

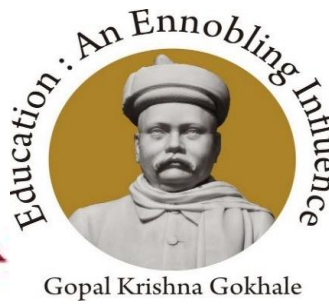


A report on

**Monitoring of Important Components of Program  
Implementation Plan of NHM of the Nagpur District of  
Maharashtra, 2023-24**

By

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A.P. Prashik  
Dr. Bal Govind Chauhan

## **Monitoring of the important components of Programme Implementation Plan of NHM, Nagpur District, Maharashtra, 2023-24**

### **Executive Summary**

The monitoring and evaluation of the key components of the National Health Mission Programme Implementation Plan (NHM-PIP) envisage periodic assessment of the health systems at the district level across the states and union territories of India. The present report brings forth findings from the monitoring and evaluation of the key components of the NHM PIP in the district of Nagpur for the years 2023-24. The report highlights key observations made with respect to the district and WH-level health needs, based on which the key stakeholders may be guided to prioritize each area with an approach best suited for the realization of the goals of the National Health Mission. The fieldwork was carried out during 11-16 September, 2023. The District Health Office, Women Hospital (DAGA) Nagpur, Community Health Centre (CHC)- Narkhed, Public Health Center (PHC)-Mohad, and Sub Center (SC)- Rohana were visited for the study by the PRC team. During the field visit the PRC team was accompanied by IPHS Coordinator. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment, family planning, disease control programs, and other programs under the NHM. This report discusses in detail the implementation of PIP in the Nagpur district as observed during the field visit for monitoring. There is an overall improvement in the health system in the district. The key observations at the district level is given below:

#### **a) Achievements made**

- A total of 53 PHCs are available in the district, of which 48 PHCs have been converted into HWCs. All PHCs that work 24 X 7 in the district are equipped with the basic lab facilities.
- Free meals and drug facilities for mothers at health care facilities are in execution as per DPMU.
- All the ASHAs are provided with drug kits and sanitary Napkins.
- A total of 1510 Village Health, Sanitation and Nutrition Committees (VHSNCs) have been formed and the equal number of bank accounts have also been opened.
- A total of 48 Mahila Arogya Semities (MAS) have been formed and trained in the district, and equal number of MAS Accounts have also been opened.
- The CPHC has been implemented in the district, and a total of 6,04,900 CBAC forms have been filled in the district. 316 of the SC-HWC, 48 PHC-HWC, 2 SDH, 11CHC, 1 WH, and 2 UPHC-HWCs have started doing NCD screening.
- District Women Hospital, 2 SDH, 10 CHC, 33 PHC, 1 UPHC and 56 SC have received the Kayakalp programme in the district for the year 2022-23.
- HMIS, IHIP, NIKSHAY portal, etc. are functioning well in the district.

- The error in data reporting in HMIS portal has been minimized in the district.

**b) Areas for Further Improvement**

- The district as a whole is facing a severe shortage of health staff. Vacant posts of doctors/nurses CHO need to be filled at all levels on an urgent basis. Further, the contractual staff of NHM (i.e. ANM, ASHA, etc.,) need to fill on a priority basis.
- Most of the NHM Health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Even they are not covered under PF and health insurance. Therefore, it is recommended to increase the remuneration of the NHM staff and provide them with health insurance coverage and retirement benefits such as PF.
- Frequent visits to health facilities from DPMU should be held to bridge the communication gap and smooth health system functioning.
- More emphasis needs to be laid on NCD training and screening, particularly on cancer in the district.
- A total of 14 health facilities are quality certified (6 for NQAS and 8 for Laqshya) in the district; the district needs to focus more on the health facilities' quality certification.
- More emphasis needs to be placed on quality assurance programs in the district as the district has secured 103 Kayakalp awards during 2022-23, and the same needs to be sustained. The district should take the initiative to include more health facilities under the NQAS and LaQshya programs.
- Training to health staff needs to be provided in a timely manner to provide quality services and reduce the morbidity burden.
- More emphasis need to be placed on NTCP in district. School and village-level sensitization programs/workshops need to be organized.
- Since April 2023 none of the RBSK team of the have vehicle to go to field for screening due to the delay in tender processing at the state level. They use their own vehicle for field visit. Need to make available vehicles on urgent basis.

**c) Specific recommendation**

**Sub-Centre – Rohana**

- The Sub-center building is old; the government has also declared it hazardous. A new building needs to be provided at the earliest.
- Medicine for blood pressure and diabetes is not available in the Sub-Centre; there is a need to supply all the essential medicine in a timely manner.
- There is no mosquito net fixed in the window of the delivery room; need to fit the mosquito net to avoid vector-borne diseases.
- Need to establish a direction board indicating the Sub-center on the main road.

### **PHC-Mohad**

- In the Mohad village which fall under jurisdiction of PHC-Mohad and come under corporation area with a population of 8000, still no ASHA is appointed in that area. Hence, need to deploy an ASHA on priority basis.
- Pharmacist post is vacant at the PHC; need to fill on priority basis
- The building is old. The Ceiling of the OT collapsed; hence OT needs to be renovated on an urgent basis.
- The Building of the PHC is old; the delivery room is in a separate room which is totally outside the PHC's main building.

### **CHC Narkhad**

- Building is old, and seepage are there, hence construction of new infrastructure and repair/up-gradation of the existing infrastructure is required at CHC-Narkhed.
- The vacant posts at the CHC is a big concern. Medical Superintendent, Paediatrician, Anaesthetists, two posts of medical officer and five posts of in-charge staff nurse in the regular cadre are vacant at the CHC, which hinders the services delivery at CHC Hence, it is recommended to fill vacant posts on a priority basis.
- There is a blood storage unit, but it is not operational as it has yet to get permission from the concerned officer. Since the average load of IPD/OPD in the hospital is high, it should be started as early as possible.
- The condition of the delivery room is not good; seepage is there. Renovation needs to be done as soon as possible.
- Adolescent-friendly health clinic is not conducted at the CHC; need to start the AFHC.
- The assessment for NQAS is not done, and the Rural Hospital is also not LaQshya certified; efforts need to be put in this direction.
- No direction board on the main road towards CHC. IEC material was not displayed at Rural Hospital. EDL was not displayed in the public domain; concerned authorities need to look into this.
- All the consultation and admission is done at one place of the general ward.
- Only one delivery has taken place in the CHC in August, the reason was cited for same was the maternal death few months back. Because of that people are reluctant to come to CHC. Hence there is a need of confidence build-up in the community with robust counselling during ANC period.

### **Women Hospital (DAGA) Nagpur**

- The Women's Hospital is facing a severe crunch in Human resources (86 posts under regular cadre and 10 posts under NHM are vacant), which is hindering the service delivery at the hospital. It is recommended to fill all the vacant posts on a priority basis.

- The Women Hospital is functioning in an old building, windows are cracked, and no staff quarters are there. It is recommended to make some arrangements for staff quarters and also renovation of the hospital.
- Cancer screening is not done at the hospital, and for this, hospital staff cited the reason for being an MCH wing. Because of this, a number of women are deprived of cancer screening, which may increase the burden of cancer in the district, therefore, it is recommended to state and district authorities to address this issue at the earliest and start the practice of cancer screening at the women's hospital.
- Some of the protocols are not followed properly EDL was not displayed in the public domain, PNC ward is not in good condition and head ticket was also not mentioned on bed, no direction board toward herbal garden, etc., which need to be taken care.
- Time-to-time training for hospital staff on data entry software is recommended.
- NRC and DEIC are situated at WH, but space is not enough.
- CT- scan service is not available which need to be provided.

## 1. Introduction

National Health Mission (NHM), previously known as National Rural Health Mission (NRHM) was launched in order to make health care more accessible and affordable to all, especially those who are vulnerable and underserved, and at the moment it has become one of the essential part of the health services in the country. The Mission is both flexible and dynamic and is intended to guide states toward ensuring the achievement of universal access to health care through the strengthening of health systems, institutions, and capabilities. Also, the need for effective inter-sectoral convergent action to address the wider social determinants of health is envisioned. A timely and systematic assessment of the key components of NHM is important for further planning and resource allocation.

In keeping with the goals of the NHM, the Programme Implementation Plan (PIP) 2023-24 has been designed and submitted to the Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) by all the states and the Union territories of the country. The PIPs categorically specify the mutually agreed upon goals and targets expected to be achieved by a state or a UT while adhering to the key conditionality and the road map given for PIP. In order to assess the implementation and progress of PIP, the MoHFW has assigned the task of evaluation and quality monitoring of the important components of NHM to various PRCs. Population Research Centre (PRC), Pune was assigned the evaluation study of PIP of fourteen districts of Maharashtra states for the year 2023-24.

In order to carry out quality monitoring and evaluation of important components of NHM, various types of checklists developed by the Ministry were used. The checklist for districts and facilities was aimed at gathering data pertaining to the actual implementation of PIP at the district and facility level.

This report discusses the monitoring and evaluation of PIP findings and observations for the Nagpur District in Maharashtra, which was carried out during the period 11-16 September 2023.

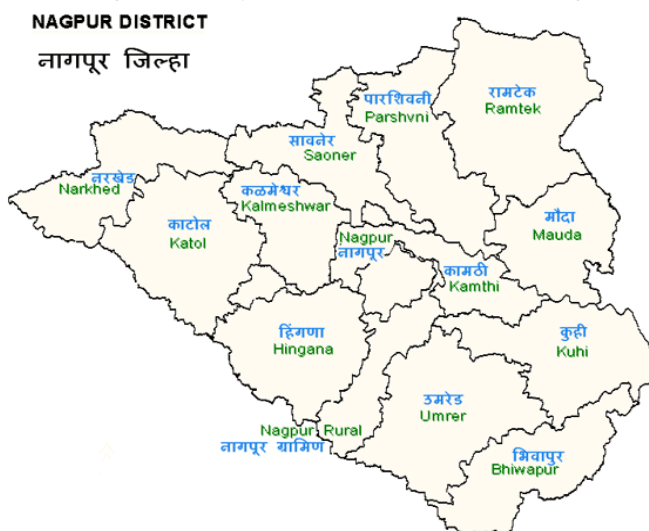
This report provides a review of key population, health, and service delivery indicators of the Nagpur district. The report also deals with the health infrastructure and human resources of the district and provides insights on MCH service delivery including JSSK and JSY schemes, NRC, Immunization, RBSK, Family Planning, ARSH, Bio-medical waste management, referral transport, ASHA scheme, communicable and Non-communicable diseases and status of HMIS and MCTS. The report is also included the inputs of the District Program Manager, Civil Surgeon; concerned Programme Officers, and Medical Officer of the visited facilities.



## 2. Overview of District

### 2.1 Geographic Profile

Nagpur city is the winter capital of the state of Maharashtra, with a population of 46,53,570. It has also recently been ranked as the cleanest city and the second greenest city of India. In addition to being the seat of annual winter session of Maharashtra state assembly “Vidhan Sabha”, Nagpur is also a major commercial and political center of the Vidarbha region of Maharashtra. Nagpur is also famous throughout the country as “Orange City” for being a major trade center of oranges that are cultivated in the region. Nagpur city was established by prince of Gond tribe “Bhakt Buland” in first half of 18<sup>th</sup> century. Nagpur lies precisely at the center of the country with the “Zero Mile Marker” indicating the geographical center of India. It has 13 Talukas and 12 Assembly Segment Constituencies



### 2.2 Administrative Profile

The district has been divided into fourteen tehsils for the purpose of administrative conveyance namely Nagpur Urban, Nagpur Rural, Hingna, Kamptee, Katol, Narkhed, Saoner, Kalmeshwar, Ramtek, Parseoni, Mauda, Umred, Bhiwapur, and Kuhi with thirteen Panchayat samities

### 2.3 Demographic Profile

The total population of the district is 2,366,513; in which 3,27,645 people live in Urban areas while 2,03,88,68 live in the Rural areas. The total literacy rate of the district is 91.92%. The overall sex ratio of the district is 922 and sex ratio at birth is 950 females per thousand males. The population density of the district is 36 /km<sup>2</sup>. Sex Ratio of Nagpur district was 922 females per 1000 males and the sex ratio at birth is 950 female babies per 1000 male babies.

**Table 1: Demographic, health indicator, and facility details of Nagpur district, 2023-24.**

Indicator	Remarks/ Observation
Total number of Blocks	13
Total number of Villages	1621
Total Population	2366513
• Rural population	2038868
• Urban population	327645
Literacy rate	91.92

Sex Ratio	922
Sex ratio at birth	950
Population Density	36

Source: DPMU, Nagpur

## 2.4 Health Profile of the state and district

The fifth round of the National Family Health Survey (NFHS-5) brings to light key statistics concerning the national and sub-national health outcomes (**table 2**). The district of Nagpur records a higher percentage of the share of women using contraception, when compared with the state's share. The maternity and delivery care indicators fare relatively better too, as the district records higher than state average of 4 or more ANC visits, consumption of IFA 180 days or more, percentage of institutional deliveries and higher proportion of caesarean deliveries. With respect to child under-nutrition, district records, a lower than state average of the share of underweight and higher proportion of anemic children (70.5%). The proportion of children fully immunised was higher (89.4%) in the district than state average (73.5%).

With respect to adult health, hypertension surfaces to be an emerging area of concern in the district, for both, men and women. However, the prevalence of hypertension and diabetes among women was lower in the district than state.

Total 3 maternal deaths, 27 child deaths, 67 infant deaths and 21 still birth were reported in the district during 2022-23. Impressively, 2 maternal deaths, 6 child death, 11 Infant deaths 4 still birth have been reported in the district during April to August of 2023-24 (**table 3**).

**Table 2: Key health Indicators in Maharashtra and Nagpur district, NFHS-5**

Key indicators	NFHS 5	
	Maharashtra	Nagpur
<b>Maternity and Delivery care</b>		
Mothers registered in the first trimester (%)	70.9	78.1
Mothers who had at least 4 ANC visits (%)	70.3	71.4
Mothers whose last birth was protected against neonatal tetanus <sup>9</sup> (%)	90.1	92.8
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	30.9	42.0
Institutional Delivery (%)	94.7	100.0
Home deliveries assisted by SBA (%)	2.0	00.00
Births delivered by caesarean section (%)	25.4	33.7
MMR		
<b>Child health</b>		
Children (12-23 months) fully Immunized (%)	73.5	89.4
Children under 5 years who are stunted (%)	35.2	27.6
Children under 5 years who are underweight (%)	36.1	27.6
Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	68.9	70.5

IMR	23.2	
NMR	16.5	
<b>Reproductive health</b>		
Using any modern method for family planning (%)	63.8	81.2
Total Unmet need for FP (%)	9.6	4.2
Unmet need for spacing (%)	3.9	2.6
<b>Adult Health</b>		
% women aged 15-49 years who are anemic	54.2	53.6
Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	12.4	6.0
% women aged 15-49 years who have elevated blood pressure (Systolic $\geq$ 140 mm of Hg and/or Diastolic $\geq$ 90 mm of Hg) or taking medicine to control blood pressure (%)	23.1	21.3
% men aged 15-49 years who are anemic	21.9	
% of men have sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level (%)	13.6	12.8
% men aged 15-49 years who have elevated blood pressure (Systolic $\geq$ 140 mm of Hg and/or Diastolic $\geq$ 90 mm of Hg) or taking medicine to control blood pressure (%)	24.4	18.3

Source: NFHS-5

**Table 3: Mortality indicators in Nagpur district.**

Mortality Indicators	2022-23	2023-24 (April to August )
	Reported	Reported
Maternal Death	03	02
Child Death	27	06
Infant Death	67	11
Still birth	21	04
Deaths of due to Malaria	00	00
Death of due to sterilization	01	00

Source: DPMU Nagpur

### 3. Available Physical Infrastructure in the district

#### 3.1 Health Infrastructure in the District

There is no district hospital in Nagpur district, but two medical colleges are available in the district. A total of 1 WH, 2 SDHs, 11 CHCs, 53 PHCs, 317 SCs, 2 U-PHC, 1 SNCU, 1 NRC, and 1 DEIC are available in the district. 48 PHCs and 242 Sub-centres, 02 U-PHCs have been converted into health and wellness centers (HWC). Further, six health facilities are FRU; one blood bank and 5 BSU are also available in the district. A total of 47 designated microscopy centres (DMC), 13 tuberculosis units (TUs), 12 CBNAAT/TruNat sites, and 2 drug-resistant TB centres are also available in the district. The NCD clinic is done at all the SDHs, CHCs, and PHCs. Though, only 316 SCs conduct the NCD clinic

in the district. A total of 65 health facilities provide comprehensive abortion care (CAC) services, and all provide services in both 1<sup>st</sup> and 2nd trimesters.

**Table 4: Health infrastructure in the Nagpur district as on 15 September 2023**

Facility Details	Sanctioned/ Planned	Operational
District Hospitals	0	1 WH
Sub District Hospital	2	2
Community Health Centers (CHC)	11	11
Primary Health Centers (PHC)	53	53
Sub Centers (SC)	317	317
Urban Primary Health Centers (U-PHC)	02	02
Urban Community Health Centers (U-CHC)	0	0
Special Newborn Care Units (SNCU)	1	1
Nutritional Rehabilitation Centers (NRC)	1	1
District Early intervention Center (DEIC)	1	1
First Referral Units (FRU)	6	6
Blood Bank	1	1
Blood Storage Unit (BSU)	6	5
No. of PHC converted to HWC	53	48
No. of U-PHC converted to HWC	02	02
Number of Sub Centre converted to HWC	317	242
Designated Microscopy Center (DMC)	47	47
Tuberculosis Units (TUs)	13	13
CBNAAT/TruNat Sites	12	12
Drug Resistant TB Center	2	2
Functional Non-Communicable Diseases (NCD) clinic		
• At DH	0	0
• At WH	1	1
• At SDH	02	02
• At CHC	11	11
• At PHC	53	48
• SC	317	316
Institutions providing Comprehensive Abortion Care (CAC) services		
Total no. of facilities	65	65
Providing 1st trimester services	50	50
Providing both 1st & 2nd trimester services	65	65

Source: DPMU, Nagpur

### 3.2 Service Delivery Points

In the district, a free drug policy is implemented under all national programs. In-house labs are available in all the facilities of the district for most of the diagnostics tests. Besides this, HLL Life Care Ltd. is appointed in the state to provide diagnostic tests services which are being done at the health facilities. Moreover, a total of 2 SCs conduct more than three deliveries per month and a total of 4 PHCs conduct more than 10 deliveries per month in the district. Total 3 CHCs conduct more than 20 deliveries. Apart from the women hospital, there are 2 medical colleges in the district of which one conducts more than

50 deliveries per month. Similarly, a total of 141 institutes (public and private) have ultrasound facilities and all are registered under the PCPNDT Act.

**Table 5: Health facilities and their status in the district**

Indicator	Remarks/ Observation
Implementation of Free drugs services (if it is free for all)	Yes
Implementation of diagnostic services (if it is free for all)	Yes
Number of lab tests notified	
<b>Status of delivery points</b>	
No. of SCs conducting >3 deliveries/month	2
No. of 24X7 PHCs conducting > 10 deliveries /month	4
No. of CHCs conducting > 20 deliveries /month	3
No. of DH/ District Women and child hospital conducting > 50 deliveries /month	women hospital is there.
No. of DH/ District Women and child hospital conducting C-section	1
No. of Medical colleges conducting > 50 deliveries per month	2
No. of Medical colleges conducting C-section	2
Number of institutes with ultrasound facilities (Public + Private)	141
Of these, how many are registered under PCPNDT Act	141

Source: DPMU, Nagpur

#### 4. Availability of Human Resource for Healthcare Services

Human resources are an important component of the health care system. Achievement of good health outcomes is not possible without a sufficient qualified health workforce and its shortage will lead to a decrease in the quality of healthcare services. There are some improvements in human resources after the implementation of the National Health Mission. Human Resource Information System (HRIS) is in place in the district. A total of 2000 posts of different disciplines are sanctioned for the district; of which 1242 posts are filled, and 758 posts are vacant (**table 6**).

Table 7 depicts the status of contractual staff appointed under NHM in the Nagpur district. The PRC monitoring team has observed that 84 posts (7.6%) of different classes of employees were vacant among the contractual staff under NHM. 39 posts of CHO, 11 posts of ANM, 5 posts of OBGY, 4 posts Paediatrician, 4 posts of Anaesthetist, 4 posts of RBSK MO (Female), 2 posts of Dental surgeon, 8 others posts are vacant in the district.

**Table 6: Status of Regular Staff under District Health Officer (DHO), Nagpur district, 15 September, 2023**

Name of Post	Approved No. of Post	Filled	Vacant
CLASS I	4	4	0
Class II	3	0	3
MO class A	113	102	11
TMO MO	13	9	4
MEDICAL OFFICER class B	67	46	21
Pharmacist officer	76	63	13
Health supervisor	21	18	3
Health assistant ( Male )	83	78	5
Health assistant ( female )	54	43	11
Health worker (male )	301	143	158
Health worker ( female )	512	199	313
Lab technician	10	8	2
Driver	53	53	00
JR ASST	66	32	34
Other	624	444	180
<b>TOTAL</b>	<b>2000</b>	<b>1242</b>	<b>758</b>

Source: DPMU, Nagpur

**Table 7: Contractual staff appointed under NHM in District Programme Management Unit (DPMU), Nagpur district as on 31th august 2023.**

Name of Post	Approved No. of Post	Filled	Vacant
OBGY	9	4	5
Paediatrician	9	5	4
Anaesthetist	6	2	4
Surgeon	1	1	0
Radiologists	5	1	0
Other specialists	9	3	6
Dental surgeon	3	1	2
ANM	200	189	11
Staff Nurse	156	156	0
LHV Staff	20	20	00
Lab Technician	33	33	0
Dental Technician	1	1	0
Pharmacists	44	44	0
Physiotherapists	5	5	0
Dental Hygienist	2	2	0
Mo	25	25	0
AYUSH MO	12	12	0
RBSK MO(male)	38	37	1
RBSK MO (Female)	38	34	4
Other post	276	272	08
CHO	200	161	39
<b>Total</b>	<b>1092</b>	<b>1008</b>	<b>84</b>

Source: DPMU, Nagpur

## 5. Status of Training of Healthcare Provider in the District

Table 8 depicts the status of training given to health personnel of Nagpur district at the Health & Family Welfare Training Centre under various Programmes during the 2023-24 financial year. It was planned to provide training to a total of 16 different batches during 2023-24. A total of two RTI-STI, two RI, two IYCF, one SAANS (MO&SN), two SAANS (CHO& ANM), one WIFS, three FPLMIS and two IYCN sessions were planned, but one RTI, -STI, RI, two IYCF, one SAANS (MO & SN), one SAANS (CHO and ANM) two FPLMIS and two IYCN sessions were completed in the district. In the last year 2022-23, It was planned to provide training to a total of 47 different batches and the same number of sessions were completed.

**Table 8: Training given to health personnel of Nagpur district at Health & Family Welfare Training Centre under various Programmes as on 31 August, 2023-24**

List of training (to be filled as per ROP approval)	Planned	Completed
<b>For year 2023-24</b>		
RTI-STI	2	1
RI	2	1
IYCF	2	2
SAANS (MO& SN)	1	1
SAANS (CHO& ANM)	2	1
MHS	1	0
WIFS	1	1
FPLMIS	3	2
IYCN	2	2
<b>Total</b>	<b>16</b>	<b>11</b>
<b>For year 2022-23</b>		
RI	4	4
RTI-STI	2	2
CCH	1	1
EAT TO RIGHT	13	13
OEEE	12	12
EALDERLY &PALLITIV	4	4
MNS	2	2
WIFS	1	1
MHS	1	1
FPLMIS	3	3
SAANS	2	2
AEFI	2	2
<b>Total</b>	<b>47</b>	<b>47</b>

Source: DPMU, Nagpur

## 6. Implementation of National Health Programmes in the district

### 6.1 Maternal and Child Health Care Programmes

Maternal Health is an important aspect of the development of any country in terms of increasing equity and reducing poverty. So, the well-being of the mother is not only important in their own right but is

also central to solving large broader, economic, social, and development challenges. Therefore, the government of India has introduced several programmes focusing on the well-being of mothers and children. In the Nagpur district, many of these programmes are being implemented smoothly with the help of central and state funding.

**Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** A total of 40319 MCP cards and booklets have been issued in the district under PMSMA. The current round of PMSMA was conducted in the 2 medical colleges, district Women Hospital, 2 SDH, 11 CHCs, 53 PHCs, and 2 UPHCs of the district (table 9).

**Table 9: Details of PMSMA activities performed, 2023-24 (April to August, 2023).**

PMSMA components		
No. of issued MCP Cards and safe motherhood Booklets	Total 40319.(2023-24)	
Number of health facilities where the current round of PMSMA was conducted	Medical College	2
	WH	01
	SDH	2
	CHC	11
	PHC	53
	UPHC	2

Source: DPMU, Nagpur. This data is from DHO side only.

**Special New-born Care Unit (SNCU):** The district has 42 beds of SNCU situated at Woman Hospital. A total of 30 radiant warmers, 6 step-down units and 12 KMC units are available in the SNCU. During last year, from April 2022 to March 2023, a total of 1783 (1163 inborn and 620 out-born) children were admitted to the SNCU. In total, 27 children died in the SNCU during April 2022 to March 2023. A total of 803 (571 inborn and 232 out born) children were admitted to the SNCU and 9 children died in the SNCU during April to August 2023-24 and total 16 cases were referral cases (table 10).

**Table 10: Number of children admitted in SNCU in Nagpur district.**

	Inborn		Out born	
	2022-2023	2023-24	2022-23	2023-24
Admission	1163	571	620	232
Defects at Birth	145	36	13	4
Discharged	1108	542	593	228
Referral	33	12	21	4
LAMA	0	0	0	0
Died	18	8	9	1

Source: DPMU, Latur

**Newborn Stabilization Unit (NBSU):** NBSUs are available in the district. In the last financial year, April 2022 to March 2023, a total of 472 children were admitted to the NBSU, out of which 93 were referral cases. one case was reported as LAMA and no case of death reported in the last year 2022-23.



In the current year (April to August 2023-24) 150 admissions to the NBSU have taken place, of which 21 are referral cases. 129 children have been discharged from the NBSU after the treatment.

**Table 11: Number of children admitted in NBSU in Nagpur district.**

	Inborn		Out-born	
	2022-2023	2023-24	2022-23	2023-24
Admission	428	136	44	14
Discharged	378	129	0	0
Referral	93	21	0	0
LAMA	1	0	0	0
Died	0	0	0	0

Source: DPMU, Nagpur

**New-born Care Corner (NBCC):** Most of the SCs have NBCC as reported by DPMU.

**Nutrition Rehabilitation Centres (NRC):** NRC is situated in the women Hospital Nagpur district, and is functioning with necessary equipment and trained manpower. During the 2022-23, a total 167 children were admitted in the NRC, of which 150 were discharged after treatment, and one case was referred to medical college. Similarly, from April to August 2023, a total of 62 children were admitted in the NRC, of which 61 got discharged after treatment. Total 9 children were admitted due to the MUAC<115mm, 53 children admitted due to <3 SD WFH, 15 children with diarrhoea, 9 children due to ARI, 5 due to Fever, 15 children admitted due to Nutrition related disorders, and 18 admitted due to other reason. Out of total, 5 children were referred by Frontline worker, 39 children came to their parent/self, 12 children were referred by RBSK team and 6 referred by paediatric ward/ emergency.

**Table 12: status of NRC in the district**

Nutrition Rehabilitation Centers (NRC)	2022-23	2023-24
Total admission	167	62
Discharged	150	61
Referral/ Medical transfer	1	0
LAMA	0	0
Died	0	0
Admission by disease categories 2023-24		
o Bilateral pitting edema		00
o MUAC<115 mm		09
o <'3SD WFH		53
o with Diarrhea		15
o ARI/ Pneumonia		09
o TB		00
o HIV		00
o Fever		05
o Nutrition related disorder		15
o Others		18
Referred by		
o Frontline worker		5
o Self		39
o RBSK		12
o Paediatric ward/ emergency		06

Discharged	61
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Source: DPMU, Nagpur

**Rashtriya Bal Swasthya Karyakram (RBSK):** A total of 38 RBSK teams are available in the district and all the teams are having full of strength (consisting of 2 Medical officers (1 male and 1 female), 1 ANM, 1 Pharmacist. All RBSK teams work under the District Health Office. In the last financial year, on average 125 children were screened per day/team at AWC and 200 children screened per day/team in School Health program. A total of 7629 children born at the delivery point were screened for defects at birth in 2023-24.

**Table 13: status of RBSK programme in the district, 15 August 2023**

Indicators	Remarks
Total no. of RBSK teams sanctioned	38
No. of teams with all HR in-place (full-team)	38
No. of vehicles (on the road) for RBSK team	0
No. of Teams per Block	1
No. of block/s without dedicated teams	0
<ul style="list-style-type: none"> <li>Average no of children screened per day per team</li> </ul>	AWC-125, SHP 200
<ul style="list-style-type: none"> <li>Number of children born in delivery points screened for defects at birth</li> </ul>	2023-2024: 7629

Source: DPMU Nagpur

### Recommendations

- Since April 2023 no vehicle is available for RBSK Program in the district to go to the field for children screening. The vendor is not providing the vehicle due to low cost of tender.

**Janani Suraksha Yojana (JSY):** The JSY program is well-functional in the district. All the beneficiaries received the payment on time. A total of 2759 JSY beneficiaries have received the benefits through DBT from the Taluka health office. For the same a list of benefices is sent to Taluka Health office, then Taluka Health Office released the amount based on pre-decided criteria.

### Maternal and Child Deaths Review

Maternal Death Review (MDR) as a strategy has been spelled out clearly in the RCH –II National Programme Implementation Plan documents. The importance of MDR and child death review (CDR) lies in the fact that it provides detailed information on various factors at the facility, district, community, regional, and national level that need to be addressed to reduce maternal deaths. Analysis of these deaths can identify the delays that contribute to maternal deaths at various levels and the information used to adopt measures to fill the gaps in services.

There were 3 Maternal Deaths, 94 children deaths and 21 still birth took place in the district during April 2022 to March 23 and all the maternal and child deaths were reviewed by the concerned authorities

of the district. During April 2023 to August 2023, total 2 maternal deaths, 17 children deaths and 7 still-births took place. One maternal deaths have been reviewed and all the child deaths have been reviewed by the end of July (table 14).

**Table 14: Status of Maternal and child deaths in the district Nagpur**

Maternal and child deaths	2022-23	2023-24 (April to August )
Maternal deaths	3	2
Number of Maternal Death Review conducted	3	1
Child deaths (including infant deaths)	94	17
Number of Child Death Review conducted	94	17
Still births	21	7
Deaths due to Malaria	00	00
Deaths due to sterilization procedure	00	00

Source: DPMU, Nagpur

## 6.2 Community Process

The leading role of community front-line workers such as ASHAs and ANMs in the operational delivery of key schemes/programs under NHM has been in evidence for decades now.

**Accredited Social Health Activist (ASHA):** In the district, a total 1834 ASHAs are required as per population, but only 1814 ASHAs have been appointed. Out of the total selected ASHAs, total 1700 are enrolled for Pradhan mantra Jeevan Jyoti Bima Yojana (PMJJBY), 1663 are enrolled in the Pradhan Mantri Suraksha Bima Yojana (PMSBY), 1055 ASHAs are enrolled in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY). Similarly, total 93 ASHA facilitators are enrolled in the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), 87 ASHA facilitators are enrolled in the Pradhan Mantri Suraksha Bima Yojana (PMSBY), and 73 ASHA facilitators are enrolled in the Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) in the district.

**Table 15: status of enrolment of ASHAs in the various programs in the district.**

Sr. no.	Number of ASHAs
<b>1. Number of ASHAs</b>	
Required as per population	1834
Selected	1814
No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population	1744+70=1814
No. of villages/ slum areas with no ASHA	101
<b>2. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)</b>	
No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	1700
No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)	93

No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	1663
No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	87
No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	1055
No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)	73

Source: DPMU, Nagpur

**Home Based New-born Care (HBNC):** 1677 ASHAs have HBNC kits; and all the new-borns are visited by ASHA under HBNC, although no drugs kit have been given to ASHA. Newborn visited under HBNC 27923.

**Mahila Arogya Samiti (MAS):** Total 48 MAS are formed and all the trained and the same number are MAS account have been opened in the district.

**Peer Education (PE) Programme:** The Peer education program is not implemented in the district.

**Weekly Iron Folic Acid Supplementation program (WIFS):** The WIFS program is implemented in the district through Schools and Aganwadi centres.

### Recommendations

There have been stock out of IFA tablets for last six months, which is a very critical issue, hence it is requested to state and district to addressed the at the earliest.

## 6.3 Non-Communicable disease programme

**Implementation of CPHC and Universal Health Screening:** The government of India, Ministry of Health and Family Welfare under the Ayushman Bharat Comprehensive Primary Healthcare (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. The total number of PHCs 53, SHCs 316, and UPHCs 2 are functioning as HWCs.

The universal screening is being conducted in the district. The total target population of the district is 801929, of which 604900 CBAC have been filled. A total of 514530 people were screened for Hypertension, of which 61049 were diagnosed with hypertension and 60467 were treated for the same. A total of 511641 people were screened for Diabetes, of which 24679 were diagnosed with Diabetes and 24476 were treated for the same. Similarly, a total of 507911 people were screened for oral cancer, of which 354 were diagnosed and 633 were treated for the same. A total of 247887 women were screened for Breast cancer, of which 104 were diagnosed with breast cancer and all are under treatment. Total women were screened for Cervical cancer 118639 of which 94 were diagnosed with Cervical cancer and all are under treatment.

**Table 16: Status of universal health screening of the population in the district**

Universal health screening		Yes	
If conducted, what is the target population		801926 per portal (NCD)	
Number of Community-Based Assessment Checklist (CBAC) forms filled till date		604900	
No. of patients screened, diagnosed, and treated for:	Screened	Diagnosed	On-Treated
Hypertension	514530	61049	60467
Diabetes	511641	24679	24476
Oral cancer	507911	354	354
Breast Cancer	247887	104	104
Cervical cancer	118639	94	94

Source: DPMU, Nagpur

### Recommendation/suggestions

- No dedicated staff for NCD screening at RH and SDH level, there should be a dedicated staff for screening of the NCD at every level.
- The funds released for NCD treatment are insufficient compared to the NCD beneficiaries, hence, there is a need to increase the fund for same.
- About 40% CHO posts are vacant in HWCs as per the NCD coordinator, which need to be filled on priority basis.
- There is no confirmatory test at RH, SDH, or PHC level for cancer screening; therefore, every patient is referred to a tertiary center for further investigation and treatment.

**National Iron Deficiency Program:** The National Iron Deficiency Program is implemented in the district.

### Recommendations

No IFA tablets are available in the district for last one year, hence no distribution of IFA have been done, hence it is recommended to state and district concerned officers to address this issue at the earliest.

**National Tobacco Control Programme (NTCP):** Under the NTCP program only district-level workshops are conducted in the district.

### Recommendations

1. More emphasis need to be placed on this program in district.
2. School and village-level sensation programs/workshops need to be organized.

## 6.4 Communicable Disease Programmes

**National Vector Borne Disease Control Programme (NVBDCP):** The NVBDCP is implemented in the district and Micro and Macro plan is also prepared at district level. Annual blood Examination Rate (ABER) is 13.7. However, ABER has decrease since last year due to unavailability of Lab scientific officer. The LLINs are not distributed in the district.

## Recommendation

The post of lab technician is vacant, which hindrance the examination of vector borne disease, the post of technical should be filled on priority basis.

**National Leprosy Eradication Programme (NLEP):** The NLEP program is implemented in the district. A total of 251 new cases of Leprosy have been detected so far in the district, of which 2 cases are G2D. Moreover, 10 reconstructive surgeries for G2D cases have been conducted (old cases). MCR footwear and self-care kits are available in the district, and the MDT supply is there without interruption.

**Integrated Disease Surveillance Programme (IDSP):** The IDSP has been implemented in the district and functioning well. The rapid response team includes the district health officer, surveillance officer, Malaria officer, epidemiologist, veterinary officer, district food Drug officer, and physician. A total of 7 outbreaks were reported the year 2022-23 and 8 during April 2023 August 23 (table 17).

**Table 17: Status of IDSP in the district**

Implementation of Integrated Disease Surveillance Programme (IDSP)	Yes
If Rapid Response Team is constituted, what is the composition of the team	District health officer, surveillance officer, Malaria officer, epidemiologist veterinary officer, district food Drug officer, and physician
No. of outbreaks investigated in the previous year and in the current FY	<b>2022-23:</b> 07 <b>2023-24:</b> 08
How is IDSP data utilized	The IDSP collect, compile, analyse, and use data on various targeted diseases for surveillance and rapid response to prevent and control the spread of diseases in the communities. It is used for recording and reporting information at various levels. Under IDSP, data are collected on epidemic-prone diseases on a Daily Real Time basis (Monday–Sunday). ‘S’ form - Reporting Format for Syndromic Surveillance, filled by Health Worker. ‘P’ form- Reporting Format for Presumptive Surveillance, filled by Medical Officer/Pharmacy Officer. 4. ‘L’ forms - Reporting Format for Laboratory Surveillance. 5. The Daily data gives information on the disease trends and seasonality of diseases. Whenever, there is a rising trend of an illness in any area, it is investigated by the Rapid Response Teams (RRT) to diagnose and control the outbreak. Data analysis and actions are being undertaken by respective Block Surveillance Units. Emphasis is now being laid on reporting of surveillance data from Major Hospitals and also from Infectious Disease Hospitals.
Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	Not provided by the DPMU .

Source: DPMU, Nagpur

### National Tuberculosis Elimination Program (NTEP)

A total of 1817 cases of TB notification have been achieved by district, of which 1780 patients' HIV status is known. A total of 1442 patients were eligible for UDST testing. In the district, both types of drugs (drug-sensitive and drug-resistant TB) are available. A total of 1,539 patients were notified from the public sector, with a treatment success rate of 90%. A total of 59 patients were MDR TB patients, and 57 of them have initiated the treatment. A total of 286 patients were notified from the private sector, with a treatment success rate of 97%. No MDR cases have been reported from the private sector. A total of 1177 TB patients have been paid under Nikshay Posahan Yojna in the district. District have also conducted active case finding for the year as a strategy to control the disease.

**Table 18: Status of NTEP in Nagpur, April to August 2023**

Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes
Target TB notification achieved	1817
Whether HIV Status of all TB patient is known	Yes; No. of TB patients with known HIV status: 1780
Eligible TB patients with UDST testing	Yes; 1442
Whether drugs for both drug sensitive and drug resistance TB available	Yes
Patients notification from public sector	No of patients notified: 1539 Treatment success rate:90.0% No. of MDR TB Patients: 59 Treatment initiation among MDR TB patients: 57
Patients notification from private sector	No of patients notified: 286 Treatment success rate: 97% No. of MDR TB Patients: 00 Treatment initiation among MDR TB patients: 00
Beneficiaries paid under Nikshay Poshan Yojana	1177
Active Case Findings conducted as planned for the year	Yes

Source: DPMU, Nagpur

### 6.5 Quality Assurance Programmes

**Kayakalp:** The district received 103 Kayakalp awards (1 WH, 2 SDH, 10 CHC, 33 PHCs, 1 UPHC, and 56 SCs) during 2022-23, which is an appreciable thing. Now, the district has to focus more on maintaining these trends and try to motivate other facilities to win the awards

**National Quality Assurance Standards (NQAS):** A total of 6 facilities are NQAS certified in the district.

**LaQshya:** A total of 8 facilities are LaQshya quality certified in the district.

**District Quality Assurance Committee (DQAC):** DQAC activities have been performed at the district level.

**Grievance Redressal Mechanism:** A grievance redressal mechanism is available in the district. District collector, Civil surgeon, DHO, DPM, etc., are members of the committee. Besides, a call center with the toll-free number (toll-free number 104) is also available in the district. All the complaints are resolved in due course of time.

**Mera Aaspatal:** Mera Aaspatal is implemented in the women's hospital, 2 SDH, 6 CHC, 33 PHC, however, 'The Mera Aaspatal' score is generated in the software. 64% of patients reported being 'very satisfied' in the Mera Aaspatal.

## 6.6 Others

### Referral Transport

All JSY and JSSK beneficiaries are provided transportation services free of charge in the district. A total of 40 ambulances (31 with BLS and 9 with ALS) are available in the district, and all the ambulances are equipped with GPS. A total of 85 ambulances with 102 toll-free numbers are available in the district. On an average 5 trips are done and on average 100 to 120 km distance is travelled by these ambulances in the district. A total of 5775, ANC pick-ups, 3046 patients referred from one institute to another, and a total of 5761 delivery mothers were dropped back to home were reported during April to August 2023.

**Table 19: status of transport in the district, April to August, 2023**

Vehicle for Referral Transport (108)		
No. of Basic Life Support (BLS) (on the road) and their distribution	31	
No. of Advanced Life Support (ALS) (on the road) and their distribution	9	
	<b>ALS</b>	<b>BLS</b>
Operational agency (State/ NGO/ PPP)	9	31
If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
Average number of calls received per day	5.02	5.02
Average number of trips per ambulance per day	5	5
Average km travelled per ambulance per day	140to 150	100 to 120
<b>Key reasons for low utilization (if any)</b>	<b>Performance as per norms</b>	<b>Performance as per norms</b>
No. of transport vehicle/102 vehicle (on the road)	85	
If the vehicles are GPS fitted and handled through centralized call centre	Yes	
Average number of trips per ambulance per day	5	
Average km travelled per ambulance per day	100 to 120	
Key reasons for low utilization (if any)	108 is fully utilized	

Source: DPMU, Latur

**Mobile Medical Unit (MMU):** There is no MMU in the district as it is not required in the district.



## 7. Public Health planning and implementation of National Programmes

### 7.1 District Health Action Plan (DHAP)

All facilities are involved in the preparation of the District Health Action Plan (PIP). Health facilities send their requirements and action plans to the district for approval. The district sends the DHAP to the state, and with some minor changes (if required), the state gives approval. The District received the approved PIP in July 2023.

DPMU has provided the details of funds received and utilized for the various programs of NHM. Every year PIP funds are received in the same period. But they are able to manage their routine activities from the unspent grant which they have received in the last financial year. As DPMU stated there is no delay in making payment of ASHAs.

**Table 20: Details about DHAP and status of construction of building in Nagpur district.**

Indicator	Remarks/ Observation
Whether the district has prepared any District Program Implementation Plan (PIP) for the current year and has submitted it to the states (verify)	Yes
Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	31/07/2023
Date of the first release of funds against DHAP	12 April 2023
Infrastructure: Construction Status	
Details of Construction pending for more than 2 years	No
Details of Construction completed but not handed over	No

Source: DPMU, Nagpur

### 7.2 Status of Fund Utilization

The budget utilization summary for the Nagpur district is presented in Table below. Total 6507.65 Cr. Budget was available with the district, out of which, 5815.04 Cr. spent on various programs during 2022-23. The head-wise utilization of funds is given in the below table.

**Table 21: Status of Expenditure as on: 01/04/2022 to 31/03/2023**

Indicator	Budget Released 2022-2023	Budget utilized	Reason for low utilization
<b>RCH and Health Systems Flexi pool</b>			
Maternal Health	466.60	56.59	
PC-PNDT	0.50	00.00	
Child Health	419.62	45.49	
Immunization	117.75	26.09	
RKSK/ Adolescent health	1.40	00.00	
Family Planning	72.23	7.05	
NIDDCP	0.30	00.00	
CPHC	598.13	108.35	
Infrastructure	476.57	5.65	
RBSK	207.32	206.34	
HR	2668.59	617.59	
ASHA	1098.84	210.68	

Refrral Transport	93.92	0.62
Untied fund	333.58	17.75
Procurement	24.90	0.10
PPP	66.83	1.53
QAC	38.35	8.19
NIDDCP	0.30	0.00
<b>NUHM</b>	<b>494.88</b>	<b>163.47</b>
<b>NDCP</b>		
IDSP	19.58	41.00
NVBDCP	162.54	83.52
NLEP	80.70	5.06
NTEP	134.88	42.68
NRCP	3.60	0.00
<b>NCD</b>		
NPCB+VI	188.70	72.69
NMHP	16.85	5.38
NPHCE	4.45	0.00
NTCP	5.79	2.25
NPCDCS	29.05	6.59
PMNDP		
NOHP	11.00	4.29
NPPC	8.80	2.10
NPPCF	3.40	3.33
NPPCD	3.62	0.00
NPCCHH	17.84	0.00
<b>TOTAL</b>		

Source: DPMU, Nagpur

## 8. Selection of the Health Facility for Monitoring in the District

As per the guidelines of PIP monitoring, we have to visit one each of the WH, CHC, PHC, and SC in the district, considering the timeline of five days. The Nagpur block was selected for physical monitoring of Women Hospital and Narkhed Block was chosen for physical monitoring of the Rural Hospital, PHC-HWC, and SC-HWC. Narkhed Block was chosen based on the criteria of low performance in RCH components and discussion with the district officials. The list of visited facilities is give below:

**Table 22: List of visited health facilities in the district of PIP Monitoring**

Name of Facility	Level	Health	Criteria for selection
Women Hospital	Tertiary	Nagpur	By default, due to unviability of DH
CHC	Secondary	Narkhed	Belong to Narkhed block and poor performance
PHC-HWC, Mohad	Primary	Narkhed	Comes under the Narkhed Rural Hospital's jurisdiction
SC-HWC, Rohana	Primary	Narkhed	Situated in out of main population with low OPD

## 9. Service Availability at the visited Public health facilities

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regard to infrastructure, service delivery, manpower, drugs and equipment, NHM programs, etc.

The monitoring team visited the following health facilities comprising one Sub-center, one PHC, one Rural hospital, and the women's Hospital of the district.

### 9.1 Service Delivery: Sub-Centre Rohana

Sub-Centre-Rohana is located in Narkhed block, and is about 7 km away from Mohad PHC. The facility is easily accessible from the nearest road head. SC provides OPD, ANC, PNC, RI, Family Planning, and HBNC services, and all national programs are implemented in the periphery of four villages and cater to about 4552 populations. The women's delivery room is available at the facility, but the main building is Dismantle. Clean and functional toilet is available. The facility has a 24\*7 running facility water. The facility is having inverter as power backup, a waiting area for OPD patients. This facility has been converted into a Health and Wellness Centre (HWC) and a community health officer (CHO) has also appointed here. Apart from the above point, the following observations have also been made by the PRC monitoring team;

#### Key observations

- Health and Wellness activities are organized at the SC. The total population of individuals aged 30 years or above is 1895, and 1852 CBAC forms have been filled in the six three months.
- Hypertension and Diabetes drugs are available at the health facility. The Community Health Officer dispenses the medicines for hypertension and diabetes at the SC.
- All the essential and basic instruments i.e. B.P. instrument, thermometer, DDK, blood urine testing kits, etc., are available at the health facility.
- PPIUCD service is available at the facility, oral pill and condom distribution is done, and counseling for sterilization is given to community persons.
- Line listing of high-risk women is done at the health facility.
- Biomedical waste is collected in color-coded bags, PHC vehicle comes to SC once a week to collect it.
- All the IT related instrument (tablet) have been given to CHO.
- VHSNC is done once a month. The 'S' form under IDSP is filled.
- In the last financial year, a total Rs. 35000/- had been received and the total expenditure was Rs. 25000.
- 108 and 102 ambulances are available at the facility on-call basis.
- Testing kits/Rapid Diagnostic kit is available in the facility.
- Tele-consultation services are available.

- ASHA is aware of the provision of incentives under NTEP.
- Three ANC cases were referred to PHC during April to August 2023.
- All records are maintained and updated at the facility. However, due to the freezing the HMIS portal, HMIS data were not updated.
- Total 6 presumptive TB patients have been identified in the sub-centre area and 6 presumptive TB patients were referred for testing from April 2023- to August 2023. Of these, 4 TB patients were diagnosed and the same number of patients are taking treatment under the SC area (Table 23).

**Table 23: Status of Tuberculosis in SC Rohana area.**

Indicators	2022-23	2023-24
Number of presumptive TB patients identified		6
Number of presumptive TB patients referred for testing		6
Number of TB patients diagnosed out of the presumptive TB patients referred		4
Number of TB patients taking treatment under the SC area		4

Source: SC, Rohana Nagpur

**Table 24: Human resource at SC- Rohana, August, 2023**

Human Resource	Sanctioned	Filled (regular)	Filled (contractual)
CHO	1	1	0
ANM	1	1	0
MPW	1	1	0
ASHA	5	0	5
<b>Total</b>	<b>8</b>	<b>3</b>	<b>5</b>

Source: SC, Rohana Nagpur

Below table 25 shows the number of cases screened and confirmed cases of different types of NCDs at the SC. It can be seen that from the table, a total of 1700 persons were screened for hypertension, and 1700 screened for Diabetes, 1700 persons screened for oral cancer, 600 breast cancer and 600 Cervical Cancer during the reference period. screened cases. Of total screened cases, 64 cases were found positive for Hypertension 120 cases for Diabetes and one for breast cancer and cervical cancer

**Table 25: Screened and confirmed cases of NCDs under NCD program reported at Sub-centre Rohana, Nagpur, April to August, 2023**

NCDs	Screened	Confirmed
Hypertension	1700	164
Diabetes	1700	120
Oral Cancer	1700	00
Breast Cancer	600	01
Cervical Cancer	600	01

Source: SC, Rohana Nagpur

### **Weaknesses/ challenges and recommendations**

1. It is not a geriatric and disability-friendly health facility; hence, it is recommended to make it geriatric and disability-friendly by constructing a ramp, etc.,
2. Some of the protocols are not properly followed, such as no direction board on the main road towards the sub-center, an essential drug list is available but not displayed in the public domain, etc., which need to be addressed immediately.

## **9.2 Service Delivery: Primary Health Centre Mohad**

PHC Mohad is located in the Narkhed block of Nagpur district, and about 10 km away from Rural Hospital Narkhed. It caters services to 4 Sub-Centers covering a population of 24,800 in the periphery. PHC-Mohad is easily accessible from the nearest road. It is functioning in a government building. It is a 6-beds health facility with separate wards for males and females. The labour room of the health facility currently is in good condensation. New-born Care Corner is available at the facility. The working timing of the facility is 8 am to 1 pm in the morning and 4 to 6 pm in the evening. 24\*7 water supply, clean toilets, inverter for power back-up, and drinking water facilities are available in the PHC. Besides, the following observations have also been by the monitoring team;

### **Key observation and good practice**

- Kayakalp is implemented at the facility and the facility scored 84 % in 2022-23. Further, Internal NQAS assessments have also been done.
- Bio-Medical Waste management is outsourced, and the outsourced agency collects the BMW once a week from the PHC.
- Tele-Medicine consultation facility is available at the facility. The average caseload is 2-3 per day.
- In the case of IT equipment, the facility is having Desktops with good internet connectivity.
- All ANMs are provided with Tablets. Though, ASHAs are not provided with the smartphone.
- A total of 110 essential drugs are listed in the ED and displayed in the public domain. In the last 30 days, there was no shortage of drugs in the PHC. Drugs related to Hypertension & Diabetes were available in the facility. For procurement of medicine, E-Aushadhi software is used in the PHC.
- Testing and rapid diagnostic kits are available in the facility in sufficient quantity.
- All the essential equipments is available at the PHC. A total of 1203 tests were done at PHC, and 3600 tests were done by an outsourced agency.
- 24\*7 delivery facility is available in the facility. Respectful maternity care is followed in the PHC.
- Last three months, a total of 11 deliveries took place. All of the new-borns were given 0 Polio, BCG, and Hepatitis B, and all of the new-borns initiated breastfeeding within one hour of delivery.

- The JSY beneficiaries list is sent to the Taluka Health Office (THO) for payment, and THO makes payment through PFMS to the beneficiaries. A total 59 of eligible beneficiary payments have been done from April to August 2023 through DBT from the THO office.
- All diagnostic and health care services are provided free of cost to all JSSK beneficiaries.
- A total of 4 female sterilizations were done last month. Supply of condoms, oral pills, and Copper-T services are provided in the facility. Family planning counselling is done by LHV and ANM. FPLMIS is implemented from SC.
- No maternal or infant death is reported at the facility and in the periphery.
- The NCD clinic is there on a daily basis. During April to August 2023, a total of 1167 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer, and Cervical Cancer. Of which 154 were confirmed for Hypertension, and 113 were confirmed for Diabetes. 5 oral cancers were confirmed and 2 breast cancer cases were confirmed. The medical officer has been trained in cancer screening.
- The facility is a designated Microscopy Centre. In the last 6 months, 10% of patients were tested for TB. Drugs for TB treatment are available and currently, 6% of patients have been tested through CBNAAT/TruNat for Drug resistance in the last six months and public sector for TB investigations and other tests, and taking TB drugs. 100% of patients were given monetary benefits through DBT under Nikshay Poshan Yojna in the last 6 months.
- Registers for Malaria, Dengue Chikungunya, and Leprosy are available and maintained.
- Data entry in different portals is updated as per the statement of the Medical officer.
- RKS meetings take place once a month.
- A total of Rs. 761607 was received, out of which a total of 761607 was utilized during the last financial year.

**Table 26: Status of Human Resource in the PHC- Mohad, Nagpur as on August 2023**

Human Resource	Sanctioned	Filled	Vacant
MO	2	2	0
MO Ayush	1	1	0
SN/GNM	2	2	0
ANM	2	1	1
HA	1	1	0
Pharmacy Officer	1	0	1
Jr. Clerk	1	1	0
Lab Technician	1	0	1
Driver	1	1	0
Ward Boy	4	2	2
Sweeper	1	1	0
DEO	1	1	0
<b>TOTAL</b>	<b>18</b>	<b>13</b>	<b>5</b>

Source: PHC Mohad

### **Weaknesses/ challenges and recommendations**

- One ANM, one pharmacist, one Lab technician and two ward boy posts are vacant at the PHC, which is hindering the service delivery, it is recommended to fill all the vacant post at the earliest.
- The Population Mohad is village 8000, but no ASHA is appointed.
- ASHA restroom is not available at the facility.
- Referral services are not adequate due to non-availability of 108 on time.
- The conditions of staff quarters are not good due to maintained of quarters in timely manner.

### **9.3 Service Delivery: CHC-Narkhed**

CHC- Narkhed is located in the Narkhed Block of the Nagpur district, and is about 95 km away from district headquarters. It is a 30 beds hospital situated in a government building which is not in good condition. It is well accessible from the main road. The working hours of the facility is 8 am to 12 pm in the morning, and 4 to 5 pm in the evening. Electricity with power backup is available. Separate toilets are there for male and female wards; toilets are attached to the Labour room and are clean. restroom is not available for ASHAs. A drug store with racks is available in the facility. Waste management is outsourced to a private agency. Pertaining to health services, Rural Hospital provides OPD; IPD; Delivery; RI; Family Planning; ANC, PNC, etc., services.

In terms of specialty services, only OBGY, General duty MO, Ayush MO, and Dental MO is there. Ophthalmic, Anaesthesiology, Paediatrician, Orthopaedician ENT Medicine This services is not available in the CHC. Besides, the following observations have been made by the monitoring team;

#### **Key observation/good practices**

- NBCC, Triage, Resuscitation, and stabilization facilities are available at the facility.
- Kayakalp is implemented and assessment is done, the facility score is 69% for September 2023.
- E-Aushadhi software is used for the procurement of medicine. Of total EDL, 150 drugs were available on the day of the visit.
- In-house Lab service are available in the facility. The hospital also has MoU with HLL for Lab test.
- An X-ray machine is available in the facility and X-ray services are free for BPL, senior citizens, and JSSK beneficiaries.
- For payment of JSY, a list of beneficiaries is sent to the THO.
- All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9<sup>th</sup> day of every month.
- Line listing of high-risk pregnancies is done. Respectful maternity care is also implemented in the facility. FP-LMIS is also implemented in the facility.

- NCD clinic is done with the general OPD. A total of 3697 and 3697 patients were screened for hypertension and diabetes in the last five months.
- CHC is a designated Microscopy Centre. Patients are taking TB drugs from the facility. Out of all OPD patients, 3% are tested through TruNat for drug resistance. In the Last 6 months, a total 65% samples were tested for TB and all the TB patients were tested for HIV and Diabetes. All the patient's received cash benefits through DBT. For the last six months, all the patients' DBTs have been initiated under the Nikshay Poshan Yojana.
- In the last financial year, a total of INR 773209 were received, out of which 242567 were utilized on the different heads.
- RKS meeting is conducted once a month. The last meeting was held in August 2023.
- CHC is having its own ambulance.
- No maternal or child deaths have been reported during this year and the previous year.
- The status of NCDs screening and confirmed cases are given in the table 23 below.
- One post of Medical officer-dental, one post of In-charge staff nurse, three post of ward-boy and one post of sweeper is vacant at the CHC in the regular cadre (table 27).

**Table 27: Status of Human Resource in the CHC- Narkhed, Nagpur as on 31 August 2023**

Human Resource	Sanctioned	Filled	Vacant
Medical Superintendent CI-I	1	0	1
MO –II	3	3	0
Dental MO	1	0	1
Assistant Superintendent	1	1	0
SN	7	6	1
Pharmacy Officer	1	1	0
X ray tech	1	1	0
Jr. Clerk	2	2	0
Lab Tech	1	1	0
Lab Asst.	1	1	0
Driver			
Peon	1	0	1
Ward Boy	4	3	1
Sweeper	2	2	0
Dental assistant	1	0	1
<b>Total</b>	<b>27</b>	<b>21</b>	<b>6</b>
<b>NHM</b>			
Surgeon	1	0	1
Anaesthetists	1	0	1
MO Dental	1	1	0
Mo	4	3	1
SN	3	1	2
Pharmacy Officer	2	1	1
ANM	2	1	1
Lab Tech	1	0	1



<b>TOTAL</b>	15	7	8
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Source: CHC, Narkhed Nagpur

**Table 28: Screened and confirmed cases of NCDs under NCD program reported at CHC – Narkhed Nagpur 2022-2023 and 2023-24 August**

NCDs	2022-23		2023-24	
	Screened	Confirmed	Screened	Confirmed
Hypertension	7779	309	3697	45
Diabetes	7779	91	3697	29
Oral Cancer	7779	17	3697	0
Breast Cancer	3906	9	1620	0
Cervical Cancer	3906	0	1620	0

Source: CHC Narkhed Nagpur

### Weakness/challenges and recommendations

- One post of Medical Officer-dental, one post of staff Nurse-In-charge, three post of ward-boy and one post of sweeper in the regular cadre and eight posts of different categories under NHM are vacant are at the Rural Hospital which are hindering the service delivery at the hospital (table 27). It is recommended to fulfilled all the vacant posts on priority basis.
- Only one delivery has taken place in the CHC in August 2023, the reason was cited for same was the maternal death few months back. Because of that people are reluctant to come to CHC. Hence there is a need of confidence build-up in the community with robust counselling during ANC period and some sensitization program.
- A blood storage unit is there, but it is not functional due to the getting permission from concerned official. As the average delivery load is higher in the hospital, it should be started at the earliest.
- The condition of the delivery room is not good; seepage is there. Renovation needs to be done as soon as possible.
- The assessment for NQAS is not done and Rural Hospital is also not LaQshya certified, effort need to put in this direction.
- EDL was not displayed in the public domain, concerned authority need to look into this.
- There is a need to organised a training session for all the staffs of CHC on NCD program/screening.

### 9.4 Service Delivery: Woman Hospital (DAGA) Nagpur

Woman Hospital is situated at the heart of the city district. This facility is serving a population of about five lakhs. It is a 36 -beds hospital and is well accessible from the main road. It is a geriatric and disable-friendly hospital which is located in a government building. Electricity with power backup is available in the facility. 24\*7 running water facility is available. The attached toilets to the Labour room are available and are clean. The drug store room with racks is available in the facility and has sufficient space. Waste management is outsourced to a private agency. The services like OPD, IPD, NCD,

Ophthalmic, Pathology, ICTC, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK, etc., are provided at the hospital. Besides these specialized services of Medicine, O & G, Paediatric, Anaesthesia, Imaging Services, and Labour complex, are available at the facility. All other sanctioned specialist is available at the facility 24\*7. The facility has emergency services. Triage, Resuscitation, and stabilization facilities are available. Besides, following observations have also been made by the PRC monitoring team;

### **Key observation/good practices**

- Kayakalp is implemented in the hospital and the total score is 95.86% for the year 2021-22. The internal assessment for NQAS has also been done and the score was 94%. The hospital has also applied for state assessment.
- The LaQshay is also implemented in the Hospital. Both the Labour room and OT assessment have been done. The Labour Room score is 94%, and OT is 98% for the year 2023-24.
- A total of 210 drugs, out of 201, were available on the day of the visit. E- Aushadhi software is used for medicine procurement.
- Sufficient supply of consumables and testing kits has been reported. An in-house diagnostic facility is available and a total of 231717 tests have been done from April to August 2023 and a total 54678 outsourced test has also been done at the hospital.
- X-ray services are available in the hospital.
- During the month of August 2023, a total of 1039 deliveries (419 normal and 620 C-section) have been conducted in the hospital. Respectful maternal care is implemented at the WH. No maternal Deaths reported in the hospital. A total of 79 child deaths were reported in the last financial year.
- All the JSSK and JSY beneficiaries are entitled to free diagnostic and referral services. Free food and diagnostics are also provided to JSSK and JSY patients. All the new-borns are given birth doses of immunization and are asked for breastfeeding within an hour of delivery. PMSMA services are provided on the 9<sup>th</sup> day of every month.
- The hospital staff is trained in the IUCD, and PPIUCD, and a total of 234 female sterilizations were done in the last month.
- NCD clinic services are provided in the daily OPD. From April to August 2023, a total of 17400 patients were screened for NCDs, of which newly diagnosed Hypertension patients were 776 and 347 of Diabetes. No breast and cervical cancer patients have been identified during the last year.
- Adolescent-friendly health clinic is available at the Hospital. ARSH Counsellor is available in the hospital.
- During the last year 2022-2023, Rs. 13492958/- funds were received, and 17472908/- were spent on various works/heads.
- In the case of online reporting, all portals are updated.
- Computers and printers are available with good internet connectivity.

- General emergency services are not available at the hospital as it was designated to MCH services.
- Women's Hospital has its own ambulance.
- Tele-medicine/consultation services are not available in the facility from the start.
- Blood Storage Unit (BSU) is available in the hospital. A total of 178 blood transfusions were done in the August month.
- Comprehensive Abortion care (CAC) services are available.
- DEIC and NRC are situated on the premises of women's hospitals. But space is sufficient.

The below table 29 depicts the status of human resources at the Women's Hospital. Of the total regular sanctioned posts (348), 86 posts of different categories of human resources are vacant in the hospital. Similarly, 10 posts of different category of human resource are vacant under NHM.

**Table 29: Status of Human resource at Woman Hospital, Nagpur as on August 2023**

Human Resource	Sanctioned	Regular	Vacant
Medical Superintendent	1	1	0
Ass superintendent	2	0	2
OBGY	4	3	1
Paediatrician	2	2	0
Anaesthesiology	2	2	0
Ophthalmologist	1	1	0
Orthopaedic	1	1	0
Radiologist	1	0	1
Surgeon	2	2	0
Pharmacist officer	2	1	1
Other specialists	1	1	1
Administrative officer	1	1	
MO	37	37	0
Office sup	2	2	0
Matron	2	0	2
Assistant Matron	1	1	0
In-charges	1	1	0
Staff nursing	135	14	21
PHARMASIST	7	7	0
Social worker	1	1	0
Medical accountant 1	0	1	
Sr. Clerk	8	8	0
Accountant	2	2	0
Steno typist	1	0	1
Jr. Clerk	6	6	0
Dietitian	1	1	0
Blood bank tech	3	3	0
X-Ray Tech.	3	3	0
Lab Tech.	3	3	0
ECG TECH	2	2	0
Lab Assistant	3	3	0
Electrication	1	0	1
Mukadam	3	0	3
Wardan	1	1	0

Peon			
Dresser	2	1	1
Ward Boy	35	22	13
Attendant	15	6	9
Driver	2	2	0
Sweeper	6	6	0
Watchman	1	0	1
Other	44	116	20
<b>Total</b>	<b>348</b>	<b>262</b>	<b>86</b>
<b>NHM</b>			
<b>Human Resource</b>	<b>Sanctioned</b>	<b>Regular</b>	<b>Vacant</b>
OBGY	4	2	2
Surgeon	1	1	0
Anaesthetist	1	1	0
Radiologist	2	2	0
MO	7	5	2
Staff nurse	60	60	0
Lab tech	6	6	0
Driver	6	6	0
Physiotherapist	1	1	0
Other	48	42	6
<b>TOTAL</b>	<b>136</b>	<b>126</b>	<b>10</b>

Source: WH, Nagpur

### Challenges and recommendations

1. The Women's Hospital is facing a severe crunch in Human resources (86 posts under regular cadre and 10 posts under NHM are vacant), which is hindering the service delivery at the hospital. It is recommended to fill all the vacant posts on a priority basis.
2. The Women Hospital is run on an old building, windows are cracked, staff quarters are available, need to provide for smooth service delivery.
3. Cancer screening is not done at the hospital, and for this, hospital staff cited the reason for being an MCH wing. Because of this, a number of women are deprived of cancer screening, which may increase the burden of cancer in the district, therefore, it is recommended to state and district authorities to address this issue at the earliest and start the practice of cancer screening at the women's hospital.
4. Some of the protocols are not followed properly such as EDL was not displayed in the public domain, PNC ward is not in good condition and head ticket was also not mentioned on bed, no direction board toward herbal garden, etc., which need to be taken care.
5. Time-to-time training for hospital staff on data entry software is recommended.
6. IFA tablets are not available in the hospital since last 6 months.
7. Tele-medicine services are not available in the hospital, need to start this service at hospital.

8. There is a delay in JSY payment as JSY payment is made from the municipal corporation office currently. To overcome this problem, it is suggested to make a provision of JSY payment from the WH side.

## 10. Summary and Recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2023-24 of Nagpur District was carried out by the PRC team from 11-15 September 2023. The District Health Office, Women's Hospital, CHC-Narkhed, PHC-Mohad, and Sub Centre Rohana were visited for Monitoring by the PRC team. During the field visit, the PRC team was accompanied by the M&E and RBSK Coordinator.

The report highlights the geographic, socio-economic, and health profiles of the Nagpur district. Located in the Vidarbha region of Maharashtra, the district covers 9,892 km<sup>2</sup> area with a total population of 2366513. The population density of the district is 36/km<sup>2</sup> and the literacy rate is 91.92%. The district faces challenges such as anemia, prevalence of NCDs and substance use. Health-wise, maternal and child health indicators are above the state average. The district's health infrastructure includes hospitals, health centers, and special care units. Human resources are a concern, especially for specialist doctors, ANMs, dentists, and technicians. The availability of these professionals is crucial for the effective functioning of the healthcare system.

The District Health Action Plan (DHAP) provides a budget framework for health programs in the district. The district received funds and utilized them for different health initiatives, but some specific areas, like innovation indicators and certain program components, had lower utilization rates.

Various health programs, like PMSMA, SNCU, and NRC, are implemented, although there's room for improvement. Non-communicable disease control, RNTCP, and vector-borne disease programs are functional, but data completeness is lacking. Quality initiatives like LaQshya, Kayakalp, and Mera-Aspatal are functioning. The district has a functioning referral transport system.

### 10.1 Recommendations

1. The district as a whole is facing a severe shortage of health staff. Vacant posts of doctors/nurses need to be filled at all levels on an urgent basis. Further, the contractual staff of NHM needs to be filled on a priority basis.
2. In the visited health facilities, several posts are vacant, which are hindering the service delivery, state and district official are recommended to look into so soon as possible.
3. Most of the NHM Health staff are underpaid and have lots of responsibilities; therefore, they leave their jobs. Even they are not covered under PF and health insurance. Therefore, it is strongly

recommended to increase the remuneration of the NHM staff and provide them with health insurance coverage and retirement benefits such as PF.

4. It has also been found that there is a communication gap between the district-level officer and facility/community-level officer, owing to that some of the protocols are not being followed, such as no direction board on the main road towards health facility, EDL is not displayed in the public domain, no bed ticket in the PNC ward, etc., in almost all the visited health facilities. This problem can easily be solved by increasing the frequency of DPMU officer's visits to health facilities (FRH, PHC, SC).
5. No dedicated staff for NCD screening at RH and SDH level, there should be a dedicated staff for screening of the NCD at every level.
6. The funds released for NCD treatment are insufficient compared to the NCD beneficiaries, hence, there is a need to increase the fund for same.
7. As the WH is run in an old building, hence no repairs can be made. Sewers are clogged, buildings are discoloured, and windows are cracked. The new building is under construction, so women hospital need to shift to that building as soon as possible.
8. Cancer screening is not done at the hospital, and for this, hospital staff cited the reason for being an MCH wing. Because of this, a number of women are deprived of cancer screening, which may increase the burden of cancer in the district, therefore, it is recommended to state and district authorities to address this issue at the earliest and start the practice of cancer screening at the women's hospital.
9. The blood storage unit established at CHC-Narkhed needs to be started as soon as possible as it affects service delivery.

## 11. Glimpses of the Nagpur district PIP monitoring visit, 11-16 September 2023



Visit to SC Rohan



Visit to PHC Mohad



Visit to CHC-Narkhed



Visit to DEIC at WH, Nagpur

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