

Monitoring and Evaluation of Programme Implementation Plan, 2015-16
Solapur District, Maharashtra

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July 2015

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

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Monitoring and Evaluation of Programme Implementation Plan 2015-16: Solapur District, Maharashtra

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Solapur District was carried during the period 6-10 July 2015. The District Health Office, SDH Pandharpur, CHC Akkalkot, PHC Karajgi, and SC Mundewadi were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Solapur district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure:

District in total has sanctioned 77 PHCs and 431 SCs. However, 9 PHCs and 53 SCs do not have building and lands are not available for 3 PHCs and 32 SCs.

SDH, Pandharpur: At present Dialysis unit is functioning well in SDH. However, it needs to be ensured that functioning of SDH is not hampered after a recent incident wherein all the three specialists resigned at a time.

CHC Akkalkot: Staff quarters are not available for any of the staffs. CHC has electricity but without power back up. Although, BB and trauma care units are sanctioned it is not functioning due to unavailability of surgeons.

PHC Karajgi: PHC is handled only by 1 MO as the other MO is deputed in district office. Staff quarter for 1 MO is also required. Drinking water is not available in the premises and for drinking water they have to rely on hand pumps located outside the premises. Solar system is also required for hot water. Toilet for female requires repair. Functional clean labour room is available, but toilet is not attached to the labour room. There is lack of space in this PHC.

SC Mundewadi: Compound wall is not available and the area surrounding the SC building is not clean. ANM is not residing in the quarters available. Due to unavailability of biomedical waste management waste such as delivery placenta etc. are disposed by relatives of the delivery patients themselves.

Human Resources and Training:

District as a whole is facing severe shortage of health staffs. In total there are 1598 regular posts and only 1405 are filled. Out of the sanctioned 154 regular MOs 117 are available. Out of the sanctioned 77 regular LHV sanctioned 40 are available; Out of the sanctioned 509 regular ANM 44 are available; There is also shortage of regular MPHW (30) and SN (21)

SDH Pandharpur: There is severe shortage of health staffs in SDH Pandharpur. One surgeon and two Anaesthetists resigned which needs to be probed. Out of the sanctioned MO CL II positions only 3 are filled. In Regular position out of the sanctioned 1407 posts 37 are vacant and consists mainly of MOs (8), Staff Nurse (4), Sister incharge (3), and ward boy (6) thus affecting the overall provision of health services in SDH. MS position is vacant in **CHC, Akkalkot**. **PHC Karajgi** is managed by only 1 MO as the other MO is deputed in DHO. Also, there are 3 vacant posts of HAs.

Availability of Drugs, Diagnostics, and Equipment

EDL and computer inventory management is in place in the visited facilities except CHC Akkalkot. IFA tablets (blue), Vitamin A syrup, and Misoprostol tablets are unavailable in any of the facilities except PHC Karajgi.

SDH, Pandharpur: Essential drugs such as IFA syrup with dispenser, Zinc tablets, and Mifepristone tablets are unavailable. Supplies and consumables such as OCP and EC pills, IUCDs and sanitary napkins are unavailable. Automatic temperature system is not working in Blood Storage Unit and blood bags available are not sufficient.

CHC, Akkalkot: Essential drugs are available in CHC except for IFA syrup with dispenser, and Mifepristone tablets. Microscope is not functioning. EC pills are not available in CHC. Diagnostics test such as LFT and RPR tests are unavailable.

PHC Karajgi: Neonatal, paediatric and adult resuscitation kit are not supplied to PHC. Among laboratory equipments Semi auto analyzer is not available. CBC, serum Bilirubin test, and RPR as kits are not supplied to PHC.

SC Mundewadi: Inj magnesium sulphate is not available among essential drugs. Pregnancy testing kits and sanitary napkins are not available.

Maternal Health

Pregnant women were provided with essential ANC care. Mother's were advised to stay for atleast 48 hours after delivery in the hospital. All the mothers initiated breast-feeding within 1 hour of the delivery in the visited health facilities. High-risk pregnancies are managed in CHC Akkalkot and PHC Karajgi. However, high risk pregnancies are not managed in SDH Pandharpur.

Maternal death Review

State/district task force is formed to conduct MDR the reports of which are published. There are 26 centers notified for facility based Maternal Death review. Maternal deaths was nil during the reference period.

JSSK

Under JSSK free zero expenses delivery, drugs and consumables, diet, essential and desirable diagnostics and transport from home to hospital, inter hospital, and drop back to home are provided to all the beneficiaries. For pick up transportation 108 is used. In general it was observed a low percent in utilization of transport facilities from home to institute.

JSSK is implemented in all the visited health facilities wherein pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities. However, in CHC **Akkalkot** drop back facility to home could be provided to only three beneficiaries. There is high referral cases hence drop back is low in addition most of the delivered women are not willing to stay more than 6- 7 hours after delivery.

JSY

Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. 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. During the reference period the targeted JSY beneficiaries was 14917 and the actual beneficiaries was 615 thus achieving only 4 percent of the target.

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. In addition there are nine NBSU and six NBCC available with necessary equipment in nine NBSU trained manpower is available. In SDH Pandharpur Phototherapy unit and radiant warmer is non-functional.

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 healthy 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. Counseling of family planning is provided and the record of FP is also maintained. In SC Mundewadi, ANM requires necessary skill and knowledge to insert IUCD.

Infection Control

Regular fumigation is done in the health facilities visited. Washing/laundry service, and dietary scheme are available. However, In SC Mundewadi, the surrounding premises is not clean and there is no mechanism for biomedical waste management. Due to unavailability of biomedical waste management waste such as delivery placenta etc are disposed by relatives of the patients by themselves.

Record Maintenance

In the visited health facilities all IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled. However, CHC did not received any untied fund and RKS although funds are available there is no concerned authority (MS) to sign and hence the funds are still unspent. **SC, Mundewadi:** Eligible couple registers, line listing of severely pregnant women, vaccine supply (as done in PHC) are not available. MCH, delivery, referral registers, Records of families with 0-6 year's children under RBSK, records are not available.

IEC

Approach roads have direction to SDH Pandharpur and CHC Akkalkot but not to PHC Karajgi and SC Mundewadi. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in the visited health facilities. However, citizen charter is not displayed in SDH Pandharpur, EDL are not displayed in PHC Karajgi, Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and JSY entitlements are not available in SC Mundewadi.

Disease control programmes: Have major cases of Acute Diarrhea, ARI, Dog bite, Snake bite, bacillary dysentery, Fever of unknown origin.

Non Communicable disease: Have major cases of Road traffic accidents, Accidental injuries, Asthma, bronchitis, Diabetes, and hypertension. Two deaths was reported due to snake bite.

HMIS and MCTS

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. M& E officer suggested computer lab specifically for HMIS and MCTS. They also suggested In PIP there should provision to provide more number of trainings in MCTS and HMIS.

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.
- Infrastructure needs upgradation in the district. Some of the issues in the visited health facilities are Staff quarters are not available for any of the staffs in **CHC Akkalkot**. Drinking water is not available in the premises of **PHC Karajgi**. Toilet is not attached to the labour room in PHC Karajgi as well as toilet for female requires repair. Compound wall is not available and the area surrounding the SC **Mundewadi**.
- 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.
- Biomedical waste management is not available in SC Mundewadi.
- 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 trainings 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 MO 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 burden with administrative duties as well.
- Although, BB and trauma care units are sanctioned in CHC Akkalkot it is not functioning due to unavailability of surgeons. District as a whole is severely shortage of health staffs. One surgeon and two Anaesthetists in SDH Pandharpur resigned which needs to be probed. MS position is vacant in CHC, Akkalkot. **PHC Karajgi** is managed by 1 MO as the other MO is deputed in DHO.
- 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.
- Proximity and awareness to public health facility will make substantial difference in the outreach and utilizing the health care facilities.

- IFA tablets (blue), Vitamin A syrup, and Misoprostol tablets are unavailable in any of the facilities visited except in PHC Karajgi. Essential drugs such as IFA syrup with dispenser, Zinc tablets, and Mifepristone tablets are unavailable in **SDH, Pandharpur**.
- Equipment's although available, are either non functional or under repair and in some facilities is under repair. Hence, equipment maintenance needs to be strengthened. Automatic temperature system is not working in Blood Storage Unit in **SDH, Pandharpur** and blood bags available are not sufficient. In SDH Pandharpur in SNCU unit Phototherapy unit and radiant warmer is non functional.
- It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. M& E officer suggested computer lab specifically for HMIS and MCTS.
- **PIP funds needs to be released on time.** Except for JSSK POI funds the funds allotted to general patients are insufficient due to which outreach activity, and functioning of referral transport is hampered.
- Health staffs more prominently the MOs appointed can be provided training in Kannada language considering that some blocks and villages are bordering with the state of Karnataka where predominately people understands Kannada.

2. Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2015-16 has been designed and submitted to Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra.

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Solapur District was carried during the period 6-10 July 2015. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

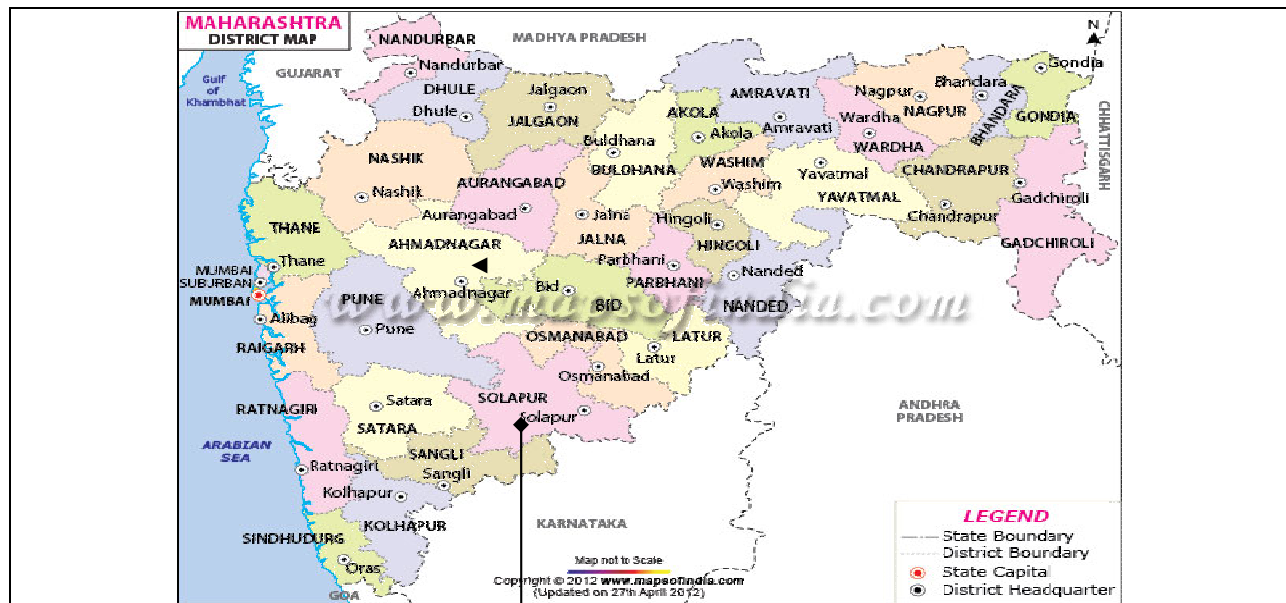
In consultation with DHO, CMO and Nodal officer in the district, SDH Pandharpur, CHC Akkalkot, PHC Karajgi, and SC Mundewadi was selected for monitoring of PIP. Accordingly, the District Health Office, SDH Pandharpur, CHC Akkalkot, PHC Karajgi, and SC Mundewadi were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, SO, DPM and M & E officer have also accompanied with PRC team to visit the above mentioned facilities. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Solapur district as observed by the PRC team during the field visit.

3. State and District profile

Solapur district, famous for its Chadder, Handloom, Power loom and Beedi Industries, covering an area of 14844.6 sq.kms. it is one of the important districts in Maharashtra State of India. It is situated at a distance of 410 Kms. from the Maharashtra State Capital of Mumbai by road and train. It falls on the Mumbai-Chennai and Mumbai-Hyderabad railway track. The nearest domestic airport is Pune and the international airport is Mumbai. Solapur is at a distance of 245 kms from Pune, and 305 Kms. from Hyderabad (Andhra Pradesh). The district is having 11 talukas, 1150 villages, 1027 panchayats, 11 panchayat samitis, 1 municipal corporation and 9 municipal councils. District is surrounded by Ahmednagar and Osmanabad districts in the north, Osmanabad and Gulbarga (Karnataka State) in the East, Sangli and Bijapur (Karnataka State) in the South and Pune, Satara districts in the West. Shrikshetra

Pandharpur, considered as 'Southern Kashi' of India and Kuldaivat of Maharashtra State is the honour of this district.

Map of Maharashtra State and Solapur District



Solapur: Key Demographic Indicators (2011)

Indicators	Values	Indicators	Values
No. of Blocks	11	Scheduled Caste (%)	15.05
No. of Villages	1167	Scheduled Tribe (%)	1.8
Population –Total	4317756	Literacy Rate – Total (%)	77.02
Population – Male	2227852	Literacy Rate – Male (%)	85.03
Population – Female	2089904	Literacy Rate – Female (%)	68.55
Density of Population/Sq.km	290	Sex Ratio (f/m)	922
Urban Population (%)	32.40	Child Sex Ratio (f/m)	874

Source: Census of India 2011

4. Key Health and Service Delivery Indicators

Items	Values
Infant Mortality Rate (IMR) *	18
Neonatal Mortality Rate (NMR) *	13
Maternal Mortality Rate (MMR) @	87
OPD attendance (average per month) @	166894
IPD attendance (average per month) @	8529
Mothers registered in the first trimester (%) #	82.7
Mothers who had at least 3 ANC visits (%) #	90.9
Home deliveries #	7.8
Unmet need for FP (%) total	16.0
Children fully immunized (%) #	69.8
Institutional deliveries (%) #	92.2

Source: * Survey of cause of death (2014); # DLHS4 (2012-13), @HMIS

Solapur District: Key Service Utilization Parameters of visited facilities (April to June 2015)

Service Utilization Parameter	SDH Pandharpur	CHC Akkalkot	PHC Karajgi	SC Mundewadi
OPD	32434	17101	2786	
IPD	3112	1993	212	
Expected number of pregnancies	--	251	--	29
MCTS entry of women registered in the first trimester (%)	80	70	19	32
No. of pregnant women given IFA	826	184	119	32
Total deliveries conducted	340	313	73	4
Number of Deliveries conducted at home				--0
No. of assisted deliveries(Ventouse/ Forceps)--	--	110	--	
No. of C section conducted	130	1		
Number of obstetric complications managed	130	94	--	
No. of neonates initiated breast feeding within one hour	335	309	73	4
No. of children screened for Defects at birth under RBSK	--	2	--	--
RTI/STI Treated	67	44	--	
No. of admissions in NBSUs/ SNCU, whichever available			--	
Inborn	113	--	--	
Outborn	26	0	--	
No. of children admitted with SAM	--	0	--	
No. of sick children referred	--	2	7	
No. of pregnant women referred		70	15	1
ANC1 registration	425	251	49	32
ANC 3 Coverage	--	184	62	32
ANC 4 Coverage			42	24
No. of IUCD Insertions	1	60	12	8
No. of Tubectomy	65	79	99	
No. of Vasectomy	--	0	--	
No. of Minilap + Laparoscopy	87	31	--	
No. of children fully immunized	574	330	310	20
Measles coverage	--	330	310	20
No. of children given ORS + Zinc	--		--	29
No. of children given Vitamin A	--	0	--	0
No. of Children given IFA syrup				23
No. of women who accepted post-partum FP	--	0	59	
No. of MTPs conducted in first trimester	34	4	7	
No. of MTPs conducted in second trimester	--	0		
Number of Adolescents attending ARSH clinic	762	0		
Maternal deaths, if any	--	0	0	0
Still births, if any	4	5	0	0
Neonatal deaths, if any	0	0	0	0
Infant deaths, if any	0	0	0	0
Number of VHNDs attended				3
Number of VHNSC meeting attended				3

Service delivery data submitted for MCTS updation				yes
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Note: -- = Nil; * = No data; ** = Services not available

5. Health Infrastructure

Health Infrastructure in Solapur District

Institutions	Number	Located in government building	No. of facilities having inpatient facility	No. of Inpatient beds in each category
District Hospital	0	--	--	--
WH	0	--	--	--
SDH	3	3	3	50
CHC	13	13	30	30
PHC	77 (9 PHC building not available, 3 PHCs land not available, 6 PHCs work is in progress)	66	66	6
SC	431(53 SCs building not available, 32 SCs land not available, 12 SCs work is in progress)	378	NA	NA
AYUSH facilities dispensary	9 (3 in SDH, 6 in RH)	9	9	--

NA = Not Applicable

SDH, Pandharpur: is located in Pandharpur block and approximately 60 km from headquarter. SDH is functioning in a government building which is in a good condition. The health facility is easily accessible from nearest road. Staff quarters are not available for any of the staffs. SDH 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. Dialysis unit is functioning well in SDH and SU unit is available. There is a separate room for ARSH clinic. Complaint/suggestion box is available. ICTC centre is available. NRC is not available. Biomedical waste is outsourced.

CHC Akkalkot: The selected CHC, Akkalkot is located in akkalkot block with an approximate distance of 40 Km from the HQ. The health facility is easily accessible from nearest road. CHC is functioning in a government building which is in a good condition. CHC has electricity without a power back up, running 24*7 water supplies, clean wards and toilets separately for males and females, clean labour room having attached toilet. Functional NBCC, NBSU, SNCU are available. BSU, NRC, and separate room for ARSH clinic are not available. Staff quarters are not available. ICTC centre, Complaint, or suggestion box is not available and biomedical waste is outsourced. **Although BB and trauma care units are sanctioned it is not functioning due to unavailability of surgeons. No Visitor books are maintained in the CHC.**

PHC Karajgi: is located in akkalkot block covering 24 villages and is approximately 33 kms from headquarter. There are 9 SCs under this PHC. The selected PHC is easily accessible from nearest road PHC is functioning in an old government building. Staff quarter for MO (1), SN, and other categories are available and 1 MO quarter is required. PHC has electricity with power back up, running 24*7 water supplies are available however drinking water is not available in the premises. Clean toilets for males are available and female toilet needs repair. Functional clean labour room is available, but toilet is not attached to the labour room. Wards are clean and male and female wards are separate. NBCC is available. There is a mechanism for Waste management. Complaint/suggestion box is unavailable. As per staffs of PHC there is lack of space in PHC. Toilets for female need to be repaired. There is requirement for solar for hot water and for drinking water they have to rely on handpumps which are located outside the premises.

SC Mundewadi: comes under PHC Karajgi, in akkalkot block which is approximately 12 Km from this SC. SC is located in main habitation covering three villages with a population of 5,010. SC is functioning in a government building which is in a good condition. SC has electricity with power back up (inverter) and running water 24*7 supply. ANM is not residing in the quarters available at SC. Functional clean labour room is available with attached clean toilet and NBCC do not exist. As compound wall is unavailable general cleanliness could not be maintained in surrounding areas of the SC building. No complain/suggestion box is available. Biomedical waste management is unavailable due to which delivery placenta etc are disposed at relatives place of women delivering in SC.

6. Human Resources and Training

District as a whole is facing severe shortage of health staffs. District In total has 1598 regular posts and only 1405 are filled. Out of the sanctioned 154 regular MOs sanctioned 117 are available. Out of the sanctioned 77 regular LHV sanctioned 40 are available; 509 regular ANM sanctioned and 44 are available; there is also shortage of regular MPHWS (30) and SN (21)

No. and types of HRH required vs available, postings in Solapur District

Sr. No.	Name of Post	Sanctioned	Available	Remark
1	MOs	221	156	154 regular MOs sanctioned and 117 available (Gynaecologist9, Paediatrician6, Anaesthetists 3, Cardiologist0, ENT2, Eyes 1, Radiologist 0, Physicians2, Pathologist are available)
2	LHV	137	93	77 regular LHV sanctioned and 40 available (regular)
3	ANM	781	736	509 regular ANM sanctioned and 484 available(regular)
4	MPHW (M)	298	268	298 regular MPHWS (M) sanctioned and 268 available(regular)
5	SN	161	152	281 regular SN sanctioned and 256 available(regular)

	Total	1598	1405	1319 regular Total sanctioned and 1165 available(regular)
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Human Resource at SDH Pandharpur: There is severe shortage of health staffs in SDH Pandharpur. One surgeon and two Anaesthetists resigned from SDH which needs to be probed. Out of the sanction 11 MO CL II posts only 3 are filled. In Regular position out of the sanctioned 1407 posts 37 are vacant and consist mainly of MOs (8), Staff Nurse (4), and Sister in charge (3), and ward boy (6) thus affecting the overall provision of health services in SDH.

Human Resource at SDH Pandharpur

Sr. No.	Name of the post	Sanctioned	Filled	Vacant	Resigned
	IPHS Contractual staff				
1	Surgeon	1	0	1	1
2	Anaesthetist	2	0	2	2
3	Radiologist	1	1	0	--
4	SN	6	6	0	--
	Total	10	7	3	3
1	OBG	3	3	0	
2	Anaesthetist	1	0	1	
3	Paediatrician	1	1	0	
4	MO CL-II	11	3	8	
5	Staff nurse	29	28	1	
6	Pharmacist	3	3	0	
7	RMNCHA+ counsellor	2	2	0	
	Total	55	40	15	
	SNCU unit				
1	Paediatrician	1	1	0	
2	MO	3	2	1	
3	Staff nurse	6	6	0	
4	Sister In charge	1	1	0	
5	DEO	1	1	0	
	Total	12	11	1	
1	MS CL-I	1	0	1	
2	MO CL-II	14	6	8	
3	MO CL-III	1	1	0	
4	Administrative officer- CL II	1	0	1	
5	Office Supriendent	1	1	0	
6	Assistant Supriendent	1	1	0	
7	X ray technician	2	2	0	
8	LT	2	1	1	
9	Assistant Matron	1	1	0	
10	Sister In charge	5	1	4	
11	Staff nurse	29	26	3	
12	Technician (blood bank)	2	1	1	
13	Dietician	1	0	1	

14	Pharmacist	3	3	0	
15	ECG technician	1	1	0	
16	Technician	1	1	0	
17	Assistant LT	3	2	1	
18	Senior Clerk	1	0	1	
19	Junior Clerk	4	3	1	
20	Peon	2	1	1	
21	Ward boy	10	4	6	
22	OT attendant	2	1	1	
23	Dresser	1	1	0	
24	Sweeper	3	2	1	
25	Ophthalmic officer	1	1	0	
26	Driver	1	1	0	
27	Technician (dentist)	1	0	1	
28	Blood bank attainer	1	0	1	
29	Helper	1	1	0	
30	Trauma/emergency (helper)	3	3	0	
31	Helper (dentist)	1	0	1	
	Total	101	64	37	

CHC, Akkalkot: MS position is vacant. In contractual staffs out of the sanctioned 23 staffs two posts of ANM one in RBSK and another in RCH are vacant.

Human Resource (Regular) in CHC Akkalkot

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical Superintendent CI-I	1	0	1
2	Medical officer CI-II	3	3	0
3	Asst. Superintendent	1	1	0
4	Junior Clerk	2	2	0
5	Staff Nurse	7	7	0
6	Ophthalmic officer	1	1	0
7	Lab Technician	1	1	0
8	Lab Asst.	1	1	0
9	Pharmacist	1	1	0
10	X Ray technician	1	1	0
11	Driver	1	1	0
12	Peon	1	1	0
13	Ward Boy	4	4	0

14	Sweeper	1	1	0
	Total	26	25	1

Human Resource (Contractual) in RH Akkalkot:

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Dentist	1	1	0
2	MO AYUSH	1	1	0
3	Paediatrician (IPHS)	1	1	0
4	MO (RBSK)	4	4	0
5	MO (RBSK)	4	4	0
6	Pharmacy Officer(RBSK)	4	4	0
7	ANM (RBSK)	4	3	1
8	ANM (RCH)	4	3	1
	Total	23	21	2

PHC Karajgi: is managed by 1 MO as the other MO is deputed in DHO. Also, there are 3 vacant posts of HAs.**Human Resources at PHC Karajgi**

Sr. No.	Name of the post	Sanctioned	Filled	Vacant	Remark
1	Medical officer	2	2	0	1 MO deputed to DHO.
2	SN/GNM	2	1	1	
3	ANM	2	2	0	
4	Pharmacist	1	1	0	
5	LHV/PHN	1	1	0	Under NRHM
6	Lab. Tech.	1	1	0	
7	Others	8	5	3	3 H.A posts are vacant
	Total	17	13	4	

SC Mundewadi: SC has 2 ANMs (1 regular and one under NRHM). ONE MPW is deputed to PHC Karajgi

Training status /skills of various cadres of Solapur district.					
S.N.	Type of Training	MO	ANM	LHV	SN
1	SBA		15		6
2	LSAS	1			
3	NSV	1			
4	Minilap	3	--	--	--
5	IMEP		38	--	18

6	NSSK Trg.			-	
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Training status /skills of various cadres in the visited health facilities, Solapur district.

Training programmes	SDH Pandharpur	RH Akkalkot	PHC Karajgi	SC Mundewadi
EmOC	MO-1	--		
LSAS	--	--		
BeMOC	MO-1	--	MO-1	
SBA	--	SN-5	LHV-1, ANM-1	
MTP/MVA	MO-1	MO-1		
NSV	--	--	--	
F-IMNCI/IMNCI		MO-1	SN-1, MO-1	ANM-1
NSSK		SN-5	MO-1	--
Mini Lap-Sterilisations	MO-3	--		
Laproscoy-	MO-1	--	--	
IUCD	MO-1, SN-1	SN-1	SN-1, ANM-1	--
Fileria and CUT 375			ANM-1	
PPIUCD	MO-1, SN-1		--	
RTI/STI	--	--	MO-1	
IYCF	--	--		--
Immunization and cold chain	MO-1, SN-2	SN-5	LHV-1, SN-1, MO-1	
RNTCP	--	--	--	
Blood storage	MO-1, LT-1	--	--	
IMEP	--	--	LHV-1, SN-1	
RI	--	--	LHV-1, SN-1, ANM-1	ANM-1
Blood transfusion	--		--	--
HBNC	--	--	--	
Others	--	--	--	--
CMLT, DOTS, RNTCP	--	--	--	--
BMW	--	--	--	--
CTC	--			--
MCTS & DHIS2			LHV-1	
MCH			ANM-1	

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

7. Availability of Health service by no of facilities: Solapur

Health Services	Total district no of cases/facilities	Remark
OT Surgery (Major)	1245	No. of cases
OT Surgery (Minor)	1144	No. of cases
OT (PHC)	66	No. of facilities sanctioned 77 available 66
OT (SDH/RH)	RH 13; SDH 3	No. of facilities
Medicines	--	Available
Obstetrics	154	No. of cases Available
Gynaecology	1321	No. of cases Available
Cardiology	0	Not Available
Emergency	--	Available
Trauma Care	0	Not Available
Ophthalmology	433	No. of cases
ENT	--	Available
FP services	1322	No. of cases
Ancillary services of blood bank	--	Available
Radiologist	0	Not Available
Pathologist	--	Available
Mild Patient management	--	Available
C section deliveries	500	No. of cases Available
OPD medicines	333787	No. of cases Available
OPD Gynaecology	--	Available

Availability of Drugs and diagnostics, Equipments

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

SDH, Pandharpur: EDL is available and displayed. Computer inventory system is in place. All the essential drugs are available in SDH except for IFA tablets (blue), IFA syrup with dispenser, Vitamin A syrup, Zinc tablets, Misoprostol and Mifepristone tablets. All the essential supplies and consumables are available except OCP and EC pills, IUCDs and sanitary napkins. Adequate vaccine stocks are available. All the essential supplies and equipments are available in SDH. All types of diagnostics test were available except for CBC. During the reference period April-June, 2015 Hemoglobin (868), Urine albumin and sugar (738), Blood sugar (309), RPR (138), Malaria (464), TB (101), HIV (213), LFT (111), blood and others (7) were conducted.

There is a functional Blood Storage Unit in SDH however automatic temperature system is not working. Blood bags available are also not sufficient. Registers for blood bag are available.

CHC, Akkalkot: EDL list are not available in CHC and computer inventory management is not in place. Essential drugs are available in CHC except for IFA tablets (blue), IFA syrup with dispenser, Vitamin A syrup, Misoprostol and Mifepristone tablets. Essential supplies and equipments are available in CHC except that microscope is non functioning. Except, for EC pills all the other supplies are available in CHC. Diagnostics test were available except LFT and RPR test. During the reference period April-June, 2015 Hemoglobin (786), CBC (54), Urine albumin and sugar (904), Malaria (340), TB (139), HIV (1139), blood groups (790) were conducted.

PHC Karajgi: EDL is available and displayed in PHC essential drugs are available. Essential supplies and equipments are available except neonatal, paediatric and adult resuscitation kit which are not supplied. Among laboratory equipments Semi auto analyzer is not available as it is not supplied. Major diagnostics tests are available except CBC, serum Bilirubin test, and RPR as kits are not supplied for it. During the reference period April-June, 2015 Hemoglobin (336), Urine albumin and sugar (204), Blood sugar (177), Malaria (418), TB (48), HIV (66), blood group (20), V. Da(21), and VPT (21) were conducted.

SC Mundewadi: Essential drugs and equipments are available in SC except for IFA tablets, Vit A syrup, Inj Magnesium sulphate and Misoprostol tablets. Essential supplies are available except pregnancy testing kits and sanitary napkins

AYUSH services

AYUSH facilities are provided in Ayurvedic dispensary (5), SDH and RH-Ayurved (8), Homeopathy (2). AYUSH OPDs are integrated with the main facility. Stocks positions of AYUSH medicines are available. AYUSH MO is not a member of the RKS. During the reference period April-June, 2015 total AYUSH cases was 13638 as per HMIS data.

User Fees

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

8. Maternal health

8.1 ANC and PNC

During the reference period April-June, 2015 as per HMIS data, 15,427 new ANC registrations were done out of which first trimester registrations was 8,604 in the district. Thus district recorded 55 percent first trimester registration. The number of women having severe anemia and treated in institute was 180. Women (14) were line listed for severe anaemic condition. Hypertensive pregnant women's (299) were also identified. The number of B-sugar and U-sugar tests conducted were 13,327 and 15,309 respectively. Pregnant women were provided with TT (10,755) and IFA tablets (10,067). During this period, 7,256 mother's received postnatal visits.

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 the facility **SDH, Pandharpur**. High risk pregnancies are managed in **CHC, Akkalkot** and **PHC, Karajgi**. In SC Mundewadi: 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 to June, 2015 as per HMIS data, 12,179 deliveries were reported as institutional deliveries out of which 1,708 were C-section deliveries in the district. The number of patients provided with EmOC facilities was 500.

8.3 Maternal death Review

State/district task force is formed to conduct MDR the reports of which are published. There are 26 centers for facility based Maternal Death review. Nil maternal deaths was reported in the district during the reference period April-June, 2015.

8.4 JSSK

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

In the district, 3332 pregnant women's availed JSSK facilities during the reference period. The number of mothers who were provided with free transport from home to institute in government vehicles was 992. Referrals from institute to institute were utilized by 482 beneficiaries. Drop back to home from government vehicle were utilized by 1858 beneficiaries.

Number of infants admitted were 355 and 32 infants were provided free transport from home to institute in government vehicle. Number of infants provided free transport from institute to institute was 35. Drop back facilities to home in government vehicle were provided to 288 infants. In general it was observed a low percent in utilization of transport facilities from home to institute.

SDH Pandharpur: During the reference period April-May, 2015 34 beneficiaries were provided with free transports from home to institute, 30 beneficiaries were provided with inter facility and drop back facility to home were provided to 293 beneficiaries. 131 were given transport facilities from facility to home and 15 of them got inter facility transport facilities.

CHC Akkalkot: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities using 108 only for pick up. During the reference period April-June, 2015 48 beneficiaries were provided with free transports from home to institute, 44 beneficiaries were provided with free inter facility and drop back facility to home were provided to only 3 beneficiaries. There is high referral cases hence drop back is low in addition most of the delivered women are not willing to stay more than 6-12 hours in facility that is the reason very few drop back. There was no infant beneficiaries of JSSK.

PHC Karajgi: Fifty eight beneficiaries utilized the services of free transport from home to PHC and 73 got free drop back service. Eight beneficiaries were provided with inter transport facility. Seven infants received inter facility transport facility during the reference period April-June, 2015.

8.5 JSY

During the reference period April-June, 2015; as per HMIS data out of the total 4837 public institutional deliveries JSY incentive paid to mothers was 827 and to ASHAs 1016; out of 7321 private institutional deliveries 478 mothers and 1499 ASHAs received JSY benefits. Full amount of financial assistance is provided in the form of a/c payee cheque within 15 days of delivery. During this period JSY benefits were also provided to 7 beneficiaries for home deliveries. 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. During the reference period the targeted JSY beneficiaries was 14917 and the actual beneficiaries was 615 (329 SC, 9 ST, 216 BPL) thus achieving only 4 percent of the target. In the visited facilities JSY payments are given before discharge. JSY payment is done through AC payee.

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. During the reference period April-June, 2015 742 were admitted under SNCU/NBSU and cured. There are 9 NBSU and 6 NBCC available with necessary equipment in 9 NBSU trained manpower is available.

In SDH Pandharpur Phototherapy unit and radiant warmer is non functional.

Details of NBSU, SNCU in Solapur district April-June, 2015

Sr. No	Indicators	NBSU(RHs:akkalkot,Barshi,SDH,Karmala)	SDH,Pandharpur SNCU
1	Deliveries	422	340
2	Still Births	5	6
3	Admitted to SNCU/NBSU	271	139
4	Weight at the time of admission		
i.	<1000gm	0	1
ii.	1000gm-1499gm	1	10
iii.	1500-2500	34	41
5	Morbidity profile		
I.	Respiratory distress syndrome	0	36
II.	Meconium aspiration syndrome	8	26
III.	HIE/Moderate-severe birth asphyxia	1	14
IV.	Sepsis	0	10
V.	Other causes of respiratory distress	0	4
VI.	Jaundice requiring phototherapy	1	13
VII.	Hypothermia	0	8
VIII.	LBW with prematurity	2	4
IX.	Others	9	29
X.	Gestation<37 weeks	6	93
6	Outcome		
I.	Discharged	86	115
II.	Referred	6	15
III.	LAMA	0	6
IV.	Died	0	2
7.	Cause of death		
I.	Prematurity	0	1
II.	Meconium aspiration syndrome	0	1
8	Duration between time of admission and death		
	1-6 days	0	1
	>7 days	0	1

9.1 Immunization

During the reference period April – June 2015; as per HMIS data 11,525 children's were fully vaccinated in the district. Immunization sessions (4,003) were planned and held in the district. Babies (12,934) were provided with BCG doses. DPT 1, 2 and 3 were provided respectively to 12,765; 12,060; and 12,196 babies. DPT booster was provided to 11,551 children's. Zero doses of polio were provided to 9,420 babies and polio 1, 2 and 3 doses were provided respectively to 12,625; 11,954; and 12,064 babies. Polio booster was provided to 11,315 children's. Hepatitis 0, 1, 2, and 3 were provided respectively to 2,870; 12,736; 12,013; and 12,103 babies. Measles 1 & 2 were provided respectively to 11,788 & 11,154 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 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 Mundewadi: 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 healthy screening and no early intervention services are available at district level. Teams (52) are constituted for screening with proper plans of visit (4705 schools and colleges). The number of children screened during the reference period April – June 2015 in the district under this scheme was 1,287,504. Children and young adults covered in the age group 6-18 years were 6,11,730 and in the age group 6 weeks to 6 years were 6,75,774. Among those screened, process is in progress to identify health related problems. Every month visits are planned.

10. Family planning

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

As per DHIS 2 data During the reference period April – June 2015 NSV (2), laparoscopic sterilization (2296), minilap sterilization (2563), post partum sterilization (299); IUD (2647); 51,505 condoms, and 21,177 oral pills were provided in the facility.

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. In SC Mundewadi ANM requires necessary training and knowledge to insert IUCD.

11. ARSH

In district there exist 5 ARSH clinics with only 4 clinics functioning with trained manpower (SN-5, MO/LMO-5, and Counselor-1) functioning and 1 new ARSH clinic is established at RH akkalkot. Under ARSH there is a provision of treatment, counseling, referral and outreach ARSH services.

In SDH, Pandharpur two ARSH ICTC counselor and one LT is available along with separate room for counseling. They have collaboration with 4 NGOs viz: Sevadhan trust (for peer group), zk vasantrao naik (for FSW/MSM), Param Prasad (for Linkworker), Muk nayak (for migrants), and through link worker arrange camps at village level in Anganwadis as part of VCTC. Pre and post counseling in HIV are given and tested at ART centres. During the reference period April to June 2015 ARSH beneficiaries were in clinic (43) and outreach (662). During the same period 2874 general and 2745 ANC patients were tested and 77 in general and 2 in ANC were found to be HIV positive.

Quality in health services

12.1 Infection Control and Biomedical Waste Management

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

Regular fumigation is done in the visited health facilities. Washing/laundry service, and dietary scheme are available except in **CHC, Akkalkot and PHC, Karajgi** where it is outsourced. There is an appropriate drug storage system, equipment maintenance and repair mechanism is in place except **CHC, Akkalkot**. Tallies are not implemented and there is no mechanism for grievance redressal. In any of the facilities visited

12.2 Record Maintenance

SDH, Pandharpur: In SDH all IPD/OPD, ANC, PNC, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure are available, updated and correctly filled.

CHC, Akkalkot: IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, OT, FP, immunisation, Referral, and drug stock registers are available, updated and correctly filled. However, CHC did not received any untied fund and RKS although funds are available there is no concerned authority (MS) to sign and hence the funds are still unspent.

PHC, Karajgi: IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated microplan are available, updated and correctly filled in PHC. During the reference period April-June, 2015; there was no untied funds, out of 25,000 amount received 20,000 is spend under RKS expenditure.

SC, Mundewadi: Eligible couple registers, line listing of severely pregnant women, vaccine supply (as done in PHC) are not available, Payments under JSY VHND plan and VHSNC meetings are available and stock register are available, updated and correctly filled. MCH, delivery, referral registers, Records of families with 0-6 year's children under RBSK, records are not available.

12.3 IEC

SDH, Pandharpur: Approach roads have direction to SDH. JSSK entitlements, immunization schedule, timing of health facility, list of services available, protocol posters JSY entitlements and other IEC material are displayed in SDH. However, citizen charter is not displayed in SDH.

PHC, Karajgi: Approach roads do not have direction to PHC. Citizen charter, timing of health facility, protocol posters, immunization schedule, and JSSK and JSY entitlements are displayed in PHC. However, list of services available, and EDL are not displayed in PHC.

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

SC, Mundewadi: Approach roads have no directions to SC. Immunization schedule, JSSK and SBA protocol are displayed in SC. Citizen charter, timing of the SC, visit schedule of ANM, area distribution of the ANM/VHND plan and JSY entitlements are not available in SC.

13. Referral transport and MMUs

District has 95 ambulances and 1 MMU as referral transport, with two call centre. On an average for a population of 33470 one ambulance is available. During the reference period April-June 2015; 3,687 beneficiaries utilized ambulance services of referral transport. On an average ambulance runs 30 km per day. Micro plan are prepared. Ambulances are fitted with GPS. Performance monitoring is done on monthly basis. Number of patients served in MMU during the period April-June 2015 was 5,365.

14. Community Processes

14.1 ASHA

During the reference period April-June, 2015 there is a requirement of 2,709 ASHAs as per sanctioned post. Out of which 2,479 are in place in the district. During the same period 46 ASHAs left and 29 new ASHAs joined. Module 6 & 7 training was given to 2085 ASHAs in the district. In Family planning methods condoms and pills are provided to all the ASHAs. However, ORS and Zinc are provided to ASHAs. An ASHA worker receives an average of Rs. 1,262/-per month. The highest incentive paid to ASHA worker is Rs. 10,000/- and the lowest is Rs. 200/-. Payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA resource centre is available.

15. Disease control programmes

The number of slides (Malaria) prepared during April-June 2015 as per passive agencies and health worker including ASHAs was 1,39,967 and 1Pv positive slide as reported by passive agency P44 (in PHC pangaon). An estimated 9000 RDK are available and supplied from Jt- Director, Pune. Drugs and staffs are available. The number of sputum test conducted during the reference period April-June 2015 was 5,467 and 368 was found to be positive. DOT medicines are available. The number of new cases detected was 324 out of which 29 were detected by ASHAs and 573 patients are under treatment.

During the reference period April to June 2015 out of the total OPD attendance 219938 the number of cases of presumptive surveillance-P cases was 41510 with majority of cases of Acute Diarrhea, ARI, Dog bite, Snake bite, bacillary dysentery, Fever of unknown origin.

Communicable disease: During the reference period April to June 2015; the total number of OPD and IPD combined cases was 35629 with major cases of acute Diarrhea, ARI, and others.

Non Communicable disease: During the reference period April to June 2015 the combined cases of OPD and IPD was 1773 with major cases of Road traffic accidents, Accidental injuries, Asthma, bronchitis, Diabetes, and hypertension. Two deaths were reported due to snake bite.

16. HMIS and MCTS

In District staffs are available for HMIS and MCTS to assess the quality, completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional since November, 2011. However they could not access online verification done by PRC. It appears that there is some problem in software from transferring data DHIS-II to HMIS portal. Data entries are regularly updated in MCP and MCTs in the visited facilities. M& E officer suggested computer lab specifically for HMIS and MCTS. They also suggested in PIP there should provision to provide more trainings in MCTS and HMIS.

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