

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

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Monitoring and Evaluation of Programme Implementation Plan 2015-16:

Sindhudurg District, Maharashtra

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2015-16 of Sindhudurg District was carried out by the PRC team during 8- 11 December 2015. The District Health Office, DH Sindhudurg, SDH Kankavli, CHC Devgad, PHC Padel and SC Tirola were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Sindhudurg district as observed during the field visit for monitoring. The key findings are given below:

Health Infrastructure

- **District Hospital Sindhudurg** Minor repair work is required in District Hospital. Staff quarters although available for MO, SNs and other categories of staff but condition of quarter's is very bad and needs urgent repair. Functional NBCC, NBSU, SNCU, BB, ICTC/PPTCT, help desk and separate room for ARSH clinic is available.
- **SDH Kankavli SDH** is functioning in a government building which is an old building and some part and drainage blockage requires urgent repair. Although staff quarters for MOs and SNs are available it is not sufficient and SDH requires additional 5 staff quarters for MOs, 8 quarters for SNs and other categories staff. Functional and clean labour room is available but attached toilet is not available. Radiant warmer with neo-natal ambu bag is available however the staffs are not trained. Blood storage unit although available freezer is not working since last 3 months hence BSU is not functioning.
- **CHC Devgad Staff** quarters are available for MOs and SNs and other categories staff. Additional quarters of 2 quarters for MOs and 1 staff quarter for other staff is required. CHC has electricity with power back up running 24*7 water supplies are available regularly except in summer season
- **PHC Padel** Staff quarters are available for MOs however SNs require 3 quarters. One room is required for the solar and inverter system installation. Toilets and bathrooms require urgent renovation.
- **SC-Tirola** Electricity is available but power back up inverter is not working since last four months. Deep burial pit is not available for biomedical waste and complaint or suggestion box are not available.

Human Resources

- In regular staff positions under DHO 90 percent of the positions are filled. However, significant number of regular staffs of MO group A and Health worker (male & female) are vacant. One each of the sanctioned post of Additional District Health Officer CI- I, District RCH officer CI- I, Administrative Officer CI- II, and Office Superintendent are vacant.
- **DH Sindhudurg** faces severe shortage of regular staffs in all the cadres. Specialists (5), MO-II (15), Nursing cadre (37), CL-III (25), and CL-IV (55) positions are vacant. Vacant positions put pressure on the existing staffs as well as on the infrastructure. Even in contractual staff position there is severe shortage of health staffs.
- In **SDH Kankavli**, one sanctioned post of Specialists, MO-II (6), is vacant. Nearly quarter of CL-IV positions are vacant. The two specialists in contractual staff are available on call.
- In **CHC Devgad**, one sanctioned post of Specialists and MO-II are vacant. Whereas, two positions of MO-II are vacant out of the six sanctioned posts among contractual staffs.
- In **PHC Padel**, one sanctioned post each of LT and pharmacist are vacant since one year. This reflects the state of functioning of diagnostics and drug units in PHC. All the staff positions are filled in SC Tirlot.

Availability of drugs and diagnostics, equipment's

- **District Hospital Sindhudurg** Essential equipment's as well as laboratory equipment's are available except for CT scanner. EDs is available except for IFA and Misoprostol tablet which although available is in shortage. Computer inventory management system e-aushadi software is in place.
- **SDH Kankavli** EDs is available except for IFA and Misoprostol table which is in the shortage. Computer inventory management system e-aushadi software is in place.
- **CHC Devgad** Out of the 8 BP instruments and 4 stethoscopes 4 BP instruments are not working and requires repair. However, there is shortage of IFA tablets and IFA tablets (blue). Vitamin A syrup and Misoprostol tablets are not supplied to this CHC.
- **PHC PADEL** Essential equipment's are available in the PHC. All laboratory equipment's are available and functioning well except Semi auto analyzer and reagents and testing kits which are not available. Ideal lab infrastructure is available but Lab technician is not in place since last 2 years. EDs are available and displayed except for IFA tablets syrup, Zinc tablets inj.oxyticin and Misoprostol tables which are not available.
- **SC-Tirola** Except for blood sugar testing kits, and Neonatal ambu bag all the other equipment's are available. Except for IFA tablets, IFA syrup with dispenser, Inj Magnesium Sulphate, Misoprostol tables all the other EDs are available. Sanitary napkins are not supplied to SC.

Other Health System Inputs

- Health services of major OT surgery, OT minor surgery, medicines, Obstetrics, Gynecology, ENT, FP Services, C-section deliveries are provided in the district.

Family planning

- Family planning services of NSV, IUCD, distribution of condoms and oral pills, and female sterilization are provided. IEC materials were distributed as well as activities such as camps are conducted. IUCD 380 was available in the district and PPIUCD services were available at SDH Kankavli and Sawantwadi. ASHAs are involved in social marketing of spacing methods.

Immunization

- Children's are fully vaccinated in the district. Immunization sessions are planned and held in the district. Babies are provided with BCG, DPT1, 2 and 3, DPT booster, zero doses of polio, polio 1,2 and 3 doses, polio booster, and Measles 1&2 are provided. There exists an alternate vaccine delivery system in the district. Micro plan and outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

Maternal health ANC and PNC

- ANC registrations and care are available in the district. Pregnant women are line listed for severely anemic condition. B-sugar test are available. Pregnant women are provided with TT1 and TT2, IFA tablets are provided. Post natal visit are done regularly.

ASHA

- Family planning methods of condoms and pills are provided to all the ASHAs. ORS and Zinc are provided to Ashas. ASHA coordinator is not in place for functional support system for ASHA.

HIMS and MCTS

- In District staffs are available for HIMS and MCTS to assess the quality. Completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional. However they could not access online verification done by PRC.

RBSK

- District Nodal person is identified for child health screening. Teams are constituted for screening with proper plans of visit.

ARSH

- In the district 4 ARSH clinics are functioning with 4 trained councilor. ARSH clinics are established at DH and 3 SDH (Savantwadi, Kankavli and Shiroda). Under ARSH there is a provision of treatment, counseling, referral and outreach ARSH services.

Referral transport and MMUs

- District has 53 ambulances and 1 MMU as referral transport, with state level call center. Micro plan are prepared. Ambulances are fitted with GPS and Performance monitoring is done on monthly basis.

JSY

- JSY payments are made as per the eligibility criteria indicated in JSY guidelines and payment is provided to JSY beneficiaries in proper time within 7 days of delivery. Full amount of financial assistance is provided in the form of A/c payee cheque.

JSSK

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

SNCU

- SNCU is available in district with necessary equipment's. Trained manpower of 1 MO is available on visiting (pediatrician) and 6 SNs are available.

NBSU

- SDH Kankavli reported 393 admissions in NBSU during the reference period. However, staffs did not receive any training for NBSU.

NRC

- In the district NRC is not available at the time of our visit. NRC is now proposed at SDH sawanatwadi.

AYUSH

- AYUSH facilities of Ayurveda and homeopathy are provided in 10 facilities of the district. AYUSH OPDs are functioning separately. Stock positions of AYUSH medicines are available. AYUSH MO is not a member of the RKS.
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Key conclusions and Recommendations

- Services of ANC, PNC, Deliveries, Neonatal care, Immunization, child health, JSY, and JSSK are provided at various levels of service points.
- Availability of health experts also ensures timely and effective treatment. There is severe shortage of specialist and MO in the district. Vacant position in the district needs to be filled at the earliest for timely provision of health and other related services. Available health providers are burden with administrative duties as well. Training needs to be strengthened for health and supporting staffs.
- Shortage of specialists, health and support staff may hamper the timely and effective treatment of patients. District and in the visited health facilities is facing severe shortage of specialist and among all the categories of staff. DH is facing severe shortage of staffs in all the categories. SDH, RH is less utilized due to shortfall of shortage of specialist doctors and other paramedical staff.
- Infrastructure needs upgradation in the district. Building conditions of staff quarters is not good in the visited DH, SDH, CHC and needs urgent renovation and repair work on priority basis. There is no toilet attached to the labour room of SDH Kankavli.
- It is suggested to develop proper mechanism for maintenance and repair of equipments. IFA tablet is not available/supplied since past six months hence need to be supplied at the earliest.
- ANC is not done in CHC Devgad it is suggested to make provision for ANC services.

- Health care problems can be avoided with good quality of environment; proper waste management. Avoiding contamination of ground water may lead to accessibility of safe and potable drinking water.
- For effective implementation and outreach of various services, it is recommended to develop a mechanism to identify regions/location and underprivileged group for priority actions and implementation.
- Public awareness campaigns educating and encouraging public for greater participation in healthcare system is required.
- Proximity and awareness to public health facility will make substantial difference in the outreach and utilizing the health care facilities. Mapping and interlinking of health facilities for emergency care and diagnostic tests should be prioritized.
- PIP funds needs to be released on time for smooth and uninterrupted functioning of health facilities.

2 Introduction

In keeping with the goals of the National Rural Health Mission, the Programme Implementation Plan (PIP) 2015-16 has been designed and submitted to the MOHFW, New Delhi by all the states and the Union Territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality and the road map given for PIP. In order to assess the implementation and progress of PIP, the MOHFW, New Delhi has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. PRC, Pune was assigned the evaluation study of the PIP of Maharashtra in 2015-16. The present report deals with the findings of the monitoring and evaluation of PIP conducted in Sindhudurg district of Maharashtra during the reference period April–November, 2015.

As directed by MOHFW, the monitoring and evaluation of PIP 2015-16 for Sindhudurg district was carried out during the period 8-11 December 2015. In order to carry out quality monitoring and evaluation of important components of PIP, various types of check-list developed by the Ministry were used. The check-list for District and Facilities were aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

Two officials from PRC, Pune visited the district during the period 8-11 December, 2015 to obtain information on implementation of PIP in the district. The DHO Office, District Hospital, SDH, one Rural Hospital, one Primary Health Centre and one Sub Centre were selected for the study. The team received cooperation from the district officials and all the staffs of the facilities visited. This report discusses in detail the implementation of PIP in Sindhudurg district as observed by the PRC team during the field visit.

3 District Profile

Sindhudurg district is the southern part of the greater tract known as the 'Konkan' which is historically famous for its long coast line and safe harbors. Sindhudurg district was earlier a part of the Ratnagiri district. For administrative convenience and industrial and agricultural development Ratnagiri district was divided into Ratnagiri and Sindhudurg with effect from 1st May, 1981. Sindhudurg district now comprises of eight tehsils of Sawantwadi, Kudal, Vengurla, Malvan, Devgad, Kankavli, Vaibhavwadi and Dodamarg.

Sindhudurg district is spread over an area of around 5,207 km. The population of the District is 8,49,651 as per census 2011. The modern township of SindhudurgNagari is the headquarter of Sindhudurg district. The district is surrounded by the Arabian Sea on the east, the Belgaum District (Karnataka state)

and Goa on the South and the Ratnagiri district on the North. Sindhudurg being a coastal district, the climate is generally moist and humid and the temperature variations during the day and throughout the seasons are not large. Sindhudurg is accessible by road on the NH-17 which passes through major towns of Kankavli, Kudal and Sawantwadi or by the picturesque journey on the Konkan Railway which stops at Kankavli, Sindhudurg, Kudal and Sawantwadi. The nearest airports are at Ratnagiri, Belgaum (Karnataka) and Dabolim (Goa).

Map of Maharashtra State and Sindhudurg District



4. Key Demographic Indicators: Maharashtra and Sindhudurg District (2011)

Indicators	Values		Indicators	Values	
	Sindhudurg	Maharashtra		Sindhudurg	Maharashtra
No. of Blocks	8	355	Scheduled Caste (%)	8.37	11.8
No. of Villages	741	43,663	Scheduled Tribe (%)	0.82	9.4
Population – Total	849651	11,23,72,972	Literacy Rate – Total (%)	85.56	82.91
Population – Male	41732	5,83,61,397	Literacy Rate – Male (%)	91.58	89.82
Population – Female	432319	5,40,11,575	Literacy Rate – Female (%)	79.81	75.48
Density of Popn/Sq.km	163	365	Sex Ratio (f/m)	1036	925
Urban Population (%)	12.59	45.23	Child Sex Ratio	122	883

Source: Census of India 2011

Key Health and Service Delivery Indicators (April to November, 2015): Sindhudurg District

Items	Values	Items	Values
IMR*	14	ANC	5116
NMR*	11	SBA	—
OPD (average per month)	98837	PNC	3170
IPD (average per month)	5198	Children fully immunized (9-11 months)	4905
Women receiving atleast 3 ANC	5116	Home delivery	02

Source: *Survey of Causes of Death (2014)

Key Health and Service Delivery Indicators, Sindhudurg

Sr. No.	Indicators from DLHS-4	Maharashtra	Sindhudurg
1	Mothers registered in the first trimester (%)	67.9	70.2
2	Mothers who had at least three ANC visits (%)	77.9	86.9
3	Mothers who got at least one TT injection (%)	90.6	97.3
4	Institutional births (%)	92.0	99.2
5	Children fully immunized (%)	66.2	86.8
6	Percent of women using modern FP methods	65.7	59.9
7	Unmet need for FP (%)	19.0	22.8

Source: DLHS-4

5. Health Infrastructure

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

Name of the facility	Number	Located in government building	No. of Beds
District Hospital/ medical collage	1	yes	200 beds
Sub Dist. Hospital	3	Yes	Savantwadi, Kankavli(100)Beds Shiroda (50)Beds
Rural Hospitals	07	Yes	All RH are 30 Beds
Primary Health Centers	38	Yes	6 Beds
Sub Centers	248	168	80 Sub centers have No building
AYUSH facilities(Ayurveda)	07	04	--
AYUSH facilities(Homoeopathic)	03	Yes	--

District Hospital Sindhudurg

The district Hospital is easily accessible from nearest road and is functioning in a government building which is in a good condition yet minor repair work is required. Staff quarters are available for MO, SNs and other categories of staff. But staff quarter's condition is very bad and needs urgent repair. DH has electricity with power back up. Running 24*7 water supply and clean toilet separately for males and females are available. Functional labour room is available with clean toilet attached to the labour room. Wards are clean and separate for males and females. Functional NBCC, NBSU, SNCU, BB, ICTC/PPTCT, help desk and separate room for ARSH clinic is available. Biomedical waste is outsourced and functional help desk is available.

SDH Kankavli

SDH is located in Kankavali block with an approximate distance of 22 km from district head quarter. Health facility is easily accessible from nearest road head. SDH is functioning in a government building which is a old building and some part and drainage blockage requires urgent repair. Although staff quarters for MOs and SNs are available it is not sufficient and requires additional 5 staff quarters for MOs, 8 quarters for SNs and other categories staff. SDH has electricity with power back up. Running 24*7 water supplies and has clean toilets separately for males and females. Functional and clean labour room is available but attached toilet is not available. Functional radiant warmer with neo-natal ambu bag but staffs are not trained. Wards are clean and are available separately for males and females. Blood storage unit although available but freezer is not working since last 3 months. Hence, BSU is not

functioning. ARSH clinics are functioning in separate room. Complaint/suggestion box are available. Biomedical waste is outsourced. ICTC center is also available.

CHC Devgad

It is located in Devgad block with an approximate distance of 80 km from district head quarter. Health facility is easily accessible from nearest road and functioning in a government building. The building condition is good. However there are no glasses available in some of the windows. Staff quarters are available for MOs and SNs and other categories staff. Additional two quarters are required for MO and one more staff quarter. CHC has electricity with power back up running 24*7 water supplies except in summer season. Clean toilets separately for males and females. Functional and clean labour room is available with clean toilet attached to it. Wards are clean and are separately available for males and females. NRC is not available. ICTC is available and functioning in a separate room. BB/BSU and ARSH clinics are not available in the CHC. ICTC center and complaint /suggestion box are available. Biomedical waste is outsourced.

PHC PADEL

PHC is easily accessible from nearest road and functioning in a government building which is in a good condition. Staff quarters are available for MOs however SNs require 3 quarters. One room is required for the solar and inverter system installation. PHC has electricity with power back up, 24*7 water supplies. Toilets and bathrooms require urgent renovation. Male and female toilets are available separately. Functional clean labour room is available. NBCC equipment radiant warmer and photo therapy is available. Clean wards are available separately for males and females. Waste management is outsourced. Complaint or suggestion registrar is available in PHC.

SC-Tirola

Is located in Devgad block This SC has a catchment population of 3702 covering 3 villages. SC is located 8 km from PHC in the main habitation and functioning in a government building. Electricity is available but power back up inverter is not working since last four months. Water supply is available 24*7. ANM quarters are available and ANM is residing in SC quarters. Labour room with clean toilet attached is available. NBCC is not available. General cleanliness of SC is good. Deep burial pit is not available for biomedical waste and complaint or suggestion box are not available.

6. Human Resources

In regular staff positions under DHO 90 percent of the positions are filled. However, significant number of regular staffs of MO group A (25) and Health worker (male& female) (12 & 17) are vacant. One sanctioned positions of Additional District Health Officer CI- I, District RCH officer CI- I, Administrative Officer CI- II, and Office Superintendent are vacant.

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

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	District Health Officer	1	1	0
2	Additional District Health Officer CI- I	1	0	1
3	District RCH officer CI- I	1	0	1
4	District Tuberculosis officer CI- I	1	1	0
5	Administrative Officer CI- II	1	0	1
6	Taluka Health Officer Group A	8	4	4
7	MO Group A	77	52	25
8	Statistical Officer	1	1	0
9	Office Superintendent	1	0	1
10	Accounts Asst.	1	1	0
12	Jr. Accountant	1	1	0
13	Sr. Asst.	1	1	0
14	Sr. Asst. Accounts	1	1	0
15	Jr. Asst.	6	6	0
16	Matron	1	1	0
17	Public Health Nurse	1	1	0
18	Health Worker (Male)	180	168	12
19	Health Assistant	57	57	0
20	Health Worker (Female)	288	271	17
21	Health Assistant (Female)	38	34	4
22	Pharmacists	41	37	0
23	Health Supervisor	3	3	0
24	Leprosy Technician	2	2	0
25	Laboratory Technician	3	3	0
26	Sweeper	5	5	0
27	Medical Officer Training Centre	1	1	0
	TOTAL	722	652	66

Near about 85 percent of the contractual staff positions are filled except n some programme such as AYUSH.

Contractual staff appointed under NRHM in Sindhudurg District

Sr NO	Name of the Programme	Sanctioned	Filled UP	Vacant
1	DPMU	06	06	0
2	BPMU	16	14	02
3	IDW	04	03	01
4	IPHS	63	59	04
5	Non IPHS	02	01	01
6	SNCU	25	08	17
7	NBSU	14	00	14
8	DQAC	02	01	01
9	FMG	03	02	01
10	ASHA	09	08	01
11	EMS	01	01	00
12	RKS	01	01	00
13	AYUSH	36	19	19
14	RBSK	51	48	03
15	Urban RCH	06	05	01
16	ARSH	01	01	00
17	RI	01	01	00
18	PCPNDT	01	01	00
19	Telemedicine	02	02	00
20	Nursing	177	174	03
21	NPCB	04	03	01
22	IDSP	03	02	01
23	TB	15	14	01
24	NPPCD	05	04	01
25	NCD	11	09	02
	Total	459	387	72

DH Sindhudurg, faces severe shortage of regular staffs in all the cadres. Specialists (5), MO-II (15), Nursing cadre (37), CL-III (25), and CL-IV (55) positions are vacant. Vacant positions put pressure on the present staffs as well as on the infrastructure. Even in contractual staff position there is severe shortage of health staffs. Overall DH is facing severe shortage of health and supporting staffs and vacant positions need to be filled up at the earliest.

Regular Staff District Hospital Sindhudurg

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Gynec. / Pediatrician/ Surgery/ Anesthetic, etc.)	18	5	13
2	MO General Physician CL-II	31	16	15
3	Nursing Cadre	147	110	37
4	CL III	48	23	25
5	Class IV Cadre	103	48	55
	TOTAL	347	202	145

Contractual staff appointed at various DH of the district:-

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists DH (Genic. / Pediatrician / Surgery / Anesthetic, etc.)	9	8	1
2	MO General Physician CL-II	7	5	2
3	Nursing Cadre	18	11	7
	Total	34	24	10

In SDH Kankavli, one sanctioned post of Specialists, MO-II (6), is vacant. Nearly quarter of CL-IV positions are vacant. The two specialists in contractual staff are available on call.

Regular Staff at SDH Kankavli

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists CL-I (Genic. / Pediatrician / Surgery / Anesthetic, etc.)	1	0	1
2	MO General Physician CL-II	14	8	6
3	MO CL-III	1	0	1
4	Nursing Cadre	33	32	1
5	Class IV Cadre	95	69	26
	Total	144	109	35

Contractual staff appointed SDH KANKAWALI

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists SDH (Genic. / Pediatrician / Surgery / Anesthetic, etc.)	4	2	2 ON CALL
2	MO General Physician CL-II	4 RBSK	4 RBSK	0
3	ANM	2RBSK	2RBSK	0
	Total	10	8	2 (on call)

In CHC Devgad, one sanctioned post of Specialists and MO-II are vacant. Whereas, two positions of MO-II are vacant out of the six sanctioned posts among contractual staffs.

Regular Staff CHC, Devgad

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	Specialists In RH CL-I (Gynec. / Paediatrician / Surgery / Anesthetic, etc.)	1	0	1
2	MO General Physician CL-II	3	1	2
3	Nursing Cadre	7	7	0
4	CL-III	9	6	3
5	Class IV Cadre	7	4	3
	Total	27	18	9

Contractual staff CHC DEVGAD

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	MO General Physician CL-II	6	4	2
2	Nursing Cadre	2	2	0
3	CL- III	4	4	0
4	CL-IV	2	2	0
	Total	14	12	2

In PHC Padel, one sanctioned post each of LT and pharmacist are vacant since one year. This reflects the state of functioning of diagnostics and drug units in PHC.

Regular Staff& NHM Staff PADEL

Sr. No.	Name of the Posts	Sanctioned Post	Filled up Post	Vacant Post
1	MO	02	01	01
2	SNs/GNMs	03	02	01
3	ANM	08	07	01
4	LTs	01	0	Last one year.
5	Pharmacist	01	0	Last one year.
6	LHV/PHN	01	01	0
7	Class IV	05	03	02
	Total	21	14	07
	NHM STAFF LHV	01	01	0
	NHM STAFF ANM	07	03	04

All the staff positions are filled in SC Tirola

Regular Staff& NHM Sub Center

Sr. No.	Name of Post	Sanctioned Post	Filled up Post	Vacant Post
1	ANM	01	01	0
2	ANM (NHM)	01	01	0
3	MPW	01	01	0

Training status /skills of various cadres district as a whole.

Trained All Cadre up to 31-10-2015								
S.N.	Type of Training	MO	ANM	LHV	SN	HA	MPW	ASHA
1	SAB	-		5	11			
2	BEmOC	6						
3	CEmOC/EmOC	1	0	0	0	0	0	
4	LSSA	3						
5	MTP / MVA	1						
6	F-IMNCI	1		2	7			
7	IMNCI Sensitization							
8	Minilap	5						
9	NSV	3						
10	Laprosopic Sterilization							
11	IUD 380A	2			10			
12	Newer CuT-375 Sensitization							
13	Routine Immunization	4	1	3	37	3		
14	NSSK Trg.	2		20	5			

Availability of drugs and diagnostics, equipment's**District Hospital Sindhudurg**

DH has a central Drug store. All medicine comes to the medical store of DH and supplied to all public health facilities in the district. The medical store room is fully air conditioned to maintain the temperature in the room. Essential equipment's as well as laboratory equipment's are available except for CT scanner. EDs is available except for IFA and Misoprostol tablet which although available is in shortage. Computer inventory management system e-aushadi software is in place.

During the reference period April to November 2015, 16671 Hemoglobin test, 9967 CBC test, Urine albumin and sugar test 6928, blood sugar test 10330, RPR test 870, Malaria test, 6767, TB test 977, HIV test 1496, LFT 10792, Ultrasound Scan (ob)164, Ultrasound Scan (Gen)1412, X-ray 7761, ECG 2095 tests were conducted in DH. Sufficient numbers of blood bags are available in DH the registers of which is maintained. Functional blood bag refrigerators with chart for temperature recording are available in DH.

SDH Kankavli

Essential equipment's are available and is functioning well in SDH. Laboratory equipment's are available. EDs is available except for IFA and Misoprostol tablet which is in the shortage. Computer inventory management system e-aushadi software is in place. During the reference period April to November 2015 Hemoglobin test, 35636 CBC test, 13246 Urine albumin, sugar test 35636, blood sugar test 29086, RPR test 232, Malaria test, 10160, TB test 1222, HIV test 2221, and LFT 1327 were conducted. SDH do not have a blood bank or blood storage unit.

CHC Devgad-Out of the 8 BP instruments and 4 stethoscopes 4 BP instruments are not working and requires repair. Most of the equipment's is available in CHC. Laboratory equipment's are available and are functioning well. Essential drugs and computerized inventory managements are in place. However, there is shortage of IFA tablets and IFA tablets (blue). Vitamin A syrup and Misoprostol tablets are not supplied.

PHC PADEL-Essential equipment's are available in the PHC. All laboratory equipment's are available and functioning well except Semi auto analyzer and reagents and testing kits are not available in PHC. Ideal lab infrastructure is available but Lab technician is not in place since last 2 years. EDs are available and displayed except for IFA tablets syrup, Zinc tablets inj.oxytacin and Misoprostol tables which are not available in PHC.

SC-Tirlot

Except for blood sugar testing kits, and Neonatal ambu bag all the other equipment's are available Except for IFA tablets, IFA syrup with dispenser, Inj Magnesium Sulphate, Misoprostol tables all the other EDs are available. Sanitary napkins are not supplied to SC.

7. Availability of Health services

During the reference period April to November 2015 the following health services of 1946 major OT surgery, 3611 OT minor surgery, 57961 medicines, Obstetrics 34358, Gynecology 38458, ENT 27042, FP Services 1876, C-section deliveries 1106 were provided in the district.

During the same reference period 56633 OPD and 6306 IPD services were provided in DH Sindhudurg. In SDH Kankavli 48282 OPD and 5687 IPD services were provided. CHC Devgad 33086-OPD and 843 IPD services were provided. In PHC PADEL 13217 OPD and 459 IPD services were provided.

Sindhudurg District: Key Service Utilization Parameters of visited facilities (April to November 2015)

Service Utilization Parameter	DH Sindhudurg	SDH Kankawali	RH Devgad	PHC Pedela	SC Tirlot
OPD	56633	48282	33086	13217	
IPD	6306	5687	843	459	
Expected number of pregnancies	-	119	Done in PHC	184	37
MCTS entry on percentage of women registered in the first trimester	-	63%	Done in PHC	112%	37
No. of pregnant women given IFA	-	No supply	No supply	209	No supply
Total deliveries conducted	36	639	101	89	3
Number of Deliveries conducted at home					00
No. of assisted deliveries(Ventouse/ Forceps)	-----	2	---	---	
No. of C section conducted	4	189	----		
Number of obstetric complications managed, pls. specify type	65	395	----	02	
No. of neonates initiated breast feeding within one hour	37	523	98	89	3
Number of children screened for Defects at birth under RBSK	---	-----	-----	---	---
RTI/STI Treated	216	----	----	121	
No of admissions in NBSUs/ SNCU, whichever available	100	129	-----	---	
Inborn	12	106	----	-----	
Outborn	88	123	----	-----	
No. of children admitted with SAM	----	----	-----	-----	
No. of sick children referred	7	37	5	15	1
No. of pregnant women referred	14	115	75	16	15
ANC1 registration	-----	114	-----	206	34
ANC 3 Coverage	58	431	204	166	36
ANC 4 Coverage	146	298	104	178	34
No. of IUCD Insertions	5	15	10	88	16
No. of Tubectomy	-----	62	2	24	
No. of Vasectomy	----	----	----	25	
No. of Minilap + Laparoscopy	----	198	-----	24	
No. of children fully immunized	23	107		176	34
Measles coverage	23	225		95%	34

No. of children given ORS + Zinc		15	-----	360	----
No. of children given Vitamin A	115	895	40	1175	34
No. of Children given IFA syrup					----
No. of women who accepted post-partum FP	5	189	101		
No. of MTPs conducted in first trimester	19	152	11		
No. of MTPs conducted in second trimester	---	16	----		
Number of Adolescents attending ARSH clinic	1086	-----	-----		
Maternal deaths, if any	----	-----	-----	----	----
Still births, if any	----	2	-----	----	-----
Neonatal deaths, if any	3	12	-----	-----	1
Infant deaths, if any	1	5	----	-----	-----
Number of VHNDs attended					11
Number of VHNSC meeting attended					18
Service delivery data submitted for MCTS updation					15

8. Maternal health

8.1 ANC and PNC

Maternal Health is essential components of Reproductive & Child Health program me. Under maternal health, JSSK, JSY, MDR performance based incentive to LSAS and EmOC trained medical officers are implemented in the state from the year 2013-2014.

During the reference period April to November 2015 the total ANC registrations in the district was 5257 out of which first trimester registration was 4450. In addition 286 pregnant women were line listed for severely anemic condition. B-sugar test are available. The number of pregnant women provided with TT1 was 3442, and TT2 4227, IFA tablets were provided to 3170 women. The number of women who received post natal visit was 3170.

8.2 JSSK

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

DH The number of mothers who were provided with free transport from home to institute was 36; infants 95; inter- hospital transport was provided to 18 mothers; 5 infants, and drop back to home to 36 mothers and 100 infants.

SDH Kankavli The number of mothers who were provided with inter transport was 5 mothers; and drop back to home to 30 mothers.

CHC Devgad: The number of mothers who were provided with free transport from home to institute was 04; inter- hospital transport was provided to 57 mothers; 5 infants and drop back to home to 65 mothers.

PHC Padel The number of mothers who were provided with free transport from home to institute was 30; infants 25; inter- hospital inter- hospital transport was provided to 28 mothers; 8 infants, and drop back to home to 89 mothers.

8.3 JSY

JSY payments are made as per the eligibility criteria indicated in JSY guidelines and payment is provided to JSY beneficiaries in proper time within 7 days of delivery. Full amount of financial assistance is provided in the form of A/c payee cheque. District level authorities do physical verification of beneficiaries (at least 5%) to check malpractices and whether proper records of JSY beneficiaries are maintained. There is a grievance redressal mechanism in the district.

9. Child Health

9.1 Immunization

During the reference period April-November 2015 as per HIMS data 4905 children's were fully vaccinated in the district. Immunization sessions 3602 were planned and held in the district. Babies 5223 were provided with BCG, DPT1, 2 and 3 were provided respectively to 5112, 5008, and 5024 babies. DPT booster was provided to 5076 children's. Zero doses of polio were provided to 4825 babies and polio 1,2 and 3 doses were provided respectively to 5112, 5008, 5024 babies polio booster was provided to 5076. Hepatitis 0,1,2 and 3 were provided respectively to 3417, 5112, 5008 babies. Measles 1&2 were provided respectively to 4905 & 5070 babies. There exists an alternate vaccine delivery system in the district. Micro plan and outreach plan is prepared. There is no problem in maintenance of cold chain as well as no hindrance to stock management.

9.2 SNCU

SNCU is available in district with necessary equipment's. Trained manpower of 1 MO is available on visiting (pediatrician) and 6 SNs are available. During the reference period SNCU reported 100 admissions. During the same period, 12 inborn cases and 88 outborn cases were reported in the unit, 86 ceases were discharged and 7 cases referred to other public facility.

9.3 NBSU

SDH Kankavli reported 393 admissions in NBSU during the reference period. Staffs did not receive any training for NBSU.

9.4 NRC

In the district NRC is not available at the time of our visit. NRC is now proposed at SDH swanatwadi.

9.5 RBSK

The Rashtriya Bal Swasthya Karyakram is aimed at improving overall quality of life to children through early detection of birth defects, diseases and deficiencies, which are among key factors for child mortality. District Nodal person is identified for child health screening and no early intervention services are available at district level. Teams (12) are constituted for screening with proper plans of visit 184510 number of children were screened during the reference period April-November 2015. In the in the district 78432 children and young adults were covered in the age group 6-18 years under this scheme. Visits Every are planned every month.

10. Family planning

Family planning services of NSV (30), IUCD (2344), distribution of condoms (201807) and oral pills (27195), and female sterilization (1635) were provided during the reference period April to November 2015. IEC materials were distributed as well as activities such as camps were conducted during the reference period. IUCD 380 was available in the district and PPIUCD services were available at SDH kankavli and Sawantwadi. ASHAs are involved in social marketing of spacing methods.

11. ARSH

In the district there exist 4 ARSH clinics functioning with 4 trained councilor. ARSH clinics is established at DH and 3 SDH (Savantwadi, Kankavli and Shiroda). Under ARSH there is a provision of treatment, counseling , referral and outreach ARSH services.

12 Quality in health services

12.1 Infection Control and Biomedical Waste Management

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

Regular fumigation is done in the visited health facilities. Washing/laundry service and dietary scheme are available. In Padel PHC, they have their own washing machine. There is an appropriate drug storage

system, equipment maintenance and repair mechanism is in place. Tallies are not implemented in any of the health facilities visited and there is no mechanism for grievance redressal except in DH.

12.2 Record Maintenance

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

MDR is not available in DH. In SDH kankavli, Blood storage register and visit book is not available. In PHC, Padel Referral registers are not available. In SC, Tirlot untied fund and AMG since January is not maintained VHND plan is not available.

12.3 IEC

All the IEC essential are available in the visited health facilities except in SDH Kankavli where IEC could have been more visible.

13. Referral transport and MMUs

District has 53 ambulances and 1 MMU as referral transport, with state level call center. Micro plan are prepared. Ambulances are fitted with GPS and Performance monitoring is done on monthly basis. Number of patients served in MMU during the period April-October, 2015 was 2823 and distance covered was 230474 kms. During the period April-October,2015 in DH 3 vehicles were available number of patients served in MMU was 2226 pregnant women and 31 sick neonates, and 16787 kms were covered. In SDHs/RHs 840 pregnant women and 71 sick neonates, was served in MMU and 72900 kms were covered. In PHCs 1544 pregnant women and 111 sick neonates, was served in MMU and 139708 kms were covered. However, in PHCs Vaibhavwadi and Hirlok the vehicle service was scraped, zero record was reported in Adeli PHC due to vehicle accident, and vehicle was not working in Banda PHC. Only one beneficiary was reported in Mond PHC.

14. Community Processes

14.1 ASHA

During the reference period April –November 2015 there was requirement of 810 ASHAs as per sanctioned post Out of which 802 are in place in the district. During the same period 17 ASHAs left and 18 new ASHAs joined. Module 6&7 training was given to 457 ASHAs in the districts. Family planning methods of condoms and pills are provided to all the ASHAs. ORS and Zinc are provided to ASHAs. An ASHA worker receives an average of Rs 8531/-per month. The highest incentive paid to

ASHA worker is Rs 20751/- and the lowest is Rs 150/- payments are disbursed in time to ASHAs and drug replenishment kits are provided to ASHA. ASHA resource center is not available in the district. ASHA coordinator is not in place for functional support system for ASHA.

15. AYUSH

AYUSH facilities of Ayurveda and homeopathy are provided in 10 facilities of the district. AYUSH OPDs are functioning separately. Stock positions of AYUSH medicines are available. AYUSH MO is not a member of the RKS. During the reference period a total IPD of Ayurveda 109 and OPD 3568, and homoeopathy OPDs 2491 and IPDs 85 cases was reported.

16. Disease Control Programmes

Malaria The number of slides (Malaria) 195539 prepared during the reference period April-November 2015 was out of which positive slide reported was 88. RDK are available. Drugs and staffs are available.

TB In the district 13067 sputum tests were conducted during the reference period April to November 2015 out of which 416 were positive cases. DOT medicines are available and key RNTCP post are not fully filled. Timely payment of salary is provided to the staffs as well as timely payment to DOT providers.

NCD Screening of Non-communicable Diseases (NCD) is available in DH.PIP is submitted and NCD clinic are established at District Hospital. Drugs are available and IEC material of charts, Banners, Books and Posters are available for prevention of NCD.

17. HIMS and MCTS

In District staffs are available for HIMS and MCTS to assess the quality. Completeness and timeliness of data, processes and data validation. Proper record of due list and work plan received from MCTS portal is maintained. MCTS portal is updated and functional. However they could not access online verification done by PRC.

List of Abbreviations

AEFI	Adverse Events Following immunization
AIDS	Acquired Immuno Deficiency Syndrome
AMG	Annual Maintenance Grant
ANM	Auxiliary Nurse Midwife
ARSH	Adolescent Reproductive and Sexual Health
ASHA	Accredited Social Health Activist
CHC	Community Health Centre
CTC	Child Treatment centre
DH	District Hospital
DMER	Director, Medical Education and Research
DMO	District Medical Officer
DM&HO	District Medical and Health Officer
DPMU	District Programme Management Unit
EmOC	Emergency Obstetric Care
FP	Family Planning
FRU	First Referral Units
HBNC	Home-based Newborn Care
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling & Testing Centre
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IMEP	Infection Management and Environment Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUCD	Intra-uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JSS	Janani Shishu Suraksha Karyakram
JSY	Janani Suraksha Yojana
LBW	Low Birth Weight
LHV	Lady Health Visitor
LT	Lab Technician
MCT	Mother and Child Tracking System
MHS	Menstrual Hygiene Scheme
MIS	Management Information System
MMR	Maternal Mortality Ratio
MMU	Mobile Medical Unit
MHW	Multipurpose Health Worker
MO	Medical Officer
MTP	Medical termination of Pregnancy
MVA	Manual Vacuum Aspiration
NBCC	Newborn Care Corner

NBSU	Newborn Stabilisation Unit
NDCP	National Disease Control Programme
NGO	Non Governmental Organisation
NICU	Neonatal Intensive Care Unit
NLEP	National Leprosy Elimination Programme
NPCB	National Programme for Control of Blindness
NRHM	National Rural Health Mission
NSSK	Navjaat Shishu Suraksha Karyakram
NSV	Non Scalpel Vasectomy
OBG	Obstetrician and Gynecologist
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PHE	Public Health Engineering
PHI	Public Health Institution
PPIUCD	Post Partum Intra uterine Contraceptive Device
PRI	Panchayati Raj Institutions
RKS	Rogi Kalyan Samiti
RNTCP	Revised National Tuberculosis Control Programme
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
SBA	Skilled Birth Attendant
QAC	Quality Assurance Committee
SC	Sub-Centre
SNCU	Special Newborn Care Unit
TOT	Training of Trainers
VHND	Village Health Nutrition Day
VHSC	Village Health Sanitation Committee

