

**Monitoring and Evaluation of Programme Implementation Plan, 2016-17:
Jalna District, Maharashtra**

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

1. Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Jalna district was carried during the period 7th of March to 11th of March 2017. The District Health Office, DH Jalna, WH Jalna, CHC Bhokardan, CHC Badnapur, PHC Somthana, and SC Akola (Niklak) were selected for monitoring of PIP. Accordingly, the District Health Office, DH Jalna, WH Jalna CHC Bhokardan, CHC Badnapur, PHC Somthana, and SC Akola (Niklak) were visited for the purpose of PIP monitoring in the district.. This report discusses in detail the implementation of PIP in Jalna district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

At present WH Jalna is functioning in a Dharma shala. Staffs quarters are not available.

- CHC Badnapur has a functional government building.
- CHC Bhokardan has a functional government building.
- In PHC Somthana Staff quarters are available. Building is in condition, toilet facilities are available, and there are attached labour wards. Water supply and Electricity with power backup are available.
- In SC Akola the building condition is good; electricity is available. Labour room is attached with toilet but not in good condition.

Key Observations

- Services of ANC, PNC, Deliveries, and Neonatal care, Immunization, JSY and JSSK are being implemented at various levels of service points in the district.
- JSSK scheme was launched in 2011 in all the districts in all Maharashtra. Under JSSK the pregnant women who avail the government facilities in Jalna district receive benefits like free registration, check-up, treatment and delivery including cesarean section and blood transfusion.
- ARSH clinics are functional with trained manpower in DH, SDH and CHCs.
- Computerized Drug Unit managing system is in place to manage drugs and logistics in the district hospital and the main server is located at state office the list of essential drugs is formulated and is available in all types of facilities.
- Shortage of manpower is observed in the visited facilities. There is shortage of medicine and equipment in some visited facilities.
- NRC is available in the district Jalna it is functioning in a good condition.

- AYUSH facility is available in the district. AYUSH OPD is conducted separately in the district.
- Increase in numbers of IPD and OPD patients have been observed in the visited facilities. Deliveries at WH have increased and are on an average 400 per month due to JSSK. Maternal and neonatal mortality rates have decreased. Neonatal complications are managed effectively.
- Functional SNCU and NBCC are available in the district, all essential equipment's and trained manpower are available.
- In addition to the District Civil Hospital, one Women's Hospital is functioning in Jalna with 60 beds and provides maternal and child health services. Women's Hospital has a heavy work load. The hospital building is under construction since last three years, and construction work is going very slowly. Now WH is shifted in newly constructed Dharmshala but Space is very small for efficient functioning.

Suggestions of service providers in the visited facilities:

WH Jalna:

- 1) WH is facing a heavy work load with 5198 total deliveries during the reference period April 2016 to February 2017 out of which 316 deliveries were C-section deliveries. The total sanctioned beds are 60 but this is insufficient and even floor space is used for beds. The building construction which started long back is yet to be completed.
- 2) USG machines are available in District Hospital and WH is located far away from DH. Hence, USG machine along with trained staff is required at WH. In addition one colour Doppler is also required.
- 3) Post of M.O. Class II need to be filled according to NHM tool Kit.
- 4) Most of WH equipment's are under repair.

CHC Badnapur:

1. MS post is not filled and other Class II MOs are newly appointed.
2. Building of CHC is good but it is far away (6 km) from main Badnapur village and road condition is good only up to main road; connecting roads to main road are not in good condition.
3. The vehicle of 102 is not working since past 3 months because of battery problem.
4. In Badnapur there is a Sub-centre which is located in the village itself and is working efficiently due to which the catchment population prefers sub centre for treatment.

Sub Centre Akola:

- 1) Compound Wall needs to be constructed in the SC.
- 2) Delivery room although constructed some leakages are there and attached toilet is not in working condition.

2. Introduction

In keeping with the goal of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2016-17 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.

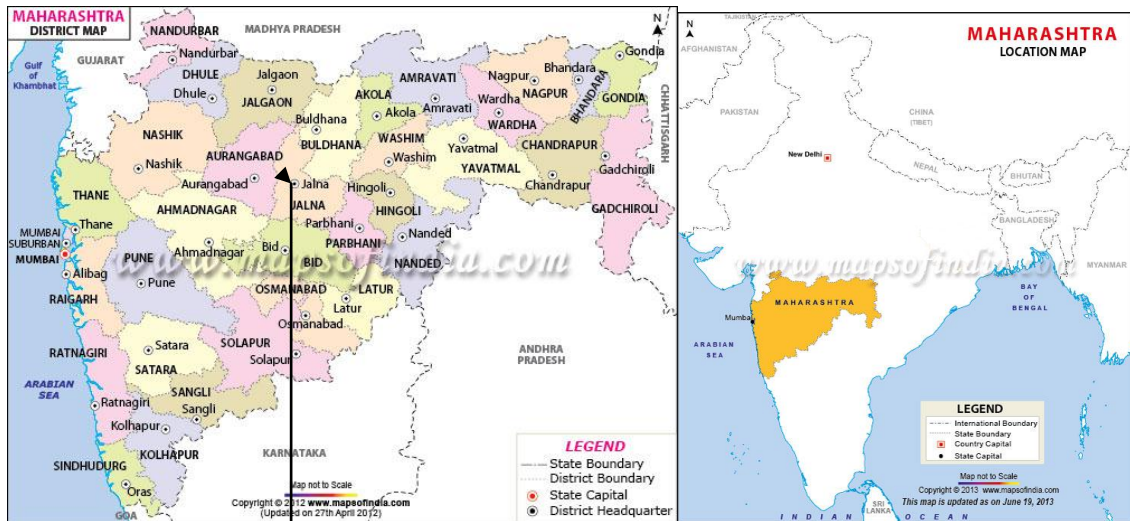
As directed by MOHFW, the monitoring and evaluation of PIP 2016-17 for Jalna District was carried during the period 7th of March to 11th of March 2017. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. 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, CS, DPM, MS, IPHS Coordinator and DQAS Coordinator in the district, DH Jalna, WH Jalna, CHC Bhokardan, CHC Badnapur, PHC Somthana, and SC Akola were selected for monitoring of PIP. Accordingly, the District Health Office, DH Jalna, WH Jalna, CHC Bhokardan, CHC Badnapur, PHC Somthana, and SC Akola were visited for the purpose of PIP monitoring in the district. As per the directions of the State Mission Director, Co-ordinator of IPHS 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 Jalna district as observed by the PRC team during the field visit.

2. State and District Profile

Jalna district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. It is divided into eight taluks. Jalna district is approximately situated at the central part of Maharashtra state and in northern direction of Marathwada region. It covers an area of 7,612 Sq.Kms, which is 2.47 percent of the total area of the state. The Jalna shares district boundaries with Jalgaon at north, Parbhani and Buldhana at east, Beed at south and Aurangabad at west. The district has a sub-Tropical climate, in which the bulk of rainfall is received from the southwest monsoon, between June to September. The average annual rainfall of the district ranges between 650 to 750 mm. The district often experiences drought with rainfall recording as low as 400 to 450 mm. The Economy of the Jalna district is based on Agriculture and Agro-industries, as the 85 percent of the geographical area is under agricultural use.

Map of Maharashtra State and Dhule District



Demographic Profile of Jalna District

As per 2011 Census, the total population of the district is 19, 58,483 which is 1.74 percent of the total population of the state. The literacy for the district is 77.5 percent. The child sex ratio in the district is very low at 870 female children per 1000 male children in the age group 0-6. The percentage of Scheduled Caste and Scheduled Tribe population in the district is 13.9 percent and 2.2 percent respectively. 19.6 percent of the population in the district is living in urban areas. The population density of the district is 209 persons per sq/km.

4. Key Demographic Indicators: Jalna District

Sr. No.	Items	Values	Data Source
1	No. of Blocks	08	
2	No. of Villages	958	
3	Population	1958483	Census 2011
4	Population - Males	1011473	Census 2011
5	Population - Females	947573	Census 2011
6	Literacy Rate	81.80	Census 2011
7	Literacy Rate - Males	87.10	Census 2011
8	Literacy Rate - Females	76.20	Census 2011
9	Sex Ratio	940	Census 2011
10	Child Sex ratio	94	
11	Density of Population	254 peoples per Sq.km	
12	Percent Urban	-----	Census 2011
13	Percent SC Population	16.2	Census 2011
14	Percent ST Population	8.2	Census 2011
15	OPD attendance (average per month)*	110032	HMIS
16	IPD attendance (average per month) *	9045	HMIS
17	Women receiving atleast 3 ANC*	35584	HMIS
18	Home delivery*	62	HMIS
19	Home delivery with SBA*	51	HMIS
20	Children fully immunized (9-11 months) *	32643	HMIS

Source: Census 2011; *= HMIS; SCD = Survey

Key Health and Service Delivery Indicators

Items	Values	Items	Values
IMR	17.12	ANC	35584
NMR	5.78	SBA	51
MMR	19.51	PNC	26232
OPD (average per month)	110032	Immunization	32643
IPD (average per month)	9045	Unmet need of FP	20.6

*= HMIS

5. Health Infrastructure

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

Name of the facility	Number	Located in government building	No. of Beds
District Hospital	01	Yes	200
District women's Hospital	01	Yes	60
Sub Dist. Hospital	01	Yes	50
Rural Hospitals	08	Yes	30
Trauma Centers	02	Yes	10
Primary Health Centers	40	Yes	06
Sub Centers	213	Yes	
AYUSH facilities(Ayurveda)	08	Yes	
AYUSH facilities(Homoeopathic)	08	Yes	
Unanni	07	Yes	
PHU	03	Yes	

Key Health and Service Delivery Indicators: Maharashtra and Jalna District

Sr. No.	Indicators from DLHS-4	Maharashtra	Jalna
1	Mothers registered in the first trimester (%)	67.9	72.2
2	Mothers who had at least three ANC visits (%)	77.9	76.7
3	Mothers who got at least one TT injection (%)	90.6	88.5
4	Institutional births (%)	92.0	87.7
5	Home deliveries assisted by SBA (%)	95.9	9.6
6	Children fully immunised (%)	66.2	76.4
7	Children breastfed within one hour of birth (%)	71.2	84.6
8	Percent of women using modern FP methods	65.7	62.2
9	Total Unmet Need for FP (%)	19.0	20.6
10	Unmet need for spacing (%)	10.8	11.9
11	Unmet need for limiting (%)	8.2	8.7

Source: DLHS-4

The Mother and Child Health programme includes all pregnant women should be registered for ANC within the first 12 weeks of pregnancy. Accordingly, the first antenatal check-up should take place at least during the first trimester of the pregnancy. It also includes the provision of 3 ANC checkups and at least one tetanus toxoid injection. According to DLHS4, the percent of mothers received 3 ANC check-ups in Jalna district (76.7 percent). Home deliveries assisted by SBA 11.6 percent is much higher than the state as a whole (5.7 percent). 87.2 percent of the births took place in the institution in the district.

District: Jalna Key Service Utilization Parameters (April 2016 to February 2017)

Service Utilization Parameter	WH Jalna	CHC Bhokarda n	CHC Badnap ur	PHC Somthana	SC Akola
OPD	55282	97949	21271	14351	
IPD	15316	8274	1050	1118	
Expected number of pregnancies				60	144
MCTS entry on percentage of women registered in the first trimester					94
No. of pregnant women given IFA			00	47	149
Total deliveries conducted	5198	752	50	49	25
Number of Deliveries conducted at home	0				0
No. of assisted deliveries(Ventouse/ Forceps)	4899	5	00	---	
No. of C section conducted	316	0	00		
Number of obstetric complications managed, pls. specify type	118	0	10	05	
No. of neonates initiated breast feeding within one hour	5198	752	50	49	25
Number of children screened for Defects at birth under RBSK		0	00	0	2
RTI/STI Treated	80	0	00	11	
No of admissions in NBSUs/ SNCU, whichever available	1755		00		
Inborn	668	4	00		
Out born	802	0	00		
No. of children admitted with SAM	0	0	00	-	
No. of sick children referred	0	14	04	01	0
No. of pregnant women referred	1172	31	60	08	5
ANC1 registration	0	536	12	44	149
ANC 3 Coverage	0	347	17	41	133
ANC 4 Coverage	0	332	12	51	97
No. of IUCD Insertions	1640		00	13	31
No. of Tubectomy	24	71	00	193	
No. of Vasectomy	0	0	00	02	
No. of Minilap + Laparoscopy	24	71	00	193	
No. of children fully immunized	769	403	00	42	127
Measles coverage	840	403	00	42	127
No. of children given ORS + Zinc	636		00	58	0
No. of children given Vitamin A (All doses)	232	726	00	44	830
No. of Children given IFA syrup					0
No. of women who accepted post-partum FP			50	13	
No. of MTPs conducted in first trimester	6		00	04	
No. of MTPs conducted in second trimester			00		
Number of Adolescents attending ARSH clinic	0		1742		
Maternal deaths, if any	0	0	00		0
Still births, if any	95	0	00		1
Neonatal deaths, if any	89	0	00		2

Infant deaths, if any	1	0	00		3
Number of VHNDs attended					4
Number of VHNSC meeting attended					44
Service delivery data submitted for MCTS updation					94

*Note: -- = Nil; * = No data; ** = Services not available (District hospital Data is not available)*

DH Jalna: The District Hospital is 200 bedded and it is located in a government building and the building is in a good condition. The hospital has established a linkage with a local NGO for MMU services. The health facility is easily accessible from the nearest road. Staff quarters are available for all the staff. DH has electricity with power back up, running 24*7 water supplies, clean toilets separately for males and females in the ward. Both male and female wards are clean. There is NRC in the WH. Blood Bank is available in the hospital. Separate room for ARSH clinic is available. There is NBSU and SNCU at WH. no deliveries takes place in the hospital as there is a dedicated Women's Hospital in Jalna. No complain or suggestion box is available and mechanism for biomedical waste disposal is in place and outsourced.

WH Jalna: is easily accessible from nearest road. WH is functioning in a government building of Dharm-Shala. Last three –four years new building contraction going on. There is no staff quarter available for MO, other categories of staff. Electricity is available with power back up as well as running 24*7 water supply is available. Toilets are available separately for males and females. There is a functional and clean labour room with attached toilet. Also, it has functional SNCU. The wards are clean. ARSH with separate room's clinic is available. Complaint and suggestion box not available. Biomedical waste is outsourced. WH NRC functional.

CHC Bhokardan: is easily accessible from nearest road. CHC is functioning in a government building which is in a good condition. There is staff quarter available. Electricity is available with power back up as well as running 24*7 water supply is available. Toilets are available separately for males and females. There is a functional and clean labour room with attached toilet. Also, it has functional NBCC and NBSU. The wards are clean and separate for males and females. Complaint and suggestion box, help desk are not available. Biomedical waste is outsourced.

CHC Badnapur: The selected CHC Badnapur is not easily accessible from nearest road. CHC is functioning in a government building and is in a good condition. CHC has electricity with not power back up, running 24*7 water supplies but not available drinking water, clean wards, toilets separately for males and females and clean labour room having attached toilet. Staff quarters are available for MOs, SNs and other categories of staff. It has not functional NBCC and NBSU. Complain or suggestion box is not available and biomedical waste is outsourced.

PHC Somthana: The selected PHC is easily accessible from nearest road. The population under this PHC is 38301 covering 17 villages. Under this PHC there are 5 SCs which are at an average distance of 10 kms from this PHC. The PHC is functioning in a government building which is in a good condition. Staff quarters available for MO and ANM, for other categories of staffs are available. PHC has

electricity with power back up, running 24*7 water supplies and clean toilets separately for males and females. Functional clean labour room is available with toilet is not attached to it. NBCC is available and is functional. There is a mechanism for waste management.

SC Akola: comes under PHC, Somthana which is approximately 4 Km from this SC. SC is located in main habitation with catchment population of 6000 covering 5 villages. The building condition is good. ANM quarters are available and ANMs are residing in the quarters. Running 24*7 water supplies and electricity is available. It has functional separated labour room and NBCC. Although, toilet is attached. Complain or suggestion box is available. Biomedical waste is managed by burying the waste in a pit.

6. Human Resources.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Medical Officer Class I&II	99	94	5
2	Medical Officer Class III	3	2	1
3	Ayus Medical Officer	6	6	0
4	Health Coordinator	12	9	3
5	Pharmacists	50	43	7
6	Laboratory Technician	5	5	0
7	Leprosy Technician	3	3	0
8	Health Assistant (Male)	77	75	2
9	Health Assistant (Female)	62	58	4
10	Health Worker (Male)	262	144	118
11	ANM	336	238	98
12	Non-Medical Assistant	1	1	0
13	Photographer	1	1	0
	Total	917	679	238

Contractual staff appointed under NRHM in Jalna District

Sr. No.	Programme Name	No. of Post (As per PIP 2016-17)		
		No.of Sanctioned Posts	No.of Filled Posts	No. of Vacant Posts
1	DPMU	7	7	0
2	IPHS	71	64	7
3	NON IPHS	0	0	0
4	FMG	4	2	2

5	ASHA	1	1	0
6	EMS	1	1	0
7	RBSK	131	111	20
8	AYUSH	29	26	3
9	SICKLE CELL	1	1	0
10	IDW	4	4	0
11	BPMU	16	16	0
12	Procurement/Store/	2	2	0
13	INFRASTRUCTURE	93	80	13
14	URBAN RCH	8	6	2
15	RKSK	11	10	1
16	TELEMEDICINE	2	2	0
17	PCPNDT	1	1	0
18	QUALITY ASSURANCE	1	1	0
19	MMU	6	4	2
20	NURSING SCHOOL	11	5	6
21	NPCB	2	2	0
22	SNCU	22	20	2
23	NBSU	8	0	8
24	NRC	7	7	0
25	DHTC	0	0	0
26	NCD	35	5	30
27	NCD NTCP	0	0	0
28	NCD NPHCE (National Prog.for Health Care Elderly)	8	0	8
29	IDSP	3	2	1
30	RNTCP	25	24	1
31	ASHA	62	60	2
32	Free Referral Transport	16	16	0
33	Fluorosis	0	0	0
34	DEIC	15	7	8
35	NPPCD	3	3	0
36	DTT	2	2	0
	Total	609	492	117

DH Jalna:

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (MS)	31	16	15
	Specialists CL-I Gynec.	01	00	01
2	Specialists CL-I / Anaesthetic	01	00	01
3	Specialists CL-I Paediatrician	01	01	00
4	Specialists CL-II	31	31	00
	Total	65	48	17

WH Jalna :

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (MS)	1	1	0
	Specialists CL-I Gynec.	1	1	0
2	Specialists CL-I / Anaesthetic	1	1	0
3	Specialists CL-I Paediatrician	1	0	1
4	Specialists CL-II	9	9	0
5	OS	1	1	0
6	Clerk Jr./Sr.	3	3	0
7	Assist. Matron	1	0	1
8	Paediatrician Sister	1	0	0
9	In charge Sister	2	2	0
10	SN	14	14	0
11	Laboratory Technician	1	1	0
12	X ray Technician	1	1	0
13	Laboratory Assist.	1	1	0
14	Pharmacists	2	2	0
15	Ward Boy	5	5	0
16	TO Assist.	1	1	0
17	OPD Attendant	1	1	0
18	Class VI	4	2	2
	Total	38	34	4

Contractual staff appointed IPHS and NHM**CHC Badnapur**

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Paediatrician / Surgery / Anaesthetic, etc.)	1	0	1
2	MO General Physician CL-II	3	3	0
3	Nursing Cadre	7	7	4
4	Clerk Jr./Sr.	2	1	1
5	Pharmacist	1	1	0
6	LT	1	1	0
7	Assist. OS	1	1	0
8	Assist. LT	1	1	0
9	X-ray Tech.	1	1	0
10	Class IV Cadre	7	4	3
	Total	25	20	5

CHC Badnapur: The post of grade one is vacant. All the three posts of medical officers in grade II are filled. There are 25 sanctioned posts out of which 20 posts are filled during the period April-2016 Feb. 2017.

PHC Somthana: All the sanctioned posts are filled in PHC.

Human Resources at PHC Somthana

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	02	02	
2	ANM	01	01	
3	Health Assit.	03	03	One is deputed to THO office Badnapur
4	LTs	01	01	Malaria
5	Pharmacist	01	01	
6	LHV/PHN	02	02	One is deputed to THO office Badnapur
7	Others &NHM Staff	01	01	
	Total	11	11	

SC Akola Have 2 ANMs (1 regular and one under NRHM) and one male MPW. Regular ANM received training in SAP, IYCM, RTI/STI and contractual ANM received training in NSSKI and IYCM during this reference period.

Training status up to March 2017 in the district. All facilities .

Sr.No.	Name of Training	Trained Up to March 2016
1.	SAB (SN)	24
2.	SAB (ANM/LHV)	61
3.	EMOC	00

4.	LSAS	00
5.	MTP/MVA	04
6.	RTI/STI (MO)	19
7.	BEMOC	12
8.	RTI/STI (SN)	39
9.	Induction Trg. Of 5 days for 150 Lab.Tech. from 1090 24*7 PHC's	00
10.	Induction Trg. Of 5 days on Untrained 99 ANM from 1090 24*7 PHC's	00
11.	Refresher Training of 5 days of 150 Lab.Tech. from 24*7 PHC's	00
12.	Refresher Training of 3 days of 150 ANM's from 24*7 PHC's	00
13.	F-IMNCI Training for Medical Officer 11 days	14
14.	F-IMNCI Training for Staff Nurse 11 days	00
15.	CTC Training	00
16.	NSSK Training for Medical Officer	24
17.	NSSK Training for Staff Nurse	47
18.	NSSK Training for ANM/LHV	82
19.	IYCN for Medical Officer/ ANM/LHV/SN	74
20.	VCDC/CTC Training	00
21.	Laparoscopic Sterilisation Training for Doctors	00
22.	Minilap Training for Medical Officer	05
23.	NSV Training for Medical Officer	04
24.	Training of Medical Officer in IUD Insertion	00
25.	Training of AYUSH MO in IUD Insertion	00
26.	Training of Staff Nurse in IUD Insertion	00
27.	Training of ANM/LHV in IUD Insertion	00
28.	Contraceptive Update & Standard of	00
29.	Newer CuT-375 sensitization of Medical Officer for 1 day	00
30.	Newer CuT-375 sensitization of Staff Nurses for 1 day	00
31.	Newer CuT-375 sensitization of ANM/LHV for 1 day	00
32.	Newer CuT-375 sensitization of Cont.ANM	00
33.	PPIUCD Training of Medical Officer of PHC DH/WH/SDH	08
34.	PPIUCD Training of AYUSH MO of DH/WH/SDH	55
35.	PPIUCD Training of Staff Nurse of PHC DH/WH/SDH	17

36.	RKSK(ARSH)Training for Medical Officer's	34
37.	RKSK (ARSH) Training for ANM/LHV	70
38.	RKSK (ARSH) Training for MPW	67
39.	RLSL Training for pear educator dist. Level	37
40.	RLSL Training for pear educator Block Level	00
41.	WIFS Training Dist. Level	261
42.	WIFS Training Block Level	00
43.	MCTS Training of DLO/THO/MO/PHS/ M&E & SO for 2 days	00
44.	RTI/STI LT	14
45.	IMEP MO/ANM/LHV/SN	10
46.	IMEP Class IV Support staff	12
47.	IMNCI ANM/LHV/ANM Cont./LHV Cont.	10
48.	IMNCI (Supervisor) HA/LHV	00
49.	FIMNCI (5days) Trained IMNCI 8 Days MO/SN	14
50.	RI MO	39
51.	RI SN/ANM/LHV/MPW/HA/Cont.ANM/LHV	22
52.	RBSK MO/ANM/Pharmacist	00
53.	RBSK ANM/LHV/ASHA	00
54.	RBSK Mobile team software training	00
55.	Sickle Cell Disease Control Programme MO/LT/ANM/MPW/HA	00

During the period April 2016 to December 2017, under RCH, trainings were conducted on SAB, BEmoc, MTP/MVA, Cu.T 380, and RTI/STI for SN and MOs health staffs were trained during this period in IMNCI, IYCN, NSSK, Cold Chain, WIFS and VCDC/VCTS. Under NRHM ASHA induction training, ASHA HBNC 6&7 Modl.trg in all Phase was conducted during this period.

Other Health System Inputs

Following services are made available at various health facilities in the district: Surgery (major and minor), Medicine,8880 Obstetrics &Gynecology,10808 Cardiology, Emergency,17530 and10324 Trauma Care, Ophthalmology,29653 ENT,15189 FP services, Ancillary services of Blood Bank, Radiology, Pathology, Mild In-patient Management, C-Section deliveries,2656 OPD Medicines and OPD Gynecology available in the district.

DH Jalna: during the period April 2016 to Feb.2017 total of 190263 OPD and 17467 IPD cases were attended in the facility.

WH Jalna : during the period April 2016 to Feb.2017 total of 5140OPD and 1203 IPD cases were attended in the facility. 331 c sections were conducted.

CHC Bhokardan: during the period April 2016 to Feb. 2017 total of 97949 OPD and 8274 IPD cases were attended in the facility. No c sections were conducted.

CHC Badnapur, a total of 21271 OPD and 1050 IPD cases were attended in the facility and 10 cases of obstetric complications were managed during this period.

PHC Somthana : a total of 14351 OPD and 1118 IPD cases were attended in the facility. 5 cases of obstetric complications were managed during this period.

Availability of Drugs and Diagnostics and Equipment

EDL has 441 medicines, out of which 185 for maternal and 81 for child health are available in the district. The drugs are distributed as per demand from WH, SDH, CHC, PHCs and SCs. Computer inventory management is in place and e-medicine software is in place.

DH Jalna: EDL is available and displayed in DH. Computer inventory system is in place. Pregnancy testing kits, OCPs, EC pills, IUCDs not available. All the essential equipment is available in DH only Functional C.T.Scanner not available.

WH Jalna: EDL is available and displayed in WH. Computer inventory system is in place. WH demands drugs from district Drugs stores, if they are unable to supply them, they purchase the medicines locally. Pregnancy testing kits, OCPs, EC pills, IUCDs available and sanitary napkins were not available All the essential equipment are available in WH only Functional C.T.Scanner and C-arm unit not available.

CHC Bhokardan: EDL is available and displayed in CHC. Computer inventory system is in place. CHC demands drugs from district Drugs stores, if they are unable to supply them, they purchase the medicines locally. During the reference period, the entire essential drugs available. All the essential equipments are available in CHC.

CHC Badnapur: EDL list is available and displayed in the hospital. In EDL, IFA tablets, Zinc tablets are not available. Misoprostol and mifepristone tablets are not available. All the essential supplies are available in CHC. All the equipment's were available. All the equipment's were functioning. All the laboratory equipment's are available in CHC.

PHC Somthana : EDL is available but not displayed in PHC. Computer inventory management is in place. All the essential drugs are available .except zinc tables and mifepristone tables. All the essential supplies and equipments are available. Among the laboratory equipment's, Semi auto analyser and functional centrifuge are not available. Only HB and Urine test are conducted in the PHC.there is one Malaria tecnichine available he has no knowing about the other tests.

SC Akola (Niklak): All the essential drugs were available except for IFA syrup with dispenser is not available. In equipment's blood sugar testing kits is not available. Neonatal ambu bag, colour coded bins and RBSK pictorial tool kit were available in the SC. All the essential medical supplies were available in SC.

Lab Services

WH Jalna: All the major tests are conducted. . During the reference period April 2016 to Feb. 2017

Sr.No.	Lab Services	Number of stats
1	Haemoglobin	37885
2	CBC	2314
3	Urine albumin	6288
4	Blood Sugar	1659
5	RPR	5110
6	Malaria	4309
7	HIV	7347
8	Liver fuction tests	92
9	Ultrasound scan	6133 At district Hospital
10	X-ray	514
11	ECG	1831 At district Hospital.

CHC Bhokardan: In CHC, All the major tests are conducted. During the reference period April 2016 to Feb. 2017, 8655 HIV tests were done. 1042 TB tests were conducted; Malaria tests were conducted on 3126 cases.

CHC Badnapur: All the major tests are conducted in CHC. During the reference period April 2016 to Feb. 2017, 1598 malaria tests; 903 HB tests; 832 Urine albumin and sugar; and 428 Blood sugar tests were conducted in CHC; 3613 HIV and 182 TB tests were done.

PHC Somthana : During the reference period April 2016 to february2017,889 HB, 7086 malaria tests were conducted. 696 HIV tests were conducted.

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

AYUSH Services

AYUSH facilities such as Ayurveda, in 8 facilities homeopathic 8, facilities and Unani,7 facilities in the district available AYUSH MO is not member of RKS. Stocks positions of AYUSH medicines are available. AYUSH is co-located in District Hospital, SDH and in six CHCs. AYUSH OPD clinics are monitored separately. At district hospital Ayurveda, Homeopathy, Unani and Yoga clinics are being available. SDH Ambad is having Ayurveda and Homeopathy departments. CHC Partur, Jafrabad, Tembhurni are having Ayurveda, Homeopathy and Unani departments. CHC Bhokardan is having only Homeopathy department. CHC Mantha is having only Ayurveda clinic. All the facilities have filled the AYUSH MO post except one position of Unani at Women Hospital.

7. Maternal Death Review

During April 2016 to February 2017, nine maternal deaths were reported in the district and the review meeting is take place till the end of February 2017. District Maternal Death Review committee is in place in the district under the chairmanship of Civil Surgeon. District Health Officer is a secretary of the said committee.

7.1 ANC and PNC

As per DHIS data, ANC registration during April 2016 to February 2017 is 37037 in the district. Of which 29774 women (72.2percent) are registered in first trimester. Severely anaemic pregnant women are reported as 540. Hypertension cases reported during April to February 2017 472. Number of women received TT and IFA tablets during April to feburwary2017are 34533 and 34195 respectively.

CHC Bhokardan: During the period April to Feb. 2017, CHC recorded 752 deliveries, with no c section deliveries. CHC can manage high risk pregnancy and provide essential newborn care. In CHC, obstetric complicated cases were managed. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however No data are available for the number of tests conducted for Blood Sugar, Urine Sugar and Protein tests. Number of women received post natal services are reported as 26551.

WH Jalna: During the period April to Feb. 2017, WH recorded 5198 deliveries, with 316 c section deliveries. Pregnant women provided with IFA tablets. WH can manage high risk pregnancy and provide essential new born care. In WH, obstetric complicated cases were managed and 6 MTPs were conducted in first trimester. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were 95 still births, 89 Neonatal deaths and one infant death. All the essential services of breastfeeding, polio 0 dose, counseling on family planning and mothers were asked to stay at least 72 hours after delivery. Diet is provided in post-natal wards.

There were no still births, and no infant death. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

CHC Badnapur: During the period April 2016 to Feb. 2017. Total deliveries conducted during this period were 50 and all the mothers initiated breast-feeding within 1 hour of delivery. There were no still births, no maternal death, neonatal and infant death during this period. MTPs are not conducted. 10 obstetric complication cases were managed in the institute and 60 women and 4 sick children were referred to other institutes. All the essential services of breastfeeding, counseling on family planning and mothers were asked to stay at least 48 hours after delivery. However, there is provision of diet in postnatal wards. The institute can manage high risk pregnancy, provide essential newborn care.

PHC Somthana : in the reference period 49 deliveries were recorded. All the pregnant women registered for ANC were provided with IFA tablets. PHC can manage high risk pregnancy and provide essential newborn care. In PHC, obstetric complicated cases were managed. MTPs not conducted 4 cases during the period. All the mothers initiated breast-feeding within 1 hour of delivery. There were no maternal death however; there were no still birth and infant deaths during the reference period. All the essential services of breastfeeding, polio 0 dose, counselling on family planning and mothers were asked to stay at least 48 hours after delivery. Diet is provided in post natal wards.

SC Akola: During the reference period 25 deliveries were reported. All the mothers initiated breast-feeding within 1 hour of delivery. There was no maternal death. One still birth, Two neonatal deaths reported during the reference period. ANMs have the skills to identify high risk pregnancy.

7.2 Institutional Deliveries

During the period April 2016 to feburwary2017, 5154 deliveries were conducted in public Institution among which 2656 were C-section deliveries in the district. Mothers initiated breastfeeding within 1 hour of delivery.

7.3 JSSK

As per Government of Maharashtra Resolution dated 26th September, 2011, JSSK has been launched from 7th October 2011 in all the districts of Maharashtra. Under JSSK, the pregnant women in Jalna district receives free benefits like registration, check-up, treatment and delivery including caesarean section and blood transfusion. Neonates receive free registration, check-up and treatment within 0-30 days of birth. Free transportation facility to mother and neonates are available from their residence to hospital, hospital to hospital and hospital to residence. They also receive free diet during their stay in the hospital.

During the reference period 5154 pregnant women delivered at various public institutions i.e. Women Hospital, Community Health Centers and Primary Health Centers. All of them have received free and zero expense services for their delivery. Out of the total deliveries 2656 are caesarean section deliveries. All of them have provided with free diet for 3 days, free medicines and free diagnostic test.during the reference period 3781beneficiaries provided free transport service home to institute. And 1065 women provided institute to institute transport service.then 4420 have provided drop back to home transport service.

WH Jalna: JSSK is implemented in WH and all the pregnant women receive free transport, medicine, diagnostics, and diet. In WH, 161 beneficiaries were provided with free transport from home to institute, 73 beneficiaries were provided with free inter facility transport and 361 were provided with drop back facility to home.

CHC Bhokardan: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, and diet. In RH, 527 beneficiaries were provided with free transport from home to institute, 26 beneficiaries were provided with free inter facility transport and 621were provided with drop back facility to home. 2 neonates received inter transport facilities.

CHC Badnapur: JSSK is implemented in CHC and all the pregnant women and sick newborn receive free transport, medicine, diagnostics, diet, and drop back facilities. In CHC, only 13 beneficiaries were provided with free transport from home to institute, 60 beneficiaries were provided with free inter facility transport and 47 were provided with drop back facility to home. . 4 neonates received inter transport facilities.

PHC Somthana : During the reference period, JSSK beneficiaries utilized the services of free transport from home to PHC 32 and institute to institute 13 and 49 beneficiaries taking drop back service. Beneficiaries were provided with inter transport facility. 3 neonates received inter transport facilities.

7.4 JSY

During the period April 2016 to October 2016, 4535 beneficiaries received JSY payments as per JSY guidelines. Full amount of financial assistance is provided in the form of only account transferred to the beneficiaries. Last year remaining payment given to a/c payee cheque within 15 days of delivery recently last one to two months back JSY payment is given through PFMS only. District level authorities (TMO) do physical verification of beneficiaries (at least 5%) to check malpractices, if any and whether proper records of JSY beneficiaries are maintained. There is a proper grievance redressal mechanism in the district as stipulated under JSY guidelines and is active in the district; wherein if any complaint is registered to THO who in turn report to DHO/CS.

8. Child Health

To provide critical basic health facilities and to reduce neonatal and infant morbidity and mortality in children NBCC, and NRC units are established at various facilities in the district SNCU in the WH. NBSU units are available in SDHs and CHCs. During the period April 2016 to February 2017, total 281 children were admitted of which 221 were cured. Nutritional Rehabilitation Centre exists in WH with necessary equipment and trained manpower.

8.1 Immunization

During the period April 2016 February 2017, 32643 children were fully vaccinated in the district; 39523 babies were provided with BCG doses; DPT/Penta 1, 2 and 3 are provided respectively to 35073, 35294, 34450, babies; DPT and OPV booster were provided respectively to 30547 .children above 16 months of age; polio 0, 1, 2 and 3 doses are provided respectively to 33270, 32351, 32474 and 30789 babies; and Measles 1 and 2 is provided respectively to 32667 and 30333 babies. During this period, number of children's who were fully immunized were 13392. Immunization sessions were planned and 13326 held.

WH Jalna: during the reference period April- Feb. 2017, 769 children were fully vaccinated with 840 of children covered under measles. The numbers of children provided with vitamin A were 232.

CHC Bhokardan: In CHC, BCG, Hepatitis B and OPV were provided during the reference period April 2016 to Feb. 2017, 403 children were fully vaccinated with same number of children covered under measles. The numbers of children provided with vitamin A were 726.

CHC Badnapur: In CHC, immunization data is not available because of all data are minted in sub center badnapur .CHC not minted immunization data.

PHC Somthana : During the period April- February 2017, 42 children were fully vaccinated and the same numbers of children were covered under Measles, ORS plus Zinc, and Vitamin A doses. All the mothers initiated breast-feeding within 1 hour of delivery and zero doses of OPV and Hepatitis B were provided to the babies.

SC Akola: During the period April- Feb. 2017, 127 children were fully immunized with the same number of children were covered under measles and provided with vitamin A. Zero doses of OPV and Hepatitis B were provided to the babies.

8.2 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 persons were identified for child health screening and early intervention services were established at district level. In the district 32 teams are available During the reference period April- February 2017, 2027 school check-ups were conducted covering 360459 students. Teams are constituted and advance tour programme for screening with proper plans of visit is done.

8.3 SNCU

SNCU is located at Women's Hospital having strength of 16 beds. 16 warmers and 11 phototherapy units are in place. As far as HR is concerned, Sanction 4 MOs only one MO is filled and 14 SNs are sanction and filled. During the period of April 2016 to Jan. 2017, 1627 admissions are reported, of which 1088 are cured, 241 referred, 100 are died.

8.4 NRC

Nutrition Rehabilitation Centre is established in the WH, with necessary equipment and 10 beds are available in the centre. Trained manpower of M.O. and In charges Sister is available but perm ant staff training not done. The average length of stay in NRC is less than 15 days. During the period April 2016 to Feb. 2017, 86 admissions in the NRC, Discharge from NRC 82 and no deaths in the reference period.

9. Family Planning Services

Family planning services are being provided in District Hospital, Women's Hospital, SDH and all CHCs. During April2016 to february2017, 5598 female sterilizations and 87 NSV were performed. Number of Oral Pills cycles distributed is 12907and condoms are 4375. IEC material is available in the district. During the ANC clinic, counseling sessions are being conducted by the ANM. PPIUCD services are available in the district. IUCD type 380 is available in the district.

WH Jalna: Family planning records are well maintained; 1640 IUCD insertion, 24 tubectomy were conducted during the reference period April 2016 to Feb. 2017. Counselling is also provided in family planning.

CHC Bhokardan: Family planning records are well maintained; 71 tubectomy were conducted during the reference period April 2016 to Feb. 2017. Counselling is also provided in family planning.

CHC Badnapur: Family planning records and IUCD records are not available in CHC badnapur.

PHC Somthana: During the period April 2016 to February 2017, 13 IUCD insertions and 193 tubectomy cases were conducted in the PHC. And 2 Vasectomy cases conducted in the PHC. Counselling of family planning is provided and the record of FP is also maintained.

SC Akola: Family planning counselling is provided. 31 IUD insertions during the period April 2016 to Feb. 2017, women accepted postpartum family planning services

10. ARSH

Four ARSH clinics are established in the district with trained manpower. Under ARSH, there is a provision of primitive, preventive, curative, referral and outreach ARSH services. Clinical services were provided mainly related to menstrual problems, RTI/STI, Skin problems, ANC, contraceptives as well as counseling. Mode of outreach is through schools, VHNDs, MMU, teen clubs, SHGs, vocational training centers, youth festival, health mela etc.

11. Quality in Health Services

11.1 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 equipment and waste management need to be adapted in every facility.

WH Jalna: Regular fogging is done as well as laundry service is available. Toilets although available are clean. Wards are clean.

CHC Bhokardan: Regular fogging is done as well as laundry service is available. Toilets although available are clean. Wards are clean. There are three aqua guard fitted for safe drinking water supply.

CHC Badnapur: regular fogging is done. Laundry service is outsourced and diet facility is available in the hospital. Clean toilets are available separately for males and female. Clean labour room is there with clean toilet attached. Biomedical waste is outsourced. Segregation of waste is done in three colour coded bins.

PHC Somthana : Fumigation is done once in a week. Clean toilets are available separately for males and females. Labour room does not have a toilet attached to it. Biomedical waste is dump in pit. Segregation of waste is done in three colour coded bins. Washing and diet services are available.

SC Akola: General cleanliness is good.

11.2 Record Maintenance

WH Jalna: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, MDR, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled.

CHC Bhokardan: Records for IPD/OPD, ANC, PNC, Indoor bed ticket, payment under JSY, labour room, partographs, FP-operation, OT, FP, Immunisation, Referral, drug stock registers and untied fund expenditure are available, updated and correctly filled.

CHC Badnapur: Registers for IPD/OPD, registers are available. Indoor bed ticket, Line listing, Blood Bank stock register, MDR register are not available, during the period April 2016 to Feb. 2017.

PHC Somthana : Registers/records for IPD/OPD, ANC, payment under JSY, Indoor bed ticket, line listing of severely anaemic pregnant women, PNC, labour room, partographs, OT, FP, Immunisation, referral, drug stock registers and updated micro plan are available, updated and correctly filled in PHC.

SC Akola: Eligible couple registers, MCP cards, village register, referral register, delivery and stock register, due list, Payments under JSY, line listing of severely anaemic pregnant women, updated microplan, due list and work plan received from MCTS, vaccine supply are available, updated and correctly filled. However, Records of families with 0-6 year old children under RBSK, VHND plan, and VHSNC meetings records are not available.

11.3 IEC

WH Jalna: Approach roads have direction to SDH. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed.

CHC Bhokardan: Approach roads have direction to SDH. EDL, JSSK entitlements, immunization schedule, JSY entitlements citizens' charter, timing of health facility and list of services available and other IEC material are displayed in CHC.

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

CHC Badnapur: No Approach roads have direction to CHC. List of services available, EDL, protocol posters, JSY and JSSK entitlements were not displayed. Citizen charter, timings of health facility, and immunization schedule are not displayed in CHC.

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

12. Community Processes

12.1 MMUs

An NGO, Deepak Medical Foundation Research Center & Charitable Trust is operating an MMU in the district. Six staff is appointed for the operation of MMU. 416 villages are covered by the MMU. During April to feb.2017, the MMU has provided the service. in the reference period OPD are 4018 and ANC cases are 2726. Patients. Advance tour program me is supplied to all the concerned Sub Centers.

12.2 Referral Transport:

Total number of vehicle used on road 73, all vehicles are on road. All vehicles fitted with GPS system; 58 Ambulances are 102. Up to February 2017 the calls in 102 pune centre are 2438; this is the height number of calls in Maharashtra.

13. ASHA

ASHAs sanctioned for the district 1471 for the district and 1,367 ASHAs are in place. About 104 ASHAs have left and 52 new ASHAs have joined during the reporting period. Training for ASHAs in Module 6 & 7 done. ORS and Zinc are supplied to all the ASHAs. FP methods (condoms and oral pills) are available to all ASHAs. In the district, most of the ASHAs receive, on an average an incentive amount of Rs. 15326. The highest incentive paid to ASHA in the district is Rs. 70,450/-. ASHA kits are not replenished regularly.

14 Disease Control Programmes

National Malaria Control Program

The number of malaria cases blood examination slides prepared during the reference period April 2016 to January 2017 was 239401 of which not cases were found to be positive. In this period. Diagnostic Kits are available and provided to health workers.

14.1TB

During the reference period April 2016 to February 2017, 1352 new cases were detected. The number of positive cases of sputum test was 741 and treatment was given to 1041 cases. All posts are filled and timely payment of the staff in the district.

15. Non Communicable Disease

During the reference period April 2016 to jan.2017, 48407 persons attended NCD clinics, out of which 29074 are Diabetes and 19360 was Hypertension cases.

16. PCPNDT

In the district total Sonography 169 centers are registered. But working sonography centers are 55, Govt. sonography centers 4 and private sonography 51 centers are available in the district. one district consular is available for to monitoring the PCPNDT Act.

17. HMIS and MCTS

Trained staffs are available for HMIS and RCH to assess the quality, completeness and timeliness of data, processing and data validation. Proper record of due list and work plan received from RCH portal is maintained. Data entries are regularly updated in RCH in the visited facilities

18. PIP Expenditure:

Up to jan.2017 total PIP fund 39.04 per cent are utilized.

19. Annexure

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