Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Nanded District, Maharashtra

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Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Nanded District, Maharashtra

Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2022 – 23 of Nanded District was carried out by the PRC team during 22 August 2022 – 26 August 2022. The Civil Surgeon Office, DPMU Office at Zilla Parishad, Guru Govind Singh Memorial District Hospital, Women Hospital, CHC Biloli, Primary Health Centre Mugut and Sub-Centre Niwagha were visited for the study by PRC team. This report discusses in detail the implementation of PIP in the Nanded District as observed during the field visit for monitoring. The key observations are given below:

Areas for further Improvement

- There is requirement of SBA training to most of the Staff Nurse as well as Medical Officers posted in the delivery points.
- Pickup and dropback facility to JSSK beneficiaries is hampering in the district due to outsourced drivers, which are not available in sufficient numbers. Also, all the drivers has not received thire salary in the last seven months. There is a demand for regular drivers for the ambulances. Issue is before the court for hearing. But this can be resolved mutually if some sevnior official and collector of the district will take initiative.
- Apart from the PP/IUCD (Monthly average: 55% – 60%), the coverage of other family planning services is very poor in the district.
- IDW wing needs to be strength. As this wing is having limitations. PWD executive engineer's are empowered to give technical approval and due to there regular activities they ae not giving time for the work of NHM. Similarly rates of PWD are much higher than the amount sanctioned under NHM. Therefore DHO suggested to create executive engineer postion at district IDW wing so that dependency on PWD will not be there. DHO's are having direct control over the IDW. Thus they can monitor the progress of the construction activities and the project can be finish within the time frame.
- Women Hospital is providing all RCH services but they are not reporting it on the portal as they do not have separate node of RCH portal. Therefore their work is not getting reflected. If some ANC came to the facility first time they are giving services to her. But asking her to to go to municipal hospital for registration as they do not not acess to RCH portal. Many of them are going to municipal hospital just for registration. This leads to missing out ANC's by registration. RCH number not written on MCH card of many referred patients from the peripheri.

Infrastructure

- **PHC Mugut** has been maintained beautifully. It's surruonding area has more than 4000 medicinal plant and tree's. Dense forest concept has implemented in the PHC(inside the boundary). However, its labour and OT room needs some renovations.
- The buildings of all the departments of **District Hospital** need renovation work. OPD buildings is in pathetic condition and the condemned buildings are yet be demolish.
- Although the new building of **RH Biloli** is completed, however the upgradation from RH to SDH is still pending due to some internal renovation. The building is not handed over to the hospital yet.
- The **SC Niwagha** has space problem to allocate drug room and office room. It was very conjusted as well as there was no waiting area for the OPD patients.
- Upgradation of old Sub Centre building to newly approved building is require in the district.

Human Resource

- As many as **491** regular post are vacant in the district, of which **369** post of ANM/SN/LHV, **17** post are of specialist, **15** post are of Medical Officers are vacant in the district.
- Apart from the regular posts, **102** post under NHM are also vacant in the district, where post like consulatants, specialist on Obstertric and Gynecologist, Anesthesiologist etc., are vancant.

1. Overview of District

Nanded District, an administrative district of Maharashtra and historical place of Marathawada region, which is situated on the north bank of Godavari River. It is famous for Sikh Gurudwaras. The Nanded district is surrounded by Yavatmal and Hingoli in north, by Parbhani in west by Latur district of Maharashtra, Bidar district of Karnataka, Kamareddy distric of Telangana in South, by Nizamabad, Nimal and Adilabad districts of Telangana in East.

Nanded has a population of 37,34,703 (Census 2011) peoples, out of which 26,11,095 reside in rural areas and 11,23,608 in urban areas. The district has a population density of 319 inhabitants per square kilometre. There are about 1535 villages in the Nanded district. For administrative purposes, the district has been divided into 8 sub-division and 16 Blocks. The blocks are as follows: - Nanded, Ardhapur, Bhokar, Mudkhed, Biloli, Naigaon, Degloor, Mukhed, Dharmabd, Umari, Hadagaon, Himayatnagar, Kandhar, Loha, Kinwat and Mahur.

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

Indicator		
1. Total number of Blocks	16	
2. Total number of Villages	1535	
3. Population	Rural population	26,11,095
	Urban population	11,23,608
	Total Population	37,34,703
4. Literacy rate	75.45%	
5. Sex Ratio	970[#]	
6. Sex ratio at birth	888[#]	
7. Population Density	319/sq. km	

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

The district's literacy rate (75.45%) is lower compared to the state's average literacy rate of 82.34%. Although the district's sex ratio (970) is little higher than the state's sex ratio (966); however, the child sex ratio (888) very low as compared to the state's child sex ratio (913).

1.1 Estimates of Health Indicators (MCH Indicators)

Estimation gives a better picture and plan for implementing the National program in the district. For the current financial year (2022 – 23), the district has estimated a total of **530205** eligible couples (figure 1); from these eligible couples, a total of **61124** deliveries and **6928** cesarean deliveries were estimated. From these estimated deliveries, a total of **60880** live birth is also estimated.

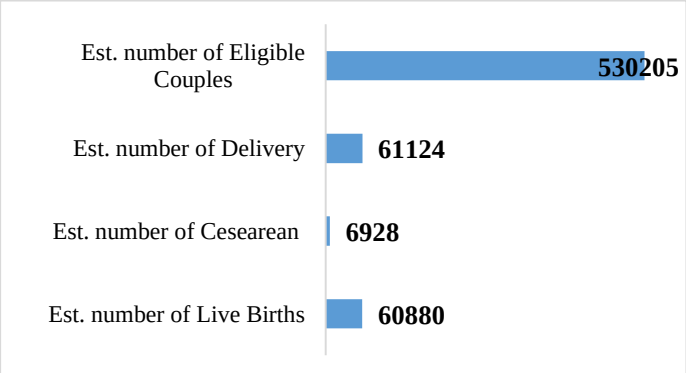

Figure 1:Estimates of MCH Indicators

Along with the MCH Indicators, mortality indicators are also estimated in every district or community to know the health status of the community. However, Nanded district has not provided the estimation for the mortality indicators. During the previous financial year, The district had reported 34 maternal deaths, 32 child deaths, 219 infant deaths, 319 still births and 5 deaths due to sterilization procedure. In the current financial year, the district has reported 7 materanl deaths, 9 child deaths, 45 infant deaths and 208 still births.

Apart from the MCH services, the district will be covering **2950** TB notifications and **22,402** cataract surgeries during the current financial year.

2.1 Availability of Health Facilities as per IPHS Population Norms

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

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

Table 2 provides the number of facilities are sanctioned and operational in the district. Almost all the sanctioned facilities are operational except one DEIC, and four BSUs. Apart from this, there are 13 UPHCs and 76 SCs, which have been not converted in to HWCs.

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

Indicator		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals	2	2
2. Sub District Hospital	4	4
3. Community Health Centers (CHC)	13	13
4. Primary Health Centers (PHC)	68	68
5. Sub Centers (SC)	377	377
6. Urban Primary Health Centers (U-PHC)	15	15
7. Urban Community Health Centers (U-CHC)	1	1
8. Special Newborn Care Units (SNCU)	2	2
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early Intervention Center (DEIC)	1	0

Indicator			
Facility Details	**Sanctioned/ Planned**	**Operational**	
11. First Referral Units (FRU)	5	5	
12. Blood Bank	0	0	
13. Blood Storage Unit (BSU)	9	5	
14. No. of PHC converted to HWC	68	68	
15. No. of U-PHC converted to HWC	15	2	
16. Number of Sub Centre converted to HWC	377	301	
17. Designated Microscopy Center (DMC)	36	36	
18. Tuberculosis Units (TUs)	16	16	
19. CBNAAT/TruNat Sites	6	6	
20. Drug-Resistant TB Centres	0	0	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		**Sanctioned/ Planned**	**Operational**
	At DH	2	2
	At SDH	4	4
	At CHC	12	12
22. Institutions providing Comprehensive Abortion Care (CAC) services		**Sanctioned/ Planned**	**Operational**
	Total no. of facilities	18	18
	Providing 1st-trimester services	18	18
	Providing both 1st & 2nd-trimester services	0	0

Source: DPMU, Nanded

2. Public Health Planning and Implementation of National Programmes

2.1 District Health Action Plan (DHAP)

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

2.2 Service Availability

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

RBSK: There are a total of 45 RBSK teams sanctioned (figure 2), of which 38 teams are with full HR. There is vacancy of five male Medical Officer and three Female Medical Officer in the RBSK team. All 45 teams are having vehicles to travel within the blocks. During the current financial year, all the team

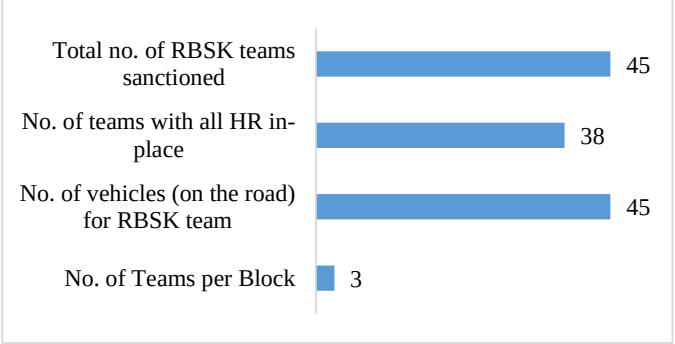

Figure 2: Status of RBSK teams in the district

visits Aanganwadi's/school and screens 200 children per day and 139 infants have been screened in the delivery points for the birth defect.

Special Newborn Care Unit (SNCU): The got a sanctioned of two SNCU, however only one with 12 bed capacity (Radiant Warmer) is functional in the district hospital. During the current financial year (2022 – 23), the facility has admitted **123** newborns in the inborn unit and **119** newborns in the outborn unit. Of which, 198 were discharged, and 33 (24 inborn and 9 outborn) were referred to the higher facility, four left against the medical advice and one was died (inborn) in the SNCU during the current financial year.

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

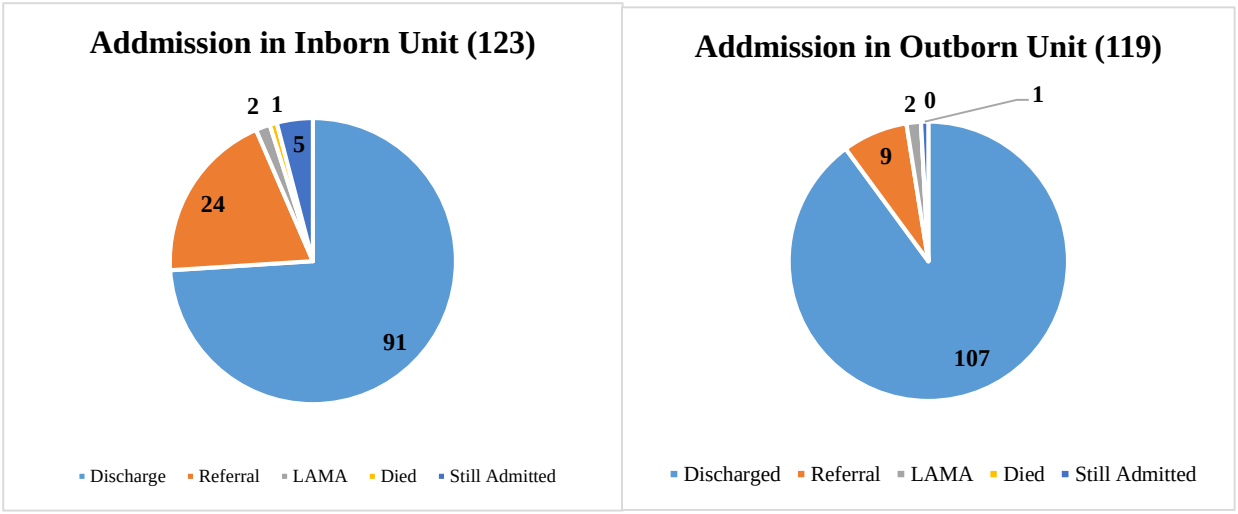

Figure 3: Number of newborns admitted in SNCU

Nutrition Rehabilitation Centre (NRC): The district has only one NRC. During the current financial year (April 2022 – May 2022), a total of 70 infants were admitted in the NRC, of which 32 were referred by RBSK, 20 from Pediatric ward/emergency, 11 by Frontline worker and 8 by self. Among the admitted, 69 have been discharged, and 1 was referred to the Higher Institution.

Home Based Newborn Care (HBNC): The district has **1543** Accredited Social Health Activists (ASHA), against the required 2489 ASHAs. Among the 1543 ASHAs, 1263 have functional HBNC kits with the necessary drugs. During the current financial year, a total of **8521** newborns have received HBNC visits. With respect to social benefits for the ASHAs, 402 ASHA, along with the 15 ASHA facilitators, have enrolled for PMJJBY, 1501 ASHA and 70 ASHA facilitators for PMSBY, and 1421 ASHA and 68 ASHA facilitators for PMSYMY.

Referral Transport: The district has 19 Basic Life Support (BLS) ambulances and 6 Advanced Life Support (ALS) ambulances on road with GPS fitted. All the referral transport are operationalised through

PPP mode. All the ALS and BLS received atleast 4 calls and 5 calls per day respectively and travelling with an average of 20 km and 26 km per day respectively.

National Tuberculosis Elimination Programme (NTEP): There are as many as 36 Designated Miscroscopic Centres in the district. During the current financial year, **1591** TB notifications were achieved, of which, 1295 were notified from the public sector with a treatment rate of 53%, and 296 were notified from the private sector with a treatment rate of 59%. All the notified patients were tested for the HIV status. Among these patinets, 776 cases were eligible for UDST testing. The district has paid to 1016 beneficiaries under Nikshay Poshan Yojana.

National Leprosy Eradication Programme (NLEP): A total of 146 new cases of Leprosy have been detected since April 2022 in the district, and none of them are of G2D. The district 1260 footwear and 140 self-care kit in the stock.

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

Table 3: Details about the other health service delivery in the Nanded district, April 2022 – May 2022

Indicator		
1. Implementation of Free drugs services	Yes	
2. Implementation of diagnostic services (if it is free for all)	Yes	
Number of lab tests notified	-	
Categories/schemes for free diagnostic services implemented	BPL, JSSK Beneficiaries	
3. Status of delivery points		
• No. of SCs conducting deliveries	<=3 deliveries/month	367
	>3 deliveries/month	10
• No. of 24X7 PHCs conducting deliveries	<=10 deliveries/month	48
	>10 deliveries/month	20
• No. of CHCs conducting deliveries	<=20 deliveries/month	2
	>20 deliveries/month	11
• No. of DH/ District Women and child hospital conducting deliveries	<=50 deliveries/month	0
	>50 deliveries/month	6
• No. of DH/ District Women and child hospital conducting C-section	1	
• No. of Medical Colleges conducting >50 deliveries per month	1	
• No. of Medical Colleges conducting C-section	1	
4. Number of Institute with ultrasound facilities (Public + Private)	32	
• Of these, how many are registered under the PCPNDT act	32	
5. Details of PMSMA activities performed.	Under PMSMA activities, facilities give ANC services, diagnostic services, counselling, and	

Indicator			
	complimentary refreshments to Pregnant women in 3CHC and 1 DH.		
6. No. of Maternal Death Review Conducted • Previous Financial Year • Current Financial Year	34 07		
7. Number of Child Death Review Conducted • Previous Financial Year • Current Fiancial Year	232 54		
8. Number of blocks covered under Peer Education (PE) programme	16		
9. Number of villages covered under PE Programme	1219		
10. No. of Peer Educator Selected	7908		
11. No. of Adolescent Friendly Clinic (AFC) meetings held	995		
12. Weekly Iron Folic Acid Supplementation (WIFS) stockout	No stockout		
13. If Mera-aaspatal has been implemented	Yes implemented at Women Hospital and District Hospital		
14. Payment status:	**No. of beneficiaries**	**Backlog**	**DBT status**
• JSY beneficiaries	4191		
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	1536		1536
○ B- Incentives under NTEP	833		833
○ C- Incentives under NLEP	253		253
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	79		-
• Patients incentive under the NTEP programme	1016	-	1016
• Provider's incentive under the NTEP programme	1016	-	1016
• FP compensation/ incentive	786	-	786
15. Implementation of Integrated Disease Surveillance Program (IDSP)	Yes		
• If Rapid Response Team is constituted, what is the composition of the team • No. of outbreaks investigated in the previous year and in the current FY	Dist. RRT (consist of ADPHO) as team lead, Diagnose, and control outbreak Outbreak in 2021 – 22: 2 (Degloor and Kandhar) Outbreak in 2022 – 23: 2 (Kandhar and Mudkhed)		
• How is IDSP data utilized	Under IDSP, data is collected on epidemic-prone diseases on a weekly basis. The information is collected in three specified reporting formats, namely "S" (suspected cases), "P" (presumptive cases) and "L" (laboratory-confirmed cases) filled by Health Workers, Clinicians and Laboratory staff, respectively. The weekly data gives information on the disease trends and seasonality of diseases. Data analysis and actions are being undertaken by respective District Surveillance Units.		

Indicator		
• Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	0	
16. Implementation of National Vector Borne Disease Control Programme (NVBDCP)		
• Micro plan and macro plan available at the district level	Yes	
• Annual Blood Examination Rate	5.92%	
• Reason for increase/ decrease (trend of last 3 years to be seen)	Due to regular major implementated	
• LLIN distribution status	NA	
• IRS	NA	
• Anti-larval methods	TEMIFOST, Gappi fish, regularly used	
• Contingency plan for epidemic preparedness	All the rapid response teams prepared it at the start of financial year.	
• Weekly epidemiological and entomological situations are monitored	Yes	
• No. of MDR rounds observed	17	
• No. of districts achieved elimination status for Lymphatic Filariasis, i.e. mf rate <1%	Yes, achieved	
17. Implementation of National Tuberculosis Elimination Programme (NTEP)		
• Target TB notification achieved	1591	
• Whether HIV Status of all TB patients is known	Yes	
• Eligible TB patients with UDST testing	776	
• Whether drugs for both drug-sensitive and drug resistance TB available	Yes	
• Patients notification from public sector	No of patients notified	1295
	Treatment success rate	53
	No. of MDR TB Patients	30
	Treatment initiation among MDR TB patients	Yes
• Patients notification from private sector	No of patients notified	296
	Treatment success rate	59
	No. of MDR TB Patients	0
	Treatment initiation among MDR TB patients	NA
• Beneficiaries paid under NikshayPoshanYojana	1016	
• Active Case Finding conducted as per planned for the year	Yes	
18. **Implementation of National Leprosy Eradication Programme (NLEP)** • Number of new cases detected • No. of G2D cases • MDT available without interruption	 146 0 100% 0	

Indicator		
• Reconstructive surgery for G2D cases being conducted • MCR footwear and self-care kit available	Yes, 1260 footwear and 140 self care kits	
19. Percent of health workers immunized against Hep-B	Not Reported	
20. Number of ASHAs	Required as per population	2489
	Selected	1543
	No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	1543
	No. of villages/ slum areas with no ASHA	0
21. Status of social benefits scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state-specific scheme	402 15 1501 70 1421 68 -	
22. Status of Mahila Arogya Samitis (MAS)	Formed	6
	Trained	6
	MAS account opened	6
23. Status of Village Health Sanitation and Nutrition Committee (VHSNC)	Formed	1535
	Trained	1535
	MAS account opened	1535
24. Number of facilities quality certified	40 PHC	
25. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	13 Rural Hospital and 64 PHCs	
26. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes	
27. Recruitment for any staff position/ cadre conducted at the district level	In Process	
28. Does the state have a comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Yes	

Source: DPMU, Nanded

2.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is implementing a population-based Non-Communicable Disease (NCD) program in the district. Since, its implementation, the district has screened 769970 patients for hypertension, diabetes, and Oral cancer, 377285 patients for breast cancer and 184870 patients for cervical cancer at the facilities. Among the screened patinets, 34461 were diagnosed with hypertension, 16053 with diabetes, 39 with oral cancer, 6 with breast cancer and 27 with cervical cancer. More than 95% of these patinets got treatment from the PHC/CHC/DH in the district.

Table 4: Status of CPHC in the district as on 31-05-2022

Indicator	Planned	Completed
1. Number of individuals enumerated	All individuals aged more than 29 years	
2. Number of CBAC forms filled	1044438	1039801
3. Number of HWCs started NCD screening		
a. SHC- HWC	283	283
b. PHC- HWC	68	68
c. UPHC – HWC	-	-
4. Number of individuals screened for:		
a. Hypertension	1044438	769970
b. Diabetes		769970
c. Oral Cancer		769970
d. Breast Cancer		377285
e. Cervical Cancer		184870
5. Number of HWCs providing Teleconsultation services	283	283
6. Number of HWCs organising wellness activities	283	283

Source: DPMU, Nanded

2.4 Status of Human Resource

As per the provided information, there was a total of **3175** posts sanctioned as regular and under NHM, of which only **1245** were filled on regular basis, **1269** under NHM and 83 through outsource angency. Overall, **18.2%** posts were vacant in the district (***Table 5***).

Table 5: Status of Human resources (regular + NHM) at public health facilities in Nanded district as 31-05-2022

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place			Vacancy (%)
		Regular	NHM	Outsourced	
• Physician	13	6	2	0	38.5%
• OBGY	23	0	20	0	13.0%
• Paediatrician	21	1	19	0	4.8%
• Anaesthetist	35	32	0	0	8.6%
• Surgeon	6	6	0	0	0
• Ophthalmologist	6	4	2	0	0
• Orthologist	7	7	0	0	0
• Radiologists	1	0	1	0	0
• Other Specialists	29	19	6	0	13.8%
• MO (MBBS) Group-A	172	154	0	0	10.5%

1. Staff details at public facility (Regular+ NHM+ other sources)	Sanctioned	In-place			Vacancy (%)
		Regular	NHM	Outsourced	
• MO (MBBS) Group-B	72	28	29	0	20.8%
• MO (AYUSH)	122	0	113	0	7.4%
• Dentists/ Dental Surgeon/ Dental MO	8	0	7	0	12.5%
• Counsellor	36	0	36	0	0
• CHO	293	0	293	0	0
• Staff Nurse	238	0	211	0	11.3%
• ANM/LHV	978	392	347	0	24.4%
• MPW (Male)	527	360	0	0	31.7%
• Lab technician	29	12	13	0	13.8%
• Pharmacist (Allopathic)	147	82	46	0	12.9%
• Radiographer/ X-ray technician	4	0	1	0	75.0%
• Dental Hygienist/Assistant	3	0	3	0	0
• Driver	71	0	0	65	6
• DEO	20	0	20	0	0
• Other	314	142	100	18	17.2%
Total	**3175**	**1245**	**1269**	**83**	**18.2%**

Source: DPMU, Nanded

2.5 Status of Fund Utilization

Table 6: FMR-wise budget component details, 2021 – 22 (April 21 – March 22)

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility-Based	585.16	469.92	
2. FMR 2: Service Delivery: Community Based	155.71	148.15	
3. FMR 3: Community Intervention	969.34	935.86	
4. FMR 4: Untied grants	498.49	484.09	
5. FMR 5: Infrastructure	3445.45	2512.21	
6. FMR 6: Procurement	284.67	189.81	
7. FMR 7: Referral Transport	97.84	79.89	
8. FMR 8: Human Resource (Service Delivery)	3158.13	3028.66	
9. FMR 9: Training	143.42	120.39	
10. FMR 10: Review, Research and Surveillance	10.51	5.40	IDSP Survillance, lab consumables not purchased by GMC Nanded
11. FMR 11: IEC-BCC	109.16	98.49	
12. FMR 12: Printing	25.64	10.64	Due to Covid-19, National Deworming Day Material not printed
13. FMR 13: Quality	37.14	27.10	
14. FMR 14: Drug Warehouse & Logistic	27.88	25.02	
15. FMR 15: PPP	84.67	44.16	NGO not appointed by state office in NTEP Programme

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
16. FMR 16: Programme Management	299.42	297.22	
• FMR 16.1: PM Activities Sub Annexure	175.81	149.98	
17. FMR 17: IT Initiatives for Service Delivery	90.16	53.03	Expenditure not booked in Implementation of Hospital Management System at DH
18. FMR 18: Innovations	11.43	10.0	

Source: DPMU, Nanded

Table 7: Programme-wise budget component details, 2021 – 22 (April 21 – March 22)

Indicator	Budget Released (in Lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health		439.09	
• Child Health		16.47	
• RBSK		80.82	
• Family Planning		81.32	
• RKSK/ Adolescent health		46.32	
• PC-PNDT		0.30	
• Immunization		165.72	
• Untied Fund		329.03	
• Blood Services and Disorders		-	
• Infrastructure	-	1646.41	
• ASHAs		875.19	
• HR		2558.69	
• Programme Management		327.72	
• MMU		-	
• Referral Transport		133.33	
• Procurement		80.13	
• Quality Assurance		0.97	
• PPP		98.39	
• NIDDCP		-	
2. NUHM*	-	-	
3. Communicable Diseases Pool	-		
• Integrated Disease Survillance Programme (IDSP)	-	1.45	
• National Vector Borne Disease Control Programme (NVBDCP)	-	21.83	
• National Leprosy Eradication Programme (NLEP)	-	7.18	
• National TB Elimination Programme (NTEP)		245.45	
4. Non-Communicable Diseases Pool	-	-	

Indicator	Budget Released (in Lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	-	4.06	
• National Mental Health Program (NMHP)	-	6.57	
• National Tobacco Control Programme (NTCP)	-	1.10	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Diseaase and Stroke (NPCDCS)	-	9.01	

Source: DPMU, Nanded, *Not Provided

2.6 Status of training

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

3. Service Availability at the Public health facilities

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

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

3.1 Service Delivery: Sri Guru Gobind Singh Ji Memorial District Hospital

The SGGSM District Hospital is situated at the district headquarters at Nanded. It is a 100-bedded, sanctioned hospital, of which 80 are functional. The hospital is well accessible from the nearest road-head and is well equipped with a 24*7 running water facility, RO drinking water, sufficient sitting arrangement for OPD cases, drug storeroom with racks and power backup for complete hospital. During the COVID-19, the building was belong to Zilla Parishad for the purpose of separation of COVID and Non-COVID patients.

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

- The condition of the building, where OPD is being conducted is very poor. Most of the department buildings need major repair work.
- Apart from the OPD, ANC, Immunization, and Family Planning services, the facility provides specialized services on Medicine, O&G, General Surgery, Paediatrics, Anaesthesiology, Dental, Imagine service (X-ray), ICU, and Emergency care services along with the teaching block and skill lab services.
- The facility also provides Tele-medicine/consultation services with an average of 79 cases per day.
- The facility has Modular Operational Theatre with a Single general OT and Ophthalmology/ENT OT.
- In the case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The Essential Drug List (EDL) with a list of 88 vital drugs was available in the facility and displayed in the OPD area. All the displayed drugs were available on the day of visit. The facility is implementing E-Aushadhi and also has a sufficient supply of essential consumables.
- The facility does have both the diagnosis facility, i.e. in-house and PPP (HLL Lab), along with the AERB-certified X-ray and CT scan services in the premises. In the current financial year, a total of 38372 tests in-house have been performed. X-ray services to all the BPL and JSSK beneficiaries are being provided free of cost.

- The PMSMA services are provided in the facility on every month of 9th. For this all the line listed high-risk PW are called and pickup from theire villages by the ambulances. The facility has all the JSSK entitlements and its services is being provided from the facility.
- The facility is Designated Microscopy Centre (DMC). During the last six months, they have screened 5% of OPD cases by TruNat. All the suspected cases were tested for HIV and Diabetes Mellitus before being sent to the District TB centre for further treatment.
- The facility has sufficient anti – TB drugs, and currently taking anti-TB drugs from the facility. Of these patients, 72% are getting DBT instalments under Nikshay Poshan Yojana.
- Although all the records related to TB were maintained in the facility, no records were found on Malaria, Leprosy, Dengue and Chikungunya.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre.

The below table (**table 8**) depicts the status of human resources in District Hospital, Nanded. From the table, it can be seen that there are a total of **131** posts has sanctioned for the DH. Among the sanctioned posts, **88** are filled regularly, and 24 are from NHM. A total of 19 posts are vacant in the facility.

Table 8: Status of human resources at the District Hospital, Nanded

Human Resource	**Sanctioned**	**Regular**	**Contractual/ Outsourcing**	**Vacant (Regular+NHM)**
Additional Civil Surgeon	1	1	0	-
RCH Officer	1	1	0	-
Physician	1	1	0	-
ObGy	1	1	0	-
Paediatrician	1	1	0	-
Anaesthetist	2	2	0	-
Ophthalmologist	2	2	0	-
Orthopaedic	1	1	0	-
Surgeon	1	1	0	-
MO (MBBS) /Others Specialist	5	4	-	1
Dentist	1	1	0	-
Physiotherepist	1	0	0	1
Sister Incharge/Asst.Matron	6	6	0	-
SNs/GNMs	40	27	10	0+ 3
Technicians (Lab. X-Ray, ECG etc.)	11	9	1	1
Dental Assistant/Hygienist	3	0	3	0
Pharmacist	3	3	-	-
Others	50	27	10	3+10
Total	**131**	**88**	**24**	**19**

Source: District Hospital, Nanded

3.2 Service Delivery: Women Hospital

The District Women Hospital is situated at the district headquarters at Nanded. It is a 100-bedded, sanctioned hospital. The hospital is well accessible from the nearest road-head and is well equipped with a 24*7 running water facility, cleaned functional toilets (separate for male and female), sufficient sitting arrangement for OPD cases, drug storeroom with racks, RO drinking water, power backup for complete hospital and ramps for the geriatric and disability patients. Its next referral point is Medical College, Nanded, which is 7 km away from the hospital.

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

- Apart from the regular services like delivery, ANC, PNC, Immunization, FP, OPD and laboratory services, the facility also provides specialist services on Medicine, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental etc.
- The facility has Operational Theatre with a Single general OT and Obstetrics & Gynaecology OT. The facility is also well equipped with a functional blood storage unit. Blood units are issued free of cost to BPL card holders and JSSK beneficiaries. In the BSU, a total of 10 units of blood were available, whereas a total of 52 blood transfusion was done in July 2022.
- In the case of IT services, the DH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The Essential Drug List (EDL) with a list of **75** drugs was available in the facility and displayed in the OPD area. Among the displayed Essential Drugs, **55** were available on the day of the visit. The facility is implementing DVDMS and also has a sufficient supply of essential consumables.
- The following five priority drugs were not available in last 30 days – Inj. Ceftriaxone, Inj. Cefotaxime, Inj. Bupivacaine, IV DNS and Tab. Amoxyclave.
- The facility does have both the diagnosis facility, i.e. in-house and PPP, along with the AERB-certified X-ray services in the premises. In current financial year, a total of 19580 tests in-house and 902 test (July 2022) in HLL have been performed. The laboratory and X-ray services are being provided free of cost to all the BPL and JSSK beneficiaries.
- The facility is implementing the PM- National Dialysis Programme by in-house mode. This service is free of cost for all. In the previous and current financial year, a total of 1297 test and 533 tests of dialysis were performed in the facility respectively.
- WH is the designated FRU, and its labour room is well functional with delivery tables, delivery equipment, and the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility has conducted 151 normal delivery and 33 C-Section deliveries during July 2022.

- The facility has provided 518 birth doses to the newborns during the last three months (May 2022 – July 2022), and all the newborns were breastfed within one hour of birth.
- All the payments of JSY are made from the THO Office only. So, the list of all the JSY beneficiaries are sent to the THO Office.
- The utilization of family planning services in the facility is good FP counsellor was counselling the beneficiaries regularly on the choice of FP methods available in the facility. In July 2022, there were 34 sterilizations conducted in the facility along with the PP/IUCD insertions.
- The facility also provides Comprehensive Abortion Care (CAC) along with the implementation of the FPLMIS to procure the drugs or materials for family planning.
- The PMSMA services are provided in the facility on every month of 9th. For this all the line listed high-risk PW are called and pickup from theire villages by the ambulances. The facility has all the JSSK entitlements and its services is being provided from the facility.
- The facility has AFHC and NCD clinic, where FP counsellor and MO/CHO provides counselling and screening services to the adolescent and adult population respectively.
- In the current financial year, the facility has screened 2000 patients for Hypertension, Diabeters and Oral Cancer, of which 45 patinets were diagnosed as hypertensive and 115 patients as diabetic. Apart from these screening, the facility has screened 800 women for breast cancer and 65 women for cervical cnacer.
- With respect to the data entry in the different portals, the facility has maintained only the HMIS portal. Other portals were not maintained due to the facility's lack of trained manpower.
- The facility has received Rs. 2489895/- under NHM and Rs. 2541120/- was available in thire account, of which Rs. 4146587/- was spent on different activities of national programmes.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre. In July 2022, there were 9 cases of in-referral of emergency obstractric labour and 9 cases of out-referral.

The below table (**table 9**) depicts the status of human resources in District Women Hospital, Nanded. From the table, it can be seen that there are a total of **153** posts has sanctioned for the DWH. Among the sanctioned posts, **79** are filled regularly, and **50** are from NHM. A total of **24** posts are vacant in the facility

Table 9: Status of human resources at the District Women Hospital, Nanded

Human Resource	Sanctioned	Regular	Contractual/ Outsourcing	Vacant (Regular+NHM)
Medical Superintendent	1	1	0	0
Physician	1	0	1	0
ObGy	3	3	0	-
Paediatrician	4	2	1	1
Anaesthetist	2	2	0	-
MO (MBBS) /Others Specialist	15	7	6	2
Dietician	2	1	1	0
Sister Incharge/Asst.Matron	7	6	1	0
SNs/GNMs	61	24	32	5
Technicians (Lab. X-Ray, ECG etc.)	15	8	4	3
Pharmacist	3	3	0	0
Others	39	22	4	13
Total	**153**	**79**	**50**	**24**

Source: District Women Hospital, Nanded

3.3 Service Delivery: Community Health Centre (CHC) – RH Biloli

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

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

- Although, the facility is upgraded as Sub-District Hospital and new building has also constructed; however, the building is yet be handover to the hospital. So, it is working as a Rural Hospital till the date of visit.
- The CHC is well equipped with 24*7 running water, clean, functional toilets for males and females, a drinking water facility with RO, sufficient sitting arrangement for OPD patients, and a drug storeroom with the rack. The CHC is also geriatric and disability friendly and has powere backup for the part of the hospital.
- In addition to the general OPD, Vaccination, NCD, FP and ANC services, the facility also provides specialised services of Obstetrics & Gynaecology, Pediatric, Anesthesiology, Ophthakmology, Dental, X-ray, USG and NBSU. Along with these services, the facility also provides 24*7 emergency services.
- Earlier, the facility had functional Blood Storage Unit in it premises; however it is not functioning since last two years due to unavailability of pathologist and technician.
- In the case of IT equipment, the facility has desktops/laptops with good internet connectivity in the area. Resulting, the timely data entry on RCH portal, HMIS and Nikshay Portal.

- Since 2017 – 18, the facility is receiving Kayakalp award of Rs. 1,00,000 every year, which is the great achievement by the facility. With regards to the LaQshya, assessment was done, for which the results are yet to be announce.
- The essential drug list with 87 drugs is available and was displayed in OPD waiting area. Among the listed essential drugs, 4 were not available in the facility, and those drugs are, tab. Artesunate 50 mg, tab. Chloroquine, solultion of sodium hypochloride (200 ml) and I.V. DNS. Apart from these drugs, supply of all the drugs and consumables sufficient.
- With regards to the diagnosis services, the RH is well equipped with both type of lab services, i.e., in-house as well as HLL lab through PPP mode. All the diagnosis services are provided free of cost to BPL, elderly and JSSK beneficiaries.
- Apart from the lab services, the facility also provides X-ray and USG services with AERB certified two machine. During current fianancial year, 942 patinets have received services from the X-ray lab.
- Delivery services are being provided by the facility, as its labour room is well equipped with two manual delivery tables and delivery equipment. During the month July 2022, the facility has conducted 21 deliveries. The NBCC of the facility was also functional with the availability of a functional radiant warmer and neo-natal ambu bag.
- All the payments of JSY are made from the THO Office only. So, the list of all the JSY beneficiaries are sent to the THO Office.
- The PMSMA services are provided in the facility on every month of 9th. For this all the line listed high-risk PW are called and pickup from theire villages by the ambulances. The facility has all the JSSK entitlements and its services except the blood bank services.
- The Facility has vaccines and hub cutters, and all the Nurses/ANM posted in the facility are aware of the open vial policy.
- There were **82** deliveries conducted in the last three months preceading to the visit (May 2022 – July 2022), and **all** were breastfed within one hour of birth and provided birth doses (Vitamin K).
- The facility has a register to enter the details of deaths and births. No maternal and child deaths occurred during the previous and current financial years, respectively.
- The facility has trained HR in IUCD/PPIUCD, and they provide reversible FP services after counselling the beneficiaries. The facility also provides permanent FP services through OT.
- The facility has AFHC and NCD clinic, where RKSK counsellor and MO/CHO provides counselling and screening services to the adolescent and adult population respectively.

- In the current financial year, the facility has screened 235 patients for Oral Cancer, 98 patients for Breast cancer and 64 patients for cervical cancer. Of which, 8 patients with oral cancer, 3 patients for breast cancer and 1 patient for cervical cancer was confirmed.
- The facility is designated as Designated Microscopy Centre (DMC). In the last 6 months, sample from 326 OPD cases were tested for TB, and all the positive TB patients (diagnosed at the CHC) are taking the anti-TB drug from the facility.
- All the records related to TB were maintained in the facility. Also, HMIS, HWC portal and Nikshay portal were updated.
- Ambulance services in the periphery area of the facility are available with a centralised call centre as well as facilities' own ambulance only for pickup from home and for referral to the higher facility. There were 15 cases of referred-in and 76 cases of refrred-out in the facility.

The below table (**table 9**) depicts the status of human resources in RH Biloli, Nanded. From the table, it can be seen that there are a total of only **55** posts sanctioned for the RH. Among the sanctioned posts, **21** are filled regularly, and **25** are under NHM.

Table 10: Status of human resources in the CHC (RH) Biloli, Nanded

Human Resource		**Sanctioned**	**Regular**	**Contract**
Medical Superintendent		1	1	-
Specialist /MO	Medicine	-	-	-
	ObGy	1	1	-
	Paediatrician	1	1	-
	Anaesthetist	1	1	-
	General Surgeon	-	-	-
Dentist		1	1	-
Ophthalmologist		1	0	0
MO (MBBS)		4	-	4
MO (AYUSH)		3	-	3
SNs/GNMs		14	6	7
ANM		3	-	3
LTs		5	3	2
Pharmacist		4	-	2 (RBSK)
Others		16	7	4
Total		**55**	**21**	**25**

Source: CHC (RH) Biloli, Nanded,

Table 11: Key Challenges Observed in CHC and their root causes

Sr. No.	**Challenges**	**Root Causes**
1	The records of the drug store i.e., indent and supply registers were not maintained properly. In-charge sisters does not have understanding on items writtern on the procurement register.	Post of pharmacist is vancat since 2016

Sr. No.	Challenges	Root Causes
2	Vehicle provided to the RBSK team have no adequate space to accommodate all the team members, while going in the field for the screening.	Small vehicle for the team
3	Few ANM/Staff nurse are not able to conduct deliveries	SBA training for all the eligible staffs is required.
4	Many staff are residing away from the facility and have demanded for the staff quarters.	Although, there are 20 staff quarters; many of them are in need of major repair work.
5	Difficult to update the all portals on time.	Internet speed is poor in the area.

3.4 Service Delivery: Primary Health Centre - Mugut

Primary Health Centre (PHC) Mugut is about 14 km from district headquarters. It is a six-bedded standalone facility, functioning in government building. Its next referral point is Women Hospital Nanded. The facility provides ANC, delivery, NCD, Immunization, Family Planning etc., services from 8:30 am to 12:30 pm and 4:00 pm to 5:00 pm. All the national programmes are being implemented in the periphery area of the facility.

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

- The facility is well equipped with adequate sitting arrangements for OPD patients, a drug storeroom with racks, electric power backups, 24*7 running water from bore well along with RO drinking water facility, and separate functional toilets for male and female however.
- The facility has lots of herbal plants inside its campus and is functioning in the government building, however it needs some repair works, specially the leakages problem in main building as well as in staff quarters.
- The facility is lacking the services of ASHA rest room for which there is no fund allocation in the PIP.
- In the case of IT equipment, the facility has two desktop along with electronic tablets among the ANMs and fairly good internet connectivity.
- The facility was the receiver of Kayakalp award of Rs. 50k during the previous fianacial year.
- The facility has essential drug list with a total of 70 drugs (vital drugs), of which only 6 were available on the day of visit. The EDL was displayed in OPD area.
- With regards to the diagnosis services, the PHC is well equipped with both type of lab services, i.e., in-house as well as HLL lab through PPP mode. All the diagnosis services are provided free of cost to all the patients. During the current financial year, the in-house lab have performed 4667 tests, whereas in HLL 870 tests has been performed.

Table 12: List of drugs not available in the PHC

Sr. No.	Five Priority drugs from EDL in last 30 days	Drugs for HTN and DM in last 7 days
1	Inj. $MgSO_4$	Tab. Amlodipine
2	Inj. Oxytocin	Tab. Atorvastatin
3	Inj. Adrenaline	Tab. Glimepiride 1 mg
4	Inj. Hydrocortisone	-
5	Inj. Pam	-

Source: PHC Mugut

- Apart from the lab services, the facility also have X-ray services, however the facility is lacking the service of regular X-ray technician, due to which a on call consultant is giving his services in the facility.
- Although, the facility provides delivery services with two sets of delivery tables and a NBCC; however the delivery room needs repair work as the PRC team found the leakages on the wall and selling. Similar to the delivery room, the OT room also need repair work as the windows were not air tight.
- All the JSY payments are being made from the Taluka Health Office only. So information of the beneficiaries are being sent to the THO office for the payments of JSY as well as PMMVY.
- Though JSSK entitlements are available and all the services related to the JSSK are being provided from the facility, free blood services. The facility also have the line listing of the high-risk pregnancies, whom they call on every PMSMA day.
- There were 29 deliveries conducted in the last three months (May 22 – July 22), and all were breastfed within one hour of birth but did not provide birth dose to all the newborns due to the unavailability of Vitamin K_1 and Hepatise B_0 in the facility.
- In the PHC, Staff Nurse and Health Assistant along with the MO are trained in PP/IUCD, who also provides the counselling services to the beneficiaries. Apart from the IUCD insertion, the PHC also provides the services of NSV, mini-lap, and other injectable/oral FP services.
- The facility has a functional AFHC as well as NCD clinic, which provides thire services on Thursday and Daily respectively. However, the separate documents or data was not found on the day of visit. The facility also gives yoga services in its premises.
- The facility is a Designated Microscopy Centre (DMC). So, it has diagnosed 89 patients with sputam test and 71 patients through X-ray during the last six months. The facility has sufficient anti-Tb drugs and all the documents are maintained with regards to the TB patients. Apart from the TB cases, the facility has also detected 5 leporasy cases through regular community surveillance by the health worker.
- The facility has it own ambulance services in the periphery area of the facility along with the centralised call centre. During July 2022, there were two referral cases to the district hospital.

- The facility has a total of 18 post sanctioned, of which 14 are filled. One position of Staff Nurse and three position of other cadre are vacant in the facility.

Table 13: Available Human Resources at PHC Mugut, Nanded

Human Resource	Sanctioned	Regular	Contract
MO (MBBS)	2	2	0
MO (AYUSH)	1	1	0
SNs/GNMs	1	-	-
ANM	1	1	-
LT	1	1	0
Pharmacists	1	1	0
Others	11	8	1*
Total	**18**	**14**	**1**

Source: Sub-Centre – Niwagha, Nanded district, *outsourcing

Table 14: Challenges and their root causes in the PHC Mugut, Nanded

Sr. No.	Challenges	Root Causes
1	Although, the facility has more than 4000 plants; however, during rainy season the facility was very hot. It is difficult to patients as well as staff to sit and work for long inside the facility.	Shadowless lamp in labour room and AC for Office is required.
2	Updation of online reports is not being done properly due to elderly staff, who are not up to date with computer technology.	Requirment of new Data Entry Operator is required.
3	Ambulance driver who is in through outsourcing agency has not received his salary since last seven month	There is a problem with outsource agency in Maharashtra.

3.5 Service Delivery: Sub Centre - Niwagha

The Niwagha Sub-Centre, converted to Health and Wellness Centre, is situated about 6 km away from Sub-District Hospital Mudhkhed. It is a standalone facility and well connected to the nearest road head. However, it's infrastructure is old and conjusted. Its next referral point is Sub – District Hospital Mudkhed. It provides ANC, OPD, NCD, Immunization, Family Planning etc., services.

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

- The facility is well equipped with drinking water facility, power backup and have specified area for the Yoga/welfare activities.
- The facility lacked the availability of ASHA restroom, 24*7 running water facility, clean functional toilets for male and female, drug storeroom with rack and sufficient area for the OPD waiting patients.

- CHO and ANM do have an electric tablet/laptop with her in case of the IT services, and CHO gives teleconsultation services and provides her service data in the given apps. ASHAs do not have electronic tablets and smartphones with good internet connectivity.
- The facility have the essential drugs list with a total of 17 drugs, of which 15 are available on the day of visit. However, the EDL was not displayed in the OPD area.
- Drugs related to hypertension and diabetes were available in the facility, and CHO was dispensing the drugs to the patients.
- The facility was well equipped with BP instruments, thermometers, contraceptives and glucometers, along with a sufficient supply of testing/diagnostic kits.
- The facility has the list of eligible couples of the different villages, along with the list of high-risk pregnant women.
- ANM of the facility was well aware of her vaccine schedule, open vial policy and micro-plan. The vaccine and hub cutters were provided (on the day of vaccination) from the Sub – District Hospital Mudkhed as per their due list.
- From April 2022 – July 2022, CHO of the facility has screened 987 NCD patients for hypertension, diabetes and oral cancer, of which 51 were confirmed for hypertensive, and 30 were for diabetic.
- In the periphery area of the facility, a total of 4 TB patients were identified during the last financial year and all were referred for testing, whereas in the current financial year, one TB patient was identified and diagnosed as a presumptive patient. The patient is taking treatment from the sub-centre.

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

Table 15: Available Human Resources at SC Niwagha, Nanded

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

Source: Sub-Centre – Niwagha, Nanded district,

Table 16: Challenges and their root causes in the SC Niwagha, Nanded

Sr. No.	Challenges	Root Causes
1	Due to insufficient area, very few community members are participating in Yoga activities.	Old and conjusted building.
2	Medicines to all the NCD patients are not provided.	Due to insufficient supply of medicine from the District.
3	Toilets are not cleaned properly as well as the herbal plants are also shrinking and dying.	There is no 24*7 water supply in the facility.

Source: Sub-Centre – Niwagha, Nanded district

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the PIP 2022 – 23 of Nanded district monitoring was carried out by the PRC team from ***22 August 2022 – 26 August 2022***. The District Health Office, District Hospital, Community Health Centre – Biloli, Primary Health Centre – Mugut, and Sub-Centre – Niwagha were visited for monitoring by the PRC team. Based on discussion with the concerned officials and monitoring/ observations of the health facilities, the following recommendation has been made by the PRC monitoring team:

1. In SC Niwagha, it was observed that, the labour room as well as the place for the drugs store and office room with computer was very conjusted. It is recommended to upgrade the infrastrure of the facility from old design to newly approved designe as per IPHS 2022.

2. Along with the post of consulatants, Specialist and ANM, the position of Pharmacist in Rural Hospital Biloli should be filled on priority basis.

3. The position of Sweeper, ward boys and drivers should not be filled from outsource agency. They should be hired on regular basis. As they are having heavy workload and less salary.

4. In the TB department, the position of **DTO and LT** is vacant, which needs to be filled on priority basis. Apart from this, the position of **Senior TB Supervisor** is required at block level. Also they required motor bike by goverment for the field visit in the villages.

5. In the District Hospital, the old building which are approved as condemned should be demolished on priority basis and new construction is recommended.

6. In PHC Niwagha, renovation of staff qurters and upgradation of labour & OT room, shoulder lamp and AC for the Office is required.

7. In Women Hospital, staff quarter for SN/ANM, ramp and Lift in IPD building, and UPS in SNCU ward is required. Apart from these requirement, regular supply of all essential medicine is required on priority basis.

8. Proper monitoring of NCD propgrame is required in the district as coverage of NCD patients is low in the district.

9. IDW wing needs to be strengthened. As there is no position of executive engineer. PWD executive engineer is giving technical approval and due to there regular activities they ae not giving time for the work of NHM. Similarly rates of PWD are much higher than the amount sanctioned under NHM. Therefore DHO suggested to create on executive engineer postion at district IDW wing so that dependency on PWD will not be there. As IDW wing is constructing SC and PHC's and are DHO's are having direct control over the IDW. Thus they can monitor the progress of the construction and the project can be finish within the time frame.
10. DPMU needs to strengthen. DPM and DAM are least bother for PIP montoring visit of PRC. They have not meet to the team during four days of visit. As they are the key persons at the district, they can give more inputs for improvement/smooth functioning of the various programme of NHM. There is nexus among senior officers of the district and they are indulged in some malpractices i.e. allotting work to their compnies in the name of some relative. Mostly involed in civil work and hiring vehicles for RBSK. It affects largly both on the moral of other staff and activities of the NHM.

5. A glimpse of the Nanded district PIP monitoring visit, 22 August, 2022 – 26 August, 2022.

Visit to SC Niwagha, Nanded

Labour Room of RH Biloli, Nanded

Visit to PHC Mugut, Nanded

Baldev Singh Kulaste

Dr. Akram Khan