ward Boy	05	05	0
16	Dresser	01	01	Deputed at Wai RH.
17	OPD Peon	01	01	0
18	OT Assistant.	01	01	0
19	Sweeper	02	01	01
20	Ophthalmic officer	01	01	0
	Total	46	38	08
	NHM Staff			

1.	Physician	01	01	0
2.	Dental surgeon	01	01	0

Community Health Centre Undale: The total sanctioned post in CHC Undale is 25 out of which 16 are filled. Out of the 3 MO posts sanctioned only one is filled. The sanctioned post of Sr Clerk and lab assistant are lying vacant.

Human Resources at CHC Undale

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent	01	01	0
2	Medical officer	03	01	02
3	Assistant Superintendent.	01	01	0
4	Jr. Clerk	02	0	02
5	X-Ray technician	01	01	0
6	Pharmacist	01	0	01 Now incharge SN
7	Lab. Tech.	01	01	0
8	Lab Asst.	01	0	01
9	SNs	07	07	0
10	Peon	01	01	0
11	Ward Boy	04	02	02
12	Swapper	02	01	01
	Total	25	16	09

Primary Health Centre MASUR: The total sanctioned post in PHC Masur is 35 out of which 29 are filled. Out of the 20 NRHM posts sanctioned 16 is filled. The sanctioned post of LT is lying vacant.

Human Resources at PHC MASUR

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	02	02	0
2	ANM	07	06	01
3	Health Assit.	02	02	0
4	LTs	01	0	01
5	Pharmacist	01	01	0
6	LHV/PHN	02	02	0
7	Others &NHM Staff	20	16	04
	Total	35	29	06

**Availability of Health service by no of facilities: Satara
District: Key Service Utilization Parameters of visited facilities (April & May 2016)**

Service Utilization Parameter	DH.Satara	SDH. Phaltan	CHC. Undale	PHC Masur	SC Kival
OPD	47309	8579	3232	2424	--
IPD	5645	584	318	108	--
Expected number of pregnancies	-	205	07	116	14
MCTS entry on percentage of women registered in the first trimester (in percent)	--	71%	--	98%	--
No. of pregnant women given IFA	639	205	25	104	15
Total deliveries conducted	783	44	39	23	0
Number of Deliveries conducted at home					
No. of assisted deliveries(Ventouse/ Forceps)	-	0	-	02	-
No. of C section conducted	346	22	01		
Number of obstetric complications managed, pls. specify type	22	11	01		-
No. of neonates initiated breast feeding within one hour	774	44	39		-
Number of children screened for Defects at birth under RBSK	108	--	--	--	-
RTI/STI Treated	244	0	10	11	-
No of admissions in NBSUs/ SNCU, whichever available	204	12	---	--	-
Inborn	121	12	--		-
Outborn	83	-	--		-
No. of children admitted with SAM	01	-	--		-
No. of sick children referred	48	05	06	01	-
No. of pregnant women referred	51	17	07	10	-
ANC1 registration	121	205	-	118	06
ANC 3 Coverage	344	295	19	115	10
ANC 4 Coverage	251	114	25	114	11
No. of IUCD Insertions	111	19	12	07	04
No. of Tubectomy	160	13	04	39	-
No. of Vasectomy	01	-	-	02	-
No. of Minilap	160	-	-	14	-
No. of children fully immunized	72	68	--	102	11
Measles coverage	72	66	--	102	11
No. of children given ORS + Zinc	--	--	05	12	03
No. of children given Vitamin A	285	241	--	223	21
No. of Children given IFA syrup	--				
No. of women who accepted post-partum FP	111	66	39	06	-
No. of MTPs conducted in first trimester	17	08	02	20	
No. of MTPs conducted in second trimester	02	-	-		

Number of Adolescents attending ARSH clinic		181	--		
Maternal deaths, if any	-	-	-	-	-
Still births, if any	-	-	-	-	-
Neonatal deaths, if any	18	-	-	-	-
Infant deaths, if any	01	01	-	-	-
Number of VHNDs attended					
Number of VHNSC meeting attended					
Service delivery data submitted for MCTS updation					
Zeo dose, Polio, BCG					-

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

Other Health System Inputs

Following services are available at various health facilities of Satara district: Surgery (major OTs is available at DH and 15 CHC: major & minor OTs are available. and 69 PHCs minor OT are available. In DH, Medicine, Obstetrics and Gynaecology services are available; FP services are available at health facilities; Emergency Care unit is available trauma care unit available, facilities are having ophthalmic facility; ENT services are available in DH. Ancillary services of blood bank are available in DH. Radiology is available at DH; Pathology services are available at DH, CHCs and PHC

7. Availability of Drugs and diagnostics, Equipment's

EDL and EDL lists of medicines are available in the district.

Primary Health Centre MASUR:

Essential equipments is available at PHC except deep freezer. Among lab equipment Reagents and testing kits is not available and semi auto analyzer is not supplied. And lab technician was transferred to another facility. So lab testing work is very poor.

Sub Centre Kival:

Essential equipment's are available at SC except blood sugar testing kits, color coded bins and neonatal ambu bag. Essential drug such as Vitamin A syrup and misoprostol tablets are not available. Essential supplies are available except OCPs pills. SC doesn't have color coded bins

AYUSH services AYUSH facilities are provided in Ayurvedic dispensary. AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is member of the RKS.

AYUSH Service During the reference period April-May, 2016

Ayush	April & May 2016	
	OPD	IPD
Ayurveda	9492	179
Panchakarma	867	50
Homoeopathy	2608	0
Unani	1325	29
Yoga and Naturopathy	648	0

User FeesNo user fee for ANC, PNC services and to BPL patients. No user fee is charged for any services in SC.

8. Maternal health

8.1 ANC and PNC

ANC registration was 7965 during the reference period April & May 2016 out of which 6019 women's was registered in the first trimester. Data on severely anaemic pregnant women's is not available. During the reference period April & May 2016 Hypertension cases reported was 82; B sugar test, U sugar tests conducted was 4937. Number of women who received TT1 and IFA tablets during the reference period was 6281 and 5178 respectively and No. of women receiving postnatal visits was 3183.

In the visited facilities mothers were initiated breast-feeding within 1 hour of the delivery. Mother's were also advised to stay for atleast 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets. High risk pregnancies are managed in In SC ANM have necessary skills and knowledge to correctly measure BP, hemoglobin, urine albumin and protein, identify high risk pregnancy, and awareness on referral PHC and FRU.

8.2 Institutional Deliveries

During the reference period April & May 2016, number of institutional deliveries conducted in the district was 7933 out of which c section deliveries was 1047.

8.3 Maternal Death Review

State/district task force is formed to conduct MDR the reports of which are published. During April & May 2016, two maternal deaths were reported in the district. Key causes of maternal deaths are found.

8.4 JSY

JSY guidelines are followed for making payments. Full payment (in one instalment) is paid to direct transfer mode or A/c pay cheque. During the reference period April and May 2016 291 mothers received JSY benefits. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check of any malpractices and whether proper records of JSY beneficiaries are maintained. At district level, the Grievance redressal Mechanism not activated as stipulated under JSY guidelines. Proper records are maintained.

8.5 JSSK

During the reference period April & May 2016, 3198 free and zero expense institutional deliveries were reported from the district out of which 519 were free c section deliveries. Institutional deliveries were recorded at various public health institutions i.e. District Hospital, Sub District Hospitals, Rural Hospitals and Primary Health Centres under free and zero expenses delivery. About 2246 women's were provided pick up service 345 women's provide the inter facility transport service and 2679 women's provide the drop back service

9. Child health

To provide critical basic health facilities and to reduce neonatal, infant morbidity and mortality in children SNCU unit is established in district with necessary equipment and trained manpower.

SNCU

SNCU is located in DH satara and SDH Karad with necessary equipment's. During the reference period April and May 2016 total admissions in SNCU were 399. NBSU is located in SDH phaltan, RH patan, RH Koregaon, RH Vaduj, and RH Wai with necessary equipment's. During the reference period total admissions 566 .

Details NBCC NBSU, SNCU April-May, 2016

Sr. No	Indicators	No.
1	Deliveries	783
2	Still Births	16
3	Admitted to SNCU	204
4	Weight at the time of admission	
i.	<1000gm	8
ii.	1000gm-1499gm	12
iii.	1500-2499gm	96
	<2500gm	88
5	Outcome	
I.	Discharged	181
II.	Referred	8
III.	LAMA	0
IV.	Died	16

NBSU -are functioning in 5 health facilities (SDH phaltan, RH patan, RH koregaon, RH vaduj, RH wai) with necessary equipment's and trained manpower (one MO and two staff Nurse are available at 5 health facilities). Total NBSU admissions during the reference period were 566.

NBCC- 42 health facilities have NBCC unit available with necessary equipment and trained manpower. During the reference period April and May 2016 the number of admissions in NBCC was 382

9.1 Immunization

Immunization

During the reference period April and May 2016 the following immunisations were provided in the district BCG(9682), DPT/penta1 (8245), DPT/penta2 (7633),DPT/penta3 (7671); polio0 (7495), polio 1 (8120), polio 2 (7500), polio3 (7574); Hep0 (3943), Hep1 (77), Hep2 (77), Hep3 (121); Measles 1 (7401), Measles 2 (7577); DPT (7574); polio booster (7570) and fully vaccine children (7401). During the reference period the no of immunisation sessions planned were 3712 and 3712 immunisations were held in the district. There exists an alternate vaccine delivery system in the district. Micro plan and Outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

In the visited health facilities mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV, BCG and hepatitis B were provided to the babies. Health staffs can correctly administer vaccines. Zero doses of OPV, BCG, and hepatitis B are provided to the babies. Health staffs can correctly administer vaccines. In SC ... ANM have necessary skill and knowledge to correctly use partograph, provide essential newborn care, correctly administer vaccine, guidance/support for breastfeeding, and correctly identify sign of pneumonia and dehydration, and awareness of immunization schedule.

9.2 RBSK - The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child health screening and no early intervention services are available at district level. Teams (36) are constituted for screening with proper plans of visit. The number of children screened during the reference period April – May 2016 .total Children and young adults covered 53721. Among those screened, process is in progress to identify health related problems. Every month visits are planned.

10. Family planning

Family planning services are provided in all the major facilities of the District. During the reference period April and May 2016 the following family planning services were provided in the district female Sterilisations (4400), NSVs (32), IUCD insertion (2319), oral pills distribution (27052) and condom pieces

distributed (124750). IEC materials and PPIUCD services are available in the district. ASHAs are involved in social marketing of spacing methods.

In the visited health facilities counseling of family planning is provided and the record of FP is also maintained. Health staffs can correctly insert IUD.

11. ARSH

There are 5 ARSH clinics in the district and established at the following health facilities; DH, Satara, SDH Karad, SDH Phaltan, RH Wai and RH Koregaon (Functioning since December 2014). Every month two or three camps are held in schools & colleges as part of outreach ARSH services. All types of services are providing in the ARSH clinics. ARSH clinic have a trained manpower available. However, one ICTC counsellor and Medical officer are yet to be trained.

Under ARSH there is a provision of treatment, counseling, referral and outreach ARSH services.

During the reference period April to June 2016 ARSH beneficiaries 268 are registered. In ARSH clinics in the district.

12. Referral Transport and MMUs

The number of ambulances of different types available in the district is 91 and GPS are installed in 89 ambulances. Ambulance services of 24*7 Call Centre is not available. There is one MMUs functioning in the district at Mahableshwar. On an average for a population of 3lakh one ambulance is available. During the reference period April-May 2016. 7934 beneficiaries utilized ambulance services of referral transport. On an average ambulance runs 2607 km per month. Micro plan are prepared. Performance monitoring is done on monthly basis.

Community Processes

13.1 ASHA

Total numbers of ASHAs required in the district are 2650 and total positions filled are 2535. The number of new ASHAs who joined during the reference period were 30. The number of ASHAs trained for module 6&7 was 2122. ORS and Zinc are available to 2535 ASHAs. ASHA, on average receives 3447 per month as an incentive amount. During the reference period the highest incentive of Rs. 43330/- and

lowest incentive of RS. 0/-was paid to 12 ASHAs. Payments are disbursed in time to ASHAs and ASHAs are being paid in time if funds are available. **Drug kit replenishment is provided to ASHAs.** ASHA resource centre is established in the state.

14. Disease control programmes

Non Communicable disease: During the reference period April to May 2016 the screening of new OPD cases was 13185 .Drugs are available. IEC material available at dist. Level.

15. HMIS and MCTS

Dedicated staff available for HMIS and MCTS. Data quality is good for MCTS. MCTS data entry is in time with completeness. Some HIMS Data consistent is available.

List of Abbreviations

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

MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner
NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee