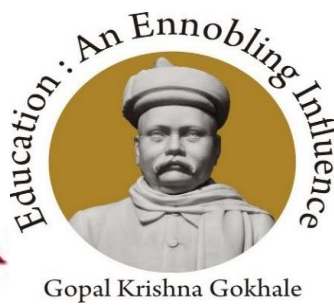




**Monitoring and Evaluation of Programme Implementation Plan, 2021-22  
Amravati District, Maharashtra**

**By**

**Bal Govind Chauhan and Rajendra S. Pol**



**Population Research Centre**

Gokhale Institute of Politics and Economics

**Pune - 411004**

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## Table of Content

Table of Content .....	i
<b>Executive Summary</b> .....	<b>1</b>
<b>1. Overview of district</b> .....	<b>2</b>
<b>2. Public Health planning and implementation of National Programmes</b> .....	<b>4</b>
2.1 District Health Action Plan (DHAP) .....	4
2.2. Service Availability .....	5
2.3 Implementation of CPHC .....	13
2.4 Status of Human Resource .....	14
2.5 State of Fund Utilization .....	15
2.6 Status of trainings .....	17
<b>3. Service Availability at the Public health facilities</b> .....	<b>17</b>
3.1 Service Delivery: District Hospital .....	18
3.2 Service Delivery: Women Hospital (Dafrin) .....	19
3.3 Service Delivery: Community Health Centre (CHC) Nandgaon Khandeshwar .....	21
3.4 Service Delivery: Primary Health Centre: PAPAL .....	23
3.5 Sub Centre: Kohala Jateshwar .....	25
<b>4. Discussion and Key recommendations</b> .....	<b>27</b>
<b>5. Glimpses of the Amravati district PIP monitoring visit, 7-11 October 2021.</b> .....	<b>29</b>

# Monitoring and Evaluation of Programme Implementation Plan, 2021-22

## Amravati District, Maharashtra

### Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the Monitoring and Evaluation of the PIP 2021-22 of Amravati District was carried out by the PRC team during 11-15 October, 2021. The District Health Office, District Hospital, Women Hospital, CHC-Nandgaon Khandeshwar, Primary Health Centre (PHC)- PAPAL and Sub Centre Kohala Jateshwar were visited for the study by the PRC team. During the field visit the PRC team was accompanied by RBSK coordinator and DPM. This report discusses in detail the implementation of PIP in Amravati District as observed during the field visit for monitoring. The key observation is given below:

#### General

Overall improvement in health system in the district.

#### Achievements made

- Improved OPD cases at SC, PHCs and CHCs and SDH, though due to the COVID-19 pandemic utilization of health care service has drastically decreased in the district.
- Increase in institutional deliveries.
- All 24x7 PHC are with basic lab facilities. All the PHC are being converted into HWCs.
- Free meals and drugs facility for mothers at institutions are in execution.
- ASHAs are selected, trained upto IVth module and provided with drug kits.
- VHSC formed and bank accounts have been opened.
- MMUs are providing services to underserved areas.
- The New Building for the women hospital is being constructed.
- Significant reduction in the maternal, neonatal and child deaths in the district.
- Increased in the uptake of family planning methods.

#### Areas for Further Improvement

- Regular meetings of State & District Health Mission should be held.
- Initiatives need to be taken for more BPMUs to make them functional.
- The district needs to plug the gap between lower-level staff and DPMU.

#### Infrastructure

- Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required at the district hospital.
- Rational utilization of civil works as per guidelines is needed.
- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.

#### Human Resources

- 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.
- To improve the manpower and reduce the dropout provision of higher payments for NHM staff is required.

### Service Delivery

- Very well-functioning web HMIS, IHIP, NIKSHAY portal etc. in the district.
- The error in data reporting has minimised.
- Significant increase in institutional deliveries.
- Increased in the screening of the NCDs among the suspected population in the district.

## 1. Overview of district

Amravati district is a district of Maharashtra state in central India. It is the administrative headquarter of Amravati division, which is one of the two divisions in Vidarbha (other being Nagpur), out of total 6 regions in state of Maharashtra. The district is situated between 20°32' and 21°46' north latitudes and 76°37' and 78°27' east longitudes. The district occupies an area of 12,235 km<sup>2</sup>. Amravati District population constituted 2.57 percent of total Maharashtra population. The 35.9% people lives in Urban areas while 64.09% lives in the Rural areas.

In 1853, the present territory of Amravati district as a part of Berar Province was assigned to the British East India Company, following a treaty with the Nizam of Hyderabad. After the Company took over the administration of the province, it was divided into two districts. The present territory of the district became part of North Berar district, with headquarters at Buldhana. Later, the province was reconstituted and the territory of the present district became part of East Berar district, with headquarters at Amravati. In 1956, Amravati district became part of Bombay State and after its bifurcation in 1960, it became part of Maharashtra state. The district consists of six sub-divisions, which are further divided into 14 talukas. Amravati sub-division is divided into three talukas: Amravati, Bhatukali and Nandgaon Khandeshwar.

The details of the district are given in the below table 1. Data for the below table is received from the District office of the Amravati district.

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

Sr. no.	Indicator	Remarks/ Observation
1	Total number of Districts	01
2	Total number of Blocks	14
3	Total number of Villages	1681
4	Total Population	3177743

	Rural population	1999424			
	Urban population	1178329			
5	Literacy rate	59%			
6	Sex Ratio	938			
7	Sex ratio at birth	951			
8	Population Density	237			
9	Estimated number of deliveries	48448			
10	Estimated number of C-section	Data not available			
11	Estimated numbers of live births	Data not available			
12	Estimated number of eligible couples	48205			
13	Estimated number of leprosy cases	Data not available			
14	Target for public and private sector TB notification for the current year	3000			
15	Estimated number of cataract surgeries to be conducted	Data not available			
16	<b>Mortality Indicators:</b>	Previous year		Current Year	
		Estimated	Reported	Estimated	Reported
•	Maternal Death	00	53	00	06
•	Child Death	00	217	00	246
•	Infant Death	00	371	00	148
•	Still birth		648		226
•	Deaths due to Malaria	00	00	00	00
•	Deaths due to sterilization procedure	00	00	00	00
17.	<b>Facility Details</b>	<b>Sanctioned/ Planned</b>			<b>Operational</b>
1	District Hospitals	01			01
2	Women's Hospital	01			01
3	Sub District Hospital	05			05
4	Community Health Centers (CHC)	09			09
5	Primary Health Centers (PHC)/HWC	59			59
6	Sub Centers (SC)	334			334
7	Urban Primary Health Centers (U-PHC)	16			16
8	Urban Community Health Centers (U-CHC)	00			00
9	Special Newborn Care Units (SNCU)	03			03
10	Nutritional Rehabilitation Centres (NRC)	04			04
11	District Early intervention Center (DEIC)	01			01
12	First Referral Units (FRU)	06			06
13	Blood Bank	01			01
14	Blood Storage Unit (BSU)	08			08
15	No. of PHC converted to HWC	59			19
16	No. of U-PHC converted to HWC	16			16
17	Number of Sub Centre converted to HWC	287			287
18	Designated Microscopy Center (DMC)	34			29
19	Tuberculosis Units (TUs)	15			15

20	CBNAAT/TruNat Sites	04	03
21	Drug Resistant TB Centers	01	01
22	Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> <li>• DH</li> <li>• SDH</li> <li>• CHC</li> </ul>	1 4 13	1 4 13
23	Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> <li>• Total no. of facilities</li> <li>• Providing 1st trimester services</li> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>	07 07 07	07 07 07

Source: DPMU, Amravati District

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

### 2.1 District Health Action Plan (DHAP)

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval. There is no special grant are being given by the state to the district for tribal development department. Some funds are allocated from Zillah Parishad for health subject. The District has received the first instalment of approved PIP in August 2021. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in 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 is stated that there is no delay in making payment of ASHAs.

Since past 2 years all the facilities are sending JSY beneficiaries data to THO and from THO payment is made to the beneficiaries through PFMS.

**Table 2: details about DHAP and status of construction of building in Amravati district.**

Sr. no.	Indicators	Remarks/ Observation
1	Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	YES - DHAP (PIP) submitted to the state and it has sanctioned.
2	Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned Action Plan (DHAP) by state. 25 <sup>th</sup> June 2021
3	Date of first release of fund against DHAP	23 <sup>th</sup> August 2021
4	<b>Infrastructure: Construction Status</b>	

i.	Details of Construction pending for more than 2 years	No pending work
ii.	Details of Construction completed but not handed over	None

Source: DPMU, Amravati district.

## 2.2. Service Availability

There is 1 DH, 1 WH, 5 SDH, 9 CHCs, 59 PHCs, 16 U-PHCs and 334 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 19 PHCs; 16 UPHCs and 287 SCs are converted into HWCs. In the district free drug policy is being implemented under all national programmes and for BPL patients. Other than national programmes patients are charged Rs. 10/- for case paper and lab tests are done on minimum charges. There is in house labs are available in the all the facilities of the district for most of the diagnostics tests. Besides this **HLL Life Care Ltd.** is appointed in the state for providing diagnostic tests services which are being done at the health facilities.

**RBSK:** There are total 34 RBSK teams are available in the district; of which only 20 teams are with all required Human resource. There are 32 vehicles available for RBSK teams (on road). 14 teams are having inadequate HR. According to the population minimum 2 teams are working in respective blocks. All blocks are having RBSK teams. A total of 510 children born at the delivery points screened for defect at birth.

**MMU:** There two mobile medical units (MMU) are working in the district. About 48 to 50 visits and 5 camps per months are being done by per MMU. Total 98 villages of the district are covered by MMUs. Per months about 1026 average number of OPDs are done by per MMU; and the same number of lab investigation is being done by per MMU. No X-ray facility is available with MMUs. Besides, no blood smears collection / Rapid Diagnostic Tests (RDT) for Malaria and sputum collection has been done by MMU. Average Number of patients referred to higher facilities is 96 each. Pertaining to the referral services district is having total No. of 23 Basic Life Support (BLS) (on the road) and total No. of 6 Advanced Life Support (ALS) (on the road).

**SNCU:** District is having 43 beds SNCU situated at Women hospital. There are 43 radiant warmers, 43 step down units and 5 KMC units are available in the SNCU. During April 2021 to September 2021, total 1421 (969 inborn and 452 out-born) children were admitted in the SNCU in the district. Of total, 117 children died in the SNCU. 36 children were admitted due to the defect at birth during the reference period.

**NBSU:** there are 3 NBSUs are available in the district. During April 2021 to September 2021, total 257 (227 inborn and 33 out-born) children were admitted in the NBSU in the district. Of total, 5 children died in the NBSU. 204 children were referred to higher facilities during the reference period.

**NBCC:** Almost all the SCs are having NBCC. Data not made available by DPMU.

**Nutrition Rehabilitation Centres (NRC):** There are 4 NRCs are available in the district. Among the total admitted children, 5 children were admitted due to Bilateral pitting oedema, 128 were admitted due to the MUAC<115, 165 due to <3SD WFH with Diarrhoea, 66 children were admitted due to ARI/Pneumonia and 169 children were admitted due to other causes during the reference period.

The below table 3 gives the details of the health service delivery indicators at the district level of the Amravati district on 30 September 2021.

**Table 3: Details about the health service delivery in the Amravati district, 1<sup>st</sup> April – 30 September 2021.**

	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	45970
3	<b>Status of delivery points</b>	
i.	No. of SCs conducting >3 deliveries/month	00
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	00
iii.	No. of CHCs conducting > 20 deliveries /month	01
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01
v.	No. of DH/ District Women and child hospital conducting C-section	01
vi.	No. of Medical colleges conducting > 50 deliveries per month	00
vii.	No. of Medical colleges conducting C-section	00
4	Number of institutes with ultrasound facilities (Public +Private)	Public-7 Private-159 (District and Corporation include)
i.	Of these, how many are registered under PCPNDT act	166
5	Details of PMSMA activities performed	2518 high risk mother identified
6.	<b>RBSK</b>	
i.	Total no. of RBSK teams sanctioned	34
ii.	No. of teams with all HR in-place (full-team)	20
iii.	No. of vehicles (on the road) for RBSK team	32
iv.	No. of Teams per Block	02
v.	No. of block/s without dedicated teams	00
vi.	Average no of children screened per day per team	125
vii.	Number of children born in delivery points screened for defects at birth	510



<b>7.</b>	<b>Special Newborn Care Units (SNCU)</b>	1	
i.	Total number of beds <ul style="list-style-type: none"> <li>• in radiant warmer</li> <li>• Stepdown care</li> <li>• Kangaroo Mother Care (KMC) unit</li> </ul>	43	43
		43	05
ii.	Number of non-functional radiant warmer for more than a week	02	
iii.	Number of non-functional phototherapy unit for more than a week	00	
		<b>Inborn</b>	<b>Out born</b>
iv.	Admission	969	452
v.	Defects at birth	36	NA
vi.	Discharged	803	306
vii.	Referral	72	48
viii.	LAMA	39	29
ix.	Died	63	54
<b>8.</b>	<b>Newborn Stabilization Unit (NBSU)</b>		
		<b>Inborn</b>	<b>Out born</b>
i.	Admission	227	33
ii.	Discharged	174	32
iii.	Referral	181	23
iv.	LAMA	52	12
v.	Died	03	02
<b>9.</b>	<b>Nutrition Rehabilitation Centers (NRC)</b>		
i.	Admission <ul style="list-style-type: none"> <li>• Bilateral pitting oedema</li> <li>• MUAC&lt;115</li> <li>• &lt;' -3SD WFH with Diarrhea</li> <li>• ARI/ Pneumonia</li> <li>• TB</li> <li>• HIV</li> <li>• Fever</li> <li>• Nutrition related disorder</li> <li>• Others</li> </ul>	05	128
		165	66
		08	04
		00	00
		00	169
ii.	Referred by <ul style="list-style-type: none"> <li>• Frontline worker</li> <li>• Self</li> <li>• Ref from VCDC/ CTC</li> <li>• RBSK</li> <li>• Pediatric ward/ emergency</li> </ul>	116	84
		00	24
		69	
iii.	Discharged	193	
iv.	Referral/ Medical transfer	04	
v.	LAMA	07	

vi.	Died	00
10.	Home Based Newborn Care (HBNC)	
i.	Status of availability of HBNC kit with ASHAs	1323
ii.	Newborns visited under HBNC	9384
iii.	Status of availability of drug kit with ASHAs	1940
11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	55 06
12	Number of Child Death Review conducted <ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	217 Data not available
13	Number of blocks covered under Peer Education (PE) program me	NA
14	No. of villages covered under PE program	NA
15	No. of PE selected	NA
16	No. of Adolescent Friendly Clinic (AFC) meetings held	05
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	79 last 2000
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	02 (Shirajisukrn medqoa sursthan ,Anjangaon surji)
i.	No. of trips per MMU per month	48+50=98
ii.	No. of camps per MMU per month	05
iii.	No. of villages covered	98
iv.	Average number of OPD per MMU per month	1327
v.	Average no. of lab investigations per MMU per Month	1026
vi.	Average no. of lab investigations per MMU per Month	1026
vii.	Avg. no. of X-ray investigations per MMU per Month	00
viii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	00
ix.	Avg. no. of sputum collected for TB detection per MMU per month	00
x.	Average Number of patients referred to higher facilities.	96
xi.	Payment pending (if any) If yes, since when and reasons thereof	NO
19	Vehicle for Referral Transport	29
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	23

ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	06		
		ALS	BLS	
iii.	Operational agency (State/ NGO/ PPP)	State	State	
iv.	If the ambulances are GPS fitted and handled through centralized call center	yes	yes	
v.	Average number of calls received per day	4.8	4.8	
vi.	Average number of trips per ambulance per day	04	04	
vii.	Average km travelled per ambulance per day	210	210	
viii.	Key reasons for low utilization (if any)	No	No	
ix.	No. of transport vehicle/102 vehicle (on the road)	126		
x.	If the vehicles are GPS fitted and handled through centralized call center	No		
xi.	Average number of trips per ambulance per day	02		
xii.	Average km travelled per ambulance per day	120		
xiii.	Key reasons for low utilization (if any)	Nil		
20	Universal health screening			
i.	If conducted, what is the target population	10,68,445		
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	7,76,566		
iii.	No. of patients screened, diagnosed, and treated for:  Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer	Screened 1,96,629 7375 3450 69 52 28		
21	If State notified a State Mental Health Authority	No		
22	If grievance redressed mechanism in place	No		
	Whether call center and toll-free number available	104 State level		
	Percentage of complains resolved out of the total complains registered in current FY	yes		
23	If Mera aaspatal has been implemented			
24	Payment status:	<b>No. of beneficiaries</b>	<b>Backlog</b>	<b>DBT status</b>
i.	JSY beneficiaries	3055	4000	3055
ii.	ASHA payment:			
	• A- Routine and recurring at increased rate of Rs. 2000 pm	2083	-----	2083

•	B- Incentive under NTEP	237		237
•	C- Incentives under NLEP	Data not Available		
iii.	Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	123	01	122
iv.	Patients incentive under NTEP program me	845	71	727
v.	Provider's incentive under NTEP program me	233	83	155
vi.	FP compensation/ incentive	570	-----	570
25	Implementation of Integrated Disease Surveillance Program me (IDSP)			
i.	If Rapid Response Team constituted, what is the composition of the team No. of outbreaks investigated in previous year and in current FY	Yes, (RRT) Established Medical officers /Rapid Response Teams RRT to diagnose and control the outbreak.		
ii.	How is IDSP data utilized	S,P,L form analysis & covid portal		
iii.	Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	Proportion of private facilities reporting weekly data of IDSP-Private health facilities are yet not included as reporting units under IDSP.		
26	Implementation of National Vector Borne Disease Control program me (NVBDCP)	Data Not received		
i.	Micro plan and macro plan available at district level	Yes High risk PHC/Block identify under NVBOCP program me.		
ii.	Annual Blood Examination Rate	9.95%		
iii.	Reason for increase/ decrease (trend of last 3 years to be seen)	Village level Monitoring for NVBDCP Spraing,IDS,ITN.		
iv.	LLIN distribution status	No		
v.	IRS	In 2019-20 2 round for village Adi 2		
vi.	Anti-larval methods	Use of guppy fish, Temiphos Activity.		
vii.	Contingency plan for epidemic preparedness	yes		
viii.	Weekly epidemiological and entomological situations are monitored	Yes, daily reporting for dengue fortnight weekly reporting for Maleria.		
ix.	No. of MDR rounds Observed	5 round from 2016 9 round year.		
x.	No. of districts achieved elimination status for Lymphatic Filariasis i.e. rate <1%	MF rate of Yr. 0.01		
27	Implementation of National Tuberculosis Elimination Program me (NTEP)	Yes		
i.	Target TB notification achieved	1613		
ii.	Whether HIV status of all TB patients is know	Yes (1310)		
iii.	Eligible TB patients with UDST testing	Yes		
iv.	Whether drugs for both drug sensitive and drug resistance TB available.	Yes		
v.	Patients notification from public sector	No of patients notified: Treatment success rate:		

	<b>(data is not provided)</b>	No. of MDR TB Patients: Treatment initiation among: MDR TB patients:
vi.	Patients notification from private sector	Data is not Provided
vii.	Beneficiaries paid under NikshayPoshan Yojana	Data is not provided
viii.	Active Case Finding conducted as per planned for the year.	Data is not Provided
28	Implementation of National Leprosy Eradication Programme (NLEP)	
i.	No. of new cases detected	246
ii.	No. of G2D cases	02
iii.	MDT available without interruption	RCS conducted during 16 to 18 oct.2021 at Kothara Leprosy Hospital, Kotharat, Achalpur
iv.	Reconstructive surgery for G2D cases being conducted	Available anby self-care Kit.
v.	MCR footwear and self-care kit available	Yes
29	Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	01
30	Percent of health workers immunized against Hep. B	89
31	Key activities performed in current FY as per ROP under National Fluorosis Control Programme	NIL
32	Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	RBIC NIP SYN ANL OPD DIET.
33	Key activities performed in current FY as per ROP under National Tobacco Control Programme	1. IEC 31 <sup>St</sup> May programme Radio and Newspaper Advertising. 2. Cotpa 2003 Violation. 3. Group discussion on 2 Oct 2021. 4. Training (Teachers, Health workers, Head Master Circle Head) 5. On way activity Yellow line Campaign School program.
34	Number of ASHAs a) Required as per population b) Selected c) No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population d) No. of villages/ slum areas with no ASHA	a) 2083 b) 1000 population  c) 0 d) 0
35	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available)	1679

	<ul style="list-style-type: none"> <li>No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>Any other state specific scheme _____</li> </ul>	104 75	1936	122	1044	75
36	Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	72 49 49				
37	Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	1526 1526 1526 (VHNSCACCT)				
38	Number of facilities quality certified	2 PHCs NQAS yeoda national certified; 21 PHC for Kayacalp award 2020-2021; and 1 SDH- Daryapur Laqshya national Certified.				
39	Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Kayakalp- 66; SSS - 30				
40	Activities performed by District Level Quality Assurance Committee (DQAC)	DQAC improve facility level up to certified in Kayakalp and NQAS& LaQshya.				
41	Recruitment for any staff position/ cadre conducted at district level	Yes				
42	Details of recruitments	<b>Previous year</b>		<b>Current FY</b>		
		Regular cadre	NHM	Regular Cadre	NHM	
i.	Total no. of posts vacant at the beginning of FY	Data is not provided	384	Data is not provided	236	

ii.	Among these, no. of posts filled by state	Data is not provided	18	Data is not provided	16
iii.	Among these, no. of posts filled at district level	Data is not provided	1195	Data is not provided	1208
43	If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Data is not Provided			

Source: DPMU, Amravati district

## 2.3 Implementation of CPHC

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCD (non-communicable diseases) program is being implemented in the district. Total 1409361 individuals have been enumerated during the period and about 902169 CBAC forms are filled (**table 4**). Total number of 287 SHC-HWC, 59 PHC-HWC and 7 UPHC-HWC has started screening for NCDs in the district. Total number of scanned cases for selected NCDs are given in the table. All the SCs, PHCs and UPHCs has planned/sanction to convert into HWCs.

**Table 4: status of CPHC in the district as on 31 September 2021.**

Indicators	Planned	Completed
1. Number of individuals enumerated	Data is not provided	1409361
2. Number of CBAC forms filled	Data is not provided	902169
3. Number of HWCs started NCD screening:		
a. SHC- HWC	287	287
b. PHC- HWC	59	59
c. UPHC – HWC	07	07
4. Number of individuals screened for:		
a. Hypertension		85549
b. Diabetes	Data is not provided	84778
c. Oral Cancer		76396
d. Breast Cancer		35212
e. Cervical Cancer		32922
5. Number of HWCs providing Teleconsultation services	98	98
6. Number of HWCs organizing wellness activities	287	287

Source: DPMU, Amravati district

Only 98 HWCs are providing Teleconsultation Services and 287 HWCs have organised the wellness activities during the reference period. During April to September 2021, a total of 58549 patients for

Hypertension, 84778 patients for Diabetes, 76396 for Oral Cancer, 35212 patients for Breast Cancer and 32922 patients for Cervical Cancer were screened.

## 2.4 Status of Human Resource

There are total 2383 posts of different discipline is sanctioned for the district under NHM of which 1733 posts are filled and 654 posts are vacant. Total 27 per cent posts are vacant in the district (Table 5).

**Table 5: Status of Human resource (Regular + NHM) at public health facility in the Amravati district as on 30<sup>th</sup> September 2021.**

Name of the Post	Sanctioned	In place	Vacant
ANM	628	368	260
MPW(Male)	357	228	129
Staff Nurse	604	480	124
Lab technician	101	54	45
Pharmacist(Allopathic)	130	107	30
MO(MBBS)	188	151	37
OBGY	10	10	0
Pediatrician	16	16	0
Anesthetist	18	9	8
Surgeon	3	3	0
Radiologists	1	0	1
Other Specialists	20	14	6
Dentists/Dental Surgeon/Dental MO	4	3	1
Dental Technician	1	0	1
Dental Hygienist	1	1	0
Radiographer/X-ray technician	4	1	3
CSSD Technician	0	0	0
OT technician	0	0	0
CHO/MLHP	275	270	5
AYUSH MO	21	18	3
AUSH Pharmacist.	1	0	1
<b>Total</b>	<b>2383</b>	<b>1733</b>	<b>654</b>

Source: DPMU, Amravati district



## 2.5 State of Fund Utilization

**Table 6: Budget component details, 2021-22**

Particulars	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	806.7	124.38	The expenditure looks to be less. As provision is for the year and five months of the year is over, in coming seven months funds can be utilized as expected.
FMR Code : 2 : Service Delivery - Community Based	73.85	5.15	
FMR Code : 3 : Community Interventions	968.16	507.81	
FMR Code : 4 : Untied Fund	307.14	56.76	
FMR Code : 5 : Infrastructure	1804.6	720	
FMR Code : 6 : Procurement	205.19	20.86	
FMR Code : 7 : Referral Transport	118.35	101.58	
FMR Code : 8 : Service Delivery - Human Resource	4087.83	1290.94	
FMR Code : 9 : Training & Capacity Building	84.85	10.1	
FMR Code : 10 : Review, Research, Surveillance & Surveys	4.5	----	
FMR Code : 11 : IEC/BCC	105.16	3.66	
FMR Code : 12 : Printing	24.99	---	
FMR Code : 13 : Quality Assurance	16.82	---	
FMR Code : 14 : Drug Warehousing and Logistics	43.63	13.32	
FMR Code : 15 : PPP	67.05	2.9	
FMR Code : 16 : Programme Management	480.87	138.82	
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	42.24	-----	
FMR Code : 18 : Innovations (if any)	46.71		
<b>Total Budget: (Rs. In lakhs)</b>	<b>9237</b>	<b>2996.28</b>	

Source: DPMU, Amravati district

**Table 7: Status of budget released, budget utilised by programme heads under NHM as on 30 September, 2021.**

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization (if < 60%).
<b>1. RCH and Health Systems Flexi pool</b>			The expenditure looks to be less. As
• Maternal Health	215.11	80.39	
• Child Health	91.30	9.08	
• RBSK	34.78	3.55	
• Family Planning	68.85	2.15	
• RKSK/Adolescent health	23.21	00.0	
• PC-PNDT	0.30	00	

• Immunization	62.01	8.35	provision is for the year and five months of the year is over, in coming seven months' funds can be utilized as expected.
• United Fund	307.40	56.76	
• Comprehensive Primary Health care (CPHC)			
• Blood Services and Disorders	----	---	
• Infrastructure	1804.60	720	
• ASHAs	307.14	56.76	
• HR	4087.83	1290.94	
• Programme Management	480.87	138.82	
• MMU	24.52	3.1	
• Referral Transport	118.35	101.58	
• Procurement	---	---	
• Quality Assurances	16.82	-----	
• PPP	67.05	2.9	
• NIDDCP	-----	----	
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool.</b>			
• Integrated Disease Surveillance programme (IDSP)	NA	NA	NA
• National Vector Borne Disease control programme (NVBDCP)	NA	NA	NA
• National Leprosy Eradication programme (NLEP)	NA	NA	NA
• National TB Elimination programme (NTEP)	NA	NA	NA
<b>4. Non Communicable Diseases pool.</b>			
• National programme for control of Blindness and vision Impairment (NPCB+VI)	NA	NA	NA
• National Mental Health Programme. (NMHP)	NA	NA	NA
• National Programme for Health care for the Elderly (NPHCE)	NA	NA	NA
• National Tobacco control Programme. (NTCP)	NA	NA	NA
• National Programme for Prevention and control of Diabetes Cardiovascular Disease and stroke (NPCDCS)	NA	NA	NA
• National Dialysis programme.	NA	NA	NA
• National Programme for Climate change and human health (NPCCHH)	NA	NA	NA
• National Oral health programme (NOHP)	NA	NA	NA
• National Programme on palliative care (NPPC)	NA	NA	NA
• National Programme for prevention and control of Fluorosis (NPPCF)	NA	NA	NA
• National Rabies control programme (NRCP)	NA	NA	NA

• National Programme for prevention and control of Deafness(NPPCD)	NA	NA	NA
• National Programme for Prevention and Management of Burn & injuries.	NA	NA	NA
• Programme for prevention and control of Leptospirosis (PPCL)	NA	NA	NA

Source; DPMU, Amravati district

## 2.6 Status of trainings

Table 8 depicts the status of training obtained by health delivery persons on 30 September 2021 in Amravati district. From table it can be that a total of 246 medial officer have received the training of LSAS during the reference period. By the end of September 2021, 98 medical officer have received the training of EmOc, 5 medical officer have received the training of SAB and PPIUCD and MTP. Moreover, 12 staff Nurse have received the training of RTI/ToT, 4 received the training of FIMNCIoT, 23 staff nurse received the training of NSSK and 39 received the training of SAAB.

**Table 8: Status of training obtained by health delivery persons as on 30 September 2021 in Amravati district.**

Training Details	Category of trainee	Performance during 2021-22
LSAS trained doctors	Medial officer	246
EmOc	Medical officer	98
RTI/STI	Medial officer	02
NSSK	Medial officer	02
SAB	Medial officer	05
PPIUCD	Medical Officer	05
MTP	Medical officer	05
Mini lap	Medical Officer	<b>03</b>
MVA	Medical Officer	<b>02</b>
<b>Total</b>		<b>368</b>
RTI/TOT	Staff Nurse	12
FIMNCIoT	Staff Nurse	04
NSSK	Staff Nurse	23
SAB	Staff Nurse	<b>39</b>
<b>Total</b>		<b>78</b>

Source: HFWTC, Amravati district

## 3. Service Availability at the Public health facilities

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

The monitoring team visited the following health facilities comprising on district Hospital, Women Hospital, one CHC, one PHC, and one Sub Centre of the district.

### **3.1 Service Delivery: District Hospital**

Amravati District Hospital is situated at the district headquarter at Amravati. It is a 379 bedded hospital. In the District Hospital, 6 ICU beds are available. It is located in Old government building. It is well accessible from the main hay way road. The facility is geriatric and disables friendly. Electricity is available with power backup. 24\*7 running water is available. Separated toilets are there for male and female wards. Drinking water is available. Drug storeroom with rack is available. Waste management practices are using common BioMedical Treatment plants. OPD timings of the facility are 8.30 to 1.30 pm and evening 4.00 to 6:00 pm. There is no rest room available for ASHAs in the facility. The critical patient and patients need of emergency services are being referred to GMC Nagpur from DH. Besides, the following observation has been made by the monitoring team.

- This facility is providing Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services(X-ray), services. Imaging services (USG), DEIC, NRC, ICU, Emergency Care, AYUSH, CT scan, Burn Unit, Skill Lab and Tele medicine services is also available in the hospital.
- Facility have Single general OT, Elective OT, Ortho OT Ophthalmology/ ENT OT, and emergency OT is available in the facility. All OTs are functional in good condition.
- Blood bank is available in the facility. On the day of visit 214 units of blood was available and 668 blood transfusion was done in last month. Blood is issued free of cost for BPL, Senior Citizen and JSSK beneficiaries.
- IT services is available with computers and internet services. Quality of internet is good.
- X-Ray services are available in the facility. There were one AERB certified X-ray machine available in facility. USG services are also available.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house (in addition state has appointed HLL for the same).
- PM National Dialysis programme is being implemented in the facility. Services are free for all patients, at regional Super speciality hospital in the district.
- This facility received KAYAKALP Award 2018-2019, facility score was 95.4 and NQAS state assessments done in year 2019-2020.
- In the Hospital, total 7400 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of which, 579 cases for Hypertension, 342 cases for Diabetes and 6

cases for Oral Cancer were found positive. Further 2840 women were screened for Breast Cancer and Cervical Cancer; of which 2 cases for Breast Cancer and 1 case for Cervical Cancer found positive.

**Table 9: status of human resource at Distract Hospital, Amravati, Maharashtra as on 30 September, 2021.**

Human Resource	Sanctioned	Regular	NHM
Medical officer	57	44	13
Medicine	05	02	03
ObGy	04	02	02
Pediatrician	04	03	01
Anesthetist	04	03	01
Surgeon	05	01	04
Ophthalmologist	04	02	02
Orthopedic	04	04	00
Radiologist	03	02	01
Pathologist	03	02	01
Others	09	09	00
Dentist	01	01	00
Staff Nurses/GNM	142	119	23
LTs	04	04	00
Pharmacist	09	07	02
Dental technician	02	02	00
Hospital Manager	01	01	00
Others NHM	---	---	143
<b>Total</b>	<b>261</b>	<b>208</b>	<b>196</b>

### **3.2 Service Delivery: Women Hospital (Dafrin)**

Women's Hospital is situated at district headquarter at Amravati. It is 200 bedded hospital consisting of 185 beds for OBGY, 27 beds for SNCU, and 12 beds for NICU. It is located in the Old Government building, though a new building is being constructed adjoined to the main building. The facility is geriatric and disables friendly. Electricity is available with power backup, but power back is available only in some parts of the hospital. There is 24\*7 running water available. The drug store with the rack is available in the facility. It is well accessible from the main hallway road. Waste management practices are using common BioMedical Treatment plants. OPD timings of the facility are 8.30 to 1.30 pm in the morning and 4.00 PM to 6. 00 PM in the evening. Emergency care is available 24\*7 in the facility. Rest room for ASHAs is available in the facility. The critical patient and patients need of emergency services are being referred to GMC Nagpur from Women's Hospital. Besides, the following observation has been made by the monitoring team.

- All the essential health care services (ANC, PNC, delivery care) are being provided and facilities related to X-ray, Blood storage Unit, OT/LSCS, Ventilation, CPAP, SNCU, NICU, NCD and tele medicine services are available in the facility. The blood is being issued free of cost for BPL, Senior Citizen and JSSK beneficiaries.
- General emergency services along with facilities for Triage, Resuscitation and Stabilization are available at the women hospital.
- Labour room is well maintained and in good condition. On average 200 deliveries are being conducted at the facility. During April to September, 4137 deliveries took place, in the last month of visit, 521 normal deliveries and 428 C-section deliveries took place.
- In case of IT services, desktop and laptop are in sufficient number with good speed of internet.
- X-Ray services are available in the facility. One AERB certified X-ray machine is there.
- The essential diagnostics facility being done by PPP model. Test like blood group, bilirubin and total ANC profile are in-house and blood investigations, 2-Decho, ROP, CT tests are outsourced.
- Minimal shortage of essential consumables due to heavy work load of facility.
- 20 ED was available at the facility. Many time WH faces the shortage of ED due to heavy workload.
- There is a shortage of radiant heat warmer, ventilators and OT instruments in the hospital.
- All types of JSSK entitlements are being provided at free of cost to the beneficiaries. The JSY payment is being paid by THO office.
- A total of 86 child deaths has been reported at the women hospital during April to September 2021. Also, in case of family planning, 119 female sterilization has been performed.
- Women Hospital is also having a functional Adolescent Friendly Health Clinic.
- During April to September 2021, total 3782 persons were screened for hypertension, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer in the Hospital. Of the total screened cases, 69 cases for Hypertension, 43 cases for Diabetes and 1 case for Cervical Cancer found positive.

**Table 10** indicates the status of human resource at Women Hospital, Amravati. Total 175 posts of different cadre of health personals are sanctioned; of which 71 is on regular basis and 58 posts are filled on contractual basis. Total 49 (28%) posts are vacant in the women hospital. Total 10 medical officer are posted there, but no specialisation is mentioned.

**Table 10: Status of Human resource at Women Hospital, Amravati district**

Human Resource	Sanctioned	Filled	Contractual	Vacant
Medical Officer	14	01	09	04
Medicine	01	01	00	00
ObGY	11	03	03	08
Pediatrician	11	02	09	00
Anesthetist	04	02	02	00

Surgeon	01	00	01	00
Ophthalmologist	01	00	00	01
Orthopedic	00	00	00	00
Radiologist	01	01	00	00
Pathologist	03	01	00	02
Staff Nurse	118	55	32	31
LTs	06	02	02	02
Pharmacist	04	03	00	01
<b>Total</b>	<b>175</b>	<b>71</b>	<b>58</b>	<b>49</b>

Source: Women Hospital, Amravati district

### 3.3 Service Delivery: Community Health Centre (CHC) Nandgaon Khandeshwar

Nandgaon Khandeshwar Community Health Centre (CHC) is located in Nandgaon Khandeshwar block of Amravati district and is about 40 km's away from district headquarters (Hospital). It is a 30 bedded hospital, but it is not a FRU. The health facility is located in a government building and accessible from the nearest road head. The condition of the building is not good, needs repair. The OPD timing of the health facility is 8.00 AM to 1:00 PM in the morning and 4:00 PM to 6:00 PM in the evening. Besides, the following observation has been made by the monitoring team.

- 24\*7 running and drinking water is available in the facility. The facility is geriatric and disability friendly. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partially clean. OPD waiting area has sufficient sitting arrangement Drug store with racks is not available and there is no restroom for ASHA is available in the health facility. Power back up is there but in few places.
- Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC services and NCDs services are available at the facility. Though, only Medicine, O&G, Paediatric, Ophthalmology and Imaging services (X-ray) are available in the health facility.
- Waste management is outsourced to a private agency.
- Pertaining to the emergency services only Resuscitation services is available at the facility. There are no telemedicine/consultation services available.
- Blood Storage Unit (BSU) is not available at the facility.
- Desktop/laptop are available in sufficient number with good internet connectivity.
- KAYA KALP is implemented at the facility and facility has received the 1 prize in 2020. The facility score is 86. Baseline survey of NQAS is done by state. The LaQshya initiative has also implemented at the facility. The labour room score is 91% and operation theatre score is 86%.

- EDL is available and displayed in the OPD with 56 ED. For procurement of medicine DVDMS system is implemented at the facility. There is a shortage of IX DNS and IV RL drugs in last 30 days at the facility.
- Essential diagnostics is available mixed mode (In-house and outsourced). Two X-Ray machines (One fixed 100 MA and one mobile 100 MA) are available at the facility.
- The diagnostic services (lab, X-ray, USG etc.) are free for BPL, senior citizens and JSSK beneficiaries/MLC.
- There is a shortage of O.T light hanging. There is a need of ABG machine, PM sets, Laser set and USG machine at the health facility.
- OT needs renovation and equipments.
- A total of 13 normal and 1 C-section delivery were performed in last one month. The JSY payment is up to date. However, there is delay in payment on an average of 1-2 months due to document issue from beneficiary side.
- PMSMA services are being provided on 9<sup>th</sup> of every month.
- Line listing of high risk pregnancies are there. Though Respectful maternity care is implemented in the facility.
- No maternal or child death occur during this year and previous year.
- FPLMIS has been implemented and there is no functional adolescent Friendly Health Clinic at the facility.
- NCD clinic is available on thrice in a week in the facility. Further, service provider is trained in cancer services.
- Facility is designated as Designated Microscopy Centre. A total of 21 patients are tested through CBNATT/ TruNat for drug resistance in last 6 months. There is no mechanism for sample transport.
- No information on funds received during April to September 2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having own ambulance as 108.

Below table 12 depicts the status of human resources at the CHC. From the table, it can be seen that about 19 per cent posts are vacant at the facility.



**Table 11: Status of Human Resource in the CHC- Nandgaon Khandeshwar, Amravati as on 30 September 2021**

Human Resource	Sanctioned	Filled Regular	Filled NHM
Medical Superintendent Class I	01	00	00
Medical Officer Class II	03	03	01
Dental surgeon	01	00	00
Staff Nurse	07	07	01
X-Ray techcian	01	01	00
Pharmacist	01	01	00
Lab Technician	01	00	00
Astt. Lab Technician	01	01	00
Asst. OS	01	01	00
Jr. Clark	02	01	00
Ward Boy	04	03	00
Peon	01	00	00
Dental Astt.	01	00	00
Sweeper	02	02	00
<b>Total</b>	<b>27</b>	<b>20</b>	<b>02</b>

Source: CHC, Nandgaon Khandeshwar, Amravati district

### **3.4 Service Delivery: Primary Health Centre: PAPAL**

PHC PAPAL is about 20 KMs from district headquarters, with 5 sub centres catering 30,000 populations in the periphery. Rural Hospital Nandgaon Kh is the next referral point of the PHC. It is equipped with 6 in-patient beds. The Health facility is easily accessible from nearest road. PHC is functioning in government building and in good condition. The health facility is being contracted as per the norms of LaKshya initiative. Facility is working morning 8:30 AM to 12:30 PM and in the evening 4 to 6 PM. The significant observations about the PHC-PAPAL are as follows

- The facility has 24\*7 running water facility, but it is not geriatric and disability friendly facility. Clean functional toilets separately for male and female are available at the facility. The waiting area has sufficient sitting arrangement. ASHA rest room is not available at the facility. Tele Medicine consultation facility is also not available at the facility.
- PHC has electricity with power back up of invertor. New Born Care Corner is available. Sharp pit and Deep Burial pit is available at the facility for Bio Medical Waste.
- In case of IT equipment's, facility is having Desktops and Tablets for ANM with good internet connectivity. However, no Smart phones are given to ASHAs.
- Kayakalp is implemented in the facility and the facility is the recipient Kayakalp award twice with 2nd position. The Kayakalp score of the facility is 89%.
- The NQAS assessment of the facility is also done by state and facility scored 89 point and come 25<sup>th</sup> position in the state.

- Essential drug list is available and displayed in the public domain at the facility. All the essential equipment is available at PHC. Drugs are available for Hypertension and Diabetic patients. During last two months there was a shortage of 3 ACT, 4 ACT, Tab Glimiperide 2 mg, Tab Hydrochlorothiazide 25 mg and Timolo maleate eye drop. There is a minimal shortage essential consumables.
- Diagnostic tests are in house and Sonography is outsource. X-Ray facility is not available at the PHC. Further there is a minimal shortage of testing/rapid diagnostic at the facility.
- 24\*7 delivery facility and 1 NBC is available at the facility. During the last three months 40 normal delivers took place in the facility. All of them given O Polio, BCG and Hep. B and all are initiated breast feeding 1 hour of delivery.
- JSY beneficiaries list is being send to THO for payment and THO make payment through PFMS to the beneficiaries. During April to September 2021, 130 eligible beneficiaries have received the JSY benefits.
- All diagnostics and health care services are being provided free of cost to all JSSK beneficiaries.
- Respectful maternity care is being followed in the facility. Trained ANM/SN is available in the labour room. No maternal and infant death is reported in the periphery.
- Total 74 sterilizations have been performed from April to September 2021. FPLMIS is implemented at the facility and Adolescent friendly clinic is also available at the facility.
- NCD clinic is there once in a week. During the April- September 2021, total 118 patients were screened for Hypertension, 75 for Diabetes. Of which 70 were confirmed for Hypertension and 56 for Diabetes.
- Facility is not a designated Microscopy Centre. TB drugs are available and currently 8 patients are taking anti-TB drugs from the facility.
- Facility is having a record of TB treatment case card for drug sensitive as well drug resistance. TB notification register is also available in the facility. CBNAAT/TruNat is not available at the facility.
- Registers for Malaria, Dengue Chikungunya and Leprosy is available in the facility. No records are maintained for palliative cases. A total of 5 cases has been detected for Leprosy eradication programme by field worker in the last 12 months, however, none of them were having Gr. II deformity.
- Data entry in different portal is updated as per the statement of MO.
- Only one RKS meetings were taken place in since one year.

The below table 12 shows the status of Human resource at the PHC. Total 15 post of different cadre are sectioned. Of which 9 posts are filled as regular and 4 post are filled on contractual basis. Looking at the HR about 2 posts are vacant at the facility.

**Table 12: Status of HR in the PHC- PAPAL, Amravati as on 30 September 2021.**

Human Resource	Sanctioned	Regular	Contractual
MO	01	00	02 NHM
SNs /GNM	01	00	01NHM
ANM	02	01	00
LT	01	01	00
Pharmacist	02	01	01NHM
LHV/PHN	01	01	00
Others	07	05	00
<b>Total</b>	<b>15</b>	<b>09</b>	<b>04</b>

Source: PHC- PAPAL, Amravati, Amravati district

### **3.5 Sub Centre: Kohala Jateshwar**

PRC team visited to the KOHLA JATESHWAR SUB Centre on October 11,2021. Facility having distance of 5 KM from the PHC Papal and well accessible with the road. Facility is providing OPD, ANC and PNC care, RI, Family Planning services, health care to T.B. Patient and all national programmes are being implemented in the periphery of 4 villages and catering 4000 populations. This facility is converted into HWC and CHO is also appointed there on contractual basis. The significant observations about the SC- KOHLA JATESHWAR are as follows:

- Facility does not have 24\*7 running water, no geriatric and disability friendly. There is no clean and functional toilet is available at the facility, there is sufficient waiting area but no sitting arrangement. Drinking water facility is available.
- No rest room for ASHAs is available. Specified area for Yoga/ welfare activities are available at the facility as per the norms of HWC.
- No power backup is available at facility. Essential drug list is also available in the facility. Facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility.
- There is no major shortage in past one month. Line listing of high-risk women is available, overall all records are maintained well at the facility.
- Biomedical waste is being collected in colour-coded bags and PHC vehicle collect it once a week from SC. No maternal or infant deaths were reported during the year 2020-21.
- In case of family planning no PPIUCD service is available at the facility. Oral pill and condom distribution is done at the facility.
- In case of IT facilities, CHO is given laptop and electronic tablets is given to MPW for their day to day work, no tablet or mobile phones are given to ASHAs. There is poor quality of internet.

- A total of 2210 CBAC form has been filed in the last six months out of 2236 individuals above 30 years of age in the HWC population.
- During the reference period there were 2 presumptive cases of TB identified and sent for testing.
- The Tele consultation via E- Sanjeevani is available at the facility but it is not working properly due to poor quality of network and unavailability of sufficient staff. VHSNC is done once in a month. Weekly S form under IDSP is being filled.
- ASHAs are being provided HBNC kits. But now blankets need to be replaced. All other medicine is available with them. On an average 2 months' delay in getting payment to ASHAs after submission of voucher. ASHA is aware about provision of incentives under NTEP and Nikshay Poshan Yojana.
- All CHOs are also getting their incentives regularly. 15000 performance incentives are disbursed to CHOs on monthly basis. The term based incentive is being also paid to HWC staff.
- The facility has received Rs. 30,000/- during last year (2019-20) and spent total received funds.

The below table 13 shows the number of cases screened and confirmed cases of different type of NCDs in the district. It can be seen that from the table, total 420 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 9 cases were found positive for Hypertension and 8 cases for Diabetes.

**Table 13: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.**

NCDs	Screened	Confirmed
Hypertension	420	09
Diabetes	420	08
Oral Cancer	420	00
Breast Cancer	150	00
Cervical cancer	00	00

Source: Sub Centre- Kohala Jateshwar, Amravati district

Though the medicines for hypertension and diabetes are being provided by the facility from the PHC. As in Government supply combine medicine for diabetics is not available and 2 pills need to be taken by the patients. Whereas in combined medicine single pill is sufficient. Therefore, most of the patients are buying it from Pvt. medical shops. Therefore, they are forced to buy medicine from the market at Rs 350 per month.

**Table 14: Available Human Resource at facility as on 30 September 2021.**

Human Resource	Sanctioned	Regular	Contractual
CHO	01	00	01 NHM
ANM/MPW Female	01	00	01NHM
MPW Male	01	01	00
<b>Total</b>	<b>03</b>	<b>01</b>	<b>02</b>
ASHA	06	06	00

Source: Sub Centre- Kohala Jateshwar, Amravati district

Pertaining to HR facility have sanctioned posts of ANM and MPW on a regular basis. But the ANM post is vacant. At present facility is run by CHO and one MPW male; both are on contract basis.

**Table 15: Challenges and corresponding root causes in the Kohala Jateshwar, Amravati district**

Sr. No.	Challenge	Root causes
1	Heavy work load due to unavailability of regular staff, except MPW male.	State government is not filling up positions.
2	Staff quarter for CHO is not available at facility.	No separate provision for CHO quarters.
3	No deliveries are being conducted at the facility.	Due to the unavailability of regular staff.
4	Power backup	No-body is listening

Source: Sub Centre- Kohala Jateshwar, Amravati district.

## 4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of Amravati District was carried out by the PRC team during 11-15 October, 2021. The District Health Office, DISTRICT HOSPITAL, WOMEN HOSPITAL, CHC-NANDGAON KHANDESHWAR, PHC- PAPAL and Sub-centre- KOHALA JATESHWAR were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by RBSK coordinator and DPM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation have been made by the PRC monitoring team:

1. District as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
2. Training of the health personal is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM; of course

because of COVID-19. However, training should be provided to health staffs of the various facilities on timely basis in the district.

3. Most of the NHM Health staff are underpaid, and are having lots of responsibilities, therefore, they leave their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
4. As there are many child and maternal deaths are being reported under the heads of 'death due to other causes, so it is very difficult to form any policy and programme due avoid these avoidable deaths. Therefore, it is strongly recommended to developed some mechanism or there should be some training to identify the cause of these deaths so that some particular programmes can be implemented keeping the causes in mind to avoid these deaths.
5. At the Rural Hospital NANDGAON KHANDESHWAR there is no Anaesthetist, needs to be appointed. Further, Blood storage system need to be implemented. As heath facility is serving the large population facility needs to be designated as FRU.
6. Quarters for doctors and other staff are not available at the NANDGAON RURAL HOSPITAL, therefore, staff quarters need to be constructed at the facility for better service. There is also a need to increase the room for OPD and new room for Drug storage at the facility.
7. It is also recommended that NICU/PICU and SNCU be provided to the NANDGAON RURAL HOSPITAL, and an increase in the yearly fund to meet the need of the health facility.
8. Due to the large population of the district and heavy workload of deliveries related work, there is a shortage of radiant heat warmer, ventilators and OT instruments in the Women Hospital. Hence it recommended to supply the mentioned items as per the need of hospital.

5. Glimpses of the Amravati district PIP monitoring visit, 11-15 October 2021.



Visit to SC- KOHALA



Visit to PHC-PAPAL



Visit to Women's Hospital



CHC- Nandgaon



Visit to District Hospital

*R. S. Pol*

R. S. Pol, PRC, Pune

*Bal Govind Chauhan*

Bal Govind Chauhan, PRC, Pune