Monitoring and Evaluation of Programme Implementation Plan, 2022 – 23

Solapur District, Maharashtra

By

Gayatri Tejankar

Dr Akram Khan

Population Research Centre

Gokhale Institute of Politics and Economics

Pune – 411004

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Executive Summary

As directed by the Ministry of Health and Family Welfare (MoHFW), the Monitoring and Evaluation of the PIP 2022 - 23 of Solapur District was carried out by the PRC team during September 13 to September 16, 2022. The Civil Surgeon Office, DPMU Office, Sub District Hospital (Pandharpur), CHC (Karkamb), Primary Health Centre Gadegaon and Sub-Centre Ajoti were visited for the purpose of the study by PRC team. This report discusses in detail the implementation of PIP in Solapur District as observed during the field visit for monitoring. The key observations are given below:

Areas for further Improvement

- During the visit PRC team observed and suggested to the MS of the SDH for improvement in overall cleanliness.
- As there is no X-Ray and sonography services are not available in the facility. Needs to be provide this services on first priority at CHC Karkamb.

Infrastructure

- Though the delivery room is available at Ajoti SC, it is too congested as there is very little space for movement. Hence, the delivery room needs to be extended.
- PHC Gadegaon is functioning in Old building. The construction of new building is required at PHC.
- Repair/up-gradation of the existing infrastructure is required at the SDH Pandharpur.
- Staff quarters are not available at SDH, construction of staff quarters is going on for last 6-7 years but not yet completed. No staff quarters at CHC Karkamb also. So quarters are needed at CHC too.

Human Resource

- The district needs to address the shortage of specialist doctors and also need to rationalize the posting of health staff.
- Multi-specialty training for health staff is required.

1. Overview of District

Solapur district is a district in Maharashtra state. The city of Solapur is the district headquarters. It is located on the south east edge of the state. Solapur district leads Maharashtra in production of indian cigarettes known as Beedi. The city Famous for its Chadder, handloom and power-loom industries. The district is bounded on the north by Ahmednagar and Osmanabad districts, on the east by Osmanabad and Guulbarga (Karnataka state) districts, on the south by Sangli and Bijapur and on the west by Satara and

Pune district. The district covers geographical area of 14844.6 sq.kms. which is 4.82% of the total area of Maharashtra state.

Solapur has a population of 4,317,756 (Census 2011) peoples, out of which 1399091 reside in urban areas and 2918665 in rural areas. The district has a population density of 90 per square kilometre. When it comes to villages, there are about 1154 villages in the Solapur district. For administrative purposes, the district has been divided into 11 sub-division/Blocks/Tehsils as follows: - Akkalkot, Barshi, Karmala, Madha, Malshiras, Mangalwedha, Mohol, Pandharpur, Sangola, North Solapur, South Solapur.

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

Indicator				
1. Total number of Blocks	11			
2. Total number of Villages	1154			
3. Population	Rural population	2918665		
	Urban population	1399091		
	Total Population	4317756		
4. Literacy rate	77.72			
5. Sex Ratio	932			
6. Sex ratio at birth	907			
7. Population Density	290			
8. Estimated number of deliveries	58378			
9. Estimated number of C-section	8756			
10. Estimated numbers of live births	48870			
11. Estimated number of eligible couples	575439			
12. Estimated number of leprosy cases	256			
13. Target for public and private sector TB notification for the current year	3900			
14. Estimated number of cataract surgeries to be conducted	28827			
15 Mortality Indicator	Previous Year		Current FY	
	Estimated	Reported	Estimated	Reported
Maternal Death		58		42
Child Death		108		39

Infant Death		458		275
Still Birth		512		157
Death due to malaria		2		6
Deaths due to sterilization procedure		0		0

Source: DPMU Solapur, *Census 2011,

1.1 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 2014. 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: Number of facilities available in Solapur district, 2022 - 23

Indicator		
Facility Details	**Sanctioned/ Planned**	**Operational**
1. District Hospitals **	1	0
2. Sub District Hospital	3	3
3. Community Health Centres (CHC)	16	14
4. Primary Health Centres (PHC)	80	80
5. Sub Centres (SC)	430	430
6. Urban Primary Health Centres (U-PHC)	23	23
7. Urban Community Health Centres (U-CHC)	2	2
8. Special Newborn Care Units (SNCU)	1	1
9. Nutritional Rehabilitation Centres (NRC)	1	1
10. District Early Intervention Centre (DEIC)	1	1
11. First Referral Units (FRU)	10	8
12. Blood Bank	20	20

Indicator			
13. Blood Storage Unit (BSU)	8	1	
14. No. of PHC converted to HWC	80	80	
15. No. of U-PHC converted to HWC	16	16	
16. Number of Sub Centre converted to HWC	320	320	
17. Designated Microscopy Centre (DMC)	33	22	
18. Tuberculosis Units (TUs)	12	12	
19. CBNAAT/TruNat Sites	5	5	
20. Drug-Resistant TB Centres	1	1	
21. Functional Non-Communicable Diseases (NCD) clinic in following health facilities		**Sanctioned / Planned**	**Operational**
	At DH	17	17
	At SDH	3	3
	At CHC	14	14
22. Institutions providing Comprehensive Abortion Care (CAC) services		**Sanctioned / Planned**	**Operational**
	Total no. of facilities		
	Providing 1st-trimester services	17	17
	Providing both 1st & 2nd-trimester services	17	13

Source: DPMU, Solapur

1.1 District Health Action Plan (DHAP)

Indicators	Remarks/Observations
1. Weather the district has prepared any district program implementations plan (PIP) for current year and has submitted it to the states (verify)	Yes
2. Weather the district has received the approved district health Action Plan (DHAP) from the state (verify)	No
3. Date of first release of fund against DHAP	20 April 2022
4. Infrastructure construction status	

Details of construction pending for more than 2 years	RH Malshiras, PHC kandalgaon, PHC Ranjangaon, PHC Jeur, PHC Jinti
Details of construction completed but not handed over	PHC Wagdari

In preparation for District Health Action Plan (DHAP), all the facilities are involved. All the facilities send their requirements and action plan to the district for approval. The district team has sent it to the state, which was yet to approve it.

Apart from DHAP, there are Five facilities in the district for which the construction has been pending for more than two years, and these facilities **are CHC Malshiras, PHC Kandalgaon, PHC Ranjangaon, PHC Jeur, PHC Jinti.**

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 ₹10/- for case paper and lab tests are done at minimum charges.

1.2 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 ₹10/- for case paper and lab tests are done at minimum charges.

RBSK: There are a total of 28 RBSK teams sanctioned and all teams are working, 3 /4 teams in each block. No vehicle is available in the district for RBSK teams. However, only 18 teams are with all HR. During the last financial year, the teams screened 16544 children with an average of 125 to 200 children per day for the defects at birth. All teams are travelling to the field by their personal two/four wheeler vehicles. This is very risky for the staff working under RBSK. The Attached video of the staff travelling by their two wheeler is self-explanatory (***Please see attached video in glimpse section)***. Moreover, they are not getting reimbursement of their travelling expenses in time. Travelling by two wheelers is quite risky for the team.

Special New-born Care Unit (SNCU): SNCU of the district is situated at SDH Pandharpur. With a total bed capacity of 12. During the current financial year (2022 – 23), the facilities has admitted 292 new-borns in the inborn units and 53 new-borns in the out born units. Of which (257 inborn, 43 out born) were discharged, and (19 inborn and 7 out born) were referred to the higher facility. There are total (16 inborn and 3 out born) left against the medical advice.

Nutrition Rehabilitation Centre (NRC): NRC is also available at the SDH Pandharpur; during the period of one year 194 children are admitted, of which 94 discharged and 97 are referred to the higher facility. 3 cases left against medical advice.

Home Based New-born Care (HBNC): The district has 2697 ASHAs, and all have functional HBNC kits with the necessary drugs. During the previous financial year, a total of 15188 new-borns have received HBNC visits.

Payment status: The JSY payment has been made to 1104 beneficiaries during the reference period. The DBT payment has been made to 1104 beneficiaries.

National Vector Borne Disease Control Programme (NVBDCP): The micro and macro plan for NVBDCP is available at the district level. The annual blood examination rate is 12.43% during the reference period. Total Long-lasting insecticidal nets (LLIN) is being distributed in 2016 at Akkalkot PHC only. Weekly epidemiological and entomological situation are monitored.

Implementation of National Tuberculosis Elimination Programme (NTEP): Under the NTEP, 49.08% of the TB notification target has been achieved by the district. All TB patients are tested for HIV and UDST testing is universal for all eligible TB patients. Drugs for both drug-sensitive and drug-resistant TB is available in the district. The treatment success rate in the public sector is 46.54%, whereas, in the private sector it is 53.13%. Total 1290 (66.15%) beneficiaries paid under Nikshay Poshan Yojna.

Implementation of National Leprosy Eradication Programme (NLEP): Total 63 new cases of Leprosy have been detected, of which no single case was G2D cases during the reference period. Total 521 footwear and self-care kits are available in the district.

Mobile Medical Unit (MMU): The district has two functional MMU one is in Sangola block and other is in Jeur block. Total 642 villages are covered by both the MMUs. In a month. It made about 48 visits per month to the villages of the district (camps) and provide OPD services and lab services. Apart from the MMU, there are 25 BLS, and 10 ALS in the district and all these ambulances are fitted with GPS. Total number of 119, 102 ambulances are on road.

Utilisation is low of all the ambulances. As doctors of 108 is not available all the time with the ambulance therefore rejection rate is high in the district. GMC and SMC are not providing service of pick up and drop back to the patients. Drivers of 102 are not getting their salaries on time.

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

Table 3: Details about the other health service delivery in the Solapur district.

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 13
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	4
• No. of 24X7 PHCs conducting > 10 deliveries /month	6
• No. of CHCs conducting > 20 deliveries /month	1
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	0
• No. of DH/ District Women and child hospital conducting C-section	1
• No of Medical college conducting C section	1
4. Number of institutes with ultrasound facilities (Public Private)	1 + 205
• Of these, how many are registered under PCPNDT act	206
Details of PMSMA activities perform	All RH and SDH are conducting PMSMA 9 th of every month.
5. RBSK	
• Total no. of RBSK teams sanctioned	52
• No. of teams with all HR in-place (full-team)	18
• No. of vehicles (on the road) for RBSK team	0
• No. of Teams per Block	4 or 5
• No. of block/s without dedicated teams	0
• Average no of children screened per day per team	125

Indicators	Remarks/ Observation	
• Number of children born in delivery points screened for defects at birth	34	
6. Special Newborn Care Units (SNCU)		
• Total number of beds a. In radiant warmer b. Stepdown care c. Kangaroo Mother Care(KMC) unit	At SDH Pandharpur 12 2 1	
d. Number of non-functional radiant warmer for more than a week	2	
• Number of non-functional phototherapy units for more than a week	1	
	Inborn	**Out born**
• Admission	292	53
• Defects at birth	24	3
• Discharged	257	43
• Referral	19	7
• LAMA	16	3
• Died	0	0
7. New-born Stabilization Unit (NBSU)	**10**	
8. Newborn care corner (NBCC)	**54**	
	Inborn	**Out born**
9. Admission	356	0
10. Discharge	256	0
11. Referral	100	0
12. LAMA	0	0
13. Died	0	0
14. on Rehabilitation Centres (NRC)	1 NRC at SDH Pandharpur	
Admission o Bilateral pitting oedema o MUAC<115 mm	 0 0	

Indicators	Remarks/ Observation
o <'-3SD WFH	97
o with Diarrhea	0
o ARI/ Pneumonia	0
o TB	0
o HIV	0
o Fever	0
o Severe Anemia	32
o LBW	33
o Nutrition related disorder	0
o Others	32
Referred by	3
o Frontline worker	3
o Self	12
o Ref from VCDC/ CTC	44
o RBSK	35
o Pediatric ward/ emergency	
Discharge	94
Referral/Medical transfer	0
LAMA	3
Died	0
10. Home based Newborn Care (HBNC)	
• Status of availability of HBNC kit with ASHAs	1274
• Newborn visited under HBNC	15188 (year 2022-23)
• Status of arability of drug kit with ASHAs	0
11. Number of maternal death review conducted	
Previous year	2
Current year	2
12. Number of child death review Conducted	
Previous year	2
Current year	3
13. Number of block covered under peer Education (PE) program	1 Pandharpur
14. Number of village covered under PE program	100
15. No. of PE selected	400

Indicators	Remarks/ Observation
16. 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	 2797 2718
17. 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_____	 2320 78 2580 76 1847 80
18. Status of Mahila Arogya Samiti (MAS)- a. Formed b. Trained c. MAS account opened	NA
19. Status of Village Health Sanitation and Nutrition Committee (VHSNC) • Formed • Trained	1134 1134
20. No. of Adolescent Friendly Clinic (AFC) meetings held	0

Indicators	Remarks/ Observation
21. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	2 MMU were working in district 1) Sangola block – By RW promotions, Mumbai. (June 2021 to may 2022) 2) Karmala Block – by Dhanraj Girji hospital, Solapur (2011 to March 20) Presently No MMU Working in District.
• No. of trips per MMU per month	48 Trips for 4 Villages for Month
• No. of camps per MMU per month	48 Villages, each day 2 Villages
• No. of villages covered	48
• Average number of OPD per MMU per month	87
• Average no. of lab investigations per MMU per month	642
• Avg. no. of X-ray investigations per MMU per month	0
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	3
• Avg. no. of sputum collected for TB detection per MMU per month	0
• Average Number of patients referred to higher facilities	0
• Payment pending (if any) • If yes, since when and reasons there of	NA
22. Vehicle for Referral Transport	
• No. of Basic Life Support (BLS) (on the road) and their distribution	Toll Free No 108 - 25
• No. of Advanced Life Support (ALS) (on the road) and their distribution	Toll Free No 108 - 10
	ALS BLS

Indicators	Remarks/ Observation	
• Operational agency (State/ NGO/ PPP)	BVG Pvt. Lmtd Maharashtra	Fixed By state officer Tender
a. If the ambulances are GPS fitted and handled through centralized call Centre	Yes	Monitored by BVG Pvt Lmt, call centre Located at Aundh Uro care, Pune
b. Average number of calls received per day	7	
c. Average number of trips per ambulance per day	14	
d. Average km travelled per ambulance per day	113	
e. Key reasons for low utilization (if any)	Dr. of 108 Ambulance are not present on location whole duty timing. Delay or rejection for calls are more	By BVG. Pvt, Lmt. Staff of district level Ambulance maintenance and equipment maintenance are not performed properly on due date.
f. No. of transport vehicles/102 vehicles (on the road)	119	
g. If the vehicle are GPS fitted and handled through centralized call centre	Yes MS Aditi Tracking, Pune	
h. Average number of trips per ambulance per day	7	
i. Average km traveled per ambulance per day	21	
j. Key reason for low utilization	There is no pick up and drop back services are provided in GMC and SMC Hospitals, Also drivers of PHC side have not given payment from the tender	

Indicators	Remarks/ Observation		
	company from last 15 months. So calls are not accepted by Drivers mostly as they give reason of non-availability of grant for POL, Tyre issue, battery issue.		
23. Payment status:			
	No. of beneficiaries	**Blockage**	**DBT status**
• JSY beneficiaries	1104	2021	1104
• ASHA Payment	10858		65.15
• A – routine and recurring at increased rate of 2000 pm	-	-	563.4
• B- Incentive under NTEP			0.13
• C- Incentives under NLEP			
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)			110.25
24. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• 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	Yes, Rapid response Team constituted RRT Members – EPIDEMIC MEDICALOFFICER, DMO, Paediatrician, District Husbandry Officer, etc. No outbreak in previous year year and in current FY.		
• How is IDSP data utilized	Analysing and using data on various target diseases for surveillance and rapid response to prevent or control spread of diseases in the communities.		
25. Implementation of National Leprosy Eradication Programme (NTEP)			

Indicators	Remarks/ Observation
• Target TB notification achieved	49.08% (1914/3900)
• Whether HIV status of all TB patient is known	Yes
• Eligible TB patients with UDST testing	26. (18/438)
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	No of patients notified: 46.54% (1117/2400) Treatment success rate: 89.27% No of MDR TB Patients: 22 Treatment initiation among MDR TB patients: 222
• Patients notification from private sector	No of patients notified: 53.13% (797/1500) Treatment success rate : 92.73%
• Beneficiaries paid under Nikshay Poshan Yojana	66.15% (1290/1950)
• Active case Finding conducted as per planned for the year	Yes
27. Active case Finding Leprosy Eradication Program (NLEP)	
• No of new cases detected	63
• No of G2D cases	0
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	2
• MCR footwear and self-care kit available	521
28. Number of treatment sites and Model Treatment center (MTC) for viral hepatitis	0
29. Percent of health workers immunized against Hep B	-
30. Key activities performed in current FY as per ROP under national fluorosis Control Program	School survey, Identification and testing

Indicators	Remarks/ Observation			
31. Key activities performed in current FY as per ROP under national Tobacco Control Program	31 May- world no tobacco day celebration in all health facilities give tobacco oath street play, rally, poster exhibition, Pamphlet distribution on the occasion of 31 may. IEC campaign in ASHADHI Vari in Pandharpur. IEC In Arogya melava in all over District			
32. Number of facilities quality certified	LAQSHYA National Certified 1) SDH Pandharpur 2) SDH Akluj			
33. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	All PHC and All RH SDH and sub Centre in progress			
34. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes			
35. Recruitment for any staff positions/cadre conducted at district level	15th Finance Communication Recruitment – 114 Post in progress NHM Recruitment – Under Progress			
36. Details of recruitment	Previous Year		Current FY	
	Regular Cadre	NHM	Regular Cadre	NHM
• Total no of post vacant at the beginning of FY	590	343		343
• Among these no of posts filled by state	0	57		57
• Among these no of posts filled by district level	0	286		286

Source: DPMU, Solapur

1.3 Implementation of CPHC

Ayushman Bharat - Comprehensive Primary Healthcare (CPHC) program is implementing a population-based Non-Communicable Disease (NCD) program in the district. During the financial year district has screened 169313 patients for hypertension, 59598 for diabetes, 454 for Oral cancer, 604 for breast cancer and 206 patients for cervical cancer at different facilities of the district.

Table 4: Status of CPHC in the district as on 31-08-2022

Indicator	Planned	Completed
1. Number of individuals enumerated		753068

2. Number of CBAC forms filled		283498
3. Number of HWCs started NCD screening		
a. SHC- HWC	431	431
b. PHC- HWC	77	77
c. UPHC – HWC	0	0
4. Number of individuals screened for:		
a. Hypertension		673698
b. Diabetes		671961
c. Oral Cancer		670533
d. Breast Cancer		326466
e. Cervical Cancer		211420
5. Number of HWCs providing Teleconsultation services	77	
6. Number of HWCs organising wellness activities	77	

Source: DPMU, Solapur

1.4 Status of Human Resource (Regular)

1.Staff details at public facility (regular + NHM + other sources)	Sanctioned	In - Place	Vacancy (%)
ANM	947	618	34.74%
MPW (male)	428	256	40.18%
Staff Nurse	334	244	26.9%
Lab technician	39	29	25.64%
Pharmacist	172	151	12.20%
MO (MBBS)	241	156	35.26%
OBGY	04- NHM	04- NHM	0%
Paediatrician	08- NHM	08- NHM	0%
Anaesthetist	09- NHM	09- NHM	0%
Surgeon	02 – NHM	02 -	0 %
Radiologist	01 – NHM	02 -	0 %
Dentists/Dental surgeon/Dental MO	04	03 -	25.00 %
Dental technician	01 -	0 -	100 %
Dental hygienist	03 -	0 -	100 %
X-ray technician	05	0 -	100 %
CHO/MLHP	360	308 -	14.44 %

AUSH MO	130	86 -	33.84 %
Total	**2688**	**1876**	**69.79%**

Source: DPMU, Solapur

1.5 Status of Fund Utilization

Table 5: FMR-wise budget component details, 2021 – 22 (April 21 – March 22)

Particulars	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	527.49	265.8	
FMR Code : 2 : Service Delivery - Community Based	176.03	95.52	
FMR Code : 3 : Community Interventions	1331.06	1231.77	
FMR Code : 4 : Untied Fund	471.05	392.63	
FMR Code : 5 : Infrastructure	1837.87	432.62	Bills not paid in march 2022 due to unviability of funds and also some contractors started work too late.
FMR Code : 6 : Procurement	333.4	207.62	
FMR Code : 7 : Referral Transport	57.51	46.54	
FMR Code : 8 : Service Delivery - Human Resource	2715.18	3048.7	
FMR Code : 9 : Training & Capacity Building	31.39	6.04	
FMR Code : 10 : Review, Research, Surveillance & Surveys	11.57	4.2	
FMR Code : 11 : IEC/BCC	114.03	19.59	
FMR Code : 12 : Printing	26.59	13.42	
FMR Code : 13 : Quality Assurance	18.97	2.8	
FMR Code : 14 : Drug Warehousing and Logistics	23.84	10.04	
FMR Code : 15 : PPP	104.9	10.62	
FMR Code : 16 : Programme Management	371.82	246.32	

• FMR 16.1: PM Activities sub Annexure	15.79	5.2	
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	9.05	5.2	-
FMR Code : 18 : Innovations (if any)	527.49	265.8	

Source: DPMU, Solapur

Table 6: 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 Flexi pool			
• Maternal Health	383.12	287.34	
• Child Health	71.6	53.30	
• RBSK	14.20	10.65	
• Family Planning	47.44	35.58	
• RKSK/ Adolescent health	0.50	0.29860	Because of SNA Pranali
• PC-PNDT	1.0	0.05	
• Immunization	46.60	37.95	
• Untied Fund	471.05	392.63	
• Comprehensive Primary Healthcare (CPHC)	1500.0	1432.65	
• Blood Services and Disorders	0	0	
• Infrastructure	1837.87	432.62	Bills not paid in march 2022 due to unavailability of funds and also some contractors started work too late.
• ASHAs	1331.06	1231.77	
• HR	2715.18	3048.7	
• Programme Management	371.82	246.32	
• MMU	24.52	24.52	
• Referral Transport	57.51	46.54	
• Procurement	333.4	207.62	

Indicator	Budget Released (in lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
• Quality Assurance	18.97	2.8	
• PPP	104.9	10.62	
• NIDDCP	0.0	0.0	
2. NUHM	226.31	130.27	
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	8.78	10.12	
• National Vector Borne Disease Control Programme (NVBDCP)	13.03	18.92	
• National Leprosy Eradication Programme (NLEP)	116.73	47.21	
• National TB Elimination Programme (NTEP)	227.64	160.06	
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	21.70	6.18	
• National Mental Health Program (NMHP)	13.70	4.16	Due to SNA system
• National Programme for Health Care for the Elderly (NPHCE)	1.00	0.93	Due to SNA System
• National Tobacco Control Programme (NTCP)	9.67	5.00	Sue to SNA System in tender process of yellow line campgain
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	16.14	12.28	Only one bidder came so unable to give order
• National Dialysis Programme	2.25	2.25	Due to SNA Syastem

Indicator	Budget Released (in lakhs)	Budget utilised (in Lakhs)	Reason for low utilisation (if less than 60%)
• National Program for Climate Change and Human Health (NPCCHH)	1.30	0.0	
• National Oral health programme (NOHP)	4.05	0.50	
• National Programme on palliative care (NPPC)	0.0	0.0	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	0.0	0.0	
• National Rabies Control Programme (NRCP)	1.56	0.0	
• National Programme for Prevention and Control of Deafness (NPPCD)	0.0	0.0	
• National Programme for Prevention and Management of Burn & Injuries	0.0	0.0	
• Programme for Prevention and Control of Leptospirosis (PPCL)	0.0	0.0	

Source: DPMU, Solapur

1.6 Status of training

Table 7: Status of training given to health delivery persons as of 31st August 2022 in Solapur district

Sr. No.	List of training (to be filled as per ROP approval)	Planned	Completed
1	SAB (LHV/ANM/SN)	51	56
2	MTP	4	2
3	RTI-STI LT	1	2
4	RTI – STI SN	3	1
5	BEmOC	7	8

6	NSSK (ANM/LHV)	6	7
7	IYCF	15	19
8	Family Participatory	4	5
9	Minilap	3	2
10	Minilap Refresher	2	1
11	PPIUCD MO	6	5
12	PPIUCD (ANM/LHV/SN)	10	10
13	PAFP	4	4
14	RI	30	28
15	Cold Chain Handler	3	3
16	AEFI Para	14	18
17	CDR/MDR	4	5
18	NTEP Para	8	23

Source: DPMU, Solapur

2. 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 SDH, CHC, PHC and SC. Since District Hospital and Women's Hospital are not available in the district, hence not covered by the monitoring team.

2.1 Service Delivery: SDH, Pandharpur

The Sub District Hospital is located in the Pandharpur. It is having 100 beds and essential infrastructure. It is the largest health facility in this area where semi urban and rural population are covered.

The following observations have been made by the PRC monitoring team:

- The facility provides Medicine, O&G, Paediatrics, Anaesthesiology, Dental, Imagine service (X-ray & USG), SNCU, LMU, Labour Room Complex, ICU, Dialysis, and Emergency care.
- The facility has Operational Theatre with a Single general, Ortho OT, Modular OT and Obstetrics & Gynaecology OT.
- There is blood bank facility but blood bank is not functioning from last 3 years due to license renewal.

- In the case of IT services, the SDH is well equipped with desktop/laptop and quality internet connectivity in the area.
- The facility implementing Kayakalpa, NQAS and LaQshya schemes. And for the last financial year, all assessment was completed, the internal assessment for the Kayakalp was done with a score of 90%, 84% and 88% respectively.
- The Essential Drug List (EDL) with a list of 88 drugs was available in the facility but not displayed in the OPD area. Among the Essential Drugs, 56 were available on the day of the visit. Among the not available drugs, they are procured from the local purchase. The facility is implementing DVDMS and also has a sufficient supply of essential consumables.
- The facility does have both the diagnosis facility, i.e. in-house and PPP, along with the X-ray and CT scan services. In April to August 2022, a total of 42096 tests from in-house and 2030 tests from SRL (PPP) have been performed.
- There is one digital X-ray machine available in the facility through PPP. X-ray services to all the BPL and JSSK beneficiaries are being provided free of cost.
- There is one CT scan machine available in the facility through in-house. CT scan machine has been providing its services 140 number of patients in the last month.
- The facility is implementing the PM- National Dialysis Programme by PPP mode This service is free of cost to the BPL cardholder only. Since the Dialysis unit has been providing its services 452 number of patients Dialysis in the April to August month.
- SDH is the designated FRU, and its labour room is well functional with delivery tables (2), delivery equipment, and the functional NBCC (functional radiant warmer with neo-natal ambu bag). The facility has conducted 49 normal delivery and 76 C-Section deliveries during August 2022.
- The facility has provided 366 birth doses to the new-borns during the last three months.
- The facility also provides Comprehensive Abortion Care (CAC) along with the implementation of the FPLMIS to procure the drugs or materials for family planning.
- JSSK entitlements are available in the facility as well as the facility has a birth and death registers system, where they maintain the records of births and deaths.
- During the previous and current financial year (2021 – 22 and 2022-23), there were no maternal deaths occurred in the facility.
- Previous financial year 2021-22 there was one child death and current financial year 2022-23 there were two child deaths reported by the facility.

- The facility has sufficient anti – TB drugs, and there are patients currently taking anti-TB drugs from the facility. Of these patients, 141 are getting DBT instalments under Nikshay Poshan Yojana.
- Although all the records related to TB were maintained in the facility, all records were maintained of Malaria, Leprosy and Dengue.
- The facility is well equipped with its own ambulance services as well as ambulance services with a centralised call centre. In August 2022, there were 48 cases of in-referral labour pain, prolonged labour, C – Section and 76 cases of referred-out OBG, Ortho, and Medicine in the last month.
- The below table (**table 7**) depicts the status of human resources in Sub District Hospital, Pandharpur. From the table, it can be seen that there are a total of 75 posts has sanctioned for the SDH. Among the sanctioned posts, 58 are filled regularly, 22 under **NHM** on a contractual basis and 17 posts are vacant.

Table 7: Status of human resources at the SDH, Pandharpur

Human Resource	Sanctioned	Filled	Vacant	NHM
MS	1	0	1	0
MO	12	9	3	2
Dentist	2	1	1	
MO Class II	1	1	0	
Administrative officer	1	1	0	
Office superintendent	1	0	1	
Assistant Superintendent	1	1	0	
Sr Clerk	1	0	1	
Jr Clerk	4	4	0	
Office Assistant	1	1	0	
ANM	28	28	0	12
Lab technician	3	1	2	1
Blood bank technician	2	1	1	
Lab Assistant	3	1	2	
X-ray Technician	2	1	1	
ECG technician	1	0	1	
Eye specialists	1	1	0	
Pharmacists	3	1	2	
Dental Assistant	1	0	1	
Dietician	1	1	0	1
Data entry operator	0	0	0	1

Human Resource	Sanctioned	Filled	Vacant	NHM
Dialysis technician	0	0	0	3
Others	5	5	0	2
Total	**75**	**58**	**17**	**22**

Source: Sub District Hospital, Pandharpur

Key Challenges Observed in SDH, Pandharpur.

- Staff quarters are not available, staff staying in rented house but house owner does not want to rent out their house for rent during Ashadhi Ekadashi Wari period. Up downs not possible during ASHADHi Ekadashi wari period.
- less number of local repair agencies for emergency services.
- Poor cleaning and hygiene practice

2.2 Service Delivery: Community Health Centre (CHC) - RH Karkamb

RH Karkamb Community Health Centre is located in the Karkamb Grampanchayat in Pandharpur Block of the Solapur district and is about 70 km away from the district headquarters. It is a 30-bedded hospital. The facility functions in a government building and is well accessible from the nearest road head. The condition of the building is very good and some part is under construction (First flour). The facility provides its OPD services between 9:00 am to 12:00 pm and 4:00 to 6:00 pm.

During the visit to Community Health Centre RH Karkamb, the following observations were made

- 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.
- There is no rest room for ASHA.
- Although, the facility does have power backup for the complete hospital by solar panel and generator.
- In addition to the general OPD, Vaccination, NCD, FP and ANC services, the facility also provides specialised services in Medicine, O &G, Paediatric, General surgery, Anaesthesiology, Ophthalmology and Dental services.
- The Essential Drug List (EDL) with a list of 87 drugs was available in the facility but not displayed in the OPD area. Among the listed essential drugs, 50 of the drugs were available in the facility. There is a sufficient supply of essential consumables.
- In-house diagnosis services and X – ray facilities are available in the facility from 8:30 am to 1:00 pm and 4:00 – 6:00 p.m. in-house and PPP, along with the X-ray services. In April to August 2022, a total of 4500 tests from in-house and 1332 tests from PPP have been performed.

- Delivery services are being provided by the facility, as its labour room is well equipped with two manual delivery tables and delivery equipment.
- Though PMSMA services are provided in the facility every month of 9th, data on high-risk PW identification and the list of high-risk pregnancies are available in the facility. JSSK entitlements are available in the facility except for 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 **27** normal deliveries and 20 C-section deliveries conducted in the last months.
- The facility has provided 162 birth doses to the new-borns and same in new born breastfed within one hour of birth during the last three months.
- 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. Apart from the FP counsellor, ANM also counsel the beneficiaries. The facility also provides permanent FP services through OT.
- The facility is designated as Designated Microscopy Centre (DMC). In the last 6 months, 5% of the OPD cases were tested for TB, and all the positive TB patients 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, MCTS/RCH portal was updated.
- Ambulance services in the periphery area of the facility are available with a centralised call centre as well as facilities' own ambulance. There were two cases (delivery previous LSCS) referred from PHC/Sub Centre and 6 cases (Medicine, ANC, PNC, paediatric) referred by CHC karkam.
- NCD screened for the following in last 6 months

	Screened	**Confirmed**
Hypertension	771	19
Diabetes	771	75
Oral Cancer	210	0
Breast Cancer	189	0
Cervical Cancer	110	0

Source: RH Karkamb, Solapur,

- **Fund received:**

Total Fund received in last financial year is - 3,89,400 and

total fund utilized in last financial year is - 2,66,485

Table 8: Status of human resources in the RH Karkamb, Solapur

Human Resource		**Sanctioned**	**Regular**	**Contract**
MO (MBBS)		3	0	2
	ObGy	0	1	-
	Pediatrician	0	-	1
	Anesthetist	0	-	1
	Medicine	0	-	0
Dentist		1	0	0
SNs/GNMs		7	6	0
LTs		1	0	0
Pharmacist		1	1	0

Source: RH Karkamb, Solapur,

2.3 Service Delivery: Primary Health Centre - Gadegaon

Primary Health Centre (PHC) Gadegaon is about 10 km from SDH Pandharpur. It is a six-bedded standalone facility. Its next referral point is SDH Pandharpur. The facility provides ANC, delivery, NCD, Immunization, Family Planning etc., services from 9:00 am to 12:30 am. And 4:00 to 6:00 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 –

- Although the facility has adequate sitting arrangements for OPD patients, and it is not geriatric and disability-friendly, rest room for ASHAs, a drug storeroom with racks, electric power backups, a drinking water facility, and 24*7 running water services are available.
- The facility's building is good, but it is very old construction and congested area. The staff quarters are not available.
- In the case of IT equipment, the facility has a laptop or electronic tablets. ANM have equipped with electronic tablets. ASHA have not smart phone.
- The facility has not an essential drug list on the day of visits.
- All medicines for hypertension and diabetes were available in the facility, and all of the staff was trained on NCDs.

- The facility has a sufficient supply of testing and diagnosis kits, the In-house laboratory and essential diagnostic services were available.
- Delivery services are being provided by SBA-trained ANM at the facility as its labour room is well equipped with a manual delivery table and delivery equipment and radiant warmer.
- There was no sharp pit or deep burial pit in the facility. All the biomedical waste was outsourced to a private partner enrolled from the state.
- All the JSY payments are being made from the THO Office only. So information was not provided regarding the JSY payment.
- Though JSSK entitlements are available in the facility, the line listing of the high-risk pregnancies is available.
- There were 33 deliveries conducted in the last three months and all were new born immunized with birth dose and breastfed within one hour of birth.
- The facility has reported no **maternal** and **child deaths** in this year and previous year.
- There were 8 cases of sterilization performed in last one month.
- Ambulance services in the periphery area of the facility are available with a centralised call centre. There were 8-referral cases from sub centre to this PHC in last month and 2 labour cases from PHC were referred to CHC/SDH.
- NCD screened for the following in last 6 months

	Screened	**Confirmed**
Hypertension	726	121
Diabetes	695	115
Oral Cancer	306	0
Breast Cancer	133	0
Cervical cancer	119	0

Source: PHC Gadegaon, Solapur,

Table 11: Status of human resources in the PHC Gadegaon, Solapur

HR	**Sanctioned**	**Regular**	**contractual**
MO (MBBS)	2	2	0
MO (AYUSH)	-	-	-
SNs/GNMs	2	-	1

ANM	2	1	-
LTs	1	1	-
Pharmacist	1	1	-
Public Health manager (NUHM)	-	-	-
LHV/PHN	2	1	1
Total	**10**	**6**	**2**

Source: PHC Gadegaon, Solapur,

2.4 Service Delivery: Sub Centre - Ajoti

Sub- Centre (SC) Ajoti is situated 10 km away from SDH Pandharpur. The SC is located near the main road and functioning in the government building, which is good and constructed in 2006. The following insight has been observed by the PRC monitoring team at the day of visit: It provides ANC, OPD, NCD, Immunization, Family Planning, ENT, Oral Health, Emergency services, E-sanjivani etc., services from 9:00 am to 3:00 pm.

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

- Though the facility has officially converted into HWC, there is separate labour room available for the facility.
- The facility having with 24*7 running water supply with 2000 litre storage tank.
- OPD waiting area has not sufficient sitting arrangement.
- a drug storeroom with racks, and electric power backup.
- There is no ASHA rest room
- Although there is enough area to conduct yoga/wellness activities, it is not covered by shade and the space is uneven.
- CHO does have tablet/laptop with her in case of the IT services, and she gives teleconsultation services and provides her service data in the given apps.
- Though the facility does have all the essential drugs in the store, List of essential medicines (EDL) is available with 60 drugs but not on displayed.
- Drugs related to hypertension and diabetes were available in the facility, and CHO was dispensed to the patients.
- The facility was well equipped with the BP instruments, thermometers, contraceptives and glucometers, along with a sufficient supply of testing/diagnostic kits.

- Though the facility has the list of eligible couples of the different villages, list available of high-risk pregnant women.
- ANM of the facility was aware of her vaccine schedule, open vial policy and micro-plan.
- Reporting of S form under IDSP is done from the facility.
- All the ASHAs of the periphery area of Sub-Centre have HBNC and drugs, and ORS. Also, the ASHA incentives were delayed by 5 months. All the ASHA are aware of the provision of incentives under NTEP and Nikshay Poshan Yojana.
- Though CHO provides the NCD services in the facility, and she has maintained the offline records separately. NCD screened for the following 6 Months

	Screened	**Confirmed**
Hypertension	851	55
diabetes	851	24
Oral cancer	850	1
Breast Cancer	442	0
Cervical Cancer	442	0

The below table shows the number of human resources available in the facility. It is run by three ANM and one CHO. Apart from these four, 10 ASHAs are working in the periphery area of the facility.

Table 12: Available Human Resources at SC Ajoti, Solapur

Human Resource	**Sanctioned**	**Regular**	**Contract**
ANM/MPW Female	1	0	1
MPW Male	1	1	0
MLHP/CHO	1	0	1
ASHA	6	0	6

Source: Sub-Centre – Ajoti, Solapur district,

Challenges in the SC Ajoti, Solapur

- separate labour room is available which very is congested

3 Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MoHFW), the PIP 2022 – 23 of Solapur district monitoring was carried out by the PRC team from 13 September to 16 September 2022. The Civil Surgeon Office, District Hospital, Community Health Centre – RH Karkamb, Primary Health Centres –Gadegaon and Sub-Centre – Ajoti were visited for monitoring by 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. It is recommended to specious labour room for SC Ajoti, it is very congested, there is no space for movement.

2. It is recommended to provide the Blood storage unit at SDH Pandharpur as it is suspended due to renewal of licence.

3. CHC is not having blood bank or BSU. They are having tie up with local blood banks. But the rates given in the PIP is less than the amount charged by the blood banks. Therefore, it is recommended that rates needs to be revised and it should be at par with the private blood bank rates. Due to non-availability of funds in time facility is not able to provide blood units to the JSSK beneficiaries. Therefore, it recommended that PIP amount should be released on time.

4. During the visit PRC team observed that the records are not maintained in proper manner. Therefore, it is recommended that the senior officer of the facility should check the all the records periodically.

5. There is an acute shortage of health workers in the entire district. Vacancies of Specialists / Doctors / Nurses need to be filled urgently at all levels. As there may be some issues in filling up of regular positions but 343 NHM positions are vacant of which 286 can be filled at district level. Even though these posts can be filled at district level but they are vacant for more than one year.

6. Although the training of the health personnel is a very important. But it is observed during the visit that the staff of the visited facilities are not aware about the all programmes of the NHM. Whereas PHC staff asked for refresher trainings to be done periodically.

7. ASHA incentive needs to be released on time.

8. There are a total of 28 RBSK teams sanctioned and all teams are working, 3 /4 teams in each block. No vehicle is available in the district for RBSK teams. All teams are travelling to the field by their personal two/four wheeler vehicles. (***Please see attached video in glimpse section***.) Moreover, they are not getting reimbursement of their travelling expenses on time. As the tender process for hiring vehicles is done from the state office therefore there is massive delay in completing the procedure. As the size of the vehicle is also too small to fit four team members. When asked to the district officials they have replied that there is very less amount provided for hiring vehicle.

9. Every year on the day of Ashsadhi Ekadashi more than 10 lakh devotees are coming from various parts of the Maharashtra. Besides this in every month around 50000 devotees are visiting Pandharpur. SDH Pandharpur is catering health care services to all the devotees. This is an additional burden for the facility. Staff of the facility is facing to many problems during this period of 10 days. As extra manpower is pulled from other part of the district. There is no space to accommodate this

additional force which is not available at the facility. Therefore, it is strongly recommended that there should be hostel complex for the extra manpower pulled from the district to provide health care services.

4 A glimpse of the Solapur district PIP monitoring visit, 13 September - 16 September 2022.

Visit to Sub District Hospital, Pandharpur

CHC, Karkamb

Visit to SC PHC Gadegaon

VID-20221007-WA0024.mp4

RBSK Team travelling by two wheeler (Video)

Dr Akram Khan

Gayatri Tejankar