



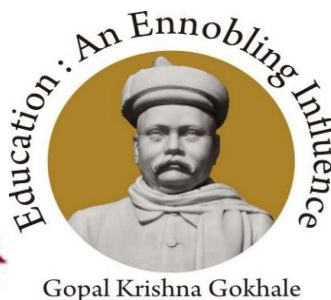
Monitoring and Evaluation of Programme Implantation Plan,2021-2022

Akola District, Maharashtra.

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Akola District, Maharashtra

Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centre's (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2021-22). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components.

This report presents the key findings from the concurrent monitoring of essential components of NHM in Akola district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Akola district during 23 November to 27 November 2021. District Women's Hospital Akola CHC Barshi takali, PHC Pinjar and Sub Centre Rahit were visited facilities for the study by the PRC team. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

A. District Profile:

Akola district is situated in the middle east of Maharashtra state. This district is situated between North 20.17 to 21.16 latitude and East 76.7 to 77.4 longitude. There are ranges of Gavilgad hills on the north of the district. Anjangaon, Daryapur and Nandgaon khandeshwar tehsils of Amravati district and Karanja tehsil of Washim district are on the east. Washim district is on the south side and Buldhana district on the west. Total area of Akola district is 5428 sq. Km. Which is 1.76% of the total area of the state. In the district area wise largest tahsil is Akola tahasil. It consists area of 1134.13 sq.km. Telhara tehsil has the lowest area of 628 sq. Km. There are 7 tehsils in Akola District Akola, Balapur, Patur, Barshitakali, Murtizapur, Akot and Telhara. There is 1 Municipal corporation, 5 Municipal councils, 1 Nagar panchayat in district. The headquarter of the district is at Akola and the divisional headquarter is in Amravati.

Key Observations of the District:

- Services of ANC, PNC, deliveries, Notational care, Immunization, JSY, JSSK are being implemented at various levels of service points in the district.
- Shortage of manpower is noticed in the visited facility, Infrastructure and man power have increased at the various facilities there is shortage of medicine and equipment's in some visited facility.
- NRC and DIEC are available in the district, it is functioning well and performance is good in the district.
- Heavy numbers of patient's health services in IPD and OPD have been observed in the visited facilities varies at women's hospital have increased deliveries 500 to 600 per month, due to availability of JSSK maternal and notational mortality rates have come down the notational complication is managed effectively.
- Functional SNCU NBSU are available in the district. All essential equipment's and trained manpower is available but some visited facilities have facing the shortage of manpower.
- Women's hospital has good and Modern Milk bank available in the district.
- Akola district it is observed women's hospital has heavy work load of deliveries and other health services.
- Overall improvement in health system in the district.
- The district needs to address the shortage of specialist doctors and also need to rationalize the posting of health staff.
- IEC material and messages is not seen in varies visited facilities in the district.
- Women's hospital received LaQshya award in 20/9/2020.and KAYAKALP facility score is 94.3. %
- District hospital was converted in Medical collage no work of civil hospital in district. Civil hospital is doing supervision of SDH, and CHCs only in district.
- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.

Recommendations/ Suggestions:

- The district needs to address the shortage of specialist doctors and also need to rationalize the posting of health staff.
- Overall improvement is needed in health system in the district.

- Multi-specialty training for health staff is required in the district. Most of the training sessions are not conducted in the reference period.
- To provide the fund for MCH ward building in women's hospital, last two years no provision for building construction fund.
- CHC Barshi takali Medical Super dent post should have filled urgently.
- CHC demanding the security guard for hospital security. For security of the facility.
- Urgently Provide of NCD staff for daily follow-up and check-up patients in CHC.
- Fill the post of dental Assistant for CHC Barshi takali.
- PHC pinjar pharmacist and lab technician post should filled urgently. last one year both posts are vacant in the facility.
- Pinjar PHC building and staff quarters are very old need to be repair.
- To give additional fund for parches the rakes for drug room for women's hospital.
- PHC pinjar radiant warmer and autoclave is not working to repair it urgently.
- DPM post is vacant earliest filling, many programs are humped in district.
- Shortage of NCD drug supply in PHC pinjar urgently supply NCD drug to PHC.
- Sub centre have facing the water problame to provide the fund for resole the water problem.
- Reduce some villages of Sub centre. due to heavy work load.

Table 1: district background, health indicator and facility details of Akola district, 2021-22

Indicator	Remarks/ Observation
1) Total number of Districts	1
2) Total number of Blocks	7
3) Total number of Villages	986

4) Total Population	1813906 (As per census2011)			
5) Rural population	1094165 (As per census2011)			
6) Urban population	719741 (As per census2011)			
7) Literacy rate	87.55%			
8) Sex Ratio	946			
9) Sex ratio at birth	905			
10) Population Density	320			
11) Estimated number of deliveries	26754			
12) Estimated number of C-section	1338			
13) Estimated numbers of live births	24322			
14) Estimated number of eligible couples	95738			
15) Estimated number of leprosy cases	224			
16) Target for public and private sector TB notification for the current year	Public (1400) Private (100) Total (1500)			
17) Estimated number of cataract surgeries to be conducted	10 cat. Per days.			
Mortality Indicators:	Previous Year		Current Year	
	Estimated	Reported	Estimated	Reported
Maternal Death	-----	22	-----	17
Child Death	----- -	44	-----	22
Infant Death	----- -	251	-----	149
Still birth		136		119
Deaths due to Malaria	----- --	0	-----	0
Deaths due to sterilization procedure	----- ---	0	-----	0
Facility Details				
• District Women's Hospitals (500 beds)	1		1	

• Sub District Hospital (Murtizapur 100 beds)	1	1
• Community Health Centers (CHC) (30 beds)	5	5
• Primary Health Centers (PHC)/HWC	31	31
• Sub Centers (SC)	178	178
• Urban Primary Health Centres (U-PHC)	2	2
• Urban Community Health Centers (U-CHC)	0	0
• Special Newborn Care Units (SNCU)	2	2
• Nutritional Rehabilitation Centres (NRC)	1	1
• District Early intervention Center (DEIC)	1	1
• First Referral Units (FRU)	2	2
• Blood Bank	1	1
• Blood Storage Unit (BSU)	2	2
• No. of PHC converted to HWC	31	31
• No. of U-PHC converted to HWC	2	2
• Number of Sub Centre converted to HWC	145	125
• Designated Microscopy Centre (DMC)	29	29
• Tuberculosis Units (TUs)	7	7
• CBNAAT/TruNat Sites	3	3
• Drug Resistant TB Centers	1	1
• Functional Non-Communicable Diseases (NCD) clinic.	1	1
• At. DH	1	1
• At. SDH	5	5
• At. CHC		
Institutions providing Comprehensive Abortion Care (CAC) services.		
• Total no. of Facilities.	3	3
• Providing 1 st trimester services.	3	3
• Providing both 1 st &2 nd trimester services	3	3

Source DPMU Akola

B. Public Health planning and implementation of National Programmes:

District Health Action Plan (DHAP):

In the preparation of District Health Action Plan (PIP) all the facilities are involved. All the facilities sending their requirements and action plan to the district for approval. According to the DHAP send by the district to the state with some minor changes were give their approval. The District has received the first instalment of approved PIP in MAY 2021.

Table 2 details about DHAP and status of construction of building in Akola district.

Indicator	Remarks/ Observation
• Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	DHAP (PIP) submitted to the state and it has sanctioned.
• Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned Action Plan (DHAP) by state. September 2021
• Date of first release of fund against DHAP	May 2021
• Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	Women's Hospital Building MCH wing Due to insufficient fund.
• Details of Construction completed but not handed over	No

C. Service Availability:

There is 1 WH, 1 SDH, 5 CHCs, 31 PHCs and 178 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 31 PHCs; 145 SCs are converted into HWCs. In the district, free drug policy is being implemented under all national programs and for BPL patients. In the district lab tests are done on minimum charges. There is in house labs tests are available in the facilities of the district for most of the diagnostics tests. Besides there is HLL Life Care Ltd. Is appointed by state for providing diagnostic tests services which are being done at the health facilities. In Akola district WH is providing good services in district. This facility conducted normal and C-section deliveries 500 to 600 deliveries monthly. This facility is facing the shortage of manpower and funds in this district all facilities are facing the manpower problem.

RBSK:

There were total RBSK19 teams sanctioned in district. 17 teams are consisting of fully human resource. and 15 teams have vehicle. per block 2 teams available in district average no of children's screened per

day 150-200. and no. of children's born in delivery points screened for defects at births are reported 280 in the period of April to September 2021. All blocks are having RBSK teams.

SNCU:

District is having 48 beds SNCU situated at WH. There are 48 radiant warmers and 40 step down units are available and Kangaroo Mother care KMC unit is available. During April 2021 to October 2021, total 2447 (2082 inborn and 362 out-born) children were admitted in the SNCU in the district. There were 66 children died in the SNCU. In this unit facing the problem of nonfunctional phototherapy unit 5 phototherapy not working in this unit.

Number of children admitted in SNCU in Akola district.

	Inborn	Out-born
Admission	2062	362
Defects at Birth	64	10
Discharged	1793	261
Referral	161	31
LAMA	71	41
Died	66	31

Source: DPMU, Akola district.

NBSU: In the district NBSUs facility available at Murtizapur SDH and 1CHC at Akot block. During April 2021 to October 2021, total 131 (125 inborn and 6out-born) children were admitted in the NBSU in the district. Of total, 0 children died in the NBSU. 31 children were referred to higher facilities during the reference period.

Number of children admitted in NBSU in Akola district.

	Inborn	Out-born
Admission	125	6
Discharged	93	6
Referral	31	0
LAMA	1	0
Died	0	0

Source: DPMU, Akola district.

NBCC: All most all the PHCs are having NBCC. Data not made available by DPMU.

Nutrition Rehabilitation Centres (NRC): In the district NRC is available in the district. Among the total admitted children, 39 children were admitted due to Bilateral pitting oedema, 0 were admitted due to the MUAC < 115, 37 due to < 3SD WFH 37 with Diarrhoea, 3 children were admitted due to ARI/Pneumonia and 2 children were admitted due to other causes during the reference period. Referred by frontline worker 11, self-9, RBSK 13 and paediatric ward / emergency 6 children are admitted in NRC.

MMU: There are 2 mobile medical units are working in the district. About 94 villages covered by two MMU. Both MMU are average number of patients they are treating is 2800 OPD per month. In case of lab services each one of them are conducting 1000 lab tests approximately. No X-ray facility is not available with MMUs. Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 20 for each MMU. Average Number of patients referred to higher facilities 10 each. Pertaining to the referral services district is having total No. of 12 Basic Life Support (BLS) (on the road) and total No. of 4 Advanced Life Support (ALS on the road) ambulances are GPS fitted. average trips per ambulance 5 per day.

Table 3: Details about the health service delivery in the Akola district, 1st April – October 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	Notified lab 35 for All.
3	Status of delivery points	
i.	No. of SCs conducting > 3 deliveries/month	3
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	18
iii.	No. of CHCs conducting > 20 deliveries /month	4
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	1
v.	No. of DH/ District Women and child hospital conducting C-section	3570
vi.	No. of Medical colleges conducting > 50 deliveries per month	1
vii.	No. of Medical colleges conducting C-section	886
4	Number of institutes with ultrasound facilities (Public + Private)	110
i.	Of these, how many are registered under PCPNDT act	110
5	Details of PMSMA activities performed	0

6.	RBSK		
i.	Total no. of RBSK teams sanctioned	19	
ii.	No. of teams with all HR in-place (full-team)	17	
iii.	No. of vehicles (on the road) for RBSK team	15	
iv.	No. of Teams per Block	2	
v.	No. of block/s without dedicated teams	0	
vi.	Average no of children screened per day per team	150-200	
vii.	Number of children born in delivery points screened for defects at birth	280	
7.	Special Newborn Care Units (SNCU)		
i.	Total number of beds <ul style="list-style-type: none"> in radiant warmer Stepdown care Kangaroo Mother Care(KMC) unit 	48+40 in MNCU 48 40 Bed+8 Warmer 1	
ii.	Number of non-functional radiant warmer for more than a week	0	
iii.	Number of non-functional phototherapy unit for more than a week	5	
		Inborn	Out born
iv.	Admission	2082	362
v.	Defects at birth	64	10
vi.	Discharged	1793	261
vii.	Referral	161	31
viii.	LAMA	71	41
ix.	Died	66	31
8.	Newborn Stabilization Unit (NBSU)		
		In born	Out born
i.	Admission	125	6
ii.	Discharged	93	6
iii.	Referral	31	0
iv.	LAMA	1	0
v.	Died	0	0
9.	Nutrition Rehabilitation Centers (NRC)	Total Progressive admission-39	
i.	Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 	0 37 37 3 2 0 0 10 5 3	
ii.	Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK 	11 9 0 13	

	<ul style="list-style-type: none"> Pediatric ward/ emergency 	6
iii.	Discharged	38
iv.	Referral/ Medical transfer	1
v.	LAMA	0
vi.	Died	0
10.	Home Based Newborn Care (HBNC)	
i.	Status of availability of HBNC kit with ASHAs	1069
ii.	Newborns visited under HBNC	7476
iii.	Status of availability of drug kit with ASHAs	1000
11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> Previous year Current FY 	3 1
12	Number of Child Death Review conducted <ul style="list-style-type: none"> Previous year Current FY 	3 1
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	2
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	86896
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	2
i.	No. of trips per MMU per month	94
ii.	No. of camps per MMU per month	94
iii.	No. of villages covered	94
iv.	Average number of OPD per MMU per month	2800
v.	Average no. of lab investigations per MMU per Month	1000
vi.	Avg. no. of X-ray investigations per MMU per Month	0
vii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	1000
viii.	Avg. no. of sputum collected for TB detection per MMU per month	0
ix.	Average Number of patients referred to higher facilities.	10
x.	Payment pending (if any) If yes, since when and reasons thereof	-----
19	Vehicle for Referral Transport	
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	12
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	4

		ALS	BLS
iii.	Operational agency (State/ NGO/ PPP)	PPP BVG India Limited	PPP
iv.	If the ambulances are GPS fitted and handled through centralized call center	Yes	Yes
v.	Average number of calls received per day	5	5
vi.	Average number of trips per ambulance per day	5	5
vii.	Average km travelled per ambulance per day	150	
viii.	Key reasons for low utilization (if any)	Not Applicable	Not Applicable
ix.	No. of transport vehicle/102 vehicle (on the road)	60	
x.	If the vehicles are GPS fitted and handled through centralized call center	GPS are removed from vehicles for maintenance by GPS repair agency.	
xi.	Average number of trips per ambulance per day	3	
xii.	Average km travelled per ambulance per day	120	
xiii.	Key reasons for low utilization (if any)	-----	
20	Universal health screening		
i.	If conducted, what is the target population	327699	
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	115524	
iii.	No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer	3635 945 765 742 620	
21	If State notified a State Mental Health Authority	At CS office	
22	If grievance redressed mechanism in place	CS Office	
	Whether call center and toll-free number available	104(940420055112)	
	Percentage of complains resolved out of the total complains registered in current FY	Complains 1263	
23	If Mera aaspatal has been implemented	DWH Akola and SDH Murtizapur.	
• 24. Payment status:		No. of beneficiaries	DBT status
• JSY beneficiaries		3152	1288
ASHA payment:			
• A- Routine and recurring at increased rate of Rs. 2000 pm		1069	All Paid
• B- Incentive under NTEP		917	547
• C- Incentives under NLEP		24	----
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)		62	All Paid
• Patients incentive under NTEP program me		917	547

<ul style="list-style-type: none"> • Provider's incentive under NTEP programme 	94	6	88
<ul style="list-style-type: none"> • FP compensation/ incentive 	---	----	----
<ul style="list-style-type: none"> • 25. Implementation of Integrated Disease Surveillance Programme (IDSP) 	Yes		
<ul style="list-style-type: none"> • If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY 	DSO, 2)Head of Dept. Microbiology GMC Akola, 3)Head of Dept. Paed., GMC Akola, 4)Head of Dept. Medicine GMC Akola, 5)DMO, 6)Head of District Public health Lab, 7)Head of Animal Husbandry Dept. 8)Deputy commissioner of food & Drug Dept., 9) Epidemiologist.		
<ul style="list-style-type: none"> • How is IDSP data utilized 	Weekly data analyzed & take all action among them.		
<ul style="list-style-type: none"> • Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP 	Form P----62% Form L----53%		
<ul style="list-style-type: none"> • 26. Implementation of National Vector Borne Disease Control Programme (NVBDCP) 	Yes		
<ul style="list-style-type: none"> • Micro plan and macro plan available at district level. 	Yes		
<ul style="list-style-type: none"> • Annual Blood Examination Rate 	10.7(ABER for 2020)&6.8(for 2021)		
<ul style="list-style-type: none"> • Reason for increase/ decrease (trend of last 3 years to be seen) 	Calancler yr. 2020-9 cases, 2021-34 cases up to October 21) Reason-migratory population from high risk zone		
<ul style="list-style-type: none"> • LLIN distribution status 	Not applicable (No any LLIN received from state.		
<ul style="list-style-type: none"> • IRS 	Not applicable.		
<ul style="list-style-type: none"> • Anti-larval methods 	Introduction of give up & use of tempos		
<ul style="list-style-type: none"> • Contingency plan for epidemic preparedness 	Epidemic preparedness plan available at PHC level.		
<ul style="list-style-type: none"> • Weekly epidemiological and entomological situations are monitored 	-----		
<ul style="list-style-type: none"> • No. of MDR rounds observed 	-----		
<ul style="list-style-type: none"> • No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate < 1% 	Data not Available.		
<ul style="list-style-type: none"> • 27. Implementation of National Tuberculosis Elimination Programme (NTEP) 	Yes		
<ul style="list-style-type: none"> • Target TB notification achieved 	67%(1005/1500)		
<ul style="list-style-type: none"> • Whether HIV Status of all TB patient is known 	If no of TB patients with known HIV status 93%		
<ul style="list-style-type: none"> • Eligible TB patients with UDST testing 	78%		
<ul style="list-style-type: none"> • Whether drugs for both drug sensitive and drug resistance TB available 	Yes		
<ul style="list-style-type: none"> • Patients notification from public sector 	No. of Patients notified -935 Treatment Success rate---662 No of MDR TB Patients-----25		

	Treatment initiation among MDR TB Patients---25
<ul style="list-style-type: none"> Patients notification from private sector 	No. of Patients notified -----70 Treatment Success rate-----52 No of MDR TB Patients-----0 Treatment initiation among MDR TB Patients--0
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	516(60%)
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
<ul style="list-style-type: none"> 28. Implementation of National Leprosy Eradication program me (NLEP) 	Yes
<ul style="list-style-type: none"> • No. of new cases detected 	67
<ul style="list-style-type: none"> • No. of G2D cases 	2
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	2
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Yes
<ul style="list-style-type: none"> 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 	At GMC
<ul style="list-style-type: none"> 30. Percent of health workers immunized against Hep B 	Data is not Provide DPMU
<ul style="list-style-type: none"> 31. Key activities performed in current FY as per ROP under National Fluorosis Control program me 	Data is not Provide DPMU
<ul style="list-style-type: none"> 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control program me 	Yes
<ul style="list-style-type: none"> 33. Key activities performed in current FY as per ROP under National Tobacco Control program me 	6 Types Activities Performed
<ul style="list-style-type: none"> 34. Number of ASHAs • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA 	1280 1270 225 17
<ul style="list-style-type: none"> 35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) (same?) 	1009 61

<ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • • Any other state specific scheme_____ • 	1069			
	61			
	542			
	48			
	180			
<ul style="list-style-type: none"> • 36. Status of Mahila Arogya Samitis (MAS)- • a. Formed • b. Trained • c. MAS account opened 	172			
	172			
	172			
<ul style="list-style-type: none"> • 37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) • a. Formed • b. Trained • c. MAS account opened 	807			
	807			
	172(Akola+Akot)			
38. Number of facilities quality certified	3 PHCs National Certified (Hiwarkhed, Adgaon Malsur)			
39. Status of Kayak alp and Swachh Swasth Sarvatra (SSS)	5 PHCs Kayakap Awarded facility 2019-2020			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Committee formed at District level, Quarterly meetings organized.			
41. Recruitment for any staff position/cadre conducted at district level	DQAC(1), DEO(1)			
42. Details of recruitment	Previous Year		Current Year	
	Regular	NHM	Regular	NHM
Total No of Posts vacant at the beginning of FY	Data not provide	56	Data not provide	56
Among these, no, of posts filled by state.	Data not provide	16	Data not provide	16
Among these no. of posts filled by district level	Data not provide	40	Data not provide	40
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	No			

Source: DPMU, Akola district

D. Implementation of CPHC;

Table 4: status of CPHC in the district as on October 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	212829	212829
2. Number of CBAC forms filled	115524	115524
3. Number of HWCs started NCD screening:		
a. SHC- HWC	145	126
b. PHC- HWC	31	31
c. UPHC – HWC	2	2
4. Number of individuals screened for: TB		
a. Hypertension	3635	3635
b. Diabetes	945	945
c. Oral Cancer	765	765
d. Breast Cancer	742	742
e. Cervical Cancer	620	620
5. Number of HWCs providing Teleconsultation services	178(SC126+ PHC31)	166
6. Number of HWCs organizing wellness activities	178(SC126+31)	178

Source: DPMU, Akola district

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 212829 individuals have been enumerated during the period and about 115524 CBAC forms are filled. Total number of 145 SHC-HWC, 31 PHC-HWC and 2 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. Only 166 HWCs are providing Teleconsultation Services and 178 HWCs have organised the wellness activities during the reference period. During April to October 2021, a total of 6707 patients for Hypertension, 3635 patients for Diabetes, 945 for Oral Cancer, 765 patients for Breast Cancer and 742patients for Cervical Cancer 620 were screened.

E: Status of Human Resource:

In the District there are total different types of the posts are sectioned 1282 for all over the district. (by DHO and CS side) Total 997 posts are filled in the district, and total 285 posts are vacant in the district Total 1282 posts are regular and NHM post are sectioned in the district this information given by district DPMU.

Table 5: Status of Human resource (Regular + NHM) at public health facility in the Amravati district as on 30th October 2021.

Name of the Post	Sanctioned	In place	Vacant
ANM	390	270	120
MPW(Male)	151	93	58
Staff Nurse	286	252	34
Lab technician	51	42	9
Pharmacist(Allopathic)	75	60	15
MO(MBBS)	90	83	7
OBGY	22	15	7
Pediatrician	14	8	6
Anesthetist	10	5	5
Surgeon	2	2	0
Radiologists	1	1	0
Other Specialists	1	1	0
Dentists/Dental Surgeon/Dental MO	11	7	4
Dental Technician	7	7	0
Dental Hygienist	1	0	1
Radiographer/X-ray technician	10	10	0
CSSD Technician	0	0	0
OT technician	10	10	0
CHO/MLHP	145	126	19
AYUSH MO	5	5	0
AUSH Pharmacist.	0	0	0
Total	1282	997	285

Source: DPMU, Akola district

F: State of Fund Utilization:

Budget Component details ,2021-2022.

Status of Expenditure as on 1/04/2021to 30/10/2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization .
1.FMR:Servicedelivery: facility Based.	425.76	53.12	12.48 Not Provide reason
2.FMR: Service delivery: Community Based	40.48	7.33	18.10 Not Provide reason
3.FMR: community Intervention	549.58	214.25	38.98
4.FMR: Untied Grands	124.90	20.52	16.43
5. FMR: Infrastructure	310.87	124.18	39.95
6 FMR:Procurement	138.02	23.44	16.98
7. FMR: Referral Transport	37.94	17.18	45.28
8.FMR: Human Resource (Service Delivery)	1455.78	1113.86	76.51
9. FMR: Training	62.54	19.67	31.45
10.FMR:Review Research and Surveillance.	6.50	0.00	0.00
11.FMR:IEC-BCC	50.39	0.30	0.60
12.FMR:Prrinting	16.83	0.37	2.21
13. FMR: Quality	16.22	0.00	0.00
14.FMR:Drug Warehouse &Logistic	26.77	5.83	21.77
15. FMR:PPP	32.41	0.00	0.00
16. FMR: Program me Management	308.66	157.94	51.17
16.1FMR:PM Activities Sub Annexure.	0.00	0.00	0.00
17. FMR:IT Initiatives for Service Delivery.	8.88	0.00	0.00
18. FMR: Innovations.	0.00	0.00	0.00

Source: DPMU, Akola district. (#DPMU was not given reason for Underutilization Budget).

G: Programme wise:

Status of Expenditure as on 1/04/2021 to 30/10/2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization .
1.RCH and Health Systems Flexi pool	Reason Not given		
• Maternal Health	141.66	32.54	22.97
• Child Health	59.04	10.59	17.94
• RBSK	11.91	0.07	0.59
• Family Planning	36.80	8.45	22.96
• RKSK/Adolescent health	16.71	0.11	0.66
• PC-PNDT	0.30	0.00	0.00
• Immunization	14.48	4.79	33.08
• United Fund	124.90	20.52	16.43
• Comprehensive Primary Health care (CPHC)	0.00	0.00	0.00
• Blood Services and Disorders	13.37	1.54	11.52
• Infrastructure	310.87	124.18	39.95
• ASHAs	549.58	214.25	38.98
• HR	1455.78	1113.86	76.51
• Program me Management	308.66	157.94	51.17
• MMU	24.52	6.00	24.47
• Referral Transport	37.94	17.18	45.28
• Procurement	138.02	23.44	16.98
• Quality Assurances	16.22	0.00	0.00
• PPP	32.41	0.00	0.00
• NIDDCP	0.00	0.00	0.00
2. NUHM	76.92	92.82	120.67
3.Communicable Diseases Pool.	Reason Not given		
• Integrated Disease Surveillance program me(IDSP)	5.04	0.00	0.00
• National Vector Borne Disease control program me (NVBDCP)	24.44	0.00	0.00
• National Leprosy Eradication program me (NLEP)	18.20	0.00	0.00
• National TB Elimination programme (NTEP)	0.00	0.00	0.00
4. Non Communicable Diseases pool.	Reason Not given		
• National programme for control of Blindess and vision	10.10	0.54	5.35

Impairment (NPCB+VI)			
• National Mental Health Programme.(NMHP)	10.15	0.08	0.79
• National Programme for Health care for the Elderly (NPHCE)	1.65	0.00	0.00
• National Tobacco control Pragamme.(NTCP)	7.35	0.74	10.07
• National Programme for Prevention and control of Diabetes Cardiovascular Disease and stock (NPCDCS)	5.97	1.59	26.63
• National Dialysis programme.	0.00	0.00	0.00
• National Programme for Climate change and human health (NPCCHH)	0.00	0.00	0.00
• National Oral health programme(NOHP)	10.82	0.00	0.00
• National Programme on palliative care (NPPC)	0.00	0.00	0.00
• National Proqramme for prevention and control of Fluorosis (NPPCF)	0.00	0.00	0.00
• National Rabies control programme (NRCP)	0.00	0.00	0.00
• National Programme for prevention and control of Deafness(NPPCD)	0.00	0.00	0.00
• National Programme for Prevention and Management of Burn & injuries.	0.00	0.00	0.00
• Programme for prevention and control of Leptospirosis (PPCL)	0.00	0.00	0.00

Source: DPMU, Akola district

H: Status of Training:

Training statues of the district are following training are conducted in Health and Family Welfare Training centre. HFWTC planned 94 sessions in year, 30 persons for one sessions, now only 18 sessions completed by HFWC due to covid 19 pandemic.

Status of training obtained by health delivery persons as on October 2021 in Akola district.

Training Details	Planned sessions	Completed
SAB	14	6 Session are Completed(ANM,LHV,SN)
RI	24	6 Session are Completed All Staff
IYCF	2	2(MO, ANM,LHV,SN)
NTEP	2	2 All Staff.
BeMoc	2	0
Mini PLY	2	0
PPIUCD(Staff Nurse)	2	0
PPIUCD(MO)	2	0
SAANS	14	1(MO,ANM,LHV,SN, Asha)
MAA	24	1(MO,ANM,LHV,SN, Asha)
Child Death	1	0
LSSA	1	0
NSSK	1	0
NSV	1	0
NSV refresher	1	0
Minilab refresher	1	0
Total	94	18

Source: HFWTC, Akola district

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 Women Hospital, one CHC, one PHC, and one Sub Centre of the district.

1.Service Delivery: District Women's Hospital:

Akola Women's Hospital situated at district headquarter at Akola. It is 500 bedded hospitals there were 6 ICU separate beds are available in facility. It is located in Government Old Building Facility is geriatric and disable friendly. Electricity is available with power back up. 24*7 running water is available. Separate toilets are there for male and female, drinking water is available, Drug store is available but very small and racks are old It is well accessible from main road. Waste management is out sourced, OPD timings of the facility is 9 AM to 1 pm and emergency services are 24*7 available. There were ASHAs rest room is available in the facility. This facility is referring emergency patients to GMC Nagpur& Akola Medical college

List of District Hospital providing health services to needed people:

- This facility is providing ANC Clinic, Immunization services (ANC and Child), all family planning services, SNCU, NRC, AYUSH, Milk bank, Physiotherapy, DIEC, blood bank, MNCU stepdown, USG, X-Ray, ICTC, MCH Wing is available in hospital.
- General emergency services are available for Triage, Resuscitation, and Stabilization for needed women in the district.
- Facility have functional and good conduction obstetrics & genecology OT in the facility.
- Facility is providing Birth does for every new-born child and breastfed within one hour of birth. in the facility.
- Blood bank is available in the facility on the day of visit 6 units of blood was available and 137 blood transfusion done in last month. Blood issued free of cost for BPL, Senior Citizen, National Program me and JSSK beneficiaries.
- Number of Maternal death reported in the facility current year is 7.and previous year 3 cases reported in facility.
- IT services is available with computers and internet services. Quality of internet is good.
- X-Ray services are available in the facility. There were two AERB certified X-ray machine available in facility. April to October 2021 (926 X-ray) done in facility.
- USG services are also available. Free services for BPL, elderly, JSSK beneficiaries and COVID patients. But USG machine was old it was not functional in good.
- 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). April to October 2021(139852) diagnostic test are done in facility.
- PM National Dialysis programme is not implemented in the facility.
- This facility received LaQshya award in 20/9/2020.and KAYAKALP facility score is 94.3. %

- JSSK entitlements are being providing all JSSK beneficiaries in the facility.
- Facility have heavy work load of deliveries monthly 600 deliveries conducted in district facility facing the shortage of manpower.
- WH. Have friendly health clinic available this centre providing the counselling to adolescents.

Status of Human resource at Women Hospital, Akola district

Human Resource	Sanctioned	Filled	Vacant
Class I	20	4	16
Class II	21	20	1
Class II(Temporary)	8	5	3
Class III	50	31	19
Class IV	79	48	31
Total	178	108	70

Source: Women Hospital, Akola district

This is 500 hundred hospitals sectioned Class I posts 20 but filled only 4 so facility facing the shortage of manpower of specialist doctors, other many posts are vacant in the facility so urgently filled the posts in this facility.

Women's hospital NCD Clinic facility on daily basis in the reference period April to October 2021 number of Individuals screened for following in last six months are reported.

	Screened	Confirmed
• Hypertension	2481	89
• Diabetes	2481	86
• Oral Cancer	2481	0
• Breast Cancer	2481	0
• Cervical Cancer	2481	0

2. Community Health Centre (CHC)Barshi Takali:

Barshi takali Community Health Centre is in Barshitakali Block, this facility about 20 km's away from district headquarters. It is 30 bedded hospitals. It is located in government building. The building condition is good but rooms are very small in building. Electricity is available, and power backup is available in all parts of the facility. There is 24*7 running water in the facility. Separate toilets are there for male and female wards, and toilets are attached to labor room. Drinking water is available in the facility. The drug store room available. insufficient racks for drug store in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Facility have very heavy work load but man power shortage is there.

Facility OPD timing 8.30am to 12.30pm and 4pm to 6 pm. Facility is providing ANC, PNC care. OPD, IPD, Dentist clinic, lab services to people.

CHC Staff Regular and Contractual

Designation	Sanctioned Position	Filled	Vacant	Contractual
Medial Officer Class I	1	0	1	0
Medial Officer Class II	3	2	0	1
Dental surgeon	1	1	0	1
Asst. Office super dent	1	1	0	0
Jr. Clark	2	2	0	0
Staff Nurse	7	7	0	1
Pharmacist	1	1	0	0
Lab tec.	1	1	0	0
X-ray technician	1	1	0	0
Lab Asst.	1	1	0	0
Peon	1	1	0	0
Ward boy	4	2	1	1
Attend	1	1	1	1
Sweeper	2	2	0	0
Total	27	24	3	5

RBSK Staff:

Designation	Sanctioned Position	Filled	Vacant
Medial Officer	4	4	0
ANM	2	2	0
Pharmacist	2	1	1
Total	8	7	1

CHC Barshi takali have total 27 posts are sectioned and 24 posts are filled regular staff and 5 posts are contractual available in facility. There was shortage of manpower due covid pandemic facility staff are using for covid vaccination, dentist assistant post need for this facility.

RBSK staff are using for covid vaccination due to schools are not regularly started in block.

Following observation has been made by the monitoring team.

- CHC provide O&G, pediatric, dental and X-ray services to people and also New born stabilization unit is available in facility.
- General emergency services are providing CHC in catchment area. But there is no telemedicine service available in facility.
- Facility have major operation theatre but now under repair. There is no blood storage unit available in facility.
- Biomedical waste management practice is outsourced in facility.
- IT services desktop is available and internet connectivity is good in facility.
- NQAS internal assessment is done facility score is 71%.
- Essential consumables and testing kits supply is sufficient to facility.

- Functional AERB certified X-ray machine is available and 812 X-ray reports done in reference period in facility.
- All services are free to BPL, elderly people, JSSK beneficiaries in the facility.
- Respectful maternity care is implemented in the facility. No maternal or child death in previous year and current year.
- NCD clinic are functioning on daily basis service providers not trained in cancer services.
- CHC having own ambulance in good condition.
- CHC refer in cases PHC and Sub center 79 in last month. And refer out cases are 63 to higher facility.

Challenges at the facility:

- Building of the facility is old pattern. Rooms are too small. Therefore, difficult to work in to congested area.
- As COVID vaccination is being done at the facility. But due to no availability of proper place it is being done at staff quarter.
- Security Guard is not available in facility.
- Specialist Doctors doing CMO duties so specialist work hampered in facility.
- NCD staff should be filled urgently.

3.Primary Health Centre: Pinjar:

PHC Pinjar is about 42 kms from GMC Akola. There are 7 sub centres under this PHC. PHC Pinjar is easily accessible from the nearest road. PHC is functioning in a government building, but building is very old and urgent renovation is very necessary. PHC has electricity power back up. Facility has 24*7 running water supply. Toilets are clean and tidy. New Born Care Corner is available but radiant warmer is not working. There were 6 beds are available in the facility. There are no separate wards for male and female. Bio Medical Waste are out sourced. Drinking water is available. There is not sufficient waiting area for OPD patients. There is no sufficient space for store room, but rest room for ASHAs. Tele Medicine consultation facility is available at the PHC Centre. Facility timing is morning 8.30 am to 12.30 pm & for emergency 24 hours' service available in the facility.

List of PHC providing health services to needy people.

- This PHC is converted in HWC, branding is completed, but no other fund and staff are provided to PHC.
- OPD, IPD Emergency cases (poisoning, snake bites, accidents etc.)
- ANC, PNC Normal delivery,

- Family planning services (Minilap, NSV)
- Other minor operative procedures.
- MLC & PM/Ophthalmic OPD/Lab services.
- MCH & immunizations & all notational Programs.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- All the essential equipment's are available at PHC. Essential drug list is available but not displayed.
- Diagnostic tests are in house and the tests for HB, CBC, BSL, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sickle Cell, RPR are outsourced to Hind Lab Limited.
- X-Ray facility is not available in the PHC.
- Total JSY deliveries are conducted around 108 out of 81 benefiter paid the payments in the facility throw THO office.
- In this PHC well equipped delivery room is available with toilet but space is insufficient.
- **Weakness:**
- In this PHC some instruments are not functional such as radiant warmer, succession machine.
- There is no an acute shortage of essential consumables such as cotton, pad clothing, surgical gloves, examination gloves, and preoperative scrubs. Are always in short in the facility.
- Respectful Maternity care through companion service during delivery, mother & family. Counselling for encouraging pregnant women for ANC.

Table: PHC Staff Regular and Contractual:

Designation	Sanctioned Position	Filled	Vacant
Medial Officer	2	1	1
Health Assistant	2	1	1
ANM	2	1	1
Jr. Clerk	1	1	0
Lab Technician	1	0	1
Pharmacist	1	0	1
MPW	7	4	3
MPW (Female)	7	3	4
Driver	1	1	0
Attendant	4	1	3

Sweeper	1	1	0
Total	29	14	15

Source: PHC- Pinjar, Akola district

NHM staff at PHC

Designation	Sanctioned Position	Filled	Vacant
Staff Nurse	3	2	1
Contractual ANM	7	1	6
Total	10	3	7

PHC is providing the NCD Clinic facility on a daily basis and arrange the camps at SC level as per need.

In the reference period Number of Individuals screened for following in last six months are reported.

Under NCD Programme following cases were screened and treated:

	Screened	Confirmed
• Hypertension	2885	60
• Diabetes	2885	24
• Oral Cancer	2885	2
• Breast Cancer	2885	0
• Cervical Cancer	2885	0

Source: PHC- Pinjar, Akola district

Recommendation for PHC:

- Provide funds for new PHC building as per new norms (new plan) to facilitate much better health services.
- Residential building for MO & staff should be urgently repaired.
- X-ray facility should be made available with trained staff.
- Provision for Blood Storage Unit for PHC.

4. Sub Centre/HWC-Rahit:

- The PRC team visited Rahit sub centre /HWC in November, 2021. The facility is at a distance of 10 km. from the PHC Pinjar and well accessible from the road. The Facility is providing OPD, ANC and PNC care, RTPCR, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 8 villages and

catering 5200 populations. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done. The Facility is having water supply from grampanchayat water supply. Facility is geriatric and disability friendly. One clean and functional toilet is available attached to the delivery room. Drinking water facility is available. There is waiting area for OPD patients, there is no specified area for yoga as per the norms of HWC. Facility have no power back up. Essential drug list is available in the facility. All the basic instruments are available in the facility i.e. B.P. instrument, thermometer, DDK and blood, urine testing kits. All essential drugs are being supplied to the facility. There is some shortage drug in the last one month. Line listing of high-risk women is available. There is no Bio medical waste management facility, they collect their biomedical waste and send it to PHC. Sub centre was not conducting any delivery in the centre during the reference period.

Table. Available Human Resource at Sub Centre as on November 2021.

Human Resource	Sanctioned	Regular	Contractual
CHO	1	0	1
ANM	2	1	1
MPW Male	1	1	0
Others	2	0	2
Total	6	2	4

Source: Sub Centre-Rahit, Akola district.

In this facility 2 ANM (one is regular and one is NHM) with CHO available in the facility. CHO have given both laptop & Tablet, ANM is given a tablet with internet facility, but internet quality is very poor. ASHAs do not have smart phones. ASHAs were available at the time of the visit. CHO was conducted OPD in the facility total OPD from April to October conducted 1167 in the sub center.

Under NCD Programme following cases were screened and treated:

	Screened	Confirmed
--	----------	-----------

Hypertension	217	21
Diabetes	217	17
Oral Cancer	217	03
. Breast Cancer	217	00
Cervical cancer	217	02

Source: Rahit, Akola district

NCD, OPD was conducted CHO, in the sub center in the reference period total screened patient is 217 out of 21 confirmed for Hypertension and 17 for Diabetes, oral cancer 03, Cervical cancer are 02. All patients are in under treatment

Challenge:

- Sub centre have covered 8 villages; this population was covered is very big task so reduces some village. to this facility.
- Internet connectivity is very poor. To provide the fund for wall compound for HWC.

Glimpses of the Amravati district PIP monitoring visit, 23-27 November 2021.





CHC Barshi Takali.



Sub centre Rahit.



(R) Chandra

Lalish