Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Ratnagiri District, Maharashtra

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Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2022 – 23 of Ratnagiri District was carried out by the PRC team during 26 September 2022 – 30 September 2022. The Civil Surgeon Office, DPMU Office at Zilla Parishad, District Hospital, CHC Guhagar, Primary Health Centre Kothawade and Sub-Centre Kasarweli were visited for the study by PRC team. This report discusses in detail the implementation of PIP in the Ratnagiri District as observed during the field visit for monitoring. The key observations are given below:

Areas for further Improvement

- Refresher training is required for the ANM as well as MOs of the PHC and SCs on HMIS data items and ANMOL App. Apart from this, CHOs are required more training on NCD documentation.
- Health staffs under NHM such as MO, ANM, DEO and Drivers are facing salary issue in the district. They are not getting salary as well as incentives (for CHO's) on time. District as well as State authority need to take immediate action to resolve the issue.
- Documents related to ANC, Delivery, Immunization, eligible couple register etc. were not completed in SC (SC Kasarweli) and PHC (PHC Kothawade). District authority need to monitor the completeness of source documents of ANC, Immunization etc. on time.
- As pert of the Kayakalp programme, herbal garden was not available in the visited SC (SC Kasarweli) and PHC (PHC Kothawade). District authority need to ensure the plantation of herbel plants in the premieses of all the HWCs.

Infrastructure

- **PHC Kothawade** is anewly constructed facility; however, in the delivery room, water geyser was not connected with electricity as well as the drug room was small. Apart these, they do not have any herbel garden in the premises.
- The building of the **RH Guhagar** is very old. Its few rooms are severly damaged as ceiling concretes are falling down. Major renovation work is required in the facility.
- **SC Kasarweli** is functioning in the grampanchayat building, which is not as per the IPHS norms. Also, it does not have separate toilet facility for the health staff as well as for the patients.
- **Many** SCs are functioning either in Grampanchayat building or in rented building. Separate buildings are required for all the facilities. Also, upgradation of old Sub Centre building to newly approved building is require in the district.

Human Resource

- **DPM** post is vacant, many programs are hampered, it should be filled at the earliest.
- In the district, 1248 positions are sanctioned from the DHO side, of which 895 are filled and 353 are vacant. Among the vacant positions, **35** position are of **Pharmacist** and **213** positions are of **ANM**.
- The recruitment under NHM are mostly contractual. Contractual positions are highly underpaid, which is a major cause of high Employee Retention Rate. It is highly recommended to increase the remunerations of the staff.

1. Overview of District

Ratnagiri District, a coastal district of Maharashtra, situated in the western coast of India. It has north-south length of about 180 km and average east-west extension of about 64 km. It is a birth place of great Lokmanya Tilak and the land of two 'Bharatratn', Dr. P.V. Kane and Maharishi Dhondo Keshav Karve. The district was become wellknown due to freedom fighter Vinayak Damodar Savarkar, who was captured in Ratnagiri by the British Government. It is surrounded by Raigarh in north, by Satara, Sangli and Kolhapur in east, by Sindhudurg in south. The west boundary of the district is surrounded by the Arebian Sea.

Ratnagiri has a population of 16,15,069 (Census 2011) peoples, out of which 13,51,346 reside in rural areas and 2,63,723 in urban areas. The district has a population density of 197 inhabitants per square kilometre. There are about 1534 villages in the Ratnagiri district. For administrative purposes, the district has been divided into 5 sub-division and 9 Blocks. The blocks are as follows: - Ratnagiri,Chiplun, Rajapur, Guhagar, Khed, Sangameshwar, Dapoli, Mandangad,and Lanja.

Table 1: District demographic details, Ratnagiri district, 2022 – 23

Indicator		
1. Total number of Blocks	9	
2. Total number of Villages	1534	
3. Population	Rural population	13,51,346
	Urban population	2,63,723
	Total Population	16,15,069
4. Literacy rate	82.18%	
5. Sex Ratio	1069[#]	
6. Sex ratio at birth	948[#]	
7. Population Density	197/sq. km	

Source: Census 2011, and DPMU Ratnagiri, # NFHS 5

The district's literacy rate (82.18%) is same as compared to the state's average literacy rate of 82.34%. Whereas the district's sex ratio (1069) and child sex ratio at birth (948) are higher than the state's sex ratio (966) and child sex ratio at birth(913), respectively.

1.1 Estimates of Health Indicators (MCH Indicators)

Estimation gives a better picture and plan for implementing the National program in the district. For the current financial year (2022 – 23), the district has estimated a total of **48452** eligible couples (figure 1); from these eligible couples, a total of **15713** deliveries and **3928** cesarean deliveries were estimated. From these estimated deliveries, a total of **15650** live birth is also estimated.

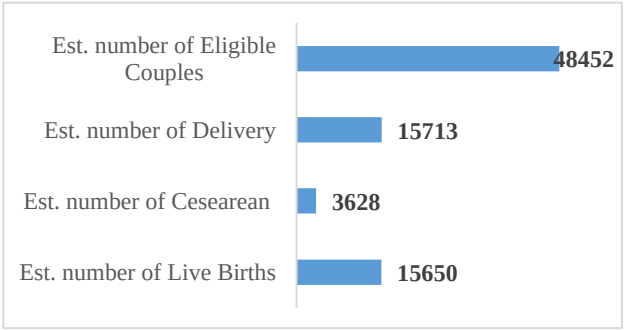

Figure 1:Estimates of MCH Indicators

Along with the MCH Indicators, mortality indicators are also estimated in every district or community to know the health status of the community. However, Ratnagiri district has not provided the estimation for the mortality indicators. During the previous financial year, the district had reported 6 maternal deaths, 22 child deaths, 162 infant deaths, and 126 still births. In the current financial year, the district has reported 3 materanl deaths, 1 child deaths, 28 infant deaths and 42 still births.

Apart from the MCH services, the district will be covering **2520** TB notifications and **5600** cataract surgeries during the current financial year.

2.1 Availability of Health Facilities as per IPHS Population Norms

The delivery of services through the public health sector in India follows a three-tier structure of primary, secondary, and tertiary care services. This covers both rural and urban areas. Health system inputs (infrastructure, health workers, drugs, equipment, health information system and finances) are combined to provide quality health services that are equitable, accessible, affordable and responsive to the population's needs.

To improve the quality of services and provide a consistent benchmark to assess the functionality of public health facilities, a set of standards known as the Indian Public Health Standards (IPHS) were first developed in 2007 and revised in 2012. These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub District Hospitals (SDHs) and District Hospitals (DHs). They guide the infrastructure, human resources, drugs, diagnostics, equipment, quality and governance requirements for delivering health services at these facilities.

Table 2 provides the number of facilities are sanctioned and operational in the district. All the sanctioned facilities are operational in the district.

Table 2: Number of facilities available in Ratnagiri district, 2022 - 23

Indicator		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals	1	1
2. Sub District Hospital	3	3
3. Community Health Centers (CHC)	7	7
4. Primary Health Centers (PHC)	67	67
5. Sub Centers (SC)	378	378
6. Urban Primary Health Centers (U-PHC)	3	3
7. Urban Community Health Centers (U-CHC)	2	2
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early Intervention Center (DEIC)	1	1
11. First Referral Units (FRU)	4	4
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	4	4

Indicator			
14. No. of PHC converted to HWC	67	67	
15. No. of U-PHC converted to HWC	3	3	
16. Number of Sub Centre converted to HWC	378	345	
17. Designated Microscopy Center (DMC)	45	45	
18. Tuberculosis Units (TUs)	9	9	
19. CBNAAT/TruNat Sites	6	6	
20. Drug-Resistant TB Centres	1	1	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		**Sanctioned/ Planned**	**Operational**
	At DH	1	1
	At SDH	3	3
	At CHC	8	8
22. Institutions providing Comprehensive Abortion Care (CAC) services		**Sanctioned/ Planned**	**Operational**
	Total no. of facilities	128	62
	Providing 1st-trimester services	105	39
	Providing both 1st & 2nd-trimester services	23	23

Source: DPMU, Ratnagiri

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

In preparation District Health Action Plan (PIP), all the facilities are involved in the preparation of the DHAP. All the facilities send their requirements and action plan to the district for approval. According to the DHAP sent by the district, state with some minor changes give their approval. District has not received approved PIP from the state.

2.2 Service Availability

In the district, a free drug policy is being implemented under all national programmes and for BPL patients. Other than national programmes, patients are charged ₹5/- to ₹10/- for case paper and lab tests are done at minimum charges.

RBSK: There are a total of 25 RBSK teams sanctioned (figure 2), of which 13 teams are with full HR. All 25 teams are having vehicles to travel within the blocks. During the current financial year, all the team visits Aanganwadi's/school and screens 110/120 children per day and 504 infants have been screened in the delivery points for the birth defect.

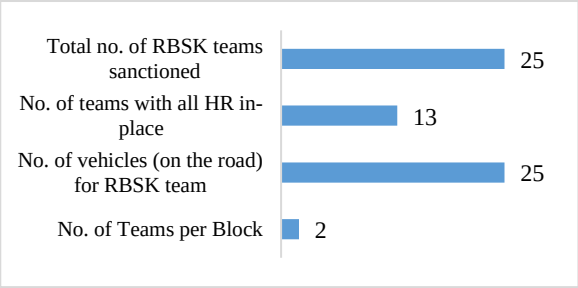

Figure 2: Status of RBSK teams in the district

Special Newborn Care Unit (SNCU): The district has one SNCU with 19 bed capacity (19 Radiant Warmer), and it is functioning at Newly sanctioned Women Hospital, Ratnagiri. During the current

financial year (2022 – 23), the facility has admitted **335** newborns, of which, 268 were discharged, and 50 were referred to the higher facility, 11 were died and 6 are currently admitted.

Apart from the SNCUs services in the district, there were 302 infants of inborn and 30 infants of outborn were admitted in NBSUs, of which 216 got discharged, 114 were referred to the higher facilities and 2 left against the medical advise.

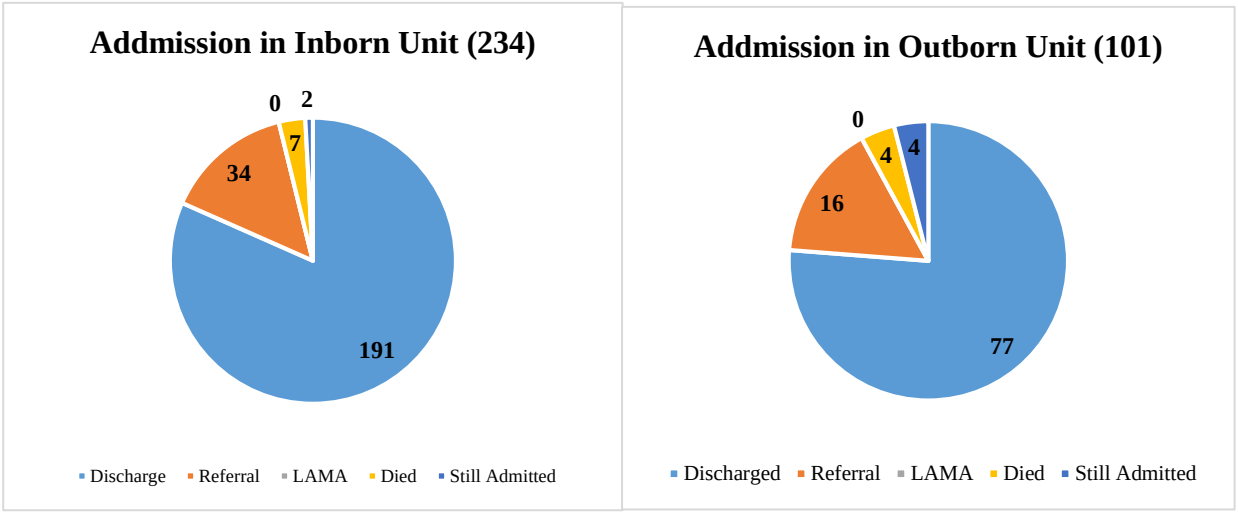

Figure 3: Number of newborns admitted in SNCU

Nutrition Rehabilitation Centre (NRC): The district has only one NRC. During the current financial year (April 2022 – August 2022), a total of 23 infants were admitted in the NRC, of which 3 were referred by RBSK, 11 from Pediatric ward/emergency, 1 by Frontline worker and 8 by self. Among the admitted, 20 have been discharged, and 2 were LAMA.

Home Based Newborn Care (HBNC): The district has **1299** Accredited Social Health Activists (ASHA), against the required 1350 ASHAs. Among the 1299 ASHAs, 1130 have functional HBNC kits with the necessary drugs. During the current financial year, a total of **10268** newborns have received HBNC visits. With respect to social benefits for the ASHAs, 1285 ASHA, along with the 73 ASHA facilitators, have enrolled for PMJJBY, 1273 ASHA and 73 ASHA facilitators for PMSBY, and 778 ASHA and 73 ASHA facilitators for PMSYMY.

Referral Transport: The district has 13 Basic Life Support (BLS) ambulances and 4 Advanced Life Support (ALS) ambulances on road with GPS fitted. All the referral transport are operationalised through PPP mode. All the ALS and BLS received atleast 4 calls and 5 calls per day respectively and travelling with an average of 20 km and 26 km per day respectively. Apart from these referral transport, the district is well equipped with 158 ambulance (102).

National Tuberculosis Elimination Programme (NTEP): There are as many as 45 Designated Miscroscopic Centres and 9 Tuberculosis Units in the district. During the current financial year, **1587** TB notifications were achieved, of which, 957 were notified from the public sector with a treatment rate of

80%, and 630 were notified from the private sector with a treatment rate of 92%. All the notified patients were tested for the HIV status. Among these patinets, 1765 cases were eligible for UDST testing. The district has paid to 1156 beneficiaries under Nikshay Poshan Yojana.

National Leprosy Eradication Programme (NLEP): A total of 46 new cases of Leprosy have been detected since April 2022 in the district, and none of them are of G2D. The district 113 footwear and self-care kit in the stock.

Below ***table 3*** gives the details of the health service delivery indicators at the district level of the Ratnagiri district.

Table 3: Details about the other health service delivery in the Ratnagiri district, Apr'22 – Aug'22

Indicator		
1. Implementation of Free drugs services	Yes	
2. Implementation of diagnostic services (if it is free for all)	Yes	
Number of lab tests notified	-	
Categories/schemes for free diagnostic services implemented	BPL, JSSK Beneficiaries	
3. Status of delivery points		
• No. of SCs conducting deliveries	<=3 deliveries/month	345
	>3 deliveries/month	0
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month	70
	>10 deliveries/month	0
• No. of CHCs conducting deliveries	<=20 deliveries/month	7
	>20 deliveries/month	0
• No. of DH/ District Women and child hospital conducting deliveries	<=50 deliveries/month	3
	>50 deliveries/month	1
• No. of DH/ District Women and child hospital conducting C-section	1	
4. Number of Institute with ultrasound facilities (Public + Private)	114	
• Of these, how many are registered under the PCPNDT act	114	
5. Details of PMSMA activities performed.	Under PMSMA activities, facilities give ANC services, diagnostic services, counselling, and complimentary refreshments to Pregnant women in 3CHC and 1 DH.	
6. No. of Maternal Death Review Conducted • Previous Financial Year • Current Financial Year	 34 07	
7. Number of Child Death Review Conducted • Previous Financial Year • Current Fiancial Year	 232 54	
8. Number of blocks covered under Peer Education (PE) programme	16	
9. Number of villages covered under PE Programme	1219	
10. No. of Peer Educator Selected	7908	

Indicator			
11. No. of Adolescent Friendly Clinic (AFC) meetings held	995		
12. Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stockout		
13. If Mera-aaspatal has been implemented	Yes implemented at Women Hospital and District Hospital		
14. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	4191		
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	1536		1536
○ B- Incentives under NTEP	833		833
○ C- Incentives under NLEP	253		253
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	79		-
• Patients incentive under the NTEP programme	1016	-	1016
• Provider's incentive under the NTEP programme	1016	-	1016
• FP compensation/ incentive	786	-	786
15. Implementation of Integrated Disease Surveillance Program (IDSP)	Yes		
• If Rapid Response Team is constituted, what is the composition of the team • No. of outbreaks investigated in the previous year and in the current FY	YES, Total 7 Members (DSO, Pediatrician, Physician, DMO, Microbiologist-DPHL, EMO, Epidemiologist) Outbreak in 2021 – 22: 2 Outbreak in 2022 – 23: 0		
• How is IDSP data utilized	Real Time Data through IHIP Portal Daily monitoring Done and informed / planned accordingly		
• Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	100%		
16. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at the district level	Yes		
• Annual Blood Examination Rate	8.06%		
• Reason for increase/ decrease (trend of last 3 years to be seen)	Decrease due to Malaria elimination Programme conducted by DMO Ratnagiri.		
• LLIN distribution status	9450 Distrubuted Year 2021-22		
• IRS	Not Done		
• Anti-larval methods	Biological & Chemical Methods		
• Contingency plan for epidemic preparedness	Available		
• Weekly epidemiological and entomological situations are monitored	Yes		
• No. of MDR rounds observed	-		
• No. of districts achieved elimination status for Lymphatic Filariasis, i.e. mf rate <1%	-		
17. Implementation of National Tuberculosis Elimination Programme (NTEP)			

Indicator		
• Target TB notification achieved	63% (1587/2520)	
• Whether HIV Status of all TB patients is known	No If No, no. of TB patients with known HIV status**: (1711/1765)**	
• Eligible TB patients with UDST testing	1765	
• Whether drugs for both drug-sensitive and drug resistance TB available	Yes	
• Patients notification from public sector	No of patients notified	957
	Treatment success rate	80%
	No. of MDR TB Patients	60
	Treatment initiation among MDR TB patients	57
• Patients notification from private sector	No of patients notified	630
	Treatment success rate	92%
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	0
• Beneficiaries paid under NikshayPoshanYojana	1056/1710	
• Active Case Finding conducted as per planned for the year	Yes	
18. **Implementation of National Leprosy Eradication Programme (NLEP)** • Number of new cases detected • No. of G2D cases • MDT available without interruption • Reconstructive surgery for G2D cases being conducted • MCR footwear and self-care kit available	46 0 0 0 113	
19. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	1	
20. Percent of health workers immunized against Hep-B	512 Health Workers	
21. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	Iodine sample taken from per phc 50/month from field/subcenter and tested at district Lab	
22. Key activities performed in current FY as per ROP under National Tobacco Control Programme	Programme Running in all Facility. Awareness of Tabacco in School /colleges, village meeting, Under Collector Sir and CEO Sir Progress Review meeting done	
23. Number of ASHAs	Required as per population	1350
	Selected	1299
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	-

Indicator				
	No. of villages/ slum areas with no ASHA	-		
24. Status of social benefits scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state-specific scheme	1385 73 1273 73 778 73 -			
25. Status of Mahila Arogya Samitis (MAS)	Formed	71		
	Trained	72		
	MAS account opened	72		
26. Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	1528		
	Trained	1528		
	MAS account opened	72		
27. Number of facilities quality certified	0			
28. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	1. Facility selected 2. Internal cycle 1 in process 70% work had been done. 3. Internal cycle 2 started			
29. Activities performed by District Level Quality Assurance Committee (DQAC)	1) Composition of QAC at block level. 2) Defining target to block's 3) follow up and support in done. 4) periodical review of the progress is done.			
30. Recruitment for any staff position/ cadre conducted at the district level	In Process			
31. Details of recruitment	**Previous Year**		**Current Year**	
	Regular	**NHM**	**Regular**	**NHM**
• Total no. of posts vacant at the beginning of FY	-	-	424	107
• Among these, no. of posts filled by state	-	-	0	0/7
• Among these, no. of posts filled at district level	-	-	0	0/78
32. Does the state have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes			

Source: DPMU, Ratnagiri

2.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is implementing a population-based Non-Communicable Disease (NCD) program in the district. Since, April 2022 the district has

screened 144825 patients for hypertension, 145282 for diabetes, 132702 for Oral cancer, 70395 patients for breast cancer and 46298 patients for cervical cancer at the facilities. Among the screened patinets, 18846 were diagnosed with hypertension, 9104 with diabetes, 24 with oral cancer, 16 with breast cancer and 7 with cervical cancer. More than 97% of these patinets are either under treatment or have received treatment from the PHC/CHC/DH in the district.

Table 4: Status of CPHC in the district (April'22 – September'22)

Indicator	Planned	Completed
1. Number of individuals enumerated	All individuals aged more than 29 years	
2. Number of CBAC forms filled	-	85230
3. Number of HWCs started NCD screening		
a. SHC- HWC	260	245
b. PHC- HWC	67	67
c. UPHC – HWC	3	3
4. Number of individuals screened for:		
a. Hypertension	153626	144825
b. Diabetes		145282
c. Oral Cancer		132702
d. Breast Cancer		70395
e. Cervical Cancer		46298
5. Number of HWCs providing Teleconsultation services	245	245
6. Number of HWCs organising wellness activities	245	245

Source: DPMU, Ratnagiri

2.4 Status of Human Resource

As per the provided information, there was a total of **1248** posts sanctioned as regular and under NHM, of which only **895** were filled, and **353** were vacant. (***Table 5***).

Table 5: Status of Human resources at public health facilities in Ratnagiri district

Sr.No	Post Name	Sanction Post	Filled Post	Vacant Post
1	Distruct Health Officer	1	1	0
2	Add. District Health Officer	2	1	1
3	Asst. District Health Officer	1	0	1
4	Taluka Health Officer	9	5	4
5	Medical Officer	131	129	2
6	Medical Officer, DTT	1	0	1
7	District Survellince Officer	1	1	0
8	Public Health Nurse	2	0	2
9	Addministrative Officer	1	0	1
10	Statitical Officer	1	0	1
11	District Extension and media Officer	1	1	0
12	Pharmacist	68	33	35
13	Health Supervisor	4	2	2
14	MPW(M)	209	221	-12
15	ANM	483	270	213
16	Female parichar(class4)	67	33	34

Sr.No	Post Name	Sanction Post	Filled Post	Vacant Post
17	Safai Kamgar(class4)	67	29	38
	Total(A)	**1049**	**726**	**323**
	Regular Promotion Post status			
18	Health Supervisor	14	14	0
19	Health Asst.(M)(HA)	95	93	2
20	Health Asst(F)(LHV)	67	62	5
21	MPW(M)	23	0	23
	Total(B)	**199**	**169**	**30**
	Total(A+B)	**1248**	**895**	**353**

Source: DPMU, Ratnagiri

2.5 Status of Fund Utilization

The district has not received any approval for PIP fund for the current financial year. However, they have provided the expenditure details. During the current financial year, district has spent a total amount of Rs. **1836.95** lakhs, of which Rs. **106.55** lakhs were spent under RCH, **Rs. 0.99** under NDCP, **Rs. 2.33** under NCD, **Rs. 801.82** under NUHM, and **Rs. 925.255** under HSS.

2.6 Status of training

During the Previous financial year, there were 65 training planned for the various programme, of which 30 are planned for Child Death Review Training, followed by 8 for IMEP (MO), 6 for Routine Immunization etc. However only one training on RTI/STI for ANM/LHV was conducted on 15/12/21.

Table 6: List of training planned and completed by the district

List of training (to be filled as per ROP approval)	Planned	Completed
1. SAB	10	10
2. BEmOC	3	3
3. PPIUCD	2	2
4. RI	15	15
5. Asha Induction	03	03
6. Asha HBNC 1 ST Phase	02	02
7. Asha HBNC 2nd Phase	01	01
8. Asha HbYC	03	03
9. NEEP	02	02
10. SAANS Training	03	03

Source: DPMU, Ratnagiri

3. Service Availability at the Public health facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarise the broad status of the health facilities regarding infrastructure, service delivery, human resources, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising each DH, CHC, PHC and SC. Since Women's Hospital is not available in the district, hence not covered by the monitoring team.

3.1 Service Delivery: District Hospital Ratnagiri

The District Hospital is situated at the district headquarters at Ratnagiri. It is a 200-bedded, sanctioned hospital, of which 18 are in ICU. The hospital is well accessible from the nearest road-head and is well equipped with a 24*7 running water facility, RO drinking water, sufficient sitting arrangement for OPD cases, drug storeroom with racks and power backup for complete hospital.

Besides this, the monitoring team has made the following observations -

- Apart from the OPD, ANC, Immunization, and Family Planning services, the facility provides specialized services on Medicine, O&G, General Surgery, Paediatrics, Anaesthesiology, Dental, Imagine service (X-ray), ICU, and Emergency care services along with the teaching block and skill lab services.
- The facility also provides Tele-medicine/consultation services with an average of 79 cases per day.
- The facility has Modular Operational Theatre with a Single general OT and Ophthalmology/ENT OT.
- In the case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The Essential Drug List (EDL) with a list of 287 vital drugs was available in the facility and displayed in the OPD area. All the displayed drugs were available on the day of visit. The facility is implementing E-Aushadhi and also has a sufficient supply of essential consumables.
- The facility does have both the diagnosis facility, i.e. in-house and PPP (HLL Lab), along with the AERB-certified X-ray and CT scan services in the premises. During June'22 to August'22, a total of 53679 tests in-house and 46577 in HLL lab have been performed. X-ray services to all the BPL and JSSK beneficiaries are being provided free of cost.
- The PMSMA services are provided in the facility on every month of 9th. For this all the line listed high-risk PW are called and pickup from theire villages by the ambulances. The facility has all the JSSK entitlements and its services is being provided from the facility.

- The facility is implementing the PM- National Dialysis Programme by in-house mode. This service is free of cost for all. In the previous and current financial year, a total of 207 test and 93 tests of dialysis were performed in the facility respectively.
- DH is the designated FRU, and its labour room is well functional with delivery tables, delivery equipment, and the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility has conducted 170 normal delivery and 81 C-Section deliveries during August 2022.
- The facility has provided 792 birth doses to the newborns during the last three months (June 2022 – August 2022), of which 692 were breastfed within one hour of birth.
- All the payments of JSY are made from the THO Office only. So, the list of all the JSY beneficiaries are sent to the THO Office.
- The utilization of family planning services in the facility is good FP counsellor was counselling the beneficiaries regularly on the choice of FP methods available in the facility. In August 2022, there were 35 sterilizations conducted in the facility along with the PP/IUCD insertions.
- The facility also provides Comprehensive Abortion Care (CAC) along with the implementation of the FPLMIS to procure the drugs or materials for family planning.
- The facility has AFHC and NCD clinic, where FP counsellor and MO provides counselling and screening services to the adolescent and adult population respectively.
- In the current financial year, the facility has screened 3000 patients for Hypertension, Diabeters and Oral Cancer, of which 95 patinets were diagnosed as hypertensive and 155 patients as diabetic. Apart from these screening, the facility has screened 953 women for breast cancer and 6 women for cervical cnacer.
- The facility is Designated Microscopy Centre (DMC). During the last six months, they have screened 5% of OPD cases by TruNat. All the suspected cases were tested for HIV and Diabetes Mellitus before being sent to the District TB centre for further treatment.
- The facility has sufficient anti – TB drugs, and currently taking anti-TB drugs from the facility. Of these patients, 72% are getting DBT instalments under Nikshay Poshan Yojana.
- Although all the records related to TB were maintained in the facility, no records were found on Malaria, Leprosy, Dengue and Chikungunya.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre. During August 2022, 281 cases were referred-in and 65 cases were referred-out to higher facility.

The below table (**table 7**) depicts the status of human resources in District Hospital, Ratnagiri. From the table, it can be seen that there are a total of **223** posts has sanctioned for the DH. Among the sanctioned posts, **116** are filled and **107** are vacant.

Table 7: Status of human resources at the District Hospital, Ratnagiri

Human Resource	Sanctioned	Filled	Vacant
Physician	2	0	2
ObGy	3	2	1
Paediatrician	3	1	2
Anaesthetist	-	-	-
Ophthalmologist	2	1	1
Orthopaedic	2	2	0
Surgeon	2	2	0
Others Specialist	7	3	4
MO (MBBS)	9	8	1
Sister Incharge/Asst.Matron	2	1	1
SNs/GNMs	129	65	64
Technicians (Lab. X-Ray, ECG etc.)	13	8	5
Dental Assistant/Hygienist	2	1	1
Pharmacist	5	5	
Others	42	17	25
Total	**223**	**116**	**107**

Source: District Hospital, Ratnagiri

3.2 Service Delivery: Community Health Centre (CHC) – RH Guhagar

Guhagar Rural Hospital is located in the Naigaon sub-division of the Ratnagiri district and is about 75 km away from the district headquarters. It is a 30-bedded hospital but not a designated FRU. The facility functions in a government building and is well accessible from the nearest road head. The condition of the building is very poor. The facility provides its OPD services between 8:30 am to 1:00 pm and 4:00 pm to 6:00 pm.

During the visit to Rural Hospital Guhagar, the following observations were made –

- The facilities building is very old, need major renovation work. The OPD room for was severely damaged.
- The CHC is well equipped with 24*7 running water, functional toilets for males and females, a drinking water facility with RO, sufficient sitting arrangement for OPD patients, and a drug storeroom with the rack. The CHC is also geriatric and disability friendly and has powere backup for the part of the hospital.
- In addition to the general OPD, Vaccination, NCD, FP and ANC services, the facility also provides specialised services of Pediatric and Ophthakmology. However, none of them are available for 24*7.

- In the case of IT equipment, the facility has desktops/laptops with good internet connectivity in the area. Resulting, the timely data entry on HMIS Portal; however, RCH, HWC and Nikshay Portal are not updated.
- The essential drug list with 89 drugs is available and was displayed in OPD waiting area. Among the listed essential drugs, 4 were not available in the facility, and those drugs are, tab. Artesunate 50 mg, tab. Chloroquine, solultion of sodium hypochloride (200 ml) and I.V. DNS. Apart from these drugs, supply of all the drugs and consumables sufficient.
- With regards to the diagnosis services, the RH is well equipped with both type of lab services, i.e., in-house as well as HLL lab through PPP mode. All the diagnosis services are provided free of cost to BPL, elderly and JSSK beneficiaries.
- Apart from the lab services, the facility also provides X-ray with AERB certified one machine. During current fianancial year, 152 patinets have received services from the X-ray lab.
- Delivery services are being provided by the facility, as its labour room is well equipped with one manual delivery table and delivery equipments, however it is not as per the norms. During the month August 2022, the facility has conducted 5 deliveries. The NBCC of the facility was also functional with the availability of a functional radiant warmer and neo-natal ambu bag.
- All the payments of JSY are made from the THO Office only. So, the list of all the JSY beneficiaries are sent to the THO Office.
- The PMSMA services are provided in the facility on every month of 9th. For this all the line listed high-risk PW are called and pickup from theire villages by the ambulances. The facility has all the JSSK entitlements and its services except the blood bank services.
- The Facility has vaccines and hub cutters, and all the Nurses/ANM posted in the facility are aware of the open vial policy.
- There were **12** deliveries conducted in the last three months preceading to the visit (June 2022 – August 2022), and **all** were breastfed within one hour of birth and provided birth doses (Vitamin K).
- The facility has a register to enter the details of deaths and births. No maternal and child deaths occurred during the previous and current financial years, respectively.
- The facility has trained HR in IUCD/PPIUCD, and they provide reversible FP services after counselling the beneficiaries. The facility also provides permanent FP services through OT.
- The facility has AFHC and NCD clinic, where RKSK counsellor and MO/CHO provides counselling and screening services to the adolescent and adult population respectively.

- In the current financial year, the facility has screened 674 patients for Hypertension and Diabetes, of which 217 were confirmed as hypertensive and 41 as diabetic. Apart from these patients, 25 were screened for Oral Cancer, 2 for Breast cancer and 1 patients for cervical cancer. Of which, 2 patients with oral cancer, 1 patients each for breast cancer and cervical cancer was confirmed, respectively.

- Ambulance services in the periphery area of the facility are available with a centralised call centre as well as facilities' own ambulance only for pickup from home and for referral to the higher facility. There were 6 cases of referred-in and 27 cases of refrred-out in the facility.

The below table (**table 10**) depicts the status of human resources in RH Guhagar, Ratnagiri. From the table, it can be seen that there are a total of only **43** posts sanctioned for the RH. Among the sanctioned posts, **14** are filled regularly, and **14** are under NHM.

Table 8: Status of human resources in the CHC (RH) Guhagar, Ratnagiri

Human Resource	Sanctioned	Regular	Contract
Medical Superintendent	1	0	0
Dentist	1	0	0
MO (MBBS)	4	1	1
SNs/GNMs/ANMs	8	7	0
LTs	1	0	0
Pharmacist	1	1	-
MO (RBSK)	4	-	3
ANM (RBSK)	2	-	2
Pharmacist (RBSK)	2	-	1
Others	19	5	7
Total	**43**	**14**	**14**

Source: CHC (RH) Guhagar, Ratnagiri,

3.3 Service Delivery: Primary Health Centre - Kothawade

Primary Health Centre (PHC) Kothawade is about 17 km from district headquarters. It is a six-bedded standalone facility, functioning in newly constructed government building. Its next referral point is District Hospital Ratnagiri. The facility provides ANC, delivery, NCD, Immunization, Family Planning etc., services from 8:30 am to 12:30 pm and 4:00 pm to 5:00 pm. All the national programmes are being implemented in the periphery area of the facility.

Besides the above services, the following observations were made by the monitoring team –

- The facility is well equipped with adequate sitting arrangements for OPD patients, a drug storeroom with racks, electric power backups, ASHA rest room, 24*7 running water from bore well along with RO drinking water facility, and separate functional toilets for male and female however.

- It provides 24*7 delivery services along with the tele-medicine/consulatation services with an average of 50 patients in a day.

- In the case of IT equipment, the facility has two desktop along with electronic tablets among the ANMs and fairly good internet connectivity.
- Since, the facility has shifted in June 2022 only, the assessment for NQAS was not done; however, the internal assessment for Kayakalp was done and it has score of 49.4%.
- The facility has essential drug list with a total of 78 drugs (vital drugs), of which only 10 were available on the day of visit. The EDL was not displayed in OPD area.
- With regards to the diagnosis services, the PHC is well equipped with both type of lab services, i.e., in-house as well as HLL lab through PPP mode; however, data was received from the facility on number of lab test conducted in the facility.

Table 9: List of drugs not available in the PHC

Sr. No.	Five Priority drugs from EDL in last 30 days	Drugs for HTN and DM in last 7 days
1	Inj. Aminophylline	Tab. Metformin 500 mg
2	Inj. Diazepam	Tab. Metoprolol
3	Tab. Atorvastatin	-
4	S. Amox 125 mg	-

Source: PHC Kothawade

- Apart from the lab services, the facility also have X-ray services, free for BPL, JSSK and elderly patients.
- The facility provides delivery services with one delivery table and a NBCC; however it has conducted only 4 deliveries in last three months and all were immunized with birth doses.
- All the JSY payments are being made from the Taluka Health Office only. So information of the beneficiaries are being sent to the THO office for the payments of JSY as well as PMMVY.
- Though JSSK entitlements are available and all the services related to the JSSK are being provided from the facility, free blood services. The facility also have the line listing of the high-risk pregnancies, whom they call on every PMSMA day.
- In the PHC, Staff Nurse and Health Assistant along with the MO are trained in PP/IUCD, who also provides the counselling services to the beneficiaries. Apart from the IUCD insertion, the PHC also provides the services of NSV, mini-lap, and other injectable/oral FP services.
- The facility has a functional AFHC as well as NCD clinic, which provides thire services on Thursday and Daily respectively. However, the separate documents or data was not found on the day of visit. The facility also gives yoga services in its premises.
- During the last financial year, the facility had received Rs.55000/-, of which 100% was utilized to purchase the medicine, stationary items, cleaning of furnitures and light bills.

- The facility has it own ambulance services in the periphery area of the facility along with the centralised call centre. During August 2022, there were 6 referral cases to the district hospital.
- The facility has a total of 18 post sanctioned, of which 14 are filled. One position of Staff Nurse and three position of other cadre are vacant in the facility.

Table 10: Available Human Resources at PHC Kothawade, Ratnagiri

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	1		
MO (AYUSH)	1		
SNs/GNMs			
ANM			
LT			
Pharmacists			
Others			
Total	**18**	**14**	**1**

Source: Sub-Centre – Kasarweli, Ratnagiri district, *outsourcing

Table 11: Challenges and their root causes in the PHC Kothawade, Ratnagiri

Sr. No.	Challenges	Root Causes
1	Performing less deliveries	The DH is just 17 km away, and its SCs are between the two facilities. So, most of the PW prefer to avail services from the DH only.

3.4 Service Delivery: Sub Centre - Kasarweli

The Kasarweli Sub-Centre, converted to Health and Wellness Centre, is situated about 11 km away from District Hospital Ratnagiri. It is a standalone facility, functioning in panchayat building and well connected to the nearest road head. Its next referral point is District Hospital Ratnagiri. It provides ANC, OPD, NCD, Immunization, Family Planning etc., services.

During the visit to the Sub-Centre Kasarweli, the following observations were made –

- The facility is well equipped sufficient OPD waiting area and drug storeroom with racks; however it is lacking with power backup, 24*7 running water facility, clean functional toilets for male and female, specified area for the Yoga/welfare activities, drinking water facility and of ASHA restroom.
- CHO do have an electric tablet/laptop with her in case of the IT services, and CHO gives teleconsultation services and provides her service data in the given apps. ASHAs do not have electronic tablets and smartphones. In the area, the internet connectivity is poor.

- The facility does not have the essential drugs list, however, they did not face any shoratage of drugs in the facility. The anti-TB drugs is being distributed from the PHC Kothawade, where they send the sample of the patients after identifying them.
- Drugs related to hypertension and diabetes were available in the facility, and CHO was dispensing the drugs to the patients.
- The facility was well equipped with BP instruments, thermometers, contraceptives and glucometers, along with a sufficient supply of testing/diagnostic kits.
- The facility has the list of eligible couples of the different villages, along with the list of high-risk pregnant women.
- ANM of the facility was well aware of her vaccine schedule, open vial policy and micro-plan. The vaccine and hub cutters were provided (on the day of vaccination) from the District Hospital Ratnagiri as per their due list.
- From April 2022 – August 2022, CHO of the facility has screened 723 NCD patients for hypertension, diabetes and oral cancer, of which 350 were confirmed for hypertensive, and 280 for the diabetic. Apart from these patients, 380 women were screened for the breast cancer as well as for cervical cancer.
- In the periphery area of the facility, a total of 34 TB patients were identified during the last financial year and all were referred for testing, whereas in the current financial year, 67 TB patient were identified and all were referred for testing, of which 5 were diagnosed as a presumptive patient. The patient is taking treatment from the PHC Kothawade.
- In the three villages of the SC, 5 ASHAs are working and all have functional HBNC kit along with the sufficient drugs. All the AHSA are aware about the incentive being given to patient under Nikshay Poshan Yojana.

The below table shows the number of human resources available in the facility. It is run by one ANM, one MPW male and one CHO. Apart from these three, 5 ASHAs are working in the periphery area of the facility.

Table 12: Available Human Resources at SC Kasarweli, Ratnagiri

Human Resource	Sanctioned	Regular	Contract
ANM/MPW Female	1	-	1
MPW Male	1	-	1
MLHP/CHO	1	-	1
ASHA	5	-	5
Total	**8**	**-**	**8**

Source: Sub-Centre – Kasarweli, Ratnagiri district,

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the PIP 2022 – 23 of Ratnagiri district monitoring was carried out by the PRC team from ***26 September 2022 – 30 September 2022***. The District Health Office, District Hospital, Community Health Centre – Guhagar, Primary Health Centre – Kothawade, and Sub-Centre – Kasarweli were visited for monitoring by the PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities, the following recommendation has been made by the PRC monitoring team:

1. Refresher training is recommended for the ANM as well as MOs of the PHC and SCs on HMIS data items and ANMOL App. Apart from this, CHOs are required more training on NCD documentation.
2. Health staffs under NHM such as MO, ANM, DEO and Drivers are facing salary issue in the district. They are not getting salary as well as incentives (for CHO's) on time. It is recommended to the district authority as well as state authority to take immediate action to resolve the issue.
3. Documents related to ANC, Delivery, Immunization, eligible couple register etc. were not completed in SC and PHC. It is recommended to the district authority to monitor the completeness of the source documents of ANC, Immunization etc. on time.
4. As pert of the Kayakalp programme, herbal garden was not available in the visited SC (SC Kasarweli) and PHC (PHC Kothawade). It is recommended to the district authority to ensure the plantation of herbel plants in the premieses of all the HWCs.
5. The building of the **RH Guhagar** is very old. Its few rooms are severly damaged as ceiling concretes are falling down. Major renovation work is required in the facility.
6. **Many** SCs are functioning either in Grampanchayat building or in rented building. Separate buildings are required for all the facilities. Also, upgradation of old Sub Centre building to newly approved building is require in the district.
7. The recruitment under NHM are mostly contractual. Contractual positions are highly underpaid, which is a major cause of high Employee Retention Rate. It is highly recommended to increase the remunerations of the staff.

8. A glimpse of the Ratnagiri district PIP monitoring visit, 26 Sep'22 – 30 Sep'22.

OT, District Hospital, Ratnagiri

RH Guhagar, Ratnagiri

PHC Kothawade, Ratnagiri

SC Kasarweli, Ratnagiri

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