

**Monitoring and Evaluation of Programme Implementation Plan, 2021-22**  
**Sindhudurg District, Maharashtra**

**By**

Rajendra S Pol  
Gayatri Tejankar

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**Executive Summary**

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centre's (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2021-22). 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 the implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Sindhudurg district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Sindhudurg district during 27 September to 1<sup>st</sup> October 2021. District Hospital Sindhudurg CHC Kudal, PHC Mangaon and Sub Centre Aakeri were visited for the study by the PRC team. 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.

## **A. 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 harbours, Sindhudurg district was earlier a part of the Ratnagiri district, for administrative convenience and industrial and agriculture development Ratnagiri district was divided into Ratnagiri and Sindhudurg with effect from 1<sup>st</sup> May, 1981. Sindhudurg district now comprises of eight blocks Sawantwadi, Kudal, Vengurla, Malvan, Devgad, Kankavli, Vaibhavwadi and Dodamarg.

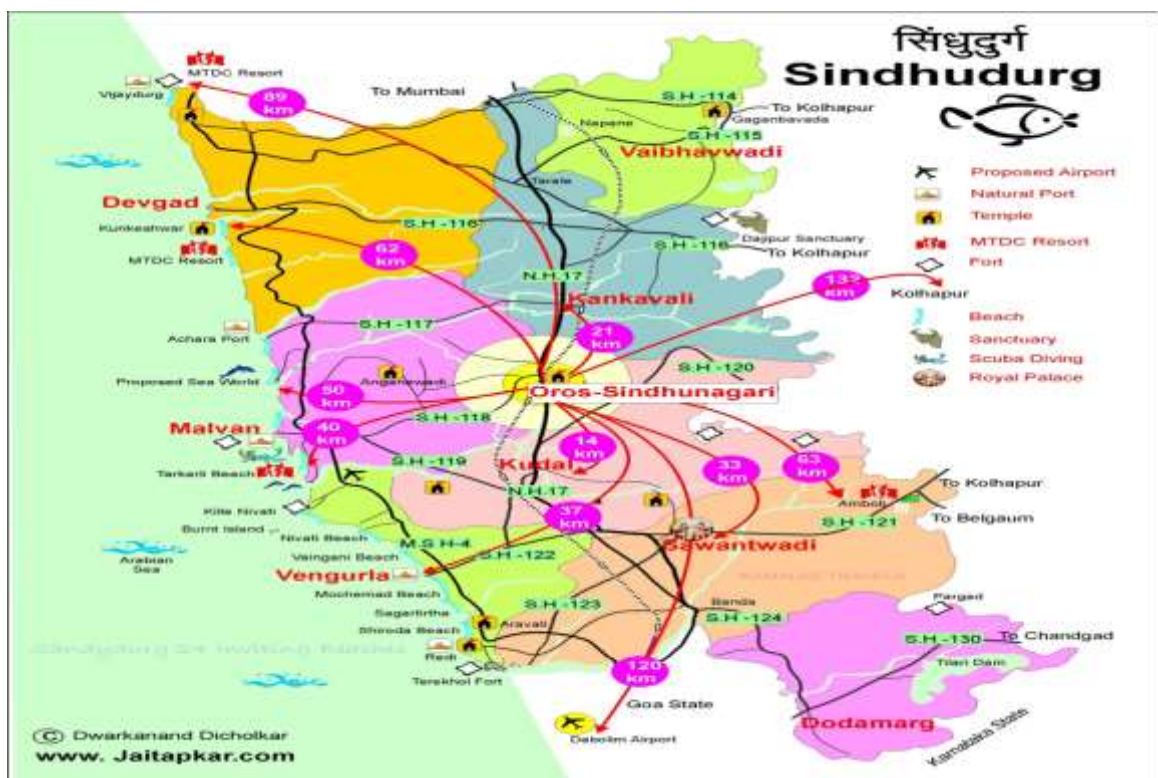
Sindhudurg district is spread over an area of around 5,207 Sq.kms. The population of the District is **849651** as per census of 2011. The modern township of Sindhudurg Nagari is the headquarters of Sindhudurg district. The district is surrounded by the Arabian Sea on the west, the Belgaum District (Karnataka 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).

In the district, wooden toys craft is one of the traditional art in Sawantwadi. Wooden toys craft is the unique identity of Sindhudurg in Maharashtra state. The wooden toys craft is traditionally done by the community called 'Chittar', migrated from Karrwa and Goa.

### **Action Point:**

- Urgently fill the Key post of the district, all over district facing the shortage of Manpower.
- District hospital Building is very old; there is a leakage in some part of the hospital building. This building must be repaired urgently.
- The last one-year district hospital is dedicated to Covid centre and didn't provide any other services. As the staff was working in Covid centre many services were hampered in district hospital.

- Mangaon PHC is facing the electricity problem. The solar system is not working. It should be repaired urgently or should be replaced, for smooth functioning of the facility.
- PHC Mangaon is HWC but there is no extra staff and fund provided.
- PHC authorities are demanding the Blood Storage Unit for PHC. Funds should be made available for purchasing blood storage unit for PHC Mangaon.
- The PHC building is very old and space is very congested. PHC authorities have demanded a new building for PHC so as to provide better health services to people.
- CHC Kudal is 30 bedded hospitals. There is a heavy workload of health services and also C -section and Normal delivery rate is very high in this facility. So its capacity should be increased up to 50 beds.
- CHC Kudal Hospital building is very old need to be repaired urgently or construct a new building for CHC.
- CHC Kudal is facing the Manpower problem, hence needs to fill the vacant posts urgently in the hospital.
- In CHC Kudal, many electric instruments are not working, urgent repairing/servicing is necessary.



**Table 1: district background, health indicator and facility details of Sindhudurg district, 2021-22**

Indicator	Remarks/ Observation			
• Total number of Districts	01			
• Total number of Blocks	08			
• Total number of Villages	743			
• Total Population	849651			
• Rural population	778362			
• Urban population	71289			
• Literacy rate	85.56			
• Sex Ratio	1035			
• Sex ratio at birth	874			
• Population Density	160/KM2			
• Estimated number of deliveries	8174			
• Estimated number of C-section	Data not available			
• Estimated numbers of live births	8133			
• Estimated number of eligible couples	62232			
• Estimated number of leprosy cases	Data not available			
• Target for public and private sector TB notification for the current year	Data not available			
• Estimated number of cataract surgeries to be conducted	Data not available			
Mortality Indicators:	Previous year		Current Year	
	Estimated	Reported	Estimated	Reported
• Maternal Death	Data not available	03	Data not available	01
• Child Death	Data not available	09	Data not available	07
• Infant Death	Data not available	82	Data not available	10

• Still birth		Data not available		Data not Available
• Deaths due to Malaria	Data not available	02	Data not available	00
• Deaths due to sterilization procedure	Data not available	00	Data not available	00
<b>Facility Details</b>	<b>Sanctioned/ Planned</b>		<b>Operational</b>	
• District Hospitals	01 (with 285 Beds)		01	
• Sub District Hospital	03 Sawantwadi, (100Beds) Kankavali(100Beds) Shiroda(50Beds)		03	
• Community Health Centers (CHC)	07 (All are 30 Bedded )		07	
• Primary Health Centers (PHC)/HWC	38 (HWC branded)		38	
• Sub Centers (SC)	248 (173 Sub centers have their Own buildings)		248	
• Urban Primary Health Centers (U-PHC)	00		00	
• Urban Community Health Centers (U-CHC)	00		00	
• Special Newborn Care Units (SNCU)	01		01	
• Nutritional Rehabilitation Centres (NRC)	01		01	
• District Early intervention Center (DEIC)	01		01	
• First Referral Units (FRU)	06		06	
• Blood Bank	02		02	
• Blood Storage Unit (BSU)	03		03	

• No. of PHC converted to HWC	38	38
• No. of U-PHC converted to HWC	0	00
• Number of Sub Centre converted to HWC	141	141
• Designated Microscopy Center (DMC)	21	21
• Tuberculosis Units (TUs)	07	07
• CBNAAT/TruNat Sites	02	02
• Drug Resistant TB Centers	01	01
• Functional Non-Communicable Diseases (NCD) clinic	DH---01 SDH-----03 CHC-----07	DH---01 SDH-----03 CHC-----07
• Institutions providing Comprehensive Abortion Care (CAC) services	DH, SDH. CHC,(CAC)facility available	DH, SDH. CHC,(CAC)facility available

## B. District Health Action Plan (DHAP)

In the preparation of the District Health Action Plan (PIP) all the facilities are involved. All the facilities send their requirements and action plan to the district for approval. According to the DHAP send by the district, the state gives approval with some minor changes.

Indicator	Remarks/ Observation
• Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the state (verify)	DHAP (PIP) submitted to the state and it is sanctioned.
• Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned District Health Action Plan (DHAP) by state.
• Date of first release of fund against DHAP	5 <sup>th</sup> August 2021
• Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	NIL

<ul style="list-style-type: none"> <li>Details of Construction completed, but not handed over</li> </ul>	NIL
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### **C. Service Availability:**

There are 1 DH, 3 SDH, 7 CHCs, 38 PHCs and 248 SCs available in the district to cater primary, secondary and tertiary health care services. Of which 38 PHCs; 139 SCs are converted into HWCs. In the district, free drug policy is being implemented under all national programs and for BPL patients. Other than national programs, patients are charged at district level Rs. 10/- for case paper and lab tests are done on minimum charges. There are in house labs available in all the facilities of the district for most of the diagnostics tests. Besides this HLL Life Care Ltd. is appointed in the state for providing diagnostic tests services which are being done at the health facilities.

In Sindhudurg district DH is the dedicated hospital for covid pandemic, no other services were provided by district hospital. In this district number of corona positive patients was very high. Most of the RCH related services were provided by SDH kudal. More than 50 to 55 deliveries are being conducted at Kudal SDH every month. District is facing shortage of man power.

#### **RBSK:**

There are total 12 RBSK teams available in the district. Four of them are consisting of fully human resource. Every team have the vehicle. According to the population, 4 teams are working in 4 blocks, one team per block. Average number of children screened per day is 250. And the number of children born in delivery points screened for defects at births are reported 780 in the period of April to September 2021. All blocks are having RBSK teams. Due COVID 19 pandemic all RBSK teams are working under DHO for COVID duties.

#### **SNCU:**

The district is having 10 SNCU beds situated at SDH. There are 10 radiant warmers and no step down units available. Kangaroo Mother care KMC unit is available. During April 2021 to September 2021, total 63 (44 inborn and 19 out-born) children were admitted in the SNCU in the district. Out of these 63 children, only one child died in the SNCU.



Number of children admitted in SNCU in Sindhudurg district.

	Inborn	Out-born
Admission	44	19
Defects at Birth	00	02
Discharged	34	09
Referral	08	04
LAMA	01	04
Died	01	00

Source: DPMU, Sindhudurg district

NBSU: In the district NBSUs are available at district hospital and 3 SDH.

Number of children admitted in NBSU Sindhudurg district.

	Inborn	Out-born
Admission	103	01
Discharged	82	01
Referral	21	00
LAMA	00	00
Died	00	00

Source: DPMU, Sindhudurg district

NBCC: In the district 3 facilities have NBCC unit CHC Devgad, CHC Kudal, and CHC Dodamarg Some PHCs are having NBCC, but data have not been provided by DPMU.

Nutrition Rehabilitation Centers (NRC): Due to COVID 19 pandemic NRC is not functioning. No admission in NRC in the district.

MMU: There are 2 mobile medical units working in the district. About 94 villages covered by two MMU. On an average, the number of patients treated by both MMUs are 1683 per month. In case of lab services each one of them are conducting 767 lab tests approximately. No X-ray facility is available with MMUs. Average number of blood smears collected / Rapid

Diagnostic Tests (RDT) done for Malaria, per MMU per month is 214. Average Number of patients referred to higher facilities is 40 each. Pertaining to the referral services district is having 12 Basic Life Support (BLS) (on the road) and 9 Advanced Life Support (ALS on the road)

**Details about the health service delivery in the district.**

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	Yes
2. Implementation of diagnostic services (if it is free for all)	Yes
• Number of lab tests notified	Lab test data are not Provided
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	00
• No. of 24X7 PHCs conducting > 10 deliveries /month	00
• No. of CHCs conducting > 20 deliveries /month	02 (Kudal. and Devgad)
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	District Women's hospital is sanctioned, but yet to start functioning.
• No. of Medical colleges conducting > 50 deliveries per month	No
4. Number of institutes with ultrasound facilities (Public Private)	Data is not Provided
• Of these, how many are registered under PCPNDT act	Data are not Provided
• PMSMA activates performed	Yes
5. Details of activities performed	Data are not Provided
6. RBSK	
• Total no. of RBSK teams sanctioned	12

<ul style="list-style-type: none"><li>No. of teams with all HR in-place (full-team)</li></ul>	04	
<ul style="list-style-type: none"><li>No. of vehicles (on the road) for RBSK team</li></ul>	12	
<ul style="list-style-type: none"><li>No. of Teams per Block</li></ul>	4 blocks having one team And 4 blocks having 2 teams	
<ul style="list-style-type: none"><li>No. of block/s without dedicated teams</li></ul>	Nil	
<ul style="list-style-type: none"><li>Average no of children screened per day per team</li></ul>	250	
<ul style="list-style-type: none"><li>Number of children born in delivery points screened for defects at birth</li></ul>	780	
7. Special Newborn Care Units (SNCU)		
<ul style="list-style-type: none"><li>Total number of beds</li></ul>	10	
<ul style="list-style-type: none"><li>In radiant warmer</li></ul>	10	
<ul style="list-style-type: none"><li>Step down care</li></ul>	No	
<ul style="list-style-type: none"><li>Kangaroo Mother Care (KMC) unit</li></ul>	Yes	
<ul style="list-style-type: none"><li>Number of non-functional radiant warmer for more than a week</li></ul>	No	
<ul style="list-style-type: none"><li>Number of non-functional phototherapy unit for more than a week</li></ul>	No	
	Inborn	Out-born
<ul style="list-style-type: none"><li>Admission</li></ul>	44	19
<ul style="list-style-type: none"><li>Defects at Birth</li></ul>	00	02
<ul style="list-style-type: none"><li>Discharged</li></ul>	34	09
<ul style="list-style-type: none"><li>Referral</li></ul>	08	04
<ul style="list-style-type: none"><li>LAMA</li></ul>	01	04
<ul style="list-style-type: none"><li>Died</li></ul>	01	00
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out-born
<ul style="list-style-type: none"><li>Admission</li></ul>	103	01
<ul style="list-style-type: none"><li>Discharged</li></ul>	82	01
<ul style="list-style-type: none"><li>Referral</li></ul>	21	00

• LAMA	00	00
• Died	00	00
9. Nutrition Rehabilitation Centers (NRC)		
<ul style="list-style-type: none"> <li>• Admission</li> <li>• Bilateral pitting oedema</li> <li>• MUAC&lt;115mm</li> <li>• &lt;' -3SD WFH</li> <li>• with Diarrhea</li> <li>• ARI/ Pneumonia</li> <li>• TB</li> <li>• HIV</li> <li>• Fever</li> <li>• Nutrition related disorder</li> <li>• Others</li> </ul>	Due to COVID 19 pandemic NRC is not in function	
<ul style="list-style-type: none"> <li>• Referred by</li> <li>• Frontline worker</li> <li>• Self</li> <li>• Ref from VCDC/ CTC</li> <li>• RBSK</li> <li>• Pediatric ward/ emergenc</li> </ul>	Due to COVID 19 pandemic NRC is not in function	
• Discharged	00	
• Referral/ Medical transfer	00	
• LAMA	00	
• Died	00	
10. Home Based Newborn Care (HBNC)	Yes	
• Status of availability of HBNC kit with ASHAs	794	
• Newborns visited under HBNC	2136	
• Status of availability of drug kit with ASHAs	808	
11. Number of Maternal Death Review conducted		

<ul style="list-style-type: none"> <li>• Previous Year</li> <li>• Current FY</li> </ul>	2020 - 03	2021 - 01
12. Number of Child Death Review conducted <ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	2020-09	2021-04
13. Number of blocks covered under Peer Education (PE) program me	Data is not Provided	
14. No. of villages covered under PE program me	Data is not Provided	
15. No. of PE selected	Data is not Provided	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	Data is not Provided	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	Data is not Provided	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	1Rani Jankibai (MMU)	2 State provide Agency (MMU)
• No. of trips per MMU per month	22 MMU	
• No. of camps per MMU per month	02	
• No. of villages covered	44	50
• Average number of OPD per MMU per month	1663	
• Average no. of lab investigations per MMU per month	767	
• Avg. no. of X-ray investigations per MMU per month	No	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU Per months	214	
• Avg. no. of sputum collected for TB detection per MMU per month	04	
• Average Number of patients referred to higher facilities	40	

<ul style="list-style-type: none"> <li>• Payment pending (if any) • If yes, since when and reasons thereof</li> </ul>	No	
19. Vehicle for Referral Transport.		
<ul style="list-style-type: none"> <li>• No. of Basic Life Support (BLS) (on the road) and their distribution</li> </ul>	12	
<ul style="list-style-type: none"> <li>• No. of Advanced Life Support (ALS) (on the road) and their distribution</li> </ul>	09	
•	ALS	BLS
<ul style="list-style-type: none"> <li>• Operational agency (State/ NGO/ PPP)</li> </ul>	PPP	PPP
<ul style="list-style-type: none"> <li>• If the ambulances are GPS fitted and handled through centralized call center</li> </ul>	03	09
<ul style="list-style-type: none"> <li>• Average number of calls received per day</li> </ul>	4.43	5.7
<ul style="list-style-type: none"> <li>• Average number of trips per ambulance per day</li> </ul>	4.43	5.7
<ul style="list-style-type: none"> <li>• Average km travelled per ambulance per day</li> </ul>	190	172
<ul style="list-style-type: none"> <li>• Key reasons for low utilization (if any)</li> </ul>	-----	-----
<ul style="list-style-type: none"> <li>• No. of transport vehicle/102 vehicle (on the road)</li> </ul>	52	
<ul style="list-style-type: none"> <li>• If the vehicles are GPS fitted and handled through centralized call center</li> </ul>	27	
<ul style="list-style-type: none"> <li>• Average number of trips per ambulance per day</li> </ul>	0.11	
<ul style="list-style-type: none"> <li>• Average km travelled per ambulance per day</li> </ul>	4 KM	
<ul style="list-style-type: none"> <li>• Key reasons for low utilization (if any)</li> </ul>	Other patients also have been served, only Pregnancy patients count have been mentioned.	
20. Universal health screening		
<ul style="list-style-type: none"> <li>• If conducted, what is the target population</li> </ul>	297058	
<ul style="list-style-type: none"> <li>• Number of Community Based Assessment Checklist (CBAC) forms filled till date</li> </ul>	346567	

<ul style="list-style-type: none"> <li>No. of patients screened, diagnosed, and treated for:</li> <li>Hypertension</li> <li>Diabetes</li> <li>Oral cancer</li> <li>Breast Cancer</li> <li>Cervical cancer</li> </ul>	28213		
	10127		
	14		
	13		
	10		
21. If State notified a State Mental Health Authority	Data is not Provided		
22. If grievance redressal mechanism in place	Data is not Provided		
<ul style="list-style-type: none"> <li>Whether call center and toll-free number available</li> </ul>	Data is not Provided		
<ul style="list-style-type: none"> <li>Percentage of complaints resolved out of the total complains registered in the current FY</li> </ul>	Data is not Provided		
23. If Mera-aaspatal has been implemented	Yes		
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> <li>JSY beneficiaries</li> </ul>	202	202	202
ASHA payment:			
<ul style="list-style-type: none"> <li>A- Routine and recurring at an increased rate of Rs. 2000 pm</li> </ul>	Data not Provided		
<ul style="list-style-type: none"> <li>B- Incentive under NTEP</li> </ul>		Data Not provided	
<ul style="list-style-type: none"> <li>C- Incentives under NLEP</li> </ul>			
<ul style="list-style-type: none"> <li>Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)</li> </ul>		Data Not provided	
<ul style="list-style-type: none"> <li>Patients incentive under NTEP program me</li> </ul>		Data Not provided	
<ul style="list-style-type: none"> <li>• Provider's incentive under NTEP program me</li> </ul>		Data Not provided	

<ul style="list-style-type: none"><li>• FP compensation/ incentive</li></ul>		Data Not provided	
25. Implementation of Integrated Disease Surveillance Programme (IDSP)	Yes		
<ul style="list-style-type: none"><li>• If Rapid Response Team constituted, what is the composition of the team</li><li>• No. of outbreaks investigated in previous year and in current FY</li></ul>	Yes		
	2020 - 10	2021 - 03	
<ul style="list-style-type: none"><li>• How is IDSP data utilized</li></ul>	Prevention of communicable disease for distribution of Medicine planning and Health Education, correct Utilization of Money, Manpower, and Material.		
<ul style="list-style-type: none"><li>• Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP</li></ul>	100%		
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Data Not provided		
<ul style="list-style-type: none"><li>• Micro plan and macro plan available at district level.</li></ul>	Yes		
<ul style="list-style-type: none"><li>• Annual Blood Examination Rate</li></ul>	2018	22.9	
	2019	24.2	
	2020	14.4	
<ul style="list-style-type: none"><li>• Reason for increase/ decrease (trend of last 3 years to be seen)</li></ul>	2018	57	
	2019	38	
	2020	24	
	2021	15	
<ul style="list-style-type: none"><li>• LLIN distribution status</li></ul>	No LLIN distributed		
<ul style="list-style-type: none"><li>• IRS</li></ul>	Total villages---15 Population—10746 Two rounds Distributed.		
<ul style="list-style-type: none"><li>• Anti-larval methods</li></ul>			



•	Data not Provided
• Contingency plan for epidemic preparedness	No Funds in PIP 2021-2022
• Weekly epidemiological and entomological situations are monitored	Data not Provided
• No. of MDR rounds observed	No MDR round since 2014
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate<1%	No new patient found since 2014 Hydrocele patient---05 Filariasis patient---92.
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	Focus on active and passive surveillance to increase public notification and strengthening covid tb.bidirectional surveillance.
• Whether HIV Status of all TB patient is known	
• Whether HIV Status of all TB patient is known	Yes No. of TB patients with known HIV status =499/518 = 96%
• Eligible TB patients with UDST testing	452/518=87%
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• • Patients notification from public sector	No of patients notified: 238 Treatment success rate:78% No. of MDR TB Patients: 34 Treatment initiation among MDR TB patients:30
• Patients notification from private sector	No of patients notified: 213 Treatment success rate:77% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0

<ul style="list-style-type: none"> <li>Beneficiaries paid under Nikshay Poshan Yojana</li> </ul>	423
<ul style="list-style-type: none"> <li>Active Case Finding conducted as per planned for the year</li> </ul>	No ACD& RS in progress
28. Implementation of National Leprosy Eradication program me (NLEP)	
<ul style="list-style-type: none"> <li>No. of new cases detected</li> </ul>	12 (April2021 to till Date) ACD&RS - finding max Suspect and examination of all suspect.
<ul style="list-style-type: none"> <li>No. of G2D cases</li> </ul>	00
<ul style="list-style-type: none"> <li>MDT available without interruption</li> </ul>	Yes
<ul style="list-style-type: none"> <li>Reconstructive surgery for G2D cases being conducted</li> </ul>	No eligible patient.
<ul style="list-style-type: none"> <li>MCR footwear and self-care kit available</li> </ul>	Yes
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	Data not Provided
30. Percent of health workers immunized against Hep B	Data not Provided
31. Key activities performed in current FY as per ROP under National Fluorosis Control program me	Data not Provided
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control program me	Data not Provided
33. Key activities performed in current FY as per ROP under National Tobacco Control program me	Data not Provided
34. Number of ASHAs	
<ul style="list-style-type: none"> <li>Required as per population</li> </ul>	810
<ul style="list-style-type: none"> <li>Selected</li> </ul>	808
<ul style="list-style-type: none"> <li>No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> </ul>	39

<ul style="list-style-type: none"> <li>No. of villages/slum areas with no ASHA</li> </ul>	112
<p>35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</p> <ul style="list-style-type: none"> <li>No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) (same?)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) •</li> <li>Any other state specific scheme_____</li> </ul>	<p>730</p> <p>37</p> <p>808</p> <p>39</p> <p>371</p> <p>28</p> <p>00</p>
<p>36. Status of Mahila Arogya Samitis (MAS)-</p> <ul style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ul>	<p>No</p> <p>No</p> <p>No</p>
<p>37. Status of Village Health Sanitation and Nutrition Committee (VHSNC)</p> <ul style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ul>	<p>734</p> <p>Yes</p> <p>Yes</p> <p>No</p>
38. Number of facilities quality certified	03

39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	DH01, SDH03, RH01, PHCs 04.
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes
41. Recruitment for any staff position/ cadre conducted at district level	Yes
42. Details of recruitment	Data not Provided
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Data not Provided

Source: DPMU, Sindhudurg district

#### D. Implementation of CPHC;

Indicator	Planned	Completed
1. Number of individuals enumerated	297058	
2. Number of CBAC forms filled	346567	
3. Number of HWCs started NCD screening:		
a. SHC- HWC	248	
b. PHC- HWC	38	
c. UPHC – HWC	00	
4. Number of individuals screened for: TB	28213	
a. Hypertension	10127	
b. Diabetes	14	
c. Oral Cancer	13	
d. Breast Cancer	10	
e. Cervical Cancer		
5. Number of HWCs providing Tele consultation services	248	248
6. Number of HWCs organizing wellness activities	248	248

Government of India, Ministry of Health and Family Welfare under the program are undertaking a population-based NCD (non communicable diseases) program is being

implemented in the district. Total 297058 individuals are enumerated during the period. Total number of PHCs 38, are functioning as HWCs

#### E. Human Resource:

District have total different types of the posts are sectioned 1858 for all over the district. (by DHO and CS side) of this 1289 posts are filled in the district, and total 569 posts are vacant in the district. (.31%) posts are vacant in the district. Total 1858 posts are regular and NHM post are sanctioned in the district as per the information given by district DPMU.

#### Staff Details at Public Facility (Regular staff and NHM staff.)

<b>Staff details at public facility (Regular+NHM+Other sources)</b>	<b>Sanctioned</b>	<b>In -place</b>	<b>Vacancy%</b>
• ANM	<b>417</b>	<b>375</b>	<b>10.07</b>
• MPW (Male)	<b>274</b>	<b>189</b>	<b>31.02</b>
• Staff Nurse	<b>372</b>	<b>294</b>	<b>20.96</b>
• Lab technician	<b>58</b>	<b>17</b>	<b>70.68</b>
• Pharmacist	<b>81</b>	<b>57</b>	<b>29.62</b>
• M.O MBBS	<b>193</b>	<b>94</b>	<b>51.29</b>
• OBGY	<b>11</b>	<b>02</b>	<b>81.81</b>
• Pediatrician	<b>16</b>	<b>04</b>	<b>75</b>
• Anesthetist	<b>15</b>	<b>06</b>	<b>60</b>
• Surgeon	<b>08</b>	<b>02</b>	<b>75</b>
• Radiologists	<b>05</b>	<b>00</b>	<b>100</b>
• Other specialists	<b>54</b>	<b>40</b>	<b>25.92</b>
• Dentists/Dental Surgeon/Dental MO.	<b>16</b>	<b>01</b>	<b>93.25</b>
• Dental technician	<b>04</b>	<b>01</b>	<b>75</b>
• Dental Hygienist	<b>02</b>	<b>01</b>	<b>50</b>
• Radiographer/X-ray technician	<b>20</b>	<b>12</b>	<b>40</b>
• CSSD technician	<b>00</b>	<b>00</b>	<b>0</b>
• OT technician	<b>01</b>	<b>01</b>	<b>0</b>

• CHO/MLHP	<b>248</b>	<b>145</b>	<b>41.53</b>
• AYUSH MO	<b>62</b>	<b>47</b>	<b>24.19</b>
• AYUSH Pharmacist	<b>01</b>	<b>01</b>	<b>0</b>
• Total	<b>1858</b>	<b>1289</b>	<b>30.62</b>

Source: DPMU, Sindhudurg district

Staff Details at Public Facility (NHM staff.)

<b>Staff details at public facility NHM+Other sources)</b>	<b>Sanctioned</b>	<b>In -place</b>	<b>Vacancy%</b>
• ANM	<b>111</b>	<b>91</b>	<b>20</b>
• Pediatricians	<b>07</b>	<b>03</b>	<b>04</b>
• Surgeons	<b>04</b>	<b>02</b>	<b>02</b>
• Medicine	<b>04</b>	<b>02</b>	<b>02</b>
• Orthopedics	<b>03</b>	<b>02</b>	<b>01</b>
• AUSH	<b>28</b>	<b>20</b>	<b>08</b>
• DPMU	<b>03</b>	<b>02</b>	<b>01</b>
• IPHS	<b>05</b>	<b>03</b>	<b>02</b>
• SNCU	<b>20</b>	<b>15</b>	<b>05</b>
• FMG	<b>02</b>	<b>02</b>	<b>00</b>
• EMS	<b>01</b>	<b>01</b>	<b>00</b>
• DIEC	<b>14</b>	<b>06</b>	<b>08</b>
• NRC	<b>07</b>	<b>05</b>	<b>02</b>
• Dialysis Unit	<b>11</b>	<b>08</b>	<b>03</b>
• ARSH	<b>01</b>	<b>01</b>	<b>00</b>
• PCPNDT	<b>01</b>	<b>01</b>	<b>00</b>
• TELEMEDICINE	<b>01</b>	<b>01</b>	<b>00</b>
• AYUSH	<b>10</b>	<b>09</b>	<b>01</b>
• NCDCS	<b>14</b>	<b>09</b>	<b>05</b>
• NTCP	<b>03</b>	<b>01</b>	<b>02</b>
• NPHCE	<b>08</b>	<b>06</b>	<b>02</b>

• DMHP	07	05	02
• NPPCD	03	03	00
• NPCB	02	02	00
• Total	270	200	70

Source: DPMU, Sindhudurg district

The district has not fulfilled the NHM staff in the district. Many key posts are vacant in the district. All NHM staff data are not provide by the DPMU in the district.

F: State of Fund Utilization:

#### **Budget Component details: 2021-2022.**

Status of Expenditure as on 1/04/2021 to 31/08/2021

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget Utilized (In lakhs)</b>	<b>Reason for low utilization .</b>
<b>1.FMR:Servicedelivery: facility Based.</b>	337.72	20.53	Reason not provided by DPMU
<b>2.FMR: Service delivery: Community Based</b>	39.69	6.98	
<b>3.FMR: community Intervention</b>	374.27	132.20	
<b>4.FMR: Untied Grants</b>	159.54	77.76	
<b>5. FMR : Infrastructure</b>	738.55	0.00	
<b>6 FMR : Procurement</b>	95.79	1.11	
<b>7. FMR: Referral Transport</b>	20.60	7.03	
<b>8.FMR: Human Resource (Service Delivery)</b>	1790.42	648.95	Reason not provided by DPMU
<b>9. FMR: Training</b>	44.79	8.29	
<b>10.FMR:Review Research and Surveillance.</b>	1.50	0.00	Reason not provided by DPMU

<b>11.FMR:IEC-BCC</b>	61.48	0.00	Reason not provided by DPMU
<b>12.FMR:Prrinting</b>	18.56	0.00	Reason not provided by DPMU
<b>13. FMR: Quality</b>	7.56	0.00	Reason not provided by DPMU
<b>14.FMR:Drug Warehouse &amp;Logistic</b>	21.83	5.20	Reason not provided by DPMU
<b>15. FMR:PPP</b>	34.61	0.04	Reason not provided by DPMU
<b>16. FMR: Programme Management</b>	311.50	84.54	
<b>16.1FMR:PM Activities Sub Annexure.</b>	Data not available	Data not available	Reason not provided by DPMU
<b>17. FMR:IT Initiatives for Service Delivery.</b>	10.91	0.00	Reason not provided by DPMU
<b>18. FMR: Innovations.</b>	5.45	0.00	Reason not provided by DPMU

Source: DPMU, Sindhudurg district

#### Programme wise:

Status of Expenditure as on 1/04/2021to 31/08/2021

<b>Indicator</b>	<b>Budget Released (in lakhs)</b>	<b>Budget Utilized. (In lakhs)</b>	<b>Reason for low utilization .</b>
<b>1.RCH and Health Systems Flexi pool</b>			Reason not provide by DPMU
• <b>Maternal Health</b>	47.11	3.57	
• <b>Child Health</b>	16.68	0.12	
• <b>RBSK</b>	11.51	0.00	
• <b>Family Planning</b>	21.67	0.88	



• <b>RKSK/Adolescent health</b>	27.58	0.71	
• <b>PC-PNDT</b>	0.30	0.05	
• <b>Immunization</b>	14.60	2.47	
• <b>United Fund</b>	159.54	77.76	
• <b>Comprehensive Primary Health care (CPHC)</b>	Data not available	Data not available	Reason not provided by DPMU
• <b>Blood Services and Disorders</b>			
• <b>Infrastructure</b>	738.55	0.00	
• <b>ASHAs</b>	372.12	131.09	
• <b>HR</b>	1815.65	536.82	
• <b>Program me Management</b>	311.50	84.54	Reason not provided by DPMU
• <b>MMU</b>	24.52	6.36	
• <b>Referral Transport</b>	20.60	7.03	
• <b>Procurement</b>	95.79	1.11	
• <b>Quality Assurances</b>	7.56	0.00	
• <b>PPP</b>	0.00	0.00	
• <b>NIDDCP</b>	0.00	0.00	
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool.</b>			
• <b>Integrated Disease Surveillance program me(IDSP)</b>	3.78	0.00	Reason not provided by DPMU
• <b>National Vector Borne Disease control</b>	3.85	0.00	Reason not provided by DPMU

<b>program me (NVBDCP)</b>			
• <b>National Leprosy Eradication program me (NLEP)</b>	15.53	2.50	
• <b>National TB Elimination programme (NTEP)</b>	88.73	15.56	Reason not provided by DPMU
<b>4. Non Communicable Diseases pool.</b>			
• <b>National programme for control of Blindess and vision Impairment (NPCB+VI)</b>	9.99	0.00	
• <b>National Mental Health Programme.(NMHP)</b>	11.57	0.00	
• <b>National Programme for Health care for the Elderly (NPHCE)</b>	1.00	0.00	Reason not provided by DPMU
• <b>National Tobacco control Pragamme.(NTCP)</b>	4.67	0.00	
• <b>National Programme for Prevention and control of Diabetes Cardiovascular Disease and stock (NPCDCS)</b>	13.73	0.00	
• <b>National Dialysis programme.</b>			

• <b>National Programme for Climate change and human health (NPCCHH)</b>	1.30	0.00	Reason not provided by DPMU
• <b>National Oral health programme(NOHP)</b>	1.12	0.00	
• <b>National Programme on palliative care (NPPC)</b>	2.50	0.00	
• <b>National Programme for prevention and control of Fluorosis (NPPCF)</b>	0.00	0.00	Reason not provided by DPMU
• <b>National Rabies control programme (NRCP)</b>	1.56	0.00	
• <b>National Programme for prevention and control of Deafness(NPPCD)</b>	0.00	0.00	
• <b>National Programme for Prevention and Management of Burn &amp; injuries.</b>	Data not available	Data not available	Reason not provided by DPMU
• <b>Programme for prevention and control of Leptospirosis (PPCL)</b>	3.30	0.00	

Source: DPMU, Sindhudurg district

**G: Status of trainings:**

Training statuses of the district are following training are conducted by Health and Family Welfare Training center.

<b>Training Details</b>	<b>Category of trainee</b>	<b>Performance during 2021-22</b>
<b>RTI/STI online</b>	Medial officer	00
	Staff Nurse	02
	ANM	10
	LHV	02
	Cont., ANM	31
	Con. LHV	01
<b>Total</b>		<b>46</b>
<b>Vaccine &amp; Cold Chain</b>	ANM	10
	LHV/SN	11
	Pharmacist	05
<b>Total</b>		<b>26</b>
<b>SAANS block level one line Training.</b>	ASHA	137
<b>Oxygen cylinder handling</b>	Trained Person	51
<b>Covid 19 training</b>	Medical officer	24

Source: HFWTC, Sindhudurg district

**I. Sub Centre/HWC-Aakeri:**

The PRC team visited Aakeri sub center /HWC in September, 2021. The facility is at a distance of 8 km. from the PHC Mangaon and well accessible from the road. The Facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 2 villages and catering 3148 populations. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done. The Facility is having 24\*7 running water of bore well and

grampanchyat water supply. Facility is geriatric and disability friendly. One clean and functional toilet is available attached to the delivery room. Drinking water facility is available. There is waiting area for OPD patients, no restroom for ASHAs is available, there is no specified area for yoga as per the norms of HWC. Facility have no power back up. Essential drug list is not available in the facility. All the basic instruments are available in the facility i.e. B.P. instrument, thermometer, DDK and blood, urine testing kits. All essential drugs are being supplied to the facility. There is no major shortage in the past one month. Line listing of high-risk women is available. There is no Bio medical waste management facility, they collect their biomedical waste and send it to PHC.

This sub center did not conduct any delivery in the reference period.

**Under NCD Programme following cases were screened and treated:**

	Screened	Confirmed
a. Hypertension	239	08
b. Diabetes	239	02
c. Oral Cancer	239	00
d. Breast Cancer	180	00
E Cervical cancer	180	00

**Aakeri, Sindhudurg district**

Medicines for hypertension and diabetes are being provided by the facility by the PHC. As in Government supply combine medicine. During 2020-21 there were 2 presumptive cases of TB and 10 cases sent for testing. This year only 2 cases are taking treatment under the Sub center. There is a shortage of Antibiotic Drug and Antihypertensive drugs in Aakeri Sub Centre.

**Available HR in HWC:**

	Sanctioned	Regular	Contractual
ANM/ MPW Female	02	01	01
MPW Male	01	01	---
MLHP/CHO	01	01	----
ASHAs	03	03	---
Others	01	01	---

In this facility 2 ANM (one is regular and one is NHM) with CHO available in the facility. CHO have not given a laptop, ANM is given a tablet with internet facility, but internet quality is very poor. ASHAs do not have smart phones. ASHAs were not available at the time of the visit. CHO was conducted OPD in the facility total OPD 1167 in the reference period.

Challenge: No proper record Maintained in the Sub Centre. Internet connectivity is very poor. To provide the fund for wall compound for HWC.

## **2.Primary Health Centre: Mangaon:**

PHC Mangaon is about 15 kms from CHC Kudal. There are 8 sub centers under this PHC. PHC Mangaon is easily accessible from the nearest road. PHC is functioning in a government building, but building is very old and urgent renovation is very necessary. PHC has no electricity power back up. Facility has 24\*7 running water supply. Toilets are there, but not clean. New Born Care Corner is available. It is a 06 bed facility. There are separate wards for male and female. Bio Medical Waste are out sourced. Drinking water is available. There is a sufficient waiting area for OPD patients. There is no sufficient space for store room, No rest room for ASHAs. Tele Medicine consultation facility is not available at the Centre. Facility timing is morning 9 am to 12.30 pm & for emergency 24 hours' service available in the facility.

List of PHC providing health services to needy people.

- This PHC is converted in HWC, branding is completed, but no other fund and staff are provided to PHC.
- OPD, IPD Emergency cases (poisoning, snake bites, accidents etc.)
- ANC, PNC delivery, (Normal, & Vento's).
- Family planning services (Minilap, NSV)
- Other minor operative procedures.
- MLC & PM/Ophthalmic OPD/Lab services.
- MCH & immunizations & all notational Programs.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- All the essential equipment's are available at PHC. Essential drug list is available but not displayed.

- Diagnostic tests are in house and the tests for HB, CBC, BSL, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sickle Cell, RPR are outsourced to Hind Lab Limited.
- X-Ray facility is not available in the PHC.
- All JSY payment done till August 2021.
- In this PHC well equipped delivery room is available with toilet but space is insufficient. There was functional new born care corner with functional radiant warmer with neonatal ambu bag available.
- Weakness:
- In this PHC shortage of major instruments are Digital microscope, and cell counter.
- There is an acute shortage of essential consumables such as cotton, pad clothing, surgical gloves, examination gloves, and preoperative scrubs. Are always in short in the facility.
- Respectful Maternity care through companion service during delivery, mother & family. Counselling for encouraging pregnant women for ANC.

• **PHC Staff Regular and Contractual:**

<b>Designation</b>	<b>Sanctioned Position</b>	<b>Filled</b>	<b>Vacant</b>	<b>Contractual</b>
Medial Officer	02	01	01	00
LHV	02	01	-----	01
ANM	01	00	01	00
Lab technician	01	01	00	00
Pharmacist	01	01	00	00
Staff Nurse	04	00	00	04
Driver	00	00	00	01
Sweeper	00	00	00	01

H A	02	02	00	00
Class IV	04	02	00	00
<b>Total</b>	<b>17</b>	<b>08</b>	<b>02</b>	<b>07</b>

Source: PHC- Mangaon, Sindhudurg district

PHC is providing the NCD Clinic facility on a daily basis and arrange the camps at SC level as per need.

In the reference period Number of Individuals screened for following in last six months are reported.

	<b>Screened</b>	<b>Confirmed</b>
• Hypertension	647	53
• Diabetes	647	28
• Oral Cancer	647	00
• Breast Cancer	386	00
• Cervical Cancer	04	00

Source: PHC- Mangaon, Sindhudurg district

Recommendation for PHC:

- Urgent repair or replacement of solar batteries to activate the solar energy system for better health services.
- Provide funds for new PHC building as per new norms (new plan) to facilitate much better health services.
- Residential building for MO & staff should be urgently repaired.
- Budget for required POL for Ambulance services given as emergency.
- Provision for Air Condition unit in operation Theater.
- X-ray facility should be made available with trained staff.
- Provision for Blood Storage Unit for PHC.



### 3. Community Health Centre (CHC) Kudal:

Kudal Community Health Centre is in Kudal Block and is about 30 km's away from district headquarters. It is 30 bedded hospitals. It is located in government building. The building is very old in bad condition. Electricity is available, but power backup is not available in all parts of the facility. There is 24\*7 running water in the facility. Separate toilets are there for male and female wards, and toilets are attached to labor room. Drinking water is available in the facility. The drug store room available is very small and in bad shape, insufficient racks for drug store in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Facility is very old and there is very heavy work load but man power shortage is there.

#### CHC Staff Regular and Contractual

Designation	Sanctioned Position	Filled	Vacant	Contractual
Medial Officer Class I	01	00	01	00
Medial Officer Class II	03	03	00	00
Dental surgeon	01	00	01	00
Staff Nurse	07	07	00	00
X-Ray technician	01	00	01	00
Lab Technician	01	00	01	00
Pharmacist class 3	02	00	02	00
Lab Assistant	01	00	01	00
Asst. O/s	01	01	00	00
Jr. Clark	01	01	00	00
Clark	01	01	00	00
Driver	01	01	00	00
Ophthalmic officer	01	01	00	00
Dental Assistant	01	00	01	00
Peon	01	00	01	00
Ward Boy	04	03	01	00

Sweeper	02	02	00	00
<b>Total</b>	<b>30</b>	<b>20</b>	<b>10</b>	<b>00</b>

Source: CHC-Kudal, Sindhudurg district

#### CHC NHM Staff:

<b>Designation</b>	<b>Sanctioned Position</b>	<b>Filled</b>	<b>Vacant</b>	<b>Contractual</b>
NCD MO	01	01	00	00
NCD staff	01	01	00	00
NCD counselor	01	01	00	00
<b>Total</b>	<b>03</b>	<b>03</b>	<b>00</b>	<b>00</b>

CHC Kudal is facing the problem of shortage of the manpower. In this CHC Total 30 regular posts are sectioned and filled posts are 20. About 33% posts are vacant in the CHC. Posts of Pharmacist, Lab technician and X-Ray technician are also vacant.

#### List of CHC providing health services to need people

- Following services are available at the facility OPD, IPD, Immunization, Family planning, post mortem, pediatric managements, ECG, X-ray and community counseling and NCD services available in the facility.
- Both Major and Minor OT's are available. BSU is not available in the facility.
- This facility conducts C- section deliveries with heavy work load in the block. Last month facility has conducted 30 normal deliveries and 55 C-section deliveries.
- CHC have very poor internet connectivity
- There is a shortage of Essential consumables in this facility.
- KAYA KALP is not implemented in this facility.
- EDL is not available and displayed in the OPD since post of pharmacist is vacant in the facility.
- HLL lab services are available in the facility.
- ECG, X-ray technician posts are vacant in the facility so many patients facing the problem.

- Sonography machine was not working in facility. Many patients are visiting Sawantwadi SDH or Goa general hospital.
- NCD clinic are functioning on daily basis service providers trained in cancer services.
- All services are provided free of cost to the JSSK beneficiaries in the facility.
- Respectful maternity care is implemented in the facility. No maternal or child death in previous year and current year.
- On duty staff and NCD consular are counsels on family planning in facility.
- Facility is designated as Designated Microscopy Centre available.

#### Recommendation for CHC:

- Provide Urgently ECG, X-ray, and Lab technician to CHC for smooth functioning of the facility.
- To provide the fund for solar system or inverter for CHC. There was some part of the facility have no power back available so provide the fund for to install emergency power backup system.
- To develop Blood storage unit for this CHC. Due to heavy work load of accident and delivery patients and to provide the good service for this patients.
- To provide the fund to purchase the new furniture for service provider and office staff.
- Urgently repair or renovate the CHC building and painting the facility.
- To provide the fund for electric fitting because many places electric wiring is open in the facility.
- To provide the fund for repair the Drainage system of this facility. Many places, drainage system was not working in the facility.

#### **4. District Hospital: Sindhudurg:**

Sindhudurg District Hospital situated at district headquarter at Oars. It is 285 bedded hospitals. It is located in Government Old Building Facility is geriatric and disable friendly. Electricity is available with power back up. 24\*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labor room and are not clean. Drinking water is available, Drug store is available, but old types racks are available in the facility. It is well accessible from the main high way road. Last one year this facility is a Dedicated Covid

center for district. They did not admit other patients in hospital. Waste management is outsourced to a private agency, OPD timings of the facility is 8.30 to 1.30 pm and evening 4.00 to 6. 00pm. There were ASHAs rest room is not available in the facility. This facility is referring emergency patients to general hospital Goa or Civil hospital Kolhapur.

List of District Hospital providing health services to need people:

- This facility is providing Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services(X-ray), Imaging services (USG), DEIC, NRC, SNCU, Labor room Complex, ICU, Dialysis Unit, Emergency Care, AYUSH, CT scan, Burn Unit, Skill Lab .and Tele medicine services is available in the facility.
- Facility has major and Minor operation theaters are available in the facility. But this facility is now dedicated covid center so many people are referring to other health facility for treatment.
- Blood bank is available in the facility on the day of visit 3428 units of blood was available and 420 blood transfusion done in last month. Blood issued free of cost for BPL, Senior Citizen, National Programme and JSSK beneficiaries.
- IT services are available with computers and internet services. Quality of internet is good.
- Facility is having ICU 6 beds. But all of them are converted for COVID care center.
- X-Ray services are available in the facility. 5 machines are available 4 is portable and another is fixed. During April to August X-Ray was conducted on 540 patients.
- USG services are also available. Free services for BPL, elderly, JSSK beneficiaries and COVID patients. Now this facility is admitted covid patients.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house (in addition state has appointed HLL for the same). During April to August 2021, 86903 different lab tests has done in the facility. HLL has different lab tests done April to August 50080 in the facility.
- PM National Dialysis programme is being implemented in the facility. Services are free for all patients in this year 80 patients provided dialysis services in the facility.
- No information about KAYA KALP and NQAS. Facility is not included in the programme.

Staff Details at District Hospital Regular staff

<b>Staff details at District Hospital</b>	<b>Sanctioned</b>	<b>In -place</b>	<b>Vacancy</b>
Medical Officer Class I	<b>19</b>	<b>03</b>	<b>16</b>
Medical Officer Class II	<b>23</b>	<b>14</b>	<b>09</b>
Staff Nurse III	<b>96</b>	<b>72</b>	<b>24</b>
Technical Staff class III	<b>48</b>	<b>21</b>	<b>27</b>
Class IV	<b>104</b>	<b>63</b>	<b>41</b>
Total	<b>290</b>	<b>173</b>	<b>117</b>

Source: DPMU, Sindhudurg district

In the district many specialists/doctors/nurses post are vacant in the district all over district are facing the shortage of man power. All regular post should be filled in the district.

<b>Staff details of NHM in District Hospital.</b>	<b>Sanctioned</b>	<b>In -place</b>	<b>Vacancy</b>
• ANM	<b>111</b>	<b>91</b>	<b>20</b>
• Pediatricians	<b>07</b>	<b>03</b>	<b>04</b>
• Surgeons	<b>04</b>	<b>02</b>	<b>02</b>
• Medicine	<b>04</b>	<b>02</b>	<b>02</b>
• Orthopedics	<b>03</b>	<b>02</b>	<b>01</b>
• AUSH	<b>28</b>	<b>20</b>	<b>08</b>
• DPMU	<b>03</b>	<b>02</b>	<b>01</b>
• IPHS	<b>05</b>	<b>03</b>	<b>02</b>
• SNCU	<b>20</b>	<b>15</b>	<b>05</b>
• FMG	<b>02</b>	<b>02</b>	<b>00</b>
• EMS	<b>01</b>	<b>01</b>	<b>00</b>
• DIEC	<b>14</b>	<b>06</b>	<b>08</b>
• NRC	<b>07</b>	<b>05</b>	<b>02</b>
• Dialysis Unit	<b>11</b>	<b>08</b>	<b>03</b>
• ARSH	<b>01</b>	<b>01</b>	<b>00</b>

• PCPNDT	<b>01</b>	<b>01</b>	<b>00</b>
• TELEMEDICINE	<b>01</b>	<b>01</b>	<b>00</b>
• AYUSH	<b>10</b>	<b>09</b>	<b>01</b>
• NCDCS	<b>14</b>	<b>09</b>	<b>05</b>
• NTCP	<b>03</b>	<b>01</b>	<b>02</b>
• NPHCE	<b>08</b>	<b>06</b>	<b>02</b>
• DMHP	<b>07</b>	<b>05</b>	<b>02</b>
• NPPCD	<b>03</b>	<b>03</b>	<b>00</b>
• NPCB	<b>02</b>	<b>02</b>	<b>00</b>
• Total	<b>270</b>	<b>200</b>	<b>70</b>

Source: DPMU, Sindhudurg district

Many NHM post are vacant in the district. District have heavy rain fill district. In Maharashtra and higher covid patient in district. So increase the manpower to district.

Weakness:

- District hospital is Dedicated Covid center in district so all other facilities general wards, SNCU, delivery NBSU and child activities are affected in this facility.
- Last one-year district hospital is providing services to only covid patients other services are provided at the SDH and CHC in the district.
- Due to covid Pandemic there is no normal delivery conducted in hospital. Only 2 C-section deliveries are conducted in last month.
- Labor room is leakage during the heavy rainfall in the district. So many time this facility is not conducted delivery in this hospital.
- Pandemic period DEIC is not functional, there were 50%vacancies are in DEIC in district.



District Hospital Sindhudurg.



CHC Kudal



**PHC Mangaon & Sub center Aakeri.**

(R) अक्षय