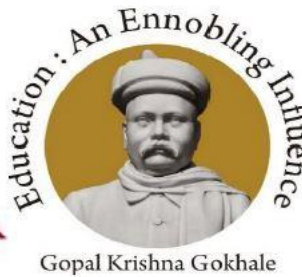




A Report on
Monitoring of Important Components of Programme Implementation Plan of NHM in
Ahmednagar District, Maharashtra, 2022-23

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Monitoring of Important Components of Programme Implementation Plan of NHM in Ahmednagar District, Maharashtra, 2022-23

Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2022-23 for Ahmednagar District was carried during the period August 17-20. The District Health Office, District Hospital, CHC-Newasa, PHC-Walki and SC-Relegan were visited by PRC team. This report discusses in detail the implementation of PIP in Ahmednagar district as observed during the field visit for monitoring reference period April-June 2022. The key observations are given below:

Areas for further Improvement

- The district needs to plug the gap in the NCD programme. Though health workers are providing services. The health worker should identify these cases separately to report them.
- Data entry in RCH portal needs to be completed on time, which will help district officials to track the high-risk pregnant women.
- Regular meetings of state & district health mission should be held.
- The district needs to plug the gap (i.e. supply of medicine on a regular basis, timely salary etc.) between supporting staff such as ANMs, CHOs, outsourced pharmacists and cleaning staff and DPMU.

Human Resource

- As the visited health facilities have lacked with specialist doctors such as Gynaecologists, Anesthesiologists, Radiologists etc. An urgent process is required to fill these posts in the district.
- CHC-Newasa is lacking of some lab items, such as unavailability of dengue testing kit and sugar test kit. To improve the workforce and reduce the dropout, the provision of higher payment for NHM staff, particularly for ANMs and MOs, is required.
- Multi-speciality training for health staff is required.

Service Delivery (HMIS)

- The records maintenance is almost improper in many of the departments such as ANC register, Immunization register, PNC ward register, Family Planning register, SNCU register etc.
- We observed that the errors have been happening due to the counting in the main register and also at the time of data entry in the online portal. Some errors also happened due to ambiguity in the indicator definition; for example, still-birth are counted under the IUCD header. Therefore, all the data entry mistakes can be eliminated with in-house training by the Data Manager to the staff responsible for consolidation of report from each Department. Also, the definition of the HMIS indicators needs to be provided in the writing to every person involved in the record maintenance.

1. Introduction

In keeping with the goals of the National Health Mission, the Programme Implementation Plan (PIP) 2022-23 has been designed and submitted to the Ministry of Health and Family Welfare (MOHFW), Government of India by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionalities and the roadmap is given for PIP. In order to assess the implementation and progress of the PIP, the MOHFW has assigned the task of evaluation and quality monitoring of the important components of PIPs to various PRCs. Ahmednagar was assigned the evaluation study of the PIP of Maharashtra for the year 2022-23. As directed by MOHFW, the monitoring of PIP 2022-23 for Ahmednagar district was carried during the period August 17-20, 2022. In order to carry out quality monitoring of the 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. The report is prepared in consultation with DHO; DRCHO; MS; MOs; LHV's; ANM; DPM and IPHS coordinator. Accordingly, the District Health Office, District Hospital, CHC-Newasa, PHC-Walki and SC-Relegan were visited for the purpose of PIP monitoring in the district. District M&E and IPHS coordinator, accompanied the PRC team to visit the above-mentioned facilities. The team received cooperation from the district officials and all the staff of the facilities visited. This report discusses in detail the implementation of PIP in Ahmednagar district as observed by the PRC team during the field visit.

2. Overview of District

As per census, 2011 population of the district is 4543159 consisting of 2342825, of which 36 lakhs reside in rural area and 9 lakh resides in urban areas. The percentage growth rate of population 2001-2011 is 12.43. Ahmednagar has an average literacy rate of 79%, higher than the national average of 76.89%, with male literacy at 86.82%, and female literacy at 82.87%. As per the HMIS report 2021-22, the overall sex ratio is 913 females 1000 male and child sex ratio is also the same. The district has a population density of 266 inhabitants per square kilometre. When it comes to villages, there are about 1584 villages in the district. For administrative purposes, the district has been divided into 14 blocks. Total estimated deliveries for the years 2022 are 74573 and estimated C-section deliveries for the same year are 18643. Total 240190 are the estimated eligible couple in the district, similarly 305 are estimated leprosy cases for 2022 (table 1).

Table 1: District background and health indicators, Ahmednagar district, 2022-23

Indicator	Remarks/ Observation
Total number of Districts	1
Total number of Blocks	14

Total number of Villages	1584
Total Population	4543159 Lakh (Census 2011)
Rural population	36 Lakh (Census 2011)
Urban population	9 Lakh (Census 2011)
Literacy rate	79.05
Sex Ratio	913 (Year 2021-2022 HMIS portal)
Sex ratio at birth	913 (Year 2021-2022 HMIS portal)
Population Density	266 (census 2011)
Estimated number of deliveries	74573 (2022 from state office)
Estimated number of C-section	18643
Estimated numbers of live births	74573
Estimated number of eligible couples	240190
Estimated number of leprosy cases	305
Target for public and private sector TB notification for the current year	5100 +700 = 5800
Estimated /Actual number of cataract surgeries to be conducted	30,000

The below table 2 depicts the health profile and health facilities available in the district. From the table it can be seen that in the current financial year (April to June 2022), total 9 maternal deaths, 45 child deaths, 124 infant deaths and 129 still-births have been reported.

Total one District Hospital, 3 Sub-district hospitals (SDH), 23 Community Health Centre (CHC), 98 Primary Health Centres (PHC/HWC), 565 Sub-Centres, 3 Urban Primary Health Centres (U-PHC) are operational in the district. Moreover, one SNCU, One Nutritional Rehabilitation Centres (NRC), Nine FRU, One Blood Bank and Nine Blood Storage Units are available in the district. Though One District Early Intervention Centre (DEIC) is sanctioned in the district, but it is not operational.

Total 98 PHC, 3 U-PHC, 488 SC have been controverted into HWC in the district. Total 129 Designated Microscopic Centres (DMCs) were planned/sanctioned, but only 84 are operational. There are 14 Tuberculosis units (TUs), 10 CBNAAT/TruNat sites and one Drug resistant TB centres available in the district. Total 1 functional NCD clinics at DH, 2 in SDH and 25 in CHCs are available. Regarding the Comprehensive Abortion Care (CAC) services, data has not been provided by DPMU (Table 2).

Table 2: District health profile, Ahmednagar, Maharashtra, 2022-23

Mortality Indicators	Previous Year		Current FY	
	Estimated	Reported	Estimated	Reported
Maternal Death	-----	25	-----	9
Child Death	-----	142	-----	45
Infant Death	-----	435		124
Still birth		619		129
Deaths due to Malaria				
Deaths due to sterilization procedure		0	0	0
Facility Details	Sanctioned / Planned		Operational	
District Hospitals	1		1	

Sub District Hospital	3	3
Community Health Centers (CHC)	23	23
Primary Health Centers (PHC)/HWC	98	98
Sub Centers (SC)	565	565
Urban Primary Health Centers (U-PHC)	3	3
Urban Community Health Centers (UCHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	1	0 Non Functional
First Referral Units (FRU)	9	9
Blood Bank	1	1
Blood Storage Unit (BSU)	9	9
No. of PHC converted to HWC	98	98
No. of U-PHC converted to HWC	3	3
Number of Sub Centre converted to HWC	488	488
Designated Microscopy Center (DMC)	129	84
Tuberculosis Units (TUs)	14	14
CBNAAT/TruNat Sites	CBNAAT 3-TruNat 10	CBNAAT 3-TruNat 10
Drug Resistant TB Centers	1	1
Functional Non-Communicable Diseases (NCD) clinics		
• DH	1	1
• SDH	2	2
• CHC	25	25
Institutions providing Comprehensive Abortion Care (CAC) services	Data is not Provided	

Source: DPMU Ahmednagar

3. 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. Though the DHAP has been sanctioned by state, but district has not received any fund till July.

Indicators	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).	Yes
Date of first release of fund against DHAP	Fund was not received till July 2022
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	Data is not Available
Details of Construction completed, but not handed over	Data is not Available

Source: DPMU, Ahmednagar

4. Status of services delivery in the district

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. Though the DHAP has been sanctioned by state, but district has not received any fund till July.

Table 3 provides the detail about the health service delivery in the district Ahmednagar April – Jun 2022. In the district, a free drugs and diagnostic services are implemented under all national programmes and for BPL patients. Total 120847 lab tests are notified in the district. Other than national programmes, patients are charged ₹10/- for case paper and lab tests are done at minimum charges.

Total 11 SCs are conducting more than 3 deliveries in month, 2 PHCs are conducting 10 deliveries in a month, 7 CHCs are conducting more than 7 deliveries in a month and more than 50 deliveries per month are being conducted in the district hospital. Total 287 intuitions are available in the district with the ultrasound facilities and all are registered under PCPNDT Act. PMSMA is performed on the 9th of every month.

RBSK: There are a total of 63 RBSK teams sanctioned, however only 59 teams are with full strength and 59 vehicles are on road. There are 4 teams in each block due to the large population size of the blocks. Each team screened 150 children per day.

Special Newborn Care Unit (SNCU): It is a 28 beds SNCU with 20 Radiant Warmer, 2 stepdown care and one KMC unit available in the district hospital. On the day of visit, monitoring teams has found one non-functional radiant warmer and one phototherapy unit.

During the reference period total 462 children (371 inborn and 91 out born) were admitted in the SNCU. Out of total, 20 children were referral 26 cases were of LAMA and total 20 children were died (15 inborn and 5 out born).

Newborn Stabilization Unit (NBSU): Total 523 children were admitted in the NBSU in the district during the reference period, out of that 20 cases were referral and 26 cases were of LAMA and total 2 children were died in the NBSU.

Nutrition Rehabilitation Centre (NRC): NRC is situated in the district Hospital. During the current financial year (April 2022 – July), a total of 24 infants were admitted in the NRC; of which 5 were referred by frontline workers, 5 referred by RBSK team and 13 were referred by Paediatric ward/emergency and only one case came by themselves (parents). Among the admitted, 17 have been discharged, seven are LAMA.

Home Based Newborn Care (HBNC): Total 1945 ASHAs are having digital watch, 2313 are having Thermometer, 2461 are having weighing machine, 2307 are having blanket, 1349 are having soap case, 1699 are having baby feeding spoon and 27 are having Gentian violet. A total of 17428 new-borns had received HBNC from these ASHAs during the reference period.

ASHA: With respect to social benefits for the ASHAs, 2891 ASHAs are enrolled for PMJJBY, 151 ASHAs facilitator enrolled for PMJJBY, 3222 ASHAs are enrolled for PMSBY, 137 ASHA facilitators are enrolled for PMSBY, 2536 ASHAs are enrolled for PMSYMY and 144 ASHAs facilitators are enrolled for PMSYMY.

Maternal and Child Death Review: A total of 25 Maternal Death and 435 Child Deaths Review were conducted in a previous year. During the current financial year, from April to July 2022, total 9 maternal deaths and 124 child deaths have been done.

Mobile Medical Unit (MMU): One MMU is available in the district, which take on an average 25 trips per month and per months 48 camps are held which cover the 48 villages of the district. On an average 2200 OPDs and 750 lab investigation per month are being done by MMU.

National Tuberculosis Elimination Programme (NTEP): There are as many as 84 Designated Microscopic centres in the district available. During the reference period 2865 (49%) TB notifications were achieved against the target notifications. Of which, 2378 were notified from the public sector with a treatment rate of 88%, and 487 were notified from the private sector with a treatment rate of 90%. Among these, HIV status were known for 100% of cases, and 2149 cases were eligible for UDST testing. A total of 2060 of them have been paid under the Nikshay Poshan Yojana.

National Leprosy Eradication Programme (NLEP): A total of 114 new cases of Leprosy were detected since April to July 2022 in the district, of which 2 patients were of G2D. There were 10 reconstructive surgeries conducted in the district.

Integrated Disease Surveillance Programme (IDSP): A team of 9 members have been constituted for the IDSP in the district. The members usually do a systematic analysis of the IDSP data reported by the facilities in the district. Total 10 outbreaks in 2021 and 3 during April to July 2022 have been investigated.

National Vector Borne Disease Control Programme (NVBDCP): The annual target of the NVBDCP of the district is 606609. Under the NVBDCP, total 213319 blood sample have been collected, which is the 35% of the target set.

Mahila Arogya Samitis (MAS): Total 75 MAS have been formed and trained, though only 65 MAS account have been opened yet.

Village Health Sanitation and Nutrition Committee (VHSNC): A total of 1568 VHSNC have been formed in the district and the same number of trained and MAS account opened.

Universal Health screening (UHS): The target population for UHS is 3630542 in the district and total 10224405 CBAC forms have been filled till date.

The below **table 3** give the details of the health service delivery indicators at the district level of the Satara district, Maharashtra.

Table 3: Details about the health service delivery in the district Ahmednagar April – Jun 2022.

	Indicators	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) Number of lab tests notified	Yes 120847	
3	Status of delivery points		
i.	No. of SCs conducting >3 deliveries/month	11	
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	2	
iii.	No. of CHCs conducting > 20 deliveries /month	7	
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	District Hospital	
v.	No. of DH/ District Women and child hospital conducting C-section	783	
vi.	No. of Medical colleges conducting > 50 deliveries per month	0	
vii.	No. of Medical colleges conducting C-section	0	
4	Number of institutes with ultrasound facilities (Public +Private)	Total 287 (Public and PVT.) 210 Working and 76 are closed.	
i.	Of these, how many are registered under PCPNDT act	287	
5	Details of PMSMA activities performed	9	
6.	RBSK		
i.	Total no. of RBSK teams sanctioned	63	
ii.	No. of teams with all HR in-place (full-team)	59	
iii.	No. of vehicles (on the road) for RBSK team	59	
iv.	No. of Teams per Block	4	
v.	No. of block/s without dedicated teams	0	
vi.	Average no of children screened per day per team	150	
vii.	Number of children born in delivery points screened for defects at birth	0	
7.	Special Newborn Care Units (SNCU)		
i.	Total number of beds <ul style="list-style-type: none"> in radiant warmer Stepdown care Kangaroo Mother Care(KMC) unit 	28 20 2 1	
ii.	Number of non-functional radiant warmer for more than a week	1	
iii.	Number of non-functional phototherapy unit for more than a week	1	
		In born	Out born
iv.	Admission	371	91

v.	Defects at birth	0	0
vi.	Discharged	332	71
vii.	Referral	14	6
viii.	LAMA	20	6
ix.	Died	15	5
8.	Newborn Stabilization Unit (NBSU)		
		In born	Out born
i.	Admission	521	2
ii.	Discharged	452	2
iii.	Referral	62	0
iv.	LAMA	5	0
v.	Died	2	0
9.	Nutrition Rehabilitation Centers (NRC)		
i.	Admission <ul style="list-style-type: none"> • Bilateral pitting edema -0 • MUAC<115-05 • <'3SD WFH with Diarrhea-19 • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others 	24 0 5 19 0 0 0 0 0 0 0 0	
ii.	Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	5 1 0 5 13	
iii.	Discharged	17	
iv.	Referral/ Medical transfer	0	
v.	LAMA	7	
vi.	Died	0	
10.	Home Based Newborn Care (HBNC)		
i.	Status of availability of HBNC kit with ASHAs	1945 Digital Watch, 2313 Thermometer, 2461 weight Machine, 2307 blanket 1349 soap case, 1699 baby feeding spoon, 27 Gentian violet.	
ii.	Newborns visited under HBNC	42 Days completed 3/5 Home visited A. Nagar Rural 16734-1099 B. Kopergaon 278 9 C. Sagamner 66 0	

		D. Srirampur 350 17
iii.	Status of availability of drug kit with ASHAs	Yes ASHA demand as per PHC level.
11	Number of Maternal Death Review conducted <ul style="list-style-type: none">• Previous year• Current FY	25 9
12	Number of Child Death Review conducted <ul style="list-style-type: none">• Previous year• Current FY	435 124
13	Number of blocks covered under Peer Education (PE) program me	14
14	No. of villages covered under PE program	469
15	No. of PE selected	4115
16	No. of Adolescent Friendly Clinic (AFC) meetings held	668
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	Data Was not available.
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	1
i.	No. of trips per MMU per month	25
ii.	No. of camps per MMU per month	48
iii.	No. of villages covered	48
iv.	Average number of OPD per MMU per month	2200
v.	Average no. of lab investigations per MMU per Month	750
vi.	Avg. no. of X-ray investigations per MMU per Month	0
vii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	10
viii.	Avg. no. of sputum collected for TB detection per MMU per month	0
ix.	Average Number of patients referred to higher facilities.	15
x.	Payment pending (if any) If yes, since when and reasons thereof	0
19	Vehicle for Referral Transport / EMS	40
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	31
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	9

viii	Key reasons for low utilization (if any)	Long distance call, if ambulance is on call then pt. waiting for ambulance in emergency.		
ix	No. of transport vehicle/102 vehicle (on the road)	123		
x	If the vehicles are GPS fitted and handled through centralized call center	Yes		
xi	Average number of trips per ambulance per day	1 or 2		
xii	Average km travelled per ambulance per day	100		
xiii	Key reasons for low utilization (if any)	Data not provide		
20	Universal health screening			
I	If conducted, what is the target population	3630542		
Ii	Number of Community Based Assessment Checklist (CBAC) forms filled till date	1024405		
Iii	No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer	Screened 105230 61908 28 7 10	Diagnosed Number not provided	Achievement treated 31% 46% 2% 0.35% 1%
21. If Mera aaspatal has been implemented.		YES		
22. Payment Status.		No of Beneficiaries	Backlog	DBT Status
JSY benefices		1886		1886
ASHA Payment				
A- Routine and recurring at increased rate of Rs. 2000 pm		State fund ASHA budget 323.75 utilize state fund ASHA facilitator budget 24.16 utilize	0	0
B- Incentive under NTEP		Newly Detected 74 Cat I-530 Cat II-7	5750 2200 2800	
C- Incentives under NLEP				
Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)		172		
23. Implementation of Integrated Disease Surveillance Programme (IDSP)				
If Rapid Response Team constituted, what is the composition of the team		RRT Member: DHO/ ADHO/ DSO/ PEDIATRICIAN CIVIL/DMO/Sr Scientist(DPHL)/Asst.CommissionerFDA/District Animal Husbandry officer/Health Assist.		

No. of outbreaks investigated in previous year and in current FY	Total outbreaks year 2021-10 Total outbreaks year 2022 till date 3			
How is IDSP data utilized	Surveillance system for epidemic prone diseases to detect the early warning signals so that timely and effective public health actions should be taken at district level			
Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	No mapping			
24. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Target Annul 2022-23 total 606609. Blood Sample collection -213319. Percentage Annul-35%			
Micro plan and macro plan available at district level.	MPW visit calendar year 10 days program & health assistant are supervise.			
Annual Blood Examination Rate	Year	2020	2021	2022
Annual Blood Examination Rate		10	10	-----
A+P total blood examination rate		597828	601591	181971
A+P total B S collection		468098	497863	213319
% target		78	83	117
Reason for increase/ decrease (trend of last 3 years to be seen)	Increase of Covid 19			
LLIN distribution status	NIL			
IRS	NIL			
Anti-larval methods	1-Abating 2-Guppy 3-wasted/ used oil 4-khdy busman			
Contingency plan for epidemic preparedness	Rapid response team doctor, laboratory officer, health assistant.			
Weekly epidemiological and entomological situations are monitored	Laboratory scientific officer in district Malaria officer weekly epidemiological situations are monitored. Inset collector of district level entomological situations are monitored.			
No. of MDR rounds observed	NIL			
No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate < 1%	District Ahmednagar.			
25. Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes			
• Target TB notification achieved	2865 -49%			
• Whether HIV Status of all TB patient is known	Yes 100%			
• Eligible TB patients with UDST testing	2149			
• Whether drugs for both drug sensitive and drug resistance TB available	Yes			
• Patients notification from public sector	No. of Patients notified: 2378 Treatment Success rate: 88% No of MDR TB Patients: 49 Treatment initiation among MDR TB Patients: 49			
• Patients notification from private sector	No. of Patients notified: 487			

	Treatment Success rate: 90% No of MDR TB Patients: 00 Treatment initiation among MDR TB Patients—00
• Beneficiaries paid under Nikshay Poshan Yojana	2060
• Active Case Finding conducted as per planned for the year	Yes
26. Implementation of National Leprosy Eradication program me (NLEP)	Yes
• No. of new cases detected	114
• No. of G2D cases	2
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	10
• MCR footwear and self-care kit available	Yes
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	1 district hospital
30. Percent of health workers immunized against Hep B	42%
31. Key activities performed in current FY as per ROP under National Fluorosis Control program me	Data is not provide
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control program me	Data is not provide
33. Key activities performed in current FY as per ROP under National Tobacco Control program me	Data is not provide
34. Number of ASHAs • Required as per population Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA	Ahmednagar Rural -3181 target select 3189 Kopargaon council-26 target select26. Sagamner council-24 target select24. Srirampur council 36 target select31
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____	PMJJBY ASHA 2891 PMJJBY Facilitator 151 PMSBY ASHA 3222 PMSBY Facilitator: 137 ASHA PMSYMY: 2536 ASHA Facilitator PMSYMY: 144
36. Status of Mahila Arogya Samitis (MAS)-	

<ul style="list-style-type: none">a. Formedb. Trainedc. MAS account opened	75 75 65			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ul style="list-style-type: none">a. Formedb. Trainedc. MAS account opened	1568 1568 1568			
38. Number of facilities quality certified	45 PHC			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	59			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Committee formed at District level, Quarterly meetings organized.			
41. Recruitment for any staff position/ cadre conducted at district level	Data is not Provide			
42. Details of recruitment	Previous Year	Current Year		
	Regular	N H M	Regular	NHM
Total No of Posts vacant at the beginning of FY	Data not provide		Data not provide	
Among these, no, of posts filled by state.	Data not provide		Data not provide	
Among these no. of posts filled by district level	Data not provide		Data not provide	
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Data not provide			

Source: DPMU, Pune district; *=NCD portal

4.1 Implementation of CPHC

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCDs (non-communicable diseases) program is being implemented in the district. Total of 2377056 individuals have been enumerated during the reference period and 1024405 CBAC forms are filled.

From April to July 2022, a total of 105230 patients were screened for Hypertension, 61908 for Hypertension, 28 for Oral Cancer, 7 for Breast Cancer, and 10 for Cervical Cancer.

Total 355 HWCs are providing teleconsultation (E-Sanjeevani) and 250 HWCs are organising wellness activities in the district.

Table 4: status of CPHC in the district as on July 2022

Indicators	Planned	Completed
1. Number of individuals enumerated	3630542	2377056
2. Number of CBAC forms filled	1343301	1024405

3. Number of HWCs started NCD screening:		
a. SHC- HWC	565	565
b. PHC- HWC	98	98
c. UPHC – HWC	3	3
4. Number of individuals screened for: TB		
a. Hypertension	35825	105230
b. Diabetes	134330	61908
c. Oral Cancer	1125	28
d. Breast Cancer	2023	7
e. Cervical Cancer	717	10
5. Number of HWCs providing Teleconsultation services	Yes	Data not provided
6. Number of HWCs organizing wellness activities	Yes	Data not provided

Source: DPMU, Ahmednagar district

4.2 Status of Human Resource

As per the provided information, there was a total of 2294 posts sanctioned as regular, of which 1233 have been filled, and 46.2% of the posts are vacant in the district in the all cadre of the staff (*Table 5*).

The table shows the information about the available human resource in the district under NHM. From the table we can see that, of total sanctioned post, 21.4% of the posts are from the different cadre are vacant in the district. More importantly, the district lacked with services of a Paediatrician, Anaesthetist, Lab technician and staff nurse.

Table 5: Status of Human Resource Regular staff in all the public health facilities, Ahmednagar, Maharashtra as on July 2022

Name of the Post	Sanctioned	In place	Vacant
Class I	20	14	6
Class II	238	223	15
Class III	1940	955	985
Class IV	96	41	55
Total	2294	1233	1061

Source: DPMU, Ahmednagar district

Table 6: Status of Human resource NHM Staff at all District public health facility in the Ahmednagar district as on June 2022.

Name of the Post	Sanctioned	In place	Vacant
ANM/Staff Nurse/LHV	332	260	72
Lab Technician/Dialysis Tech.	35	22	13
Paediatricians	7	3	4
Anaesthetists	9	7	2
Surgeons	4	2	2
Medicine	5	3	2
Pathologist	1	1	0
Medical officer	23	15	8
RBSK Ayush medical officer	126	86	40
Other NHM posts	959	781	178

Total NHM POSTS	1501	1180	321
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Source: DPMU, Ahmednagar district

4.3 Status of Fund Utilization

The total budget received and utilised for the financial year 2022-23 is given below in the table 7.

Table 7: Status of fund received and fund utilised as on June 2022

Particulars	PIP Budget (in lakhs)	Expenditure (In lakhs)	Reason
FMR 1: Service Delivery facility Based	25.00	23.95	DPMU has not provided
FMR 2: Service Delivery community Based	18.00	14.65	
FMR 3: Community interventions	530.00	522.18	
FMR 4: United fund	16.00	15.26	
FMR 5: Infrastructure	515.00	511.43	
FMR 6: Procurement	3.70	3.69	
FMR 7: Referral Transport	8.40	8.38	
FMR 8: Human Resources	2250.00	1894.51	
FMR 9: Training	1.50	1.28	
FMR 10: Reviews, research, surveys and surveillance	0.10	0.09	
FMR 11: IEC/BCC	1.30	1.29	
FMR 12: Printing	1.00	0.88	
FMR 13: Quality Assurance	1.00	0.49	
FMR 14: Drug warehousing and logistics	1.00	0.49	
FMR 15: PPP	0.00	00	
FMR 16: Programme Management	144.14	119.54	
FMR 17: IT services	0.00	00	
FMR 18: Innovations	0.00	00	
Total	3516.14	3118.11	

Source: DPMU, Ahmednagar district

4.4 Status of trainings in the district

Table below table provides the detailed of different level of training session planned and achievement in the district. From the table, it can be seen that various types of training have been planned for the period of 2022-23 for different types of health facilities. In overall the target for SAB is 40, PPIUCD 20, BeMoC 6 and RTI-STI is 20; against the total targeted, 30 SAB, 31 PPIUCD, 8 BeMoC and 15 RTI-STI training session have been held in the district.

Table 8: Status of different level of targeted and achieved training sessions in the district, 2022-23

Name of Training	Target	DH	SDH	RH	PHC	SC	NUHM	Achievement	%
SAB	40	3	4	4	1	0	0	12	30
PPIUCD	20	4	6	5	8	6	2	31	155
BeMoC	6	0	2	1	5	0	0	8	133
RTI-STI	20	0	3	6	4	0	2	15	75

Source: DPMU, Ahmednagar district

5. Service Availability at the Public health facilities

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

The monitoring team visited the following health facilities comprising each DH, CHC, PHC and SC.

5.1 Service Delivery: District Hospital

Ahmednagar District Hospital situated at district headquarter at Ahmednagar. It is 282 bedded hospitals with eleven ICU beds. It is located in Government Building Facility, which 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. Drinking water is available, Drug store is available but some parts are under repair, it is well accessible from main road. Waste management practices are out-sourced in hospital. The OPD timings of the facility is 9 to 1 pm and 4.00 to 6. 00 pm in the evening, excluding Sunday. ASHAs rest room is not available in the facility. The hospital refers the emergency patients to Sasoon hospital Pune. At present, all the services are provided to people free of cost in the district hospital, OPD, IPD, Sonography, Blood bank services, 24 hrs emergency & medico legal, MCH services (including high risk pregnancy and new-born stabilization unit). X-RAY, Laboratory with semiautomatic analyzer and blood counter, Pharmacy, Family planning services, Immunization, Physiotherapy, Operation Theatre, Ayurveda & homoeopathy, Counselling services (Medical & social work) Telemedicine, ARSH clinic all services are available in the district hospital.

Besides, the monitoring team has made the following observations:

- The vacant posts in the various department of the district hospital is the big issue. A total of 14 posts of in blood bank and 22 posts in SNCU are vacant. Besides, some posts in NRC, Sonography, CT scan, X-Ray, and Dialysis are also vacant, which hampered the service delivery.
- There is no EDL displayed in front of the drug delivery counter.

- There are no toys for children to play with in the NRC. The district hospital has a SNCU unit, however only one unit is functional. Total 28 beds are sanctioned in SNCU, but only 17 warmers are functional.
- The District Hospital's cleanliness is very poor.
- The public help desk is available in the hospital; no person has been appointed for that to provide the information to patients.
- Physical record is not properly minted in the district hospital.
- District Hospital has Modular operation theatre which is well managed and staff are well acquainted with the all protocol, procedure and record maintenance.

Table 9: Status of regular human resource at the Distract Hospital, Ahmednagar, Maharashtra as on 20 August 2022.

Human Resource	Sanctioned	Regular	Vacant
Class I	18	7	11
Class II	35	35	0
Class III (A B C)	207	187	20
Class IV	144	93	51
Total	404	322	82

Source: DPMU Ahmednagar

Table 10: Status of human resource under NHM at District Hospital Ahmednagar as on August 2022.

Name of the Post	Sanctioned	In place	Vacant
IPHS/Dialysis	31	20	11
NCD	3	3	0
Haematology	6	4	2
RBSK	250	201	49
NRC	7	3	4
AYUSH	10	8	2
SNCU	40	22	18
Telemedicine	3	3	0
Blood Bank	20	6	14
Sonography	4	3	1
ARSH Clinic	1	1	0
PCPNDT	1	1	0
EMS	1	1	0
NVHCP	1	1	0
Total	378	277	101

Source: DPMU Ahmednagar

5.2 Service Delivery: Community Health Centre (CHC)-Newasa

Newasa Community Health Centre is situated in Newasa Block of district. The facility is about 60 km away from district headquarter. It is a 30 beds hospitals which is located in government old building.

The building condition is good, but rooms are very small and congested. It is well accessible from main road. Electricity with power backup is available in the all parts of the health facility. There is 24*7 running drinking water facility available. Separate toilets are there for male and female wards, and toilets are also attached to labor room. The drug store room is available, but there are insufficient racks for drug in it. Waste management is outsourced to a private agency. Facility have very heavy work load. The OPD timing of the facility is 8 am to 12.30 pm in the first half of the day and 4 pm to 6 pm in the evening. Facility provides ANC, PNC, OPD, IPD, Dentist clinic, emergency services, lab services to people. All the MOs sit in one room for OPD.

Besides, the monitoring team has made the following observations:

- The manpower is the big issue for the CHC Newasa. Two staff Nurse are deputed to Civil hospital Ahmednagar and one the medical doctor is on deputation from Civil Hospital. Only two posts are available for NBSU.
- Dental chair is available in the facility, but no Assistant or Doctor in the Dental department.
- In the Newasa block, in the RBSK team composition only male member are available, there is no female member in the team.
- X-Ray machine is available but printer is not working. Technician is on deputation from RH.
- Operation theater was under repairing.
- Many of the medicine are near to expire in the facility. No regular pharmacists at Newasa.
- Facility have not received fund in this year.
- BMW being burn at CHC in Open area.
- Several diabetes, Hypertension and calcium tablets are not available at the CHC for last six months.
- EDL is not available and displayed at drug distribution counter.
- There were no bedsheets on the bed in the PNC ward

The below table provides the details of the human resource at the CHC-Newasa. In total, 10 posts of the different cadre are vacant at the CHC

Table 11: Status of regular human resource at Community Health Centre, Newasa, Ahmednagar, Maharashtra as on 20 August 2022

Human Resource	Sanctioned	Regular	Vacant
Medical Superintendent	1	0	1
Medical Officer Class II	3	2	1
Class III	16	11	5
Class IV	8	5	3
Total	28	18	10

Source: Newasa hospital Data sheet

5.3 Service Delivery: Primary Health Centre - Walki

PHC **Walki** is about 20 kilometres away from Ahmednagar district hospital, and it covers 5 sub-centres, with a total population of 37716. It is a 6 beds health facility which is easily accessible from the nearest road. It is functioning in a government building. The electricity with power back up is available. 24*7 running water supply and clean Toilets facility are available in the facility. New Born Care Corner (NBCC) with radiant warmer is available. There are separate wards for male and female. Regarding the Bio Medical Waste management, sharp pit is available in the facility premises and other waste materials are being sent to CHC. There is no sufficient space for store room. Rest room for ASHAs is available. Tele Medicine consultation facility is not available at the PHC. The timing of the facility is 8.30 am to 12.30 pm in the first half of the day and 24 hours for emergency services. HWC is functional, branding is completed and NCD clinic is functional at the PHC. Services such as OPD, IPD, Delivery care, Snake bite, COVID-19 vaccination are being provided at the PHC. Besides, the monitoring team has made the following observations:

- One LHV under NHM is available. One Medical officer is deputed to other facility and Pharmacists post is vacant which are hampering the service delivery of the PHC.
- NCD clinic services are available
- No fund from state side has been received to PHC this year.

Table 12: Status of human resource at PHC, Walki, Ahmednagar, Maharashtra as on 20 August 2022

Human Resource	Sanctioned	filled	Remark
Medical Officer	2	2	0
Junior Assistant	1	1	0
Pharmacists	1	0	1
LHV	1	0	1
Health Assistant(Male)	2	2	0
ANM	1	1	0
Peon	3	3	0
Sweeper	1	1	0
Total	12	10	2

Source: PHC/ HWC, Walki

5.4 Service Delivery: Sub Centre/HWC - Relegan

The PRC team visited Relegan Sub Centre /HWC on date 17 August 2022. The facility is at a distance of 14 km from the **PHC Walki** and not well accessible from the road. The Facility provides OPD, ANC and PNC care, Family Planning services, HBNC to community person and all the national programmes are implemented in the periphery of 2 villages and catering the population of 3268. This facility is not a geriatric and disability friendly facility. Delivery room is not available. This facility is converted into HWC and CHO is appointed, but she is on leave since last 10 days, hence ANM manage the SC/HWC. There is no waiting area for OPD patients and no specified area for yoga as per the norms of HWC.

Drinking water facility and power back up is not available at the SC. Essential drug list is not available at the facility. Though, all the essential instruments such as B.P. instrument, thermometer, DDK, blood urine testing kits are available at the facility. All essential drugs are being supplied to the facility. There was some shortage of drugs in the last one month. Line listing of high-risk pregnancy women is done. There is no Bio medical waste management mechanism, they collect their biomedical waste and send it to PHC. Sub centre has not conducted any delivery during the reference period. Wall compound is available to the facility. In the Sub Centre, no Regular ANM Available. Besides, the monitoring team has made the following observations:

- Regular ANM post is vacant in the Sub centre.
- CHO is appointed but she is on long leave since long. Only one ANM and one MPW are there.
- SC have no ideal delivery room and delivery table.
- Records is not properly maintained.

Table 13: Status of Human resource at SC/HWC, Relegan, Ahmednagar, Maharashtra as on 20 August 2022

Human Resource	Sanctioned	filled	Remark/vacant
Community Health Officer	1	1	On long leave
ANM	1	0	1
MPW	1	1	0
ANM NHM	1	1	0
Total	4	3	1

Source: SC/ HWC, Relegan, Ahmednagar

6. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the PIP monitoring 2022–23 of Ahmednagar district was carried out by the PRC team from 17-20 August 2022. The District Hospital, Community Health Centre, Primary Health Centre, and Sub-Centre were visited for monitoring. Based on discussion with the concerned officials and monitoring/ observations of the health facilities, the following recommendation has been made by the PRC monitoring team:

1. There is an acute shortage of health workers in the entire district, including the visited health facilities, vacancies of Specialists/Doctors/Nurses need to be filled on urgent basis at all levels.
2. Training of the health personnel is a very important component of quality of care, but in the visited health facilities health personnel had insufficient training on various programs of NHM. Training should be done as per the requirement.
3. In all the visited health facilities, cleanliness is the big issue. Hence, to improve the status of cleanliness in the health facilities it is recommended to increase the visits from the district and block levels and make a provision of penalty for the respective person who fails to perform his/her duty toward cleanliness in the respective health facility.

4. The maintenance of physical records is very poor in all the visited health facilities. Proper instruction from the district level should be given for record maintenance. In the DH, no records were found on Malaria, Leprosy, Dengue and Chikungunya.
5. A NRC in district hospital is there, but there are no toys for children to play in that.
6. In CHC-Newasa, BMW is burned which is a complete violation of guidelines, hence a sensitization meeting with IPHS officials and official from CHC Newasa is recommended.
7. In CHC Newasa, x-ray machine is available, but technician is not available, similarly no regular pharmacist available, therefore, these posts should be filled up on regular basis.
8. At SC-Relegan, expired medicine have found, even the respective persons were not aware about the return policy of expired medicine, therefore, it is recommended that DHO should organise a workshop for the SC- officials on this issue so that avoidable risks to the community persons can be avoided.

7. Glimpse of the Ahmednagar PIP monitoring visit, 17-20 August, 2022



Visit to District Hospital, Ahmednagar



RH, Newasa, Ahmednagar



Visit to PHC, Walki, Ahmednagar



Visit to SC/HWC, Relegan

Chauhan

Bal Govind Chauhan

R. S. Pol

R. S. Pol