



**Monitoring and Evaluation of Programme Implementation Plan 2019 – 20,
Ratnagiri District Maharashtra**

By

Akram Khan

Baldev Kulaste

Population Research Centre

Gokhale Institute of Politics and Economics

Pune – 411004

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Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centres (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2019 – 20). Team of two officials of PRC visited Ratnagiri district during January 19-23,2020. It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitors the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Ratnagiri district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Ratnagiri. The following public health facilities were visited by the PRC Pune team: DH Ratnagiri, SDH Kamathe, CHC Pali, PHC Malgund and SC Nevre. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

Key Observations and Findings

Meetings were conducted with district and block level health administrators including the District Health Officer (DHO), Civil Surgeon (CS) of District Hospital, Medical Superintendent (MS) of respective CHCs, Medical Officers, facility and community level health care providers (ANMs, ASHAs etc.) and other supporting staff to understand the strength and weakness of the facilities in providing health services. Further, we reviewed relevant programme data and information available from the District Programme Management Unit (DPMU), Health Management Information System (HMIS) and also made observations regarding performance of key component of NHM for robust feedback on programme implementation in the district. The major strength and weakness of the district in terms of providing health services are as follows:

Strengths

- ✚ The percentage of institutional delivery has reached at its peak level as 99.9 percent of the institutional deliveries are conducted in health institutions.

- ✚ The district has a dedicated pool of NHM personnel who are striving to work in accordance with the mission and vision of the programmes.
- ✚ The JSY scheme is functioning well and all ASHA workers are doing their best by providing awareness about the schemes and its benefits and bringing them for institutional delivery.
- ✚ JSSK scheme is functioning as per the guidelines of the MOHFW.
- ✚ LAQSHAY is one of the important initiative of the MOHFW. During the year 4 facilities are selected for LAQSHAY. District Hospital and SDH's of Dapoli, Kalambani and Kamthe are selected for LAQSHAY. All facilities have completed the state level assessment and in three facilities national level assessment is completed.
- ✚

Weakness

- ⊖ PRC Monitoring team has observed that more than 23 percent of total sanctioned post are vacant under the District Health Office, of which most of them are Health Worker (Male and Female), Pharmacist & MOs and these two are core pillar of three tier health system in India. They might hamper the service delivery system if not filled on urgent basis.
- ⊖ There is no separate ward for male and female in SDH.
- ⊖ The staff quarters of SDH Kamathe was not liveable as they were not repaired and not maintained over the period of time.
- ⊖ During the visit to Pali CHC PRC team noticed that out of the sanctioned three medical officers posts only two are filled. One of them is medical superintendent. Medical superintendent is deputed at District Hospital, and he has been given additional charge of civil surgeon. Therefore, he is not able to discharge his duties as MS at CHC Pali. Hence, practically only one medical officer is available at CHC for 24 Hrs. This leads to limited service to the community.
- ⊖ As this is 30 bedded hospital but no radiant warmer is available in the facility for sick neonates. Hence, service provider of the facility is unable to manage sick neonates.
- ⊖ There is no coordination among RBSK teams and ASHAs. ASHAs of particular village are not aware about RBSK team visits to their village. Whereas ASHAs are having crucial role in HBNC. If ASHAs would know RBSK team programme well in advance. In that

case they can mobilise sick children for screening during the visit of RBSK team in the village. PRC team suggested DHO to take necessary action in this regard. DHO called RBSK coordinator and issued a circular to RBSK teams to provide their ATP to respective PHCs and SCs and further MO, PHCs and ANM, SC will inform respective village ASHAs about RBSK programme.

- ⊖ PRC team has observed during the visit that vehicles provided to the RBSK team are too small and do not have enough room to accommodate four persons of the team. As there are two females in the team. It is difficult for them to adjust in the small car.

1. Introductions

National Health Mission (NHM), previously known as National Rural Health Mission (NRHM) was launched in order to make health care more accessible and affordable to all especially who are vulnerable and underserved and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities. Also the need for effective inter-sectoral convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resources allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2019 – 20 has been designed and submitted to Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality's 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 NHM to various PRCs. PRC, Pune was assigned the evaluation study of PIP of Maharashtra and Madhya Pradesh for the year of 2019 – 20.

In order to carry out quality monitoring and evaluation of important component of NHM, various type 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.

This report discusses the monitoring and evaluation of PIP findings and observations for the Ratnagiri District in Maharashtra, which was carried out during the period December 16 to December 22, 2019. In the district apart from District Health Officers Office, District Hospital Ratnagiri, Sub – District Hospital Kamathe, Community Health Centre Pali, Primary Health Centre Malgund and Sub – Centre Nevre were visited.

This report provides a review of key population, health and service delivery indicators of the Ratnagiri District. The report also deals with health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS

and MCTS. This report is based on the interview of DHO, Civil Surgeon, Medical Superintendent, ANMs and beneficiaries.

Table 1: Health Facilities visited in the PIP Monitoring of Ratnagiri District, 2019 – 20

Facility Type	Name of the facility
District Hospital	District Hospital Ratnagiri
Sub – District Hospital (FRU)	Sub – District Hospital Kamathe
Community Health Centre (Non- FRU)	Community Health Centre Pali
Primary Health Centre	Primary Health Centre Malgund
Sub - Centre	Sub – Centre Nevre

Source: DHO Ratnagiri, 2019

1.1 District Profile

Ratnagiri district is one of the most important maritime district of the Maharashtra state with the coastal belt extending to about 167kms, and the homeland of Konkan culture, forms a part of grate tract known as the “Konkan”. It is also famous for Ganapati Pules’ Ganesh Temple. It located in the Konkan Division of Maharashtra and covering an area of 8,208 km². In the north, it is bordered by Raigad, in the east by Satara, Sangali and Kolhapur, in the south by Sindhudurg.

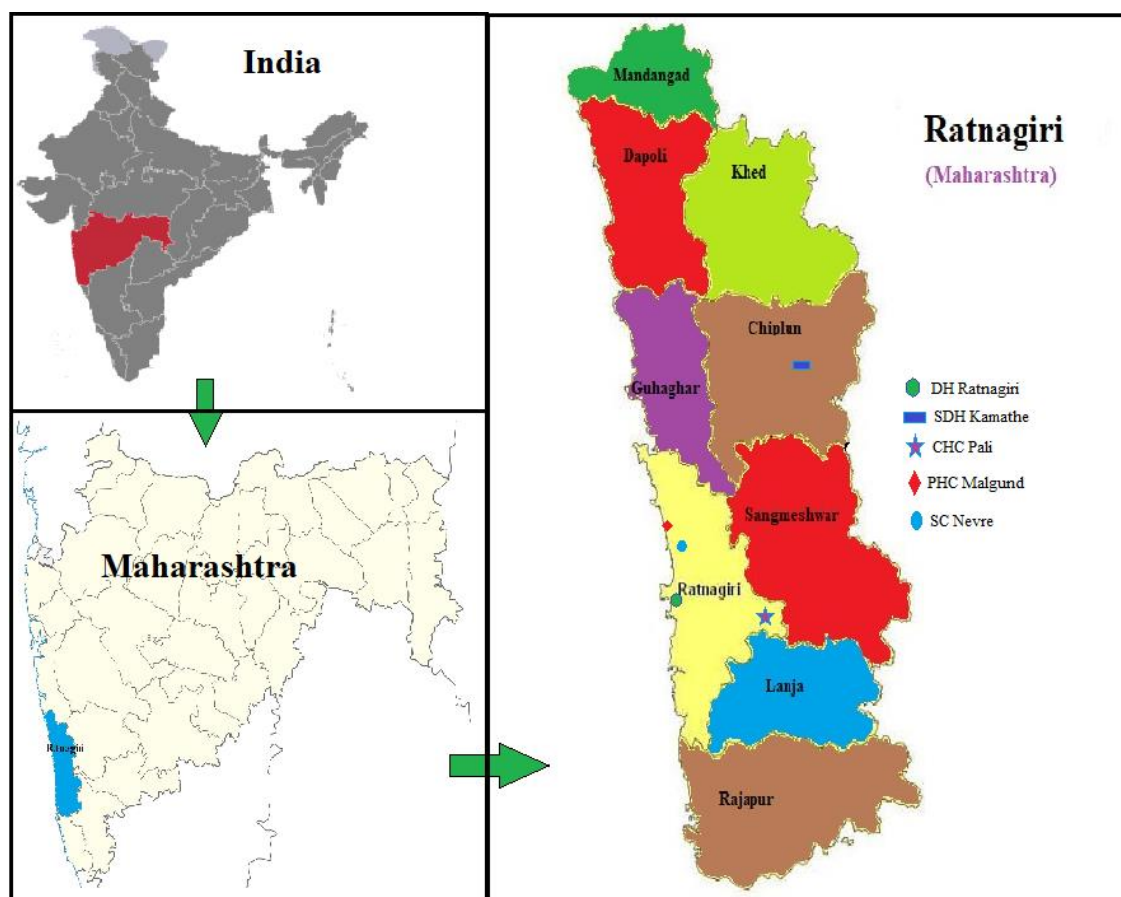


Figure 1: Integrated Map of Ratnagiri, Maharashtra

The district comprises with 9 talukas viz. Mandangad, Dapoli, Ratnagiri, Khed, Guhagar, Chiplun, Sangmeshwar, Lanja and Rajapur, which are further comprises with 1551 villages.

Table 2 depict the demographic profile of the Ratnagiri district. The district has a total population of 16,15,069, which contribute to around 1.44 percent of the state population. Of the total population, 4.15 percent belong to Scheduled Caste and 1.26 belongs to Scheduled Tribes. The sex ratio of the district is 1122 females per 1000 males which is well higher than the state (929) sex ratio and the child sex ratio of the district is 948 against the 894 for the state. The literacy rate of the district is 82.2 percent which is almost same as the state average of 82.34 percent. Though, the literacy rate of male was higher in comparison of state but same pattern was not followed for female literacy as it was lower than the state female literacy rate.

Table 2: Key Demographic Indicators of Ratnagiri and Maharashtra

Parameters	Maharashtra	Ratnagiri
Total Area (in km ²)	307,713	8,208
Total Population	112,374,333	16,15,069
Male	58,243,056	7,61,121
Female	54,131,277	8,53,948
Scheduled Caste	13,271,408	4.15%
Scheduled Tribes	10,507,000	1.26%
Sex Ratio	929	1122
Child Sex Ratio	894	948
Population Density (km ²)	365	197
Literacy	82.34	82.18
Male literacy	88.38	90.93
Female literacy	75.87	74.53

Source: Census, 2011

1.2 Health Profile

The health profile highlights the performance of major service delivery indicators and the subsequent health outcomes in terms of the quantifiable goals of NHM. It analyses the input, output and outcomes of the public health delivery system in Ratnagiri with respect to various domains such as Maternal Health, Child Health, Delivery Care, Family Planning etc. **Table 3** presents key stats of health and service delivery indicators of Maharashtra and Ratnagiri district. As per the NFHS 4 (2015 -16) factsheet, the district was performing better than state in terms of Institutional deliveries, unmet need for family planning, unmet need for spacing and providing all vaccines to 9 -11 months of children, whereas, the district was behind the state in terms of providing Tetanus Injection to pregnant women, and any methods for family planning, while it was performing same as the state in terms of ANC registration in first trimester and coverage of 4 ANC.

Table 3: Key stats of Health and service delivery indicator of Maharashtra and Ratnagiri

Indicators	NFHS 4	
	Maharashtra	Ratnagiri
Mother registered in the first trimester	67.6	66.7
Mother who had at least 4 ANC visits	72.2	72
Mothers who got at least one TT injection	90.4	85.7
Institutional Delivery	90.3	97.8
Home Deliveries assisted by SBA	3.6	1.3
Children (12 -23 months) fully Immunized	56.2	73.1
Using any modern method for family planning	64.8	38.3
Total Unmet need for FP	9.7	15.8
Unmet need for spacing	4.3	6.6

Source: NFHS 4 Factsheet, 2015 -16

Table 4 summarises the current status of health care service delivery indicators in the district. An important component of the maternal health is ANC, which is a systematic supervision of women during pregnancy to ascertain the well-being of the mother and the foetus. It allows for the timely management of complications and provides opportunity to prepare a birth plan and identify the facility for delivery. In Ratnagiri, 85.7 percent of pregnant women registered for ANC in first trimester and 107.2 percent have received 4 or more ANC check –ups against the total ANC registration. Early registration of pregnancy allows for adequate care during the cycle. District has observed the adequate distribution of IFA supplementation, as it was given to 87.1 percent of women who registered for ANC. Overall, the performance of the district for pre- natal care was slightly ahead compare to state. The district has observed 41 maternal deaths per 100,000 live births.

Delivery care is another important component for maternal health as well for infant health. In Ratnagiri, there were only 10 home deliveries were observed, of which 50 percent were conducted by SBA. Thus presence of SBA in case of home deliveries is essential to combat maternal deaths. 99.9 percent of all deliveries are institutional deliveries, while comparing the institutional deliveries versus total ANC registration, it goes down with 94.6 percent and 15.4 percent women have been discharged within 48 hours of delivery. About 35 percent of the institutional deliveries were C- Section deliveries. With regards to PNC, 89.3 percent of women received the 1st post-partum check-up within 48 hours and 14 days of delivery. In terms of child health care, 92.5 percent of the newborns were breastfed within one hours of birth and 99.9 percent newborns were weighed at birth. In comparison with state, the performance of the district was high for the indicators of ANC registration, 4 ANC coverage, home deliveries, institutional deliveries, C- section deliveries, institutional deliveries against the ANC registration and post-natal care except the women discharged in less than 48 hours of delivery to total reported deliveries. The district has observed 5 Neonatal Mortality Rate and 6 Infant Mortality Rate during April – December, 2019.

Table 4: Status of Health and Health Care Services Delivery Indicators of Ratnagiri 2019 - 20

Health and Health Care Service Delivery Indicators		Maharashtra	Ratnagiri
Maternal Health			
Pre Natal Care	Total number of pregnant women registered for ANC	1675743	12743
	% 1 st trimester registration to total ANC registration	77.6	85.7
	% Pregnant women received 4 or more ANC check-ups to total ANC registration	89.8	107.2
	% Pregnant women given 180 IFA to total ANC registration	97.1	87.1
Health Outcome – MDR[^] - 41			
Delivery and Post-Delivery Care			
Home Deliveries	Number of Home Deliveries	9055	10
	% SBA attended home deliveries	38.6	50.0
	% home deliveries against total deliveries	0.7	0.08
Institutional Deliveries	Institutional Deliveries	1248972	12055
	% Institutional deliveries to total deliveries	99.3	99.9
	% Institutional deliveries to ANC registration	74.5	94.6
	% Women discharged in less than 48 hours of delivery to total reported deliveries	25.5	15.4
C-Section Deliveries	% C-Section deliveries to reported institutional deliveries	25.3	35.0
	% C-Section conducted at public facilities to deliveries conducted at public facilities		
	% C – section conducted at private facilities to deliveries conducted at private facilities		
Post Natal Care	% Women getting 1 st Post – Partum check –ups between 48 hrs and 14 days to total reported deliveries	60.3	89.3
	% Newborns breast fed within 1 hours of birth to total live births	90.9	92.5
	% Newborns weighed at birth to live births	97.6	99.9
Health Outcomes – IMR[^] - 6, NMR[^] - 5			
Child Health and Immunization Coverage			
Number of fully immunized children (9 – 11 months)		1488844	12270
% Fully Immunized Children to MR 1 st dose		99.39	99.4
Number of cases of childhood diseases (0 – 5 Years): Pneumonia		12380	116
Number of Cases of childhood disease (0 – 5 Years): Diarrhoea		75786	1068
Number of Cases of Childhood disease (0 – 5 Years): SAM		12165	99
Health Outcomes - U5MR[^] - 7			
Family Planning			
Total Sterilization Conducted		266693	2440
% Male sterilization (Vasectomies) to total sterilization		2.42	0.3
% Female sterilization (Tubectomy) to total sterilization		97.6	99.7
% IUCD Insertions to all family planning methods (IUCD Plus Permanent)		35.0	51.6
Condom Pieces Distributed		12470099	410617
Facility Service Delivery			
OPD		81,410,893	1176824
IPD		4,693,972	93401
% IPD to OPD		5.8	7.9

Source: HMIS, 2019 -20

With regards to service delivery for child health, Ratnagiri district has observed that 12,270 children of age 9 to 11 months have received full coverage of immunization. The most common childhood disease is reported as diarrhoea with 1068 case followed by Pneumonia with 116 cases and SAM with 99 cases in the district. The district also observed that there were 7 children of under-five age died against the 1000 live birth during April – December, 2019.

Unmet need for family planning is a significant factor that contributes to population growth. Family planning services work in accordance to lower the unmet need. Female sterilization as a method of permanent family planning dominates with 99.7 percent of all sterilization conducted during April – December, 2019 in Ratnagiri district. During the same period, 51.6 percent cases of IUCD insertion was observed against the all family planning method (condom is not included).

To improve the health care delivery, increase in the OPD and IPD services through better facilitation and coordination of public health system has been a contribution of NHM. The OPD patient load is as high as 11,76,824 number of OPD patients against 93,401 IPD patients.

2. Information from District Health Office

Information was collected with the help of district questionnaire covering all the aspects of PIP under various heads. Results of the information collected from Programme Management Unit, Health Officials and Staff Associated with various heads of PIP are as follow:

2.1 Human Resource and Health Infrastructure

The component of Human Resources under NHM is to ensure availability of adequate manpower at the public health facilities in the State. Human Resources are largely based on the requirements. The component/scheme of HR under NHM includes different interventions to ensure recruitment, development, continued capacity building and functioning of adequate health care man power. Interventions for increasing the generation of health HR to meet the demands in public sector.

The Public Health Care Infrastructure includes of Sub Centres at the most peripheral level, Primary Health Centre envisaged to provide an integrated curative and preventive health care and Community Health Centre which serve as a referral centre for PHCs and also provides facilities for obstetric care and specialist consultations.

2.1.1 Human Resource

Human resources are an important component of health care system. Achievement of good health outcomes is not possible without sufficient qualified health workforce and its shortage will lead

to decrease in the quality of health care services. There are some improvements in human resources after implementation of National Health Mission. **Table 5** presents the status of regular staff under District Health Office in Ratnagiri. It shows that among the sanctioned post of one each of ADHO, Asst. DHO, RCH Officer, Malaria Officer, Epidemiology MO, Statistical Officer and Administration Officer are vacant in the district. Apart from that 4 post of THO, 9 post of MOs, 2 post of Health Asst. (Male), 8 post of Health Asst. (Female), 67 post of Male Health Worker and 127 post of Female Health Worker, 27 post of Pharmacist and 3 post of Health Supervisor are vacant.

Table 5: Regular Staff under District Health Officer (DHO)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Asst. Director Leprosy Cl- I	1	1	0
3	Additional District Health Officer Cl- I	1	0	1
4	Asst. District Health Officer Cl- I	1	0	1
5	District RCH officer Cl- I	1	0	1
6	District Tuberculosis officer Cl- I	1	1	0
7	Administrative Officer Cl- II	1	0	1
8	District Malaria officer Cl-II	1	0	1
9	Taluka Health Officer Group A	9	5	4
10	MO Group A	131	49+73(BAMS)	9
11	Epidemiology MO	1	0	1
12	Statistical Officer	1	0	1
13	Health Worker (Male)	209	142	67
14	Health Assistant (Male)	95	93	02
15	Health Worker (Female)	483	356	127
16	Health Assistant (Female)	67	59	08
17	Pharmacists	68	41	27
18	Health Supervisor	14	11	03
	Total	1086	832	254

Source: DHO Ratnagiri, 2019 - 20

Table 6: Contractual staff appointed under NHM in District Programme Management Unit (DPMU)

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	DPMU	5	5	0
2	M&E	4	3	1
3	IPHS	52	36	16
4	FMG	4	4	0
5	IDW	4	4	0
6	ASHA	9	8	1
7	RKS	1	1	0
8	RBSK	103	82	21
9	AYUSH	16	12	4
10	Sickle Cell	0	0	0

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
11	BPMU	18	17	1
12	Procurement	2	2	0
13	Urban RCH	3	3	0
14	RCH	1	0	1
15	Tele Medicine	2	2	0
16	Quality Assurance	2	1	1
17	Referral Transport	8	8	0
18	PCPNDT	1	1	0
19	ARSH	0	0	0
20	IDSP	3	1	2
21	NPCB	3	3	0
22	ANM	105	102	3
23	LHV	28	27	1
24	Staff Nurse	5	5	0
25	IMMUNATION	3	3	0
26	Nursing School	9	7	2
27	MMU	6	6	0
28	NCD	44	30	14
29	Blood Storage Unit	4	0	4
30	EMS	1	0	1
31	Mental Health	7	6	1
32	NOHP	3	1	2
33	NBSU	6	5	1
34	RNTCP	29	28	1
35	NPPC	1	0	1
36	NTCP	4	3	1
37	NRC	7	6	1
38	SNCU	29	24	5
39	DEIC	12	5	7
40	Training	2	1	0
41	Hospital Manager	1	0	1
	Total	547	452	95

Source: DHO Ratnagiri 2019 – 20

Table 6 depict the status of contractual staff appointed under NHM in Ratnagiri district. PRC monitoring team have observed that overall there were 17.4 percent of shortages among the contractual staff under NHM. Of which, 21 are under RBSK followed by 16 under IPHS and 14 under NCD Programme.

2.1.2 Health Infrastructure

Infrastructure is the basis for planning, delivering, and evaluating a wide range of essential public health services. Healthcare institution and healthcare infrastructure is an important indicator to understand the health care status, health care delivery provisions and mechanism. Furthermore, health infrastructure is necessary to ensure access to basic healthcare facilities. Ensuring well-coordinated, high-quality health care requires the establishment of a supportive health system

infrastructure. Therefore, this section examines the analysis of health care infrastructure in Ratnagiri district, Maharashtra. *Table 7* depict the same.

With regards to Public Health Infrastructure, there is 1 District Hospital with 200 beds, and 3 Sub – District Hospitals, of which two are 50 bedded and one is 100 bedded. Apart from that, there are 10 Community Health Centre (CHC) which 30 bedded, 67 Primary Health Centres (PHCs) with 6 bedded and 378 Sub – Centres (SCs) are functioning in the district. Among the PHCs two functioning in rented building whereas 166 SCs are also functioning in rented buildings. Apart from these, 7 AYSUH facilities are functioning different health facilities in the district.

Table 7: Status of Health Infrastructure in Ratnagiri district, 2019 – 20

Health Facilities	Number of Institutions	Govt. building	Rented Building
District Hospital	1	1	0
Sub – District Hospital	3	3	0
CHC	10	10	0
PHC	67	65	2
SC	378	212	166
Delivery Point	78	78	0
AYUSH	7	7	0
Transport Facility	Number Available		Number of Functional
108 Ambulance	17		17
102 Ambulance	89		89
Mobile Medical Unit	1		1

Source: DHO Ratnagiri, 2019 – 20

All the facilities are run in a government building except 166 Sub-Centre and 2 PHCs. and except these SCs and PHCs, all other health facilities are conducting deliveries (78 Delivery points). Regarding the transport facility in the district, there are 106 ambulances available and all are working at present. Apart from that, 1 MMU are providing its services to the needy patients by visiting to them. During April – December, 2019, total 15,391 patients had utilized the MMU services.

Among the visited facilities, all five facilities are easily accessible from nearest road head and are working in government building except SC Nevre, which was working in Gram panchayat building. All facilities have residential quarter for MOs and SNs/ANMs in their premises except DH Ratnagiri and SC Nevre. Similarly, PHC Malgund and SC Nevre does not have separate clean toilet. Also in SC Nevre, the complaint box was not available (*Table 8*).

Table 8: Status of Health Infrastructure in facilities visited, Ratnagiri

Physical Infrastructure Indicators	DH Ratnagiri	SDH Kamathe	CHC Pali	PHC Malgund	SC Nevre
Health facility easily accessible from nearest road head	Yes	Yes	Yes	Yes	Yes
Functioning in govt. building	Yes	Yes	Yes	Yes	Yes (Gram Panchayat building)
Residential quarters for MOs and SNs/ANMs	No	Yes	Yes	Yes	No
Piped Water Supply	Yes	Yes	Yes	Yes	Yes
Clean Wards	Yes	Yes	Yes	Yes	Yes
Clean separate Toilets	Yes	Yes	Yes	No	No
Availability of complaint/suggestion box	Yes	Yes	Yes	Yes	No

Source: DHO Ratnagiri, 2019 – 20

2.2 Training of Health Personnel

Table 9 depict the status of training given to health personnel of Ratnagiri district at Health & Family Welfare Training Centre under various Programmes during April – December 2019. Total 1081 health personnel had trained under various programme head. Of which 761 health personnel were ANM and 211 were LHV followed by 98 MOs. With regards to training heads, 310 ANM, 79 LHV and 23 MOs were trained under NSSK programme, followed by 271 ANM and 35 MOs under IMEP, 166 ANM and 58 LHV under SBA, 67 LHV under Immunization and cold chain etc.

Table 9: Training given to health personnel of Ratnagiri district at Health & Family Welfare Training Centre under various Programmes

Sr. No.	Training Programmes	MO	LHV	Staff Nurse	ANM	Total District
1	EmOC	1	-	-	-	1
2	BeMOC	10	-	-	-	10
3	SBA	-	58	-	166	224
4	MTP/MVA	8	-	-	-	8
5	F-IMNCI/IMNCI	3	7	14	12	36
6	NSSK	23	79	-	310	412
7	Mini Lap Sterilisations	5	-	-	-	5
8	PPIUCD	3	0	-	2	5
9	IMEP	35	-	-	271	306
10	Immunization and cold chain	-	67	-	-	67
11	RI	10	-	-	-	10
	Total	98	211	11	761	1081

Source: DHO Ratnagiri, 2019 – 20

3. Maternal Health

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well-being of mothers is not only important in their own right but also central to solving large boarder, economic, social and developmental challenges.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death. The RMNCH+A strategy aims to reduce child and maternal mortality through strengthening of health care delivery system.

3.1 Overview

The 5×5 RMNCH+A matrix under NHM throws light on 4 important life cycle of maternal and reproductive health. **Table 10** depicts the performance indicators by various stages for the current financial years (April – December, 2019).

IUCD insertions is a priority area under spacing services. Pertaining to the performance under reproductive health, more than 51 percent of women opted for IUCD insertions as a family planning method. Women continue to bear an uneven burden of sterilization in Ratnagiri, as 99.7 percent of the women has opted for permanent sterilization against the total permanent sterilization.

With regards to accessibility of ANC services, more than 85 percent of women had registered for ANC in 1st trimester and more than 107 percent had received 4 or more ANC services against the total ANC registration. Though, 4.5 percent of obstetric complications were managed against the total deliveries during April – December, 2019.

During 2019 – 20, 50 percent of all home deliveries were attended by SBA in Ratnagiri. The district has performed extremely well with regards to institutional delivery as almost all the deliveries were conducted in health institution. During the same period there were 35 percent of C – Section deliveries were performed against the total institutional deliveries, which was the area of concern as it was above the permissible level (25 percent) as per the government guidelines.

Postnatal care is yet another domain integral to maternal health. In Ratnagiri, more than 15 percent of women were discharged under 48 hours of delivery in health facilities. However, more

than 92 percent of newborns were initiated breastfeeding within one of birth and almost all the newborns were weighed at birth, of them 16.1 percent were born with less than 2.5 kg.

Table 10: Maternal Health Indicators of Ratnagiri district

Sr. No.	Indicators	April - December 2019
Reproductive age		
1	%Post – partum sterilization against total female sterilization	14.9
2	%Male sterilization to total sterilization conducted	0.3
3	%IUCD insertions to all family planning methods (IUCD plus permanent)	51.6
Pregnancy Care		
4	% 1 st Trimester registration to total registration	85.7
5	% Pregnant women received 4 or more ANC check-ups to total ANC registration	107.2
6	% Pregnant women given 180 IFA to total ANC registration	87.1
7	%Cases of pregnant women with Obstetric Complication managed to total deliveries	4.5
Child Birth		
8	% SBA attended home deliveries to total home deliveries	50.0
9	% Institutional deliveries to total deliveries	99.9
10	% of C Section Deliveries to Institutional deliveries	35.0
Postnatal, Maternal and New Born Care		
11	% of new born received 7 HBNC visits to total home deliveries	100
12	% New born breast fed within 1 hours of birth to total live births	92.5
13	% Women discharged under 48 hours of delivery in public institution to total deliveries in public institutions	15.4
14	% New born weighed at birth to live births	99.9
15	% New born having weight less than 2.5 kg	16.1

Source: DHO Ratnagiri, 2019 – 20

3.2 Janani Suraksha Yojana (JSY)

Janani Suraksha Yojana is one of the key maternal health strategies under NHM. JSY a demand promotion scheme was launched in April 2005 with the objective to reducing maternal and infant mortality. This conditional cash transfer scheme for pregnant women coming into the institutional fold for delivery. It has been lauded as successful scheme bringing about a surge in institutional deliveries since its launch. Cash assistance of ₹500, ₹600 and ₹700 is provide to mothers who deliver in institutional facilities.

Table 11 depict the highlights of the JSY scheme in Ratnagiri district. Beneficiaries were satisfactorily aware about the JSY schemes, and most of the beneficiaries had bank accounts. The ASHAs were helping beneficiaries to open bank accounts. The payments are being paid through PFMS mode. **Table 11** shows that total 1701 ANCs had registered for JSY, of them 1392 women

were delivered the baby and were eligible for the JSY incentive. All these women were paid as per the JSY guidelines.

Table 11: Status of Janani Suraksha Yojana in Ratnagiri, 2019 – 20

Registered for JSY	Eligible for benefit	Number of benefited
1701	1701	1392
	Record Maintenance	
	Available and Updated	

Source: DHO Ratnagiri, 2019 – 20

3.3 Janani Shishu Suraksha Karyakram (JSSK)

Government of India had come with another programme named as Janani Shishu Suraksha Karyakram (JSSK) and launched it in 2012, in order to eliminate out of pocket expenditure for pregnant women and sick –new born and infants on drugs, diet, diagnostics, user charges, referral transport etc. which was occurring during the successful implementation of JSY. The scheme entitles to all pregnant women delivering in public health institutions to absolutely free and no expenses delivery including Caesarean section.

Table 12: Status of Janani Shishu Suraksha Karyakram for pregnant women and sick infants in Ratnagiri, 2019 – 20

District Name	Total Deliveries	Diet	Medicine	Diagnosis	Home to Institution	Institution to Institution	Institution to Home
Women	3038	3038	4013	4013	2193	3108	2065
Sick Neonates	-	-	1075	1075	690	741	141

Source: DHO Ratnagiri 2019 -20

In Ratnagiri, the coverage of JSSK was only 25 percent and little above, as 3038 institutional deliveries were covered under the JSSK against the 12065 institutional deliveries (*Table 12*). All the beneficiaries (3038) had provided the diet services at the time of their stay at delivery point. Similarly, 4013 pregnant women have received medicine and were diagnose at health facility during their child wearing period. With regards to transport facility, total 2193 pregnant women had availed the ambulance services from home to health institution during ANC/INC/PNC period. The drop back facility was either not 100 percent as there were 2065 women had availed the drop back transport facility.

With regards to sick neonates, there were 1075 children who received free Medicine and were diagnose free of cost under JSSK, of which 690 neonates were received the transport services

from home to institution and 741 had utilized it for going other institute, whereas the drop back facility for sick neonates was worse as only 141 sick neonates has been drop back after getting the treatment. If we can see it block/taluka wise, the services of JSSK was used most in the Ratnagiri block because of the availability of District Hospital in the block and most of the pregnant women across the district are getting treatment and delivering there baby in District Hospital (*Table 13*).

Table 13: Block wise status of Janani Shishu Suraksha Karyakram for pregnant women and sick infants in Ratnagiri, 2019 – 20

Blocks	No. of Institutional Deliveries	Free transport - Mothers			Free transport - Sick infants		
		Home to Institute	Institute to Institute	Drop back to home	Home to Institute	Institute to Institute	Drop back to home
Mandangad	49	57	50	53	1	1	0
Dapoli	279	296	57	257	12	16	10
Khed	133	95	60	61	16	20	5
Guhaghar	160	83	130	94	22	7	0
Chiplun	145	192	87	182	40	14	27
Sangmeshwar	156	134	167	181	32	33	18
Ratnagiri	1827	1120	2107	1051	531	623	54
Lanja	88	89	199	59	10	10	23
Rajapur	201	127	251	127	26	17	4
Total	3038	2193	3108	2065	690	741	141

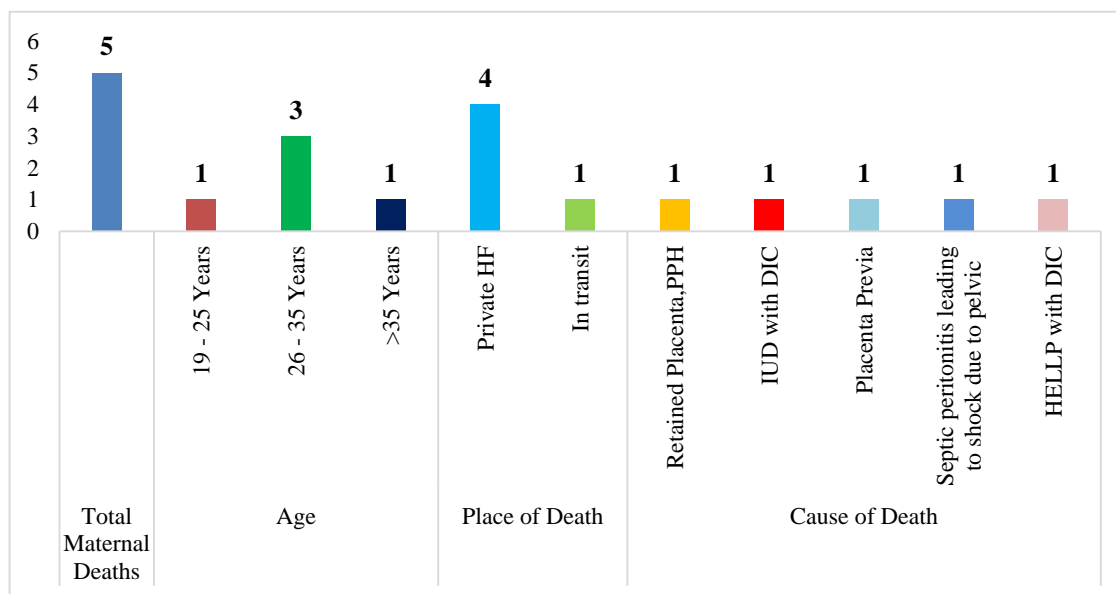
Source: DHO Ratnagiri 2019 -20

3.4 Maternal Death Review

Maternal Death Review (MDR) as a strategy has been spelt out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

There were 5 Maternal Deaths observed in Ratnagiri district during the reference period as shown in *figure 2*, and all these deaths were reviewed at concern facility. Among these deaths, 4 were died in private health facilities, whereas the major problems for these deaths were retained placenta, PPH, IUD with DIC, Placenta Previa, HELLP with DIC and Septic peritonitis leading to shock due to pelvic.

Figure 2: Status of Maternal Deaths in Ratnagiri, 2019 – 20



Source: DHO Ratnagiri, 2019

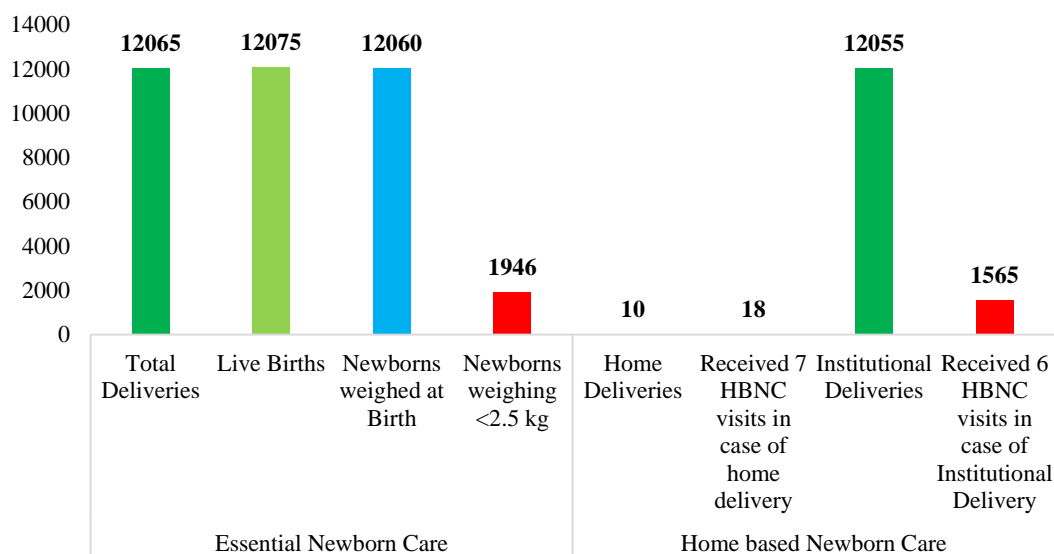
4. Child Health

The RMNCH+A under the National Health Mission also comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important precept of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and National Rural Health Mission (NRHM – 2005 – 2012) have laid down the goals for child health.

4.1 Neonatal Health

The district has observed 12055 institutional deliveries, of the total 12065 deliveries during the reference period as presented in *figure 3*. Of the total newborns, 99.9 percent were weighed at birth. 1946 newborns had a birth weight of less than 2.5 kg. Of the total home deliveries in the district, 50 percent newborns received 7 HBNC visits, whereas only 13 percent of newborns received 6 HBNC visits against the total institutional deliveries.

Figure 3: Neonatal health Indicators, Ratnagiri



Source: DHO Ratnagiri 2019

Special Newborn Care Unit: The service delivery for neonatal health in terms of infrastructure is discussed in **Table 14**. The district has 1 SNCU, 3 NBSUs. Manpower dedicated to SNCU and NBSU in the district includes 23 medical staff members and one DEO against the 29 sanctioned post. Total 856 neonates were admitted in SNCU, of which 89 percent were cured and discharged, 7 percent were referred, 1 percent were in LAMA and 3.2 percent were die (**Figure 4**).

Table 14: Status of Neonatal Health Infrastructure, Ratnagiri 2019 – 20

Type of facility	Number of facilities across district	Total Staff	Total Admissions
SNCU	1	16	856
NBSU	3	7	70
BNCC	-	-	-

Source: DHO Ratnagiri 2019

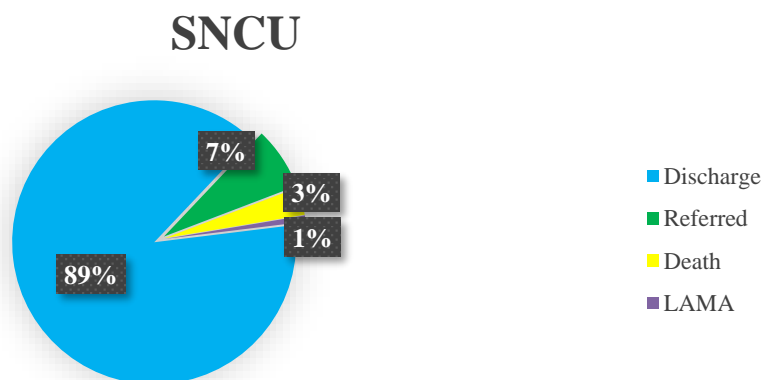


Figure 4: Treatment outcome of Neonatal admissions in SNCU, Ratnagiri 2019 – 20

Kangaroo Mother Care (KMC) & Family Participatory Care (FPC) are exits in SNCU department of the District Hospital. During April – December, 2019, total 853 new-borns were admitted in the centre, of which 541 new-borns were admitted either of premature or low birth weight. Among those new-born, 482 has been provided the Kangaroo Mother Care with the duration of less than 20 hours (116 new-born) and more than 20 hours (366 new-born). Among the admitted new-borns, 758 new-borns were discharged after gaining the required weight and treatment, 58 were referred to other health institution, 4 were in LAMA and 27 were died (**Figure 5**).

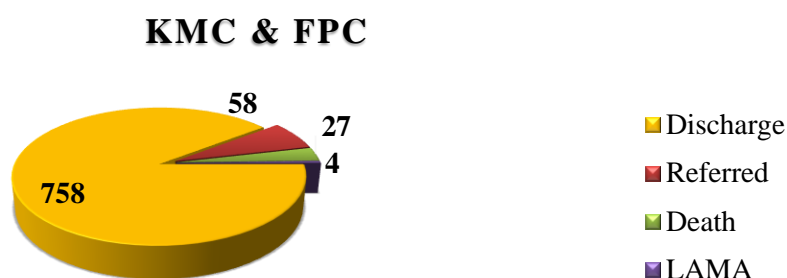
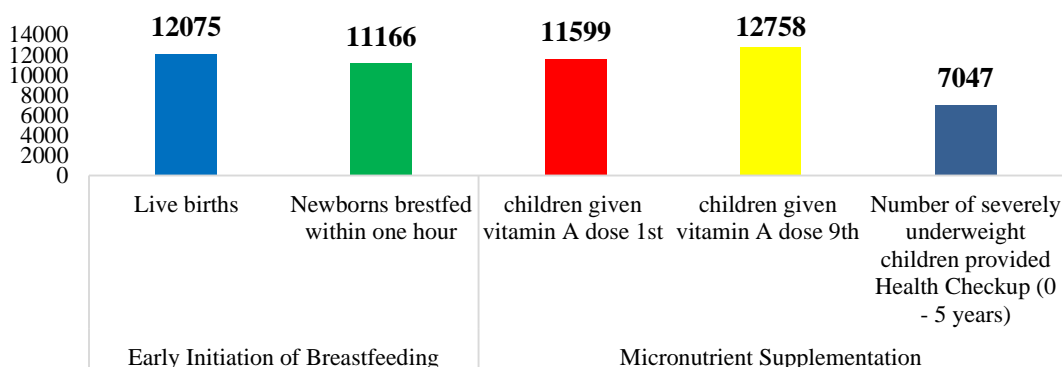


Figure 5: Treatment outcome of Neonatal admissions in KMC & FPC, Ratnagiri 2019 – 20

4.2 Nutrition

Nutrition is known as one of the most effective entry points for human development, poverty reduction and economic development, with high economics returns. Nutrition is fundamental to all the achievement of the other National and Global Sustainable Development Goals. It is critical to check under-nutrition, as early as possible, across the life cycle, to prevent irreversible cumulative growth and development deficits. Factors contributing to under-nutrition during infancy and childhood include low birth weight and poor breast feeding.

Figure 6: Status of Child Health Nutrition, Ratnagiri 2019 -20



Source: DHO Ratnagiri and HMIS 2019

RMNCH implementation in terms of nutrition includes calcium, iron and vitamin A supplementation to improve maternal and infant survival. With regards to the same, *figure 6* depict that, 11166 newborns in the district were breastfed within 1 hours of birth which accounts to 92.5 percent of the total live births. Early initiation of breastfeeding is crucial to child nutrition and should be promoted.

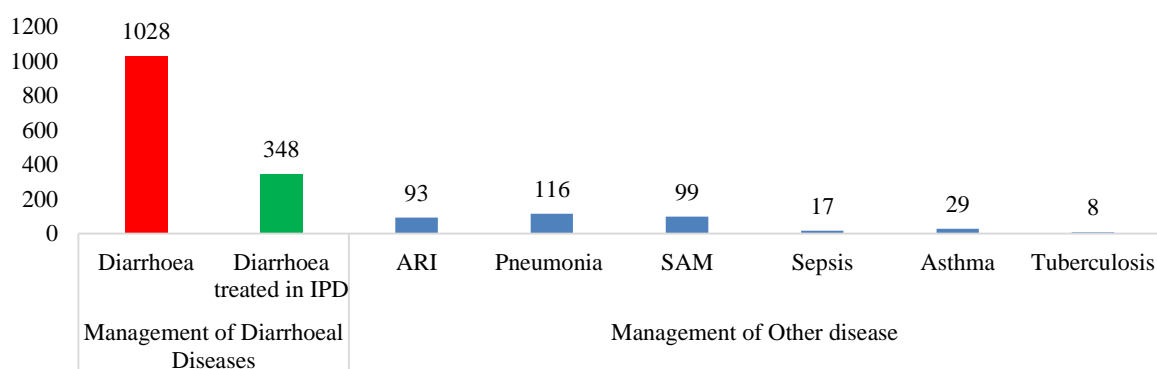
Nutritional Rehabilitation Centre (NRC) exist in the District Hospital and providing nutritional related assistance to the patient. During last financial year total 97 malnourished patients were admitted in the centre, of which 9 were referred by RBSK teams and 77 by Paediatric ward/emergency ward. Apart from that, the health facilities of the district have provided Vitamin A dose 1 to 11599 children and Vitamin A dose 9 to 12758 children. Whereas, 7047 severely underweight children were provided health check –up during the same time.

4.3 Management of Common Childhood Illnesses

Every year about 8 million children in developing countries die before they reach their fifth birthday, of which many during the first year of life. Eight in ten of these deaths are due to neonatal conditions, acute respiratory infection, diarrhoea, malaria or severe malnutrition or combination of these conditions.

In India, common childhood illness in children under 5 years of age include fever, acute respiratory infections, diarrhoea and malnutrition (43%) and often in combination. As shown in *figure 7*, in Ratnagiri district, 1028 children were suffered with diarrhoea of which 33.8 percent were treated at IPD. As for Pneumonia and acute respiratory infection, 116 children and 93 children respectively were admitted during the reference period. While 99 children were admitted in NRC of severe acute malnutrition during the same time and 17 cases of Sepsis, 29 cases of Asthma, 8 cases of Tuberculosis were also occurred among the children in the district.

Figure 7: Status of childhood disease in Ratnagiri during 2019 – 20



Source: DHO Ratnagiri and HMIS 2019-20

4.4 Immunization

Immunization Programme is one of the key interventions for protection of children from life threatening situations, which are available. Immunization programme under NHM, is one of the major public health intervention in the country.

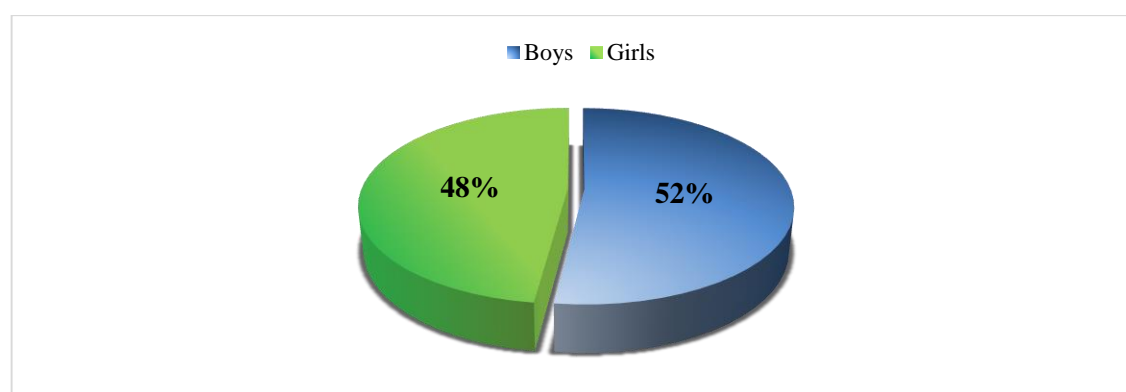
Table 15 depicts the immunization coverage scenario of Ratnagiri district. In Ratnagiri, total 13,100 newborns have received BCG vaccination and 10,383 of them has received OPV 0 vaccination at birth. DPT vaccination was reportedly updated to Pentavalent vaccine, where the latter promisingly safeguard the child's life against not just three preventable life-threatening diseases but five diseases, including Hepatitis B and Haemophilia influenza type B as well. Measles and Rubella (MR) vaccination successfully administered to 12,350 children. Overall the district has administered to total 12,270 children for full immunization, of which 52% are male children and 48% are female children (**Fig. 8**). To cover these much children in the district, Health personnel of the district had planned 9,520 immunization session, of which 9,518 were held.

Table 15: Block wise status of immunization coverage in Ratnagiri, 2019 -20

District	BCG	OPV	Pentavalent			Measles & Rubella	Full Immunization
	0	0	1	2	3		
Ratnagiri	13100	10383	12315	11783	11727	12350	12270

Source: HMIS, DHO Ratnagiri, 2019 -20

Figure 8: Fully Immunized children by gender, Ratnagiri 2019 -20



4.5 Rashtriya Bal Swasthya Karyakram (RBSK)

National Health Mission has made certain noteworthy progress in reducing child mortality. However, a dire need prevails to improve survival outcome which would be reached by early detection and management of childhood conditions in a comprehensive manner.

Rashtriya Baal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management.

Table 16 depicts the status of RBSK activities in the district for the years 2019 -20. In Ratnagiri, total 25 teams are working, which consist of one each of MO male, MO female, Pharmacist, and ANM. Though, the 25 teams are working, but all teams are not having all manpower as there are 21 post are vacant, of which 14 are of MOs, 4 of Pharmacist and 3 of ANMs.

In the district, they covered total 3674 AWC and 2094 govt. aided school, where 181,592 children/adults were screened/diagnosed during April – December, 2019. Of which, 13,106 cases were identified with some problems, where the major problems were Skin diseases, dental diseases, vision impairment, rickets, irregular period, reactive airways disease, otitis media, pain during menstruation, severe anaemia, congenital heart diseases, vitamin b deficiency, bitot spot, convulsive disorder, learning disorder and obesity.

Table 16: Status of RBSK Programme in Ratnagiri, 2019 - 20

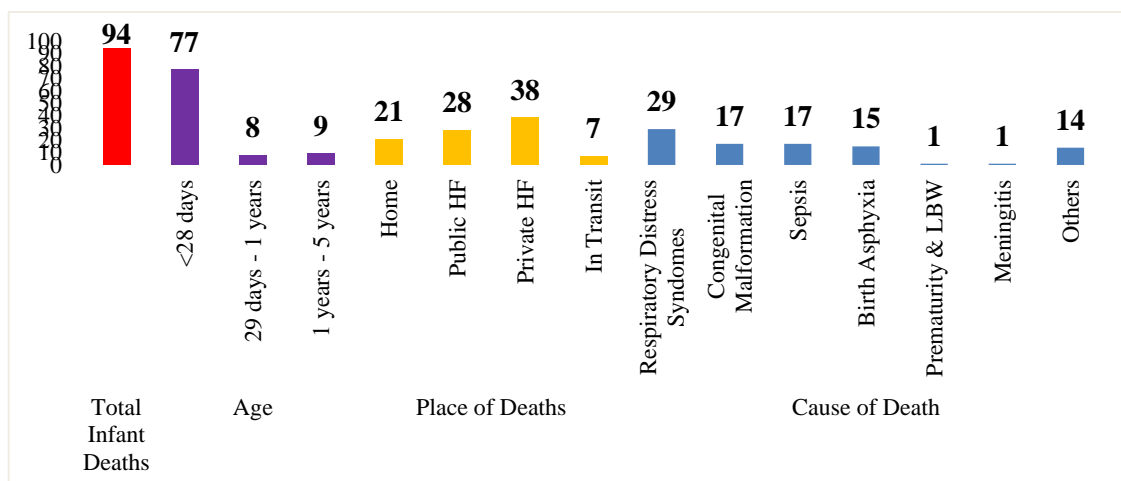
Parameters	Status
Number of team working	25
Number of AWC covered	3674
Number of School	2094
Children/Adults Screened	181,592
Cases identified with problems	3,114
Major Problems - Skin Conditions	688
Dental Conditions	619
Vision Impairment	325
Rickets	279
Irregular Periods	220
Reactive Airway disease	166
Otitis Media	116
Pain during menstruation	84
Severe Anaemia	69
Congenital Heart Diseases	60
Vitamin B Complex deficiency	37
Bitot spot	34
Convulsive Disorder	28
Learning disorder	20
Obesity	12
Others	357

Source: DHO Ratnagiri, 2019 -20

4.6 Infant and Child Deaths

In the district, there were **94** infant deaths were occurred, of which 77 were occurred in less than 28 days of birth, 8 were within 1 years of birth and 9 were died before completing 5 years of their life. With respect to the place of deaths, 21 deaths were occurred at home, 28 deaths were occurred at Public Health Facilities, 38 deaths were occurred at Private Health Facilities and remaining 7 deaths were occurred in transit. The major problems of these deaths were the Respiratory Distress Syndromes (29), followed by Congenital Malformation & Sepsis with 17 deaths of each, which were followed by Birth Asphyxia (15), Prematurity & Low Birth Weight (1), Meningitis (1) and Other disease (14) (*Figure 9*).

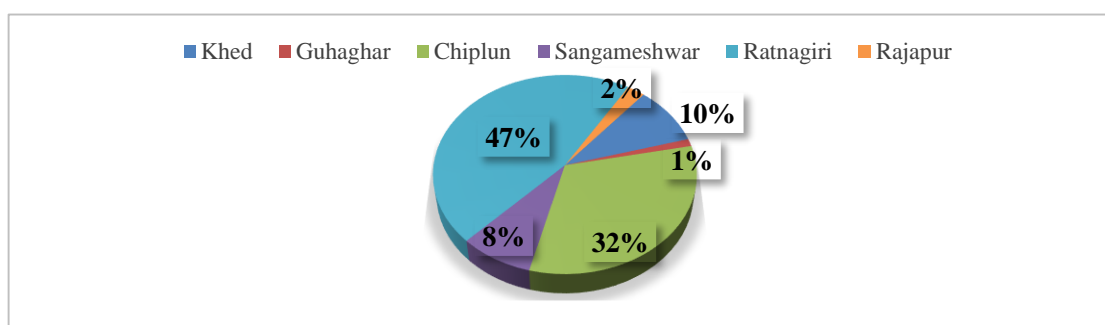
Figure 9: Status of Infant and Child deaths in Ratnagiri 2019 - 20



Source: DHO Ratnagiri, 2019 – 20

With regards to still births, there were 84 still birth were occurred in the district (*Figure 10*), of which 47 percent were occurred in Ratnagiri block followed by Chiplun block with 32 percent still birth, Khed with 10 percent still birth, Sangmeshwar with 8 percent still birth, Rajapur with 2 percent still birth and Guhagar with one percent still birth.

Figure 10: Block wise status of still birth in Ratnagiri district, 2019 -20



Source: DHO Ratnagiri, 2019 – 20

5. Family Planning

Family planning offers a choice of freedom to Women for determining her Family size; number of children and control the spacing of pregnancies. A women’s freedom to choose “when to become pregnant” has a direct impact on her health and well-being as well as the neonates. This could be achieved only by providing privilege of choices for contraception methods. By reducing rates of unplanned pregnancies, family planning also reduces the need for unsafe abortions.

Table 17 depict the achievement of Ratnagiri on family panning during 2019 – 20, where female sterilization was dominated under permanent sterilization. Apart from this, the condom distribution was satisfactory in the district with a total of 410,617 condoms distributed during April – December, 2019.

Table 17: Status of Family Planning in Ratnagiri during 2019 -20

	Sterilization		IUCD	Oral Pills	Condoms
	Male	Female	Insertions		
Ratnagiri	7	2433	3009	1744	410617

Source: DHO Ratnagiri and HMIS 2019 -20

6. Adolescent Reproductive and Sexual Health (ARSH)

ARSH was envisaged by NHM in order to reduce risky sexual behaviour and empowering adolescent to make informed decision for facing the challenges of life, they need to develop the necessary life skills. Thus, the focus of interventions with adolescents has to shift from information given, to building life skills. While life skills are built through experimental learning, these skills can be enhanced in the context of ARSH.

In the district, we did not get any data related to ARSH clinic.

7. Health Care Waste Management

Bio-medical pits and colour- coded bins were observed in all the visited facilities. With regards to sterilization practices in the district, record for fumigation of OTs was available in each of the visited facilities were maintained properly.

Figure 11: Colour - coded bin at SC Nevre, Ratnagiri



8. Information Education Communication (IEC)

Information, Education and Communication (IEC) is a public health system approach aiming at changing or reinforcing health-related behaviour in a target audience, concerning a specific problem and within a pre-define period of time, through communication methods and principles. Under IEC, posters, flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcaster or TV spots, etc. are printed/produced and circulated/broadcasted as a means of promoting desired & positive behaviour in the community. IEC Materials play a crucial role in generating awareness and promoting healthy behaviour.



Figure 12: IEC Display in Health Facilities, Ratnagiri 2019

The visited facilities had put in place the procured IEC material in place except PHC Malgund as it was recently repainted for being one of the Health and Wellness Centre. Though, IEC material

was placed in all the visited facilities, but some of the important posters of JSY, JSSK were missing in some facilities.

9. Community Process

The Accredited Social Health Activist (ASHAs) have been established as the first port of call for all health related and allied activities at the community level. Community health workers like ASHAs play strategies role in the area of public health. The bottom up approach of NHM especially draws attention to the role of ASHAs all the more. They help in educating and mobilizing the masses to adopt healthy behaviours.

The broad working status of ASHAs is highlighted in *Table 18*. In the Ratnagiri district there were total 1,299 ASHA workers were required, of 1,284 are currently working. All the ASHA workers are having necessary drugs, kits and family planning methods. Apart from this 1212 ASHAs has trained module 6 & 7 to implement the HNBC schemes in the district. All the ASHA workers are being paid on time with average incentive of ₹3300, where highest incentive was ₹12,000 and lowest incentive was ₹1200 during April – December, 2019.

Table 18: Status of ASHAs worker in Ratnagiri, 2019 – 20

Parameters	Number & Status
Number of ASHAs required	1299
Number of ASHAs available	1284
Number of AHSAs left	15
Number ASHA workers trained module 6 & 7 for implementing HBNC schemes	1212
Availability of ORS, Zinc, FP methods to all AHSAs	Yes

Source: DHO Ratnagiri, 2019 -20

10. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy

Mainstreaming of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy) system of Medicine is a major vision of NHM. The AYUSH system, especially Ayurveda and Homeopathy play an important role in the Health Care Delivery System.

In Ratnagiri, a total of 7 Health facilities are providing AYUSH service, of which 2 are providing inpatient facilities (*Table 19*). During April – December, 2019, 4,306 patients at OPD and 21 patients at IPD received AYUSH service in Ratnagiri district.

Table 19: Status of AYUSH services in Ratnagiri, 2019 -20

Sr. No.	Details	April – December, 2019
1	Number of facilities with AYUSH health system	7
2	No. Health Facilities have AYUSH Inpatient service	2
3	No. of AYUSH staffs	12
4	No. of OPD patients	4,306
5	No. of IPD patients	21

Source: DHO Ratnagiri, 2019 -20

11. Disease Control Programme

Several National Health Programmes such as National Vector Borne Disease Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control Programmes, etc. come under the umbrella of National Disease Control Programme (NDCP). The status of some communicable and non-communicable disease in the district has been discussed below.

11.1 Communicable Disease

Table 20 summarizes the status of communicable disease in Ratnagiri district during April – November 2019. Total 176,178 cases were screened for malaria, of which 56 cases were found positive. Similarly, 15,580 cases of Tuberculosis were screened, of which 832 cases were found positive. Apart from these disease 55 cases of leprosy was reported, of which 19 were detected by ASHA.

Table 20: Status of Communicable Diseases Programme, Ratnagiri 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Malaria	176,178	56
Tuberculosis	15,580	832
Leprosy	-	55

Source: DHO Ratnagiri, 2019 -20

11.2 Non-communicable Disease

Non-communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide. Several programmes which cater to Mental Health, Blindness, Diabetes, Hypertension, Heart Disease, Cancer etc. are covered under NHM.

Table 21 depicts the status of Non- Communicable Disease in the district. In Ratnagiri, there were 604 cases of blindness were detected against the 23,294 screened cases. Similarly, 1328 cases of Diabetes Mellitus, 2972 cases of Hypertension, 1247 cases of both Diabetes Mellitus

and Hypertension, 52 cases of Cardio vascular Disease and 22 cases of stroke were detected against the 61,024 screened cases. Apart from that 403 cases of cancer were also detected against the 3187 screened cases in the district during April – December, 2019.

Table 21: Status of Non - Communicable Diseases Programme, Ratnagiri 2019 – 20

Name of the Disease	No. of cases screened	No. of cases detected
Blindness	23294	604
Diabetes Mellitus (DM)	61024	1328
Hypertension (HTN)		2972
DM & HTN		1247
CVDs		52
Stroke		22
Cancer		3187

Source: DHO Ratnagiri, 2019 -20

12. Health Management Information System

Health Management Information System (HMIS) under National Health Mission (NHM) is integral to assessing the progress, quantifying output as well as outcome of interventions and decision making.

Table 22: HMIS/MCTS status in Ratnagiri, 2019 -20

Parameters	Status
Is HMIS implemented at all the facilities?	Yes
Is MCTS implemented at all the facilities?	Yes
Is HMIS data analysed and discussed with concerned staff at state and district level for necessary corrective action to be taken in future?	Yes
Do programme managers at all level use HMIS data for monthly reviews?	Yes
Is MCTS made fully operational for regular and effective monitoring of services delivery including tracking and monitoring of severely anaemic women, low birth weight babies and sick neonates?	Yes
Is the service delivery data uploaded regularly?	Yes
Is the MCTS call centre set up at the District level to check the veracity of data and service delivery	Yes
Is HMIS data analysed and discussed with staff at all levels for necessary corrective action to be taken in future?	Yes

Source: DHO Ratnagiri, 2019 -20

As per the observation of the monitoring team, HMIS data in the district is validate and checked before forwarding it to the state. Well trained data entry operator or statisticians are available to do this job in the district. Though, in each health facilities the statistical or data entry operator is not available, in such a scenario, paramedical staffs are mostly allotted to complete the task which they are handling well enough.

As presented in *table 22*, there has been some progress with regards to HMIS while the system still has wide scope of improvements.

13. Health and Wellness Centre

AYUSHMAN BHARAT is the flagship scheme of the MoHFW, and is launched in the district in last financial year. Total **67 PHCs** has been sanctioned as Health and Wellness Centre in the district.

Nothing has been done except the branding of the HWC in the district. PRC team visited one of them (PHC Malgund).

14.LAQSHAY

LAQSHAY is one of the important initiative of the MOHFW. During the year 4 facilities are selected for LAQSHAY. District Hospital and Dapoli, Kalambani and Kamthe SDH's are selected for LAQSHAY. All facilities are completed state level assessment and three facilities national level assessment is completed.

15.Budget Utilization

The budget utilization summary for Ratnagiri district is presented in *Table 23*. For the financial year 2019 – 20, total **₹3709.81** lakhs have sanctioned as PIP grant under NHM. Of which **51.96** percent has been utilized for various scheme/programme during April – December 2019.

Table 23: Budget utilization parameters, Ratnagiri 2019 -20

Scheme/Programme	2019 -20		
	Sanctioned	Utilized	Percent
Service Delivery – Facility based	223.91	123.33	55.1%
Service Delivery – Community based	55.21	38.98	70.6%
Community Intervention	590.48	340.79	57.7%
Untied Fund	214.74	94.02	43.7%
Infrastructure	1110.85	332.71	29.9%
Procurement	85.54	29.93	34.9%
Referral Transport	93.88	38.80	41.3%
Human Resources	837.63	627.10	74.9%
Training	40.55	20.88	51.5%
Review, Research, Survey and Surveillance	1.50	0.11	7.3%
IEC/BCC	25.71	15.74	61.2%
Printing	10.52	4.96	47.2%
Quality Assurance	33.80	19.68	58.2%
Drug Warehousing and Logistics	24.19	8.82	36.5%

PPP	0	0	0%
Programme Management	358.90	230.33	64.2%
Innovations	2.40	1.40	58.3%
Total	3709.81	1927.58	51.96%

Source: DHO Ratnagiri, 2019 -20

16. Facility Wise Observation

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising one each DH, SDH, CHC/RH, PHC and SC. Since, Women Hospital is not available, hence not visited by the monitoring team.

16.1 District Hospital: Ratnagiri

The monitoring team visited District Hospital of Ratnagiri, located in Ratnagiri Block with 200 bed strength. The facility has an average OPD load of 539 patients per day.

Table 24: Status of Human Resource at the DH Ratnagiri 2019 -20

<i>Sr. No.</i>	<i>Position Name</i>	<i>Sanctioned</i>	<i>Filled</i>	<i>Vacant</i>
1	District Civil Surgeon	1	1	0
2	ADCS	1	0	1
3	RMO	1	1	0
4	MOs	16	1	15
5	Class II	30	18	12
6	Class III	62	30	32
7	Class IV	133	93	40
	Total	244	144	100
NHM Staff				
8	AYUSH	10	7	3
9	RBSK	3	3	0
10	IPHS	25	17	8
11	NPCDCS	11	9	2
12	NRC	4	3	1
13	SNCU	29	26	3
14	NTCP	3	3	0
15	NOHP	3	1	2
16	DEIC	13	6	7
17	NPCB	3	3	0
18	PNDT	1	1	0
19	Mental Health	7	6	1
20	Nursing School	9	7	2
21	Quality Assurance	1	1	0

22	FMG	2	2	0
23	Telemedicine	1	1	0
24	EMS	1	0	1
25	Warehouse	1	1	0
26	MIS	1	0	1
	Total	128	97	31

Source: District Hospital Ratnagiri, 2019 -20

The following observations were made during the monitoring visit.

- ✚ With regards to HR, *Table 24* depicts the status of manpower in district hospital. Overall, more than 40 percent of the sanctioned post were not filled in the District Hospital.
- ✚ The building of the DH is old and also the clean labour room and clean toilet attached to labour room was not available, as the labour room needs to be repair.
- ✚ Though, the District Hospital is delivering its services efficiently, but it does not have staff quarters for either of the employees of the hospital, which was a concern of matter.
- ✚ All the equipment's such as needle cutter, radiant warmer, delivery table, mobile lights etc. were available. Apart from these equipment's, equipment's related to OT and laboratory were also available except hemoglobinometer and Ultrasound scanner.
- ✚ All the essential drugs and supplies were available in adequate quantity in the facility. The DH, also provides other laboratory services like CBC testing, Blood sugar testing, Malaria testing etc.
- ✚ The DH were engaged and managed high risk pregnancy, sick neonates & infants, and provided essential newborn care.
- ✚ All the essential registers were available and maintained properly in the facility. Apart from that, all IEC materials such as citizen charter, JSSK & JSY entitlement etc. were displayed in the periphery of the facility.
- ✚ In the DH, all the support services were available and outsource except regular fogging which was not happening regularly.

Table 25 highlights the services delivery indicators of the district hospital. In 2019 – 20, the facility had conducted 2477 deliveries, of which 1025 were C- Section deliveries. During the same period, 349 neonates were screened by RBSK team for any birth defect and 1823 initiated breastfeeding within one hours of birth.



Figure 13: SNCU Ward, District Hospital Ratnagiri

There were total 856 newborns were admitted in SNCU department of the facility, of which 585 were inborn and 271 were out born. There were 96 more cases of SAM admitted in the facility.



Figure 14: NRC ward, District Hospital Ratnagiri

The DH had conducted total 89 permanent sterilizations during the financial year 2019 – 20, of which 72 were tubectomy, 12 were minilap and 5 were vasectomy. The institution has also given IUCD (6 cases) and PPIUCD (101 cases) services to the women as a temporary family planning. With regards to immunization, 360 children of age 9 – 11 months have received all the vaccine from the DH. And also 360 children have received vitamin A (dose 1st) during 2019 – 20. DH observed, total 61 child deaths during 2019 -20, of which 50 were still births and 11were infant deaths.

Table 25: Service Delivery Indicators of District Hospital Ratnagiri

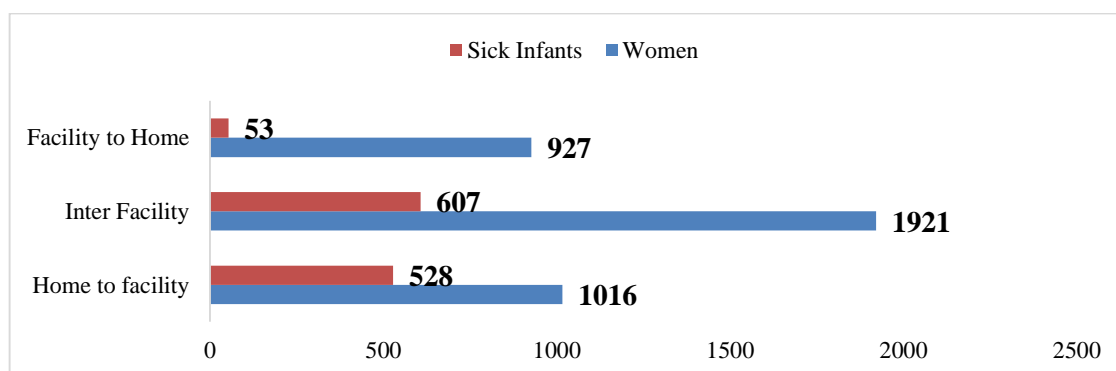
Services	April – December, 2019
OPD	148,087
IPD	21,778
ANC 1 registration	17
ANC 4 Coverage	257
No. of pregnant women given IFA tablets	261
Number of deliveries conducted	2477
No. of C Section conducted	1025
Number of obstetric complications managed	81
No. of neonates initiated breastfeeding within 1 hours	1823
Number of children screened defects at births under RBSK	349
RTI/STI Treated	253
No of SNCU admission	856
No. of children admitted with SAM	96
No. of sick children referred	607
No. of pregnant women referred	1921
No. of children fully immunized	360

Measles and Rubella coverage	360
No. of children given Vitamin A dose 1 st	360
No. of IUCD Inserted	6
No. of Minilap	12
No of Tubectomy	72
No. of Vasectomy	5
No of women who accepted post-partum FP services	101
No. of MTPs conducted in first trimester	15
Number of Adolescents attending ARSH clinic	61
No. of still births	50
Infant deaths	11

Source: District Hospital Ratnagiri, 2019

Under referral services, the institute has provided total 3864 referral services to women and 1188 referral services to sick neonates. During 2019 – 20, the institution has referred 607 sick neonates and 1921 women to other facilities for better treatment (*Table 25 & Figure 15*).

Figure 15: Referral services during April - December, 2019



Source: District Hospital Ratnagiri, 2019 -20



Figure 16: Monitoring team with staff of District Hospital Ratnagiri

16.2Sub- District Hospital: Kamathe

Sub – District Hospital was located in Chiplun block and was 80 km away from District headquarter and covering 2,20,821 population of the block. It was easily accessible from nearest road head and working in government building with 50 bed strength. The building of the health facility need some repair as it was not in good condition. Several leakages were observed on the day of PIP team visit as you can also observe from the picture (*Figure 17*).



Figure 17: Monitoring team with staff of SDH Kamathe

The Medical Superintendent at the facility was not available on the day of visit despite of prior informat

The following observations are made by the monitoring team, who visited the SDH Kamathe:

- ✚ Though, the Staff quarters are available for the MOs, SNs and for other categories but are not in liveable condition as only 5 quarters are useable out of 23 available quarters where only employee of class III and class IV residing.
- ✚ The facility was well equipped with 24*7 water supply and electricity with power back up, along with the functional labour room with clean toilets attached, NBCC and NBSU.
- ✚ The facility was also had separate ward for male and female along with ARSH clinic, and Blood Storage Unit, but it was not in function since last 2 years due to unavailability of blood technician.
- ✚ The mechanism for Biomedical waste was available and the waste was outsourced on alternative days.
- ✚ With regards to Human Resource, the facility lacking with the specialist MOs as total 5 post of MOs are vacant including obstetric and gynaecologist. Apart from these post, 1 post of each of Medical Superintendent and Assistant Matron are vacant and also 3 post of SNs, 3 post of class IV, 2 post of administrative officers and 2 post of class III are vacant in the facility (*Table 26*).

Table 26: Status of Human Resource at the SDH Kamathe 2019 -20

Sr. No.	Position Name	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	0	1
2	OBG	1	0	1
3	Orthopaedic	1	1	0
5	MOs	11	7	4
6	Administrative Officers	4	2	2
7	Assistant Matron	1	0	1
8	SNs	18	15	3
9	Class III	9	7	2
10	Class IV	12	9	3
	Total	58	41	17
NHM Staff				
11	MO RBSK	8	6	2
12	SN/NBSU SN	2	2	0
13	ANM	4	4	0
14	Pharmacist	4	4	0
15	IPHS	8	6	2
16	NCD	2	1	1
17	Tele Medicine	1	1	0
18	RNTCP	2	2	0
	Total	31	26	5

Source: SDH Kamathe 2019 – 20

- ✚ The facility had provided training to 64 health personnel during the current financial year, of which 2 were MOs and remaining 62 were SNs (*Table 27*).
- ✚ With regards to instruments and supplies, all the equipment's, laboratory equipment's essential drugs, supplies were available in sufficient quantity except EC pills and Sanitary napkins since last one month.

Table 27: Training status of various cadres at SDH Kamathe, 2019 – 20

Sr. No.	Training Programmes	No. of health personnel		
		MO	SN	LT
1	SBA	-	7	-
2	F-IMNCI	-	3	-
3	NSSK	-	8	-
4	PPIUCD	-	11	-
5	LSAS	1	-	-
6	Immunization and Cold Chain	-	4	-
7	IUCD	-	11	-
8	RTI/STI	-	6	-
9	LAQSHYA	-	11	-
10	PCPNDT	1	1	-
	Total	2	62	-

Source: SDH Kamathe 2019 – 20

- ✚ The facility was also provided other services like Haemoglobin, CBC, Urine albumin and sugar testing etc. during the current financial year.
- ✚ In the post- natal ward, the facility had provided counselling on IYCF, Family Planning and asked every mother to stay for 72 hours after the birth. Though, the JSY payment was not paid before being given discharge but the list of beneficiaries was sent to the THO office for early initiation.
- ✚ The facility was managing high risk pregnancy, sick neonates and infant and also provides essential newborn care. The health personnel of the facility were correctly using Partogroph and correctly inserting IUCD as well as administrating vaccine.
- ✚ All the records were available and maintained properly, and all the IEC material were displayed except drug list, which was not displayed at OPD. Apart from these, regular fumigation, laundry services and dietary services were also available in the facility.

Table 28 highlights the services delivery indicators of the SDH. During the reference period, the facility had provided only 2,801 IPD services against the 29,797 OPD service. At the same time, institute has conducted 31 C – section deliveries against the 128 institutional deliveries. Whereas, 122 neonates were initiated breastfeeding within one hours of birth.



Figure 18: General Ward of SDH Kamathe

The institute had conducted 18 post-partum family planning and 4 MTPS in first trimester. Apart from these family planning methods, institute had performed 35 IUCD insertions, 53 tubectomy and 35 minilap during April – November 2019. At the same time 292 adults has attended the ARSH clinic for their health advice.

The institute has referred 15 sick children for better treatment along with 180 women for the follow up during the reference period, of which 92 had normal deliveries and 41 were from C-Section. The following more health services has been provided at the facility during April – November 2019:

Table 28: Health Service Delivery Indicator of SDH Kamathe, 2019 -20

Services	April – Dec., 2019
OPD	29,797
IPD	2801
No. of pregnant women given IFA tablets	65
Number of deliveries conducted	128
No. of C Section conducted	31
No. of neonates initiated breastfeeding within 1 hours	122
No of NBSU admission	48
No. of IUCD Inserted	6
No of Tubectomy	189
No of women who accepted post-partum FP services	18
No. of MTPs conducted in first trimester	18

Source: SDH Kamathe, 2019 -20

16.3 Rural Hospital/Community Health Centre: Pali

Rural Hospital (RH)/Community Health Centre (CHC) Pali was located in Ratnagiri Block and 25 km away from District headquarter, with 30 bed strength. It was running in government building and is in good condition. The facility has electricity supply with power back and 24*7 running water supply.

Table 29: Regular Staff under CHC Pali in Ratnagiri District

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	MS	1	1	0
2	MO	3	1	2
3	Dentist	1	0	1
4	Dental Assistant	1	0	1
5	Jr. Clark	2	2	0
6	X-ray tech.	1	0	1
7	Lab tech	1	1	0
8	Lab asst.	1	1	0
9	Asst. Superintendent	1	1	0
10	Pharmacist	1	1	0
11	Staff nurse	7	6	1
12	Ward boy	4	2	2
13	Sweeper	2	1	1
14	Peon	1	1	0
	Total	27	20	7
NHM Staff				
15	Medical Officer	8	7	1
16	Pharmacist	3	3	0
17	ANM	4	4	0
18	NCD	2	2	0
19	IPHS	2	2	0
	Total	19	18	1

Source: CHC Pali, 2019 -20

The following observations are made by the monitoring team, who visited the CHC Pali:

- ✚ The CHC has all the mandatory physical infrastructure except New Born Stabilization Unit.
- ✚ In terms of HR, total 7 regular post were vacant. One post of each Dental Specialist, Dental Asst., SN, X-ray technician and sweeper and two each of MO and ward boy were not filled. Apart from these post, all post of regular and NHM were filled except one post of female Medical Officer under NHM (*Table 29*).
- ✚ The Rural Hospital has given training to 10 health personnel during the current financial years, of which 7 were MOs and 3 were SNs.

- ✚ All the essential equipment's and equipment's related to laboratory (except radiant warmer), essential drugs, supplies and consumable were available in the facility except IFA tablets (blue) - for which there was no supply, IFA syrup with dispenser & Vitamin A syrup since last 6 months, mifepristone tablet. And also the list of drugs availability in the facility was not displayed in OPD.
- ✚ Among the essential supplies, EC pills and Sanitary napkins were not available.
- ✚ Due to unavailability of radiant warmer and paediatrician, the facility was not providing essential newborn care and not managing sick neonates and infants.
- ✚ During the current financial year, the facility has utilized 19 percent of the PIP fund against the sanctioned. Of which 15.3 percent were from Untied fund, 2.1 percent from AMG and 17.6 were from RKS.
- ✚ All records were available, updated and correctly filled. Also all the IEC material were correctly displayed, except JSY entitlements
- ✚ Under the JSSK programme, total 10 women had provided home to facility transport service, all of them had referred to District Hospital.
- ✚ All the essential records were available and maintained properly except ANC register. Apart from those register, updated microplan register and JSY payment register were not available, though JSY register is not required now as the payment of the JSY beneficiaries are being done from taluka office through PFMS.

Table 30 highlights the service delivery indicators of Community Health Centre Pali during 2019 – 20. The facility had provided 17851 OPD services, 1588 IPD services and registered 124 pregnant women for the ANC from April - December 2019.

The facility has conducted total 67 deliveries during last financial year, and almost all mothers were initiated breastfeeding within one hours of births. During ANC period institute has referred 115 pregnant women to the higher institute for treatment.

With regards to family planning, institute has provided 9 IUCD, 5 Tubectomy, 283 minilap and 20 PPIUCD services. Apart from these services, the facility also provided ORS & Zinc to 500 children and Vitamin A to 4 children during last financial year.

Table 30: Service delivery indicators of CHC Pali 2019 - 20

Services	April – December, 2019
OPD	17851
IPD	1588
ANC1 registration	124
No. of pregnant women given IFA tablets	20
Number of deliveries conducted at CHC	67
No. of neonates initiated breastfeeding within 1 hours	61
No. of sick children referred	18
No of pregnant women referred	115
No of IUCD inserted	9
No. of Tubectomy	5
No. of minilap	283
No of women who accepted post-partum FP service	20
No. of children given ORS + Zinc	500
No. of children given Vitamin A	4

Source: CHC Pali, 2019 - 20



Figure 19: PIP Monitoring team with staffs of CHC Pali

16.4 Primary Health Centre: Malgund

The Primary Health Centre (PHC), Malgund is situated at Ratnagiri Block and 32 km away from the District Headquarter, covering a population of 21,185 of the 20 villages. Total 17 post are sanctioned to this PHC, which consist of 2 MOs, 5 ANMs, 1 Pharmacist, 4 Health Assistant, 3 ward boy, 1 Aaya and 1 Sweeper. Out of which one post of each of Health Assistant, SN, and ward boy was vacant (*Table 31*).

Table 31: Regular staff at PHC Malgund, Ratnagiri, 2019 - 20

Sr. No.	Name of the post	Sanctioned	Filled	Vacant
1	Medical officer	2	2	0
2	Health Assistant male	2	1	1
3	Health Assistant Female	1	1	0
4	Malaria Health Assistant	1	1	0
5	Staff Nurse	5	4	1
6	Pharmacist	1	1	0
7	Ward Boy	3	2	1
8	Aaya	1	1	0
9	Sweeper	1	1	0
	Total	17	14	3

The following observations are made and reported by the monitoring team on the PHC Malgund:

- ✚ The facility was easily accessible and run in the government building. It has staff quarter in its premises for MOs, SNs and Others staffs but quarter for MO was not in liveable condition.
- ✚ Though, the PHC has electricity and 24*7 water supply but the electricity power back up was not available. Also a separate clean toilet for male/female was not available and not attached with labour room.
- ✚ The PHC was provided training to 10 health personnel at different heads such as BeMOC, SBA, IMNCI, NSSK, IUD, Immunization and cold chain etc. Of which, 1 was MO, 8 were ANMs and 1 was LHV.
- ✚ All the necessary equipment's were available at the institution, but with regards to laboratory equipment's, centrifuge was not working since one year and reagents and testing kits were also not available since last two months (prior to visit).
- ✚ The facility was lacking behind with regards to the availability of essential drugs as some of the essential drugs were not available at the institution such as Vitamin A syrup, Inj. Magnesium Sulphate, Misoprostol tablets, Mifepristone tablets, tablets for hypertension etc. Apart from these, Urine albumin and sugar testing kit was not available in the facility.
- ✚ Record maintenance with regards to OPD, IPD, ANC, PNC registered was proper and complete. The IEC material, Citizen Charter was also efficiently displayed at the PHC

with regards to visibility as well as coverage of schemes/programme except JSY and JSSK for the IEC material was not displayed.

- ✚ Under JSSK programme, total 6 women had provided home to facility transport services, while 14 women and 1 child were provided inter facility transport and 6 women had provided drop back transport services.

Table 32 highlights the service delivery indicators of PHC Malgund. The facility has served to 8,185 OPD patients and 173 IPDs patients in 2019 -20. OPD to IPD ratio is a good indicator of manner in which inpatient service is being utilized in the facilities. For PHC Malgund, OPD to IPD conversation rate is at 2.1 percent.

Table 32: Status of Service delivery indicators at PHC Malgund, 2019 - 20

Services	April – December, 2019
OPD	8185
IPD	173
ANC 1 registration	155
No. of pregnant women given IFA tablets	-
Number of deliveries conducted at PHC	11
No. of obstetric complications managed	-
No. of neonates initiated breastfeeding within 1 hours	10
No of pregnant women referred	35
No. of sick children referred out	1
No of IUCD inserted	82
No of Minilap	6
No. of children fully immunized	42
Measles and Rubella coverage	42
No. of children given vitamin A	33
No. of Still births	1

Source: PHC Malgund, 2019 -20

Statistically, such a lower rate indicates that the type of inpatient care in relation to the demand for medical services is poor. However, for PHC Malgund the situation that does not hold true. The facility is fully equipped with services and has a potential to cater to a varied case mix



Figure 20: Monitoring Team with PHC Malgund staff

16.5 Sub- Centre: Nevre

Sub- Centre (SC) Nevre is situated 12 km away from Malgund PHC at Ratnagiri Block. SC Nevre is providing its services to three villages and covering 3,593 populations. All the IEC materials were displayed as per the IMEP guidelines.



Figure 21: PIP Monitoring team with staffs of SC Nevre

The following observations are made and reported by the monitoring team on the SC Korti:

- ✚ The facility was located at the nearest habitation and was run in a government building though it was in gram panchayat building. Since, it was in gram panchayat, quarter for ANM was also not available due which she was not residing there.
- ✚ Though, the SC has 24*7 running water supply and electricity was available, but the electricity power back-up was not available. Apart from these facilities, the SC also does not have functional labour room, NBCC corner, complaint box and deep burial pit for biomedical waste management.
- ✚ Payment under JSY were not available since it was paid from Taluka Health Office.

- ✚ The Humane Resource assigned at the facility was: **1 ANM, 1 MPW**, of which the post of MPW was vacant. The ANM was well trained and know all the health parameters measurement.
- ✚ The SC was not equipped with delivery equipment, neonatal ambu bag, color coded bins and RBSK pictorial tool kit. Apart from these equipment's, the SC was also not having some essential drugs i.e. Inj. Magnesium Sulphate, Inj. Oxytocin and Misoprostol tablets. Due to non-availability of these equipment's and essential drugs they were not conducting any delivery.
- ✚ All the essential supplies were available at the institution, but with regards to IEC material only some were available and displayed on the day of visit. Suggestion has been given to ANM and M&E officer regarding the same to display all the IEC materials, so the general person can avail the services available in the SC.
- ✚ During the current financial year, the SC had registered 39 pregnant women for the ANC, of which 45 percent were registered in 1st trimester and 20 pregnant women had received IFA tablets.
- ✚ Though all the essential registered were maintained by ANM except delivery register and referral register, but not available on the day of visit. Only MCH register, village register, line listing register, and immunization register were available maintained well.
- ✚ The Sub Centre has delivered the following services during the current financial year, 2019 – 20.

Table 33: Status of Service delivery indicators at SC Nevre, 2019 - 20

Services	April – December, 2019
Percentage of women registered in the first trimester	45%
ANC 1 registration	39
No. of pregnant women given IFA tablets	20
Number of deliveries conducted at SC	-
No. of neonates initiated breastfeeding within 1 hours	-
No. of sick children referred	1
No. of children fully immunized	14
Measles and Rubella coverage	14
No. of children given ORS + Zinc	124
No. of children given Vitamin A	14
IUCD insertion	12
No. of still births	-
No. of VHND attended	1

Source: SC Nevre, 2019 – 20

17 Conclusion and Recommendations

17.1 Conclusion

Programme Implementation Plan (PIP) is a crucial document under NHM through which identifying and quantifying health programme in public health address the challenges for further Improvement. The Population Research Centre, GIPE, Pune undertook this work and monitored the many states across the country. Programme Implementation Plan has focused on major key points such as facility based services, interaction with community based workers, utilization of untied fund, infrastructure, status of Human Resources, training of HR, quality in health facility, IEC, budget utilization, maternal and child health and disease control programme which support to state for the process of planning to smooth health services. The Population Research Centre (PRC), Pune team has visited District Hospital Ratnagiri, SDH Kamathe, CHC Pali, PHC Malgund and SC Nevre.

The district has total 9 blocks, where 1 District Hospital, 3 Sub – District Hospitals, 10 Community Health Centre, 67 Primary Health Centre and 378 Sub-Centre are functioning and all are functioning in Government building except 2 PHC and 166 SCs and among the DH, SDH and CHC, total 7 AYUSH department are functioning. Apart from health services, all PHCs has selected as Health and Wellness Centre under AYUSHMAN Bharat programme. For transport facility, district have 106 ambulances. Deficient of human resources especially the main pillar of three tier health system in India. In a such scenario health institution cannot perform well. The district has observed 23.4 percent of shortfall against the total sanctioned post. During April – November, total 1081 health personnel have trained under various programme head in the district.

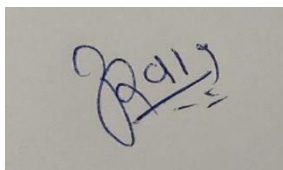
In Ratnagiri, the male sterilization is almost negligible with respect to their female counter part. During the same period, district has experienced 12075 live births and almost all the births has been taken place in health institution. The utilization of JSY satisfactory but the utilization of free service under JSSK was low, as it just above 25 percent to the total deliveries in the district. There were only 5 maternal deaths occurred during April – December, 2019 owing to retained placenta, PPH, IUD with DIC, Placenta Previa, HELLP with DIC and Septic peritonitis leading to shock due to pelvic.

Among the live births only 13 percent of the newborns has received 6 HBNC visits in the district. RBSK programme is functioning to screen the defect child and cure them from the disease by referring them to health facilities. Currently 1284 ASHAs are working against 1299 in the district.

17.2 Recommendations

Based on the monitoring the following recommendations for improving the service delivery in the district are made -

- ✓ In the district, overall more than 23 percent of the post are vacant, which need to be fill up on urgent basis for the smooth functioning of the health facilities. Specially, DH and SDH are needed these post on very urgently basis as they lacking behind due to lack of manpower.
- ✓ Inadequate and damaged staff quarters needs to be repair soon for the health personal, so they can give their 24 hours' services to the patients.
- ✓ Among he visited facilities, some of them were facing the shortage of essential drugs, due to which they were unable to provide the required services to the needy person. It needs to taken care and timely provision of the all the medicine will help them deliver the necessary service.
- ✓ It was observed that in RH Pali the electricity power backup was not available since last two months. It is recommended to repair it on urgently basis, so the unnecessary things can avoid.
- ✓ Though the RH was conducting deliveries, but they were referring the newborns to the DH after the delivery due unavailability of NBCC corner and radiant warmer. It is recommended that at least two radiant warmer needs to be there to tackle the emergency cases of newborn.
- ✓ Supervisory visits by Monitoring and Evaluation Officer, and other coordinator of various programme should be conducted in regular interval to ensure adherence to the standards and norms with respect to various activities. Systematic review may be conducted to understand the existing demand-supply gaps in public health facilities and must be timely rectified.



Akram Khan, PRC, Pune

List of acronyms and Abbreviations

ANC	Ante Natal Care	MOIC	Medical Officer In- Charge
MDR	Maternal Death Review	BMW	Biomedical waste
ANM	Auxiliary Nurse Midwife	NBCC	New Born Care Corner
MMU	Mobile Medical Unit	NBSU	New Born Stabilization Unit
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy	NSSK	Navjat Shishu Suraksha Karyakram
MoHFW	Ministry of Health and Family Welfare	SNCU	Special New Born Care Unit
BEMOC	Basic Emergency Obstetric Care	BSU	Blood Storage Unit
CHC	Community Health Centre	CMO	Chief District Medical Officer
PIP	Programme Implementation Plan	DPM	District Programme Manager
RBSK	Rashtriya Bal Suraksha Karyakram	HMIS	Health Management Information System
NSV	No Scalpel Vasectomy	PRC	Population Research Centre
DMPA	Depot Medroxyprogesterone Acetate	IEC	Information, Education and Communication
OPD	Out Patient Department	RKS	Rogi Kalyan Samiti
ECG	Electrocardiography	RCH	Reproductive Child Health
EMOC	Emergency Obstetric Care	IPD	In Patient Department
PNC	Post Natal Care	PPP	Public Private Partnership
FRU	First Referral Unit	OPV	Oral Polio Vaccines
DH	District Hospital	OCP	Oral Contraceptive Pill
IYCF	Infant and Young Child Feeding	VHND	Village Health and Nutrition Day
TT	Tetanus Toxoid	LT	Laboratory Technician
MCTS	Mother and Child Tracking System	ALOS	Average Length of Stay
IMEP	Infection Management and Environment	IUCD	Plan Intra Uterine Contraceptive Device
RPR	Rapid Plasma Reagin	SBA	Skilled Birth Attendant
JSSK	Janani Shishu Suraksha Karyakram	JSY	Janani Suraksha Yojana
SKS	Swasthya Kalyan Samiti	LHV	Lady Health Visitor
SN	Staff Nurse	LSAS	Life Saving Anaesthetic Skill
TFR	Total Fertility Rate	M&E	Monitoring and Evaluation