



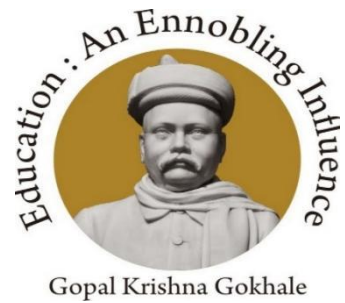
Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Dhule District, Maharashtra

By

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Dhule District, Maharashtra

Executive Summary

As directed by MOHFW, the monitoring and evaluation of PIP 2021-22 for Dhule district was carried during the period 25th of October to 29th of October 2021. The District Health Office, SDH Shirpur, CHC Songir, PHC Nagaon and SC Biladi were visited for the purpose of the PIP monitoring in the district. This report discusses in detail the implementation of PIP in Dhule district as observed during the field visit for monitoring. The key findings are given below:

District Profile

State and District Profile of Dhule district. It is part of the Nashik division (one of the six administrative divisions of the state) of Maharashtra state. As per 2011 Census, the total population of the district is 2,048,781 with male population of 1,055,669 and female population of 993,112. The district constitutes about 1.8 percent of total population of the state. The population by sex shows that male constitutes about 51 percent and female constitutes about 49 percent of the total population. The same distribution is found at the state level. At the state level, the sex ratio has decreased marginally from 944 in 2001 to 941 in 2011. However, in Dhule district the sex ratio has shown a declining trend except in the decade 1981. The child sex ratio in the district is extremely unfavourable to the girl child with 876 female children per 1000 male children in 2011. Sex wise literacy rates show that it is 82 percent for males and 66 percent for females with a gap of almost 16 percent between males and females. Female literacy is much lower than the state average of 75 percent.

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

Indicator	Remarks/ Observation
1. Total number of Districts	36 Maharashtra
2. Total number of Blocks	357 Maharashtra; 4 Dhule
3. Total number of Villages	43722 Maharashtra; 678 Dhule (Census 2011)

4. Total Population	2405093 (census 2011)			
• Rural population	1704776(census 2011)			
• Urban population	700317 (census 2011)			
5. Literacy rate	72.8			
6. Sex Ratio	946(census2011)			
7. Sex ratio at birth	934			
8. Population Density	285			
9. Estimated number of deliveries	31353			
10. Estimated number of C-section	1568			
11. Estimated numbers of live births	31437			
12. Estimated number of eligible couples	157848			
13. Estimated number of leprosy cases	324			
14. Target for public and private sector TB notification for the current year	Public 1900- Private-300 Total-2200			
15. Estimated number of cataract surgeries to be conducted	Data not provided			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death	00	22	00	16
• Child Death	Not Provided	97	Not Provided	47
• Infant Death	Not Provided	538	Not Provided	309
• Still birth		364		294
• Deaths due to Malaria	Not Provided	6	Not Provided	0

• Deaths due to sterilization procedure	Not Provided	0	Not Provided	0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	1		0	
2. WH	1		0	
3. Sub District Hospital	2		2	
4. Community Health Centers (CHC)	6		5	
5. Primary Health Centers (PHC)	41		41	
6. Sub Centers (SC)	232		232	
7. Urban Primary Health Centers (U-PHC)	1		1	
8. Urban Community Health Centers (U-CHC)	0		0	
9. Special Newborn Care Units (SNCU)	1		1 in Medical Collage	
10. Nutritional Rehabilitation Centers (NRC)	1		1	
11. District Early intervention Center (DEIC)	1		0	
12. First Referral Units (FRU)	3		3	
13. Blood Bank	3		2	
14. Blood Storage Unit (BSU)	3		2	
15. No. of PHC converted to HWC	41		41	
16. No. of U-PHC converted to HWC	0		0	
17. Number of Sub Centre converted to HWC	232		142	
18. Designated Microscopy Center (DMC)	0		0	
19. Tuberculosis Units (TUs)	8		4	
20. CBNAAT/TruNat Sites	1		1	
21. Drug Resistant TB Centers	0		0	

22. Functional Non-Communicable Diseases (NCD) clinic	<ul style="list-style-type: none"> • At DH = 0 • WH = 0 • At SDH = 2 • At CHC = 5 	<ul style="list-style-type: none"> • At DH = 0 • WH = 0 • At SDH = 2 • At CHC = 5 • At PHC = 41(Twice in a week) • At SC = 232(Once in a week)
23. Institutions providing Comprehensive Abortion Care (CAC) services	Total no. of facilities = 282 Providing 1st trimester services = 47 Providing both 1st & 2nd trimester services = 47	Total no. of facilities = 11 Providing 1st trimester services = 47 Providing both 1st & 2nd trimester services 47= (Data not available)

Overview: DHAP

In preparation of District Health Action Plan, (PIP) all the facilities are involved in preparation of the DHAP. All the facilities send their requirements and action plan to the district for approval. According to the DHAP send by the district, state with some minor changes give their approval. There is tribal population in the district therefore special grants 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 approved PIP on 8th of September 2021.

Since last 2 years all the facilities are sending JSY beneficiaries data to THO and from THO payment is made to the beneficiaries through PFMS. In case of construction no data is provided by DPMU.

Table 2: Details about DHAP and status of construction of building in Dhule district.

Indicator	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)	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).	First installment of the sanctioned PIP has not received till the month of September 2021.
3. Date of first release of fund against DHAP	Data not available
4. Infrastructure: Construction Status	In the district RH 4,5 PHCs work is in progress
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	No/NIL
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	No/NIL

A. Service Availability

In the district, one each of DH and WH are sanctioned, but yet not functioning; 2 SDH, 6 CHCs, 41 PHCs and 232 SCs are available in the district to cater the primary health care services and 41PHCs. 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 diagnostic tests. Besides this MAHA LAB Is appointed in the state for providing diagnostic test services which are being done at the health facilities. Since April 2021 to July 2021, 198495 lab tests were conducted in the district.

There is a medical college in the district. Most of the RCH related services are being provided by Medical college. More than 50 deliveries had been conducted at medical college and C-section deliveries are also being performed at medical college. Out of 232 SCs only 124 SCs had reported that more than 8 deliveries conducted in a month and out of 41 PHCs only 16 PHCs had reported that more than 10 deliveries conducted in a month and out 20 CHCs only at 6 CHCs had reported that more than 20 deliveries conducted in a month.

RBSK: There are total 31 RBSK teams are available in the district. 31 of them are consisting of 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. 3 teams are having inadequate HR. All blocks are having RBSK teams. Due to COVID 19 pandemic all RBSK teams are working under DHO for COVID duties, as all the schools and Anganwadi's are closed. In the month of July 2021 teams started visiting in the field but again, it has stopped in the month of September 2021. During this period teams visited Anganwadi's, 50 Children & School Student 60 per day screened respectively.

MMU: There is one mobile medical unit working in the district. About 51 visits are being done by MMU. Each one of them are covering 52 villages per month. The average number of patients treated are 16932 per month. In case of lab services each one of them are conducting 7093 lab tests approximately. No X-ray facility is available with MMUs. Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 789 for each MMU. Patients with more complication are referred to higher facilities. Pertaining to the referral services district.

SNCU:

District hospital and Woman hospital are not functioning in the district, so SNCU is functioning in medical college.

NBSU:

Table 3: Total number of admitted in NBSU in Dhule district.

	Inborn	Out born
Admission	06	00
Discharged	04	00
Referral	00	00
Died	02	00

NBSU is available in SDH-Shirpur, SDH Doundaycha and RH sakhari.

NBCC: All the SCs are having NBCC. Data was not made available by DPMU.

Nutrition Rehabilitation Centres (NRC):

Due to COVID 19 pandemic NRC is not in function. NRC of the district is available at SDH Shirpur. During the period of June to September 21 children has admitted in the NRC. Of them, 14 are discharged; 1 referred to higher facility; 3 LAMA and 1 died.

Table 4: Status of the period from June to September

Admission	21
Discharged	14
Referral	1
LAMA	3
Died	0

Table 5: Health service delivery indicators at the district level of the Dhule district on 30 September, 2021.

Indicator	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) <ul style="list-style-type: none"> Number of lab tests notified 	Yes Total number of tests done is 198495
3. Status of delivery points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	124
<ul style="list-style-type: none"> No. of 24X7 PHCs conducting > 10 deliveries /month 	16
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	6
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	0
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	0
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	1 Data not provide

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	Data not provide
4. Number of institutes with ultrasound facilities (Public+Private)	40
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	40
5. Details of activities performed	Data not available
6. RBSK	
<ul style="list-style-type: none"> Total no. of RBSK teams sanctioned 	31
<ul style="list-style-type: none"> No. of teams with all HR in-place (full-team) 	26
<ul style="list-style-type: none"> No. of vehicles (on the road) for RBSK team 	31
<ul style="list-style-type: none"> No. of Teams per Block 	Dhule 10, Sakri 9, Shirpur 7, Shidkheda 5
<ul style="list-style-type: none"> No. of block/s without dedicated teams 	Nil
<ul style="list-style-type: none"> Average no of children screened per day per team 	<p>Due to COVID 19 pandemic all RBSK teams are working under DHO for COVID duties as all the schools and Anganwadi's are closed. In the month of July 2020 1 teams started visiting in the field but again it has stopped in the month of September 2021.</p> <p>During this period teams visited Anganwadi's, 50 Children & School Student 60 per day screened .</p>
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 	0
7. Special Newborn Care Units (SNCU)	In Medical Collage (Data not provided)
<ul style="list-style-type: none"> Total number of beds <ul style="list-style-type: none"> In radiant warmer Stepdown care Kangaroo Mother Care (KMC) unit 	NA NA NA NA

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 	NA	
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 	NA	
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	NA	NA
<ul style="list-style-type: none"> Defects at birth 	NA	NA
<ul style="list-style-type: none"> Discharged 	NA	NA
<ul style="list-style-type: none"> Referral 	NA	NA
<ul style="list-style-type: none"> LAMA 	NA	NA
<ul style="list-style-type: none"> Died 	NA	NA
8. Newborn Stabilization Unit (NBSU)	SDH Shirpur ,SDH Doundayacha,RH Sakhri	
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	6	0
<ul style="list-style-type: none"> Discharged 	0	0
<ul style="list-style-type: none"> Referral 	6	0
<ul style="list-style-type: none"> LAMA 	0	0
<ul style="list-style-type: none"> Died 	0	0
9 Nutrition Rehabilitation Centers (NRC)	SDH Shirpur	
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Fever Nutrition related disorder Others 	21	
	0	
	4	
	17	
	0	
	0	
	0	
	0	
	0	
	0	
	0	

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Referred by <ul style="list-style-type: none"> Frontline worker Self Ref from VCDC/ CTC RBSK Pediatric ward/ emergency 	21 5 1 0 11 4
<ul style="list-style-type: none"> Discharged 	14
<ul style="list-style-type: none"> Referral/ Medical transfer 	1
<ul style="list-style-type: none"> LAMA 	3
<ul style="list-style-type: none"> Died 	0
10 Home Based Newborn Care (HBNC)	0
<ul style="list-style-type: none"> Status of availability of HBNC kit with ASHAs 	1420
<ul style="list-style-type: none"> Newborns visited under HBNC 	12239
<ul style="list-style-type: none"> Status of availability of drug kit with ASHAs 	1390
11 Number of Maternal Death Review conducted	<ul style="list-style-type: none"> Previous year – 0 Current FY – 04
12 Number of Child Death Review conducted	<ul style="list-style-type: none"> Previous year – 0 Current FY – 0
13 Number of blocks covered under Peer Education (PE) program	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	NA
17 Weekly Iron Folic Acid Supplementation (WIFS) stock out	0
18 No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	1
<ul style="list-style-type: none"> No. of trips per MMU per month 	54

Indicator	Remarks/ Observation	
• No. of camps per MMU per month	4	
• No. of villages covered	54	
• Average number of OPD per MMU per month	9500	
• Average no. of lab investigations per MMU per month	6500	
• Avg. no. of X-ray investigations per MMU per month	Not available	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	1500	
• Avg. no. of sputum collected for TB detection per MMU per month	105	
• Average Number of patients referred to higher facilities	350	
• Payment pending (if any)	No	
• If yes, since when and reasons thereof		
19 Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	14	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	04	
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)	BVG	BVG
○ If the ambulances are GPS fitted and handled through centralized call center	BVG	BVG
○ Average number of calls received per day	2103	8
○ Average number of trips per ambulance per day	2/3	8

Indicator	Remarks/ Observation	
○ Average km travelled per ambulance per day	150 to 300	75
○ Key reasons for low utilization (if any)	-	-
• No. of transport vehicle/102 vehicle (on the road)	70	
○ If the vehicles are GPS fitted and handled through centralized call center	Yes all	
○ Average number of trips per ambulance per day	1 trip	
○ Average km travelled per ambulance per day	100 to 150	
○ Key reasons for low utilization (if any)	Driver Post Vacant	
20 Universal health screening		
• If conducted, what is the target population	7,50,000	
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	2,55,000	
• No. of patients screened, diagnosed, and treated for:	Screened	Diagnosed
○ Hypertension	159410	3310
○ Diabetes	162880	2058
○ Oral cancer	166753	5
○ Breast Cancer	119562	2
○ Cervical cancer	85409	2
21 If State notified a State Mental Health Authority	Yes	
22 If grievance redressal mechanism in place	Yes	
• Whether call center and toll-free number available	Yes	
• Percentage of complains resolved out of the total complains registered in current FY	Data not available	
23 If Mera-aaspatal has been implemented	Yes	

Indicator	Remarks/ Observation		
24 Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> ASHA payment: 			
<ul style="list-style-type: none"> <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm 	1420	834	-
<ul style="list-style-type: none"> <ul style="list-style-type: none"> B- Incentive under NTEP 	91	21	77%
<ul style="list-style-type: none"> <ul style="list-style-type: none"> C- Incentives under NLEP 	182	-	-
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 	98	-	-
<ul style="list-style-type: none"> Patients incentive under NTEP program 	825	289	65%
<ul style="list-style-type: none"> Provider's incentive under NTEP program 	117	60	49%
<ul style="list-style-type: none"> FP compensation/ incentive 	182	-	-
25 Implementation of Integrated Disease Surveillance Program (IDSP)	Yes		
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team 	1) Additional District Health Officer/ District Surveillance Officer 2) District Epidemic Medical Officer 3) District Epidemiologist (IDSP) 4) District Malaria Officer 5) Chief Bacteriologist, District Laboratory 6) Microbiologist 7) Pediatrician 8) Physician 9) District Animal Husbandry Officer 10) Assistant Dy Commissioner Food & Drug Department		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of outbreaks investigated in previous year and in current FY 	Data not available
<ul style="list-style-type: none"> How is IDSP data utilized 	IDSP data utilized to detect impending outbreaks & to prevent the further spread of communicable disease & avoid the death
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP 	Proportion Private Facilities P Form - 12.85%
11) Implementation of National Vector Borne Disease Control Programed (NVBD CP)	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 	12.86
<ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) 	Though there was Covid19 pandemic situation this district had maintained ABER 12.86
<ul style="list-style-type: none"> LLIN distribution status 	Not distributed since 2010
<ul style="list-style-type: none"> IRS 	Not taken place since 2010
<ul style="list-style-type: none"> Anti-larval methods 	Use of Temephos, Bti powder, use of Guppy fish as biological control method minor engineering methods
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	Yes
<ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored 	Yes
<ul style="list-style-type: none"> No. of MDR rounds observed 	Nil
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	Data not provided
12) Implementation of National Tuberculosis Elimination Programme (NTEP)	595 (26%)
<ul style="list-style-type: none"> Target TB notification achieved 	1248/2200=56.72

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	Yes/789/802=99.50% If No, no. of TB patients with known HIV status 93.31 %
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	672/802=84%
<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: 1125 Treatment success rate: 90.80 No. of MDR TB Patients:35 Treatment initiation among MDR TB patients: 35
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 123 Treatment success rate: 92.45 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 	555/1286=43.16%
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
13) Implementation of National Leprosy Eradication Programme (NLEP)	Yes
<ul style="list-style-type: none"> No. of new cases detected 	178
<ul style="list-style-type: none"> No. of G2D cases 	4
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	0
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Yes
14) Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	-

Indicator	Remarks/ Observation
15) Percent of health workers immunized against Hep B	Data not provided
16) Key activities performed in current FY as per ROP under National Fluorosis Control Program	Data not provided
17) Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Program	Data not provided
18) Key activities performed in current FY as per ROP under National Tobacco Control Program	Data not provided
19) Number of ASHAs <ul style="list-style-type: none"> • Required as per population • Selected • No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population • No. of villages/ slum areas with no ASHA 	1420 1425 45 0
20) Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) 	1410 98 00 00 1410 00

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) Any other state specific scheme_____ 	NA
21) Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	Data is available under the Corporation Area, so data was not provided.
22) Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	678 678 Yes
23) Number of facilities quality certified	1
24) Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Baseline Assessment Running
25) Activities performed by District Level Quality Assurance Committee (DQAC)	Yes

Human Resource:

There are total 943 posts of different discipline is sanctioned for the district DHO side and 622 of which posts are filled and 321 posts are vacant. CS side out of the 93 sanctioned posts 81 are filled and 12 posts are vacant in the district. Similarly, in case of contractual staff under NHM there are 854 positions sanctioned of which 224 are vacant. Total 17 percent posts are still vacant in the district.

Table 6: Regular Staff under DHO Side

Position	Sanctioned	Filled	Vacant
Class I&II	113	107	6

Class III&IV	830	515	315
Total	943	622	321

Table 7: Status of NHM Staff

NHM position	Sanctioned	Filled
Total	854	600

B. State of Fund Utilization

Table 8: Status of Funds Utilization

New FMR No.	Particulars	Budget	Expenditure	% of Funds Utilized
FMR 1	Service Delivery – Facility Based	517.09	53.86	10.42
FMR 2	Service Delivery – Community Based	55.35	3.01	5.44
FMR 3	Community Intervention	745.07	219.69	29.49
FMR 4	Untied Funds	130.4	21.59	16.56
FMR 5	Infrastructure	2144.8	1.2	0.06
FMR 6	Procurement	185.82	22.15	11.92
FMR 7	Referral Transport	78.54	12.81	16.31
FMR 8	Human Resource	1696.5	567.11	33.43
FMR 9	Training and Capacity Building	53.3	12.23	22.95
FMR 10	Reviews, Research,	6.5	0	0

	Surveys and Surveillance			
FMR 11	IEC/BCC	58.99	0.48	0.81
FMR 12	Printing	18.33	0.21	1.15
FMR 13	Quality Assurance	7.26	0	0
FMR 14	Drug Warehousing and Logistics	27.92	6.67	23.89
FMR 15	PPP	176.68	41.91	18.37
FMR 16	Program Management	293.06	71.96	24.55
FMR 17	It Initiatives for Strengthening Service Delivery	19.61	0	0
FMR 18	Innovations	6.35	0	0

Source: Information provided by DPMU

C. Status of training

Table 9: Status of training as on August 2021

Sr.No	List of Training (to be filled as per ROP Approval)	Planned (Batches)	Completed
1	SAB (SN/LHV/ANM)	30	6
2	Bemoc (MO)	4	4
3	RTI/STI ANM/S NURSES	40	40
4	NSSK (SN/ANM)/LHV	64	27
5	Routine immunisation (MO)	60	18
6	Routine immunisation (SN,LHV,HA)	192	168
7	Cold Chain Handier	40	46
8	IDSP MO	20	22
9	NTEP MO	30	26
10	NTEP ANM,MPW	180	176
11	NTEP HA,LHV	60	32

12	HWC Multiskill ANM MPW	240	101
13	IMEP MO	12	6
14	RTI/STI MO	14	15
15	Skill Lab	18	13
16	PPIUCD (MO)	14	22
17	ASHA Induction	60	33
18	ASHA HBNC Phase I&II	120	66
19	PPIUCD(ANM,S NURSES,LHV)	30	35

From the above table, it has been seen that the training batches have been planned for the period of 2021-22. By September 2021 end, due to the Covid-19 situation the number of completed training was lesser than the number of planned training.

All national programmes are implemented, but due COVID-19 family planning programme as well as RBSK programme was non-functional for one year.

D. Service Delivery: Sub Centre: Biladi

The PRC team visited to the Biladi sub centre on October 26,2021. Facility is at distance of 5 KM from the PHC Nagaon and well accessible by the road. Facility provided are OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 3 villages. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done.

The facility does not have 24*7 delivery room, only quarter of ANM is available. Drinking water facility is available. There is no waiting area for OPD patients, no rest room for ASHAs available, there is no specified area for yoga as per the norms of HWC. Facility is not having inverter power back up. Essential drugs are available and drug list is not available in the facility. The facility has all the basic instruments such as B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility. There is no major shortage of drugs during the past one month. No line listing of high-risk women is done. Bio medical waste management facility is not there; no maternal or infant deaths were reported during the year 2020-21.

Table 10: Number of cases screened and treated Under NCD programme.

	Screened	Confirmed
Hypertension	537	280
Diabetes	537	208
Oral Cancer	357	00
Breast Cancer	315	00
Cervical Cancer	315	00

- The medicines for hypertension and diabetes are being provided to the facility by PHC. Government supply combine medicine for diabetics is also available.
- During 2020-21 total TB cases found is 5.
- HBNC kits (weighing scale, digital thermometer, blanket, warmer) is available.
- ASHA is aware about incentive under NTEP nikshay Poshan Yojana, TB patients for the duration of treatment.
- VHSNC/ MAS meeting were held every month.
- All records were maintained.
- NHM fund utilized by Sub centre is Rs. 36000/-
- Ambulance service is available in this sub-centre.
- Two cases were referred to PHC by sub centre in the last month.

Table 11: Status of the Human Resource

Human Resource	Sanctioned	Filled
ANM/	1	1
MPW Male	1	1
MLHP/ CHO	1	1
ASHA	7	7

At present facility is run by ANM and one CHO are contractual under NHM. ANM is provided a tablet with internet facility, but the internet connectivity is very poor.

During the visit to the facility PRC team felt following are the challenges of the facility and the root cause of the problems.

Challenge	Root causes
a) NET Connectivity	Local level

b) No use of E Sanjeevani and tele consultation	Connectivity is very poor for internet. Even mobile phone is having poor network.
c) No wash room is available for public	Needs to give funds for SCs for construction of public toilets.
d) Mobility of CHO and ANM	As the spread of SC is through 3 villages it is difficult for CHO and ANM to move into all the villages smoothly as there is no public transport is available.

E. Service Delivery: Primary Health Centre: Nagaon

PHC Nagaon is about 5 kms from the district headquarters, with 3 sub centres. PHC Nagaon is easily accessible from the nearest road. PHC is functioning in a government building PHC has electricity with power back up, 24*7 water supply and toilets are available and running water is available in PHC. Labour room available. NBSU corner is also available. It has 6 beds and separate wards for male and female. Bio Medical waste is out sourced. There is a sufficient waiting area for OPD patients. There is sufficient space for store. Rest room for ASHAs. Tele Medicine consultation facility was not available.

- All the essential equipment is available at PHC. The essential drug list is available but not displayed in public domain. Diagnostic tests are in house and maha Lab Limited is being provided in the facility for HB, CBC, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sick Cell., RPR is not done at the facility. 24*7 delivery facility is available at the facility. X-Ray facility is not available in the PHC. During last three months 24 deliveries took place in the facility.
- Metformine, Blimeperaid, Amlodepin are the drugs available for Hypertension and Diabetic patents. There is sufficient supply of Gloves and essential consumables.
- Delivery set and OT instrument are available in the facility.
- The JSY beneficiaries list is being send to THO for payment and THO make payment through PFMS to the beneficiaries.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- The facilities Kayakalp score is 56
- Vaccine hub cutter is available in the facility. Tubectomy are done since last three months. Total of 24 condom and oral pills were supplied, Copper –T services is also provided in the facility. Counselling services are done.

- The NCD clinic is on a daily basis. Up to September 2021 total of 7338 patients were screened of which patients having hypertension is 412, diabetes is 326, oral cancer is 02 and breast cancer is 1.
- Under IDSP data in P and L reporting is done weekly.
- Anti TB drugs are available at the facility and four patients are currently taking anti TB drugs from the facility.
- Two patients tested through CBNAAT/TruNat for drug resistance in the last 6 months.
- All the patients tested of HIV and diabetes.
- DBT instalments are initiated under Nikshay Poshan Yojana in the last 6 months was 100%.
- DVDMS or similar supply chain management system implementation.
- No information on training to the staff.
- During the year 2020-21, 10 Leprosy cases were detected none of them in Grade II deformity.
- The fund received during 2020-21 is Rs. 842424/- and expenditure is Rs. 163716/-.
- PHC has one 102 ambulance.
- Data is unavailable regarding refer in and refer out, 2 children were referred to another facility as informed.

Challenge	Root causes
1. No regular staff is available, 1 ANM and GNM1, posts are vacant.	State government is not filling up positions.
2. No use of E Sanjeevani and tele consultation	Connectivity is too poor for net. Even mobile phone is having poor network.
3. No wash room is available for public	Needs to give funds for construction of public toilets.

PHC Nagaon

Table 12: Status of Human Resource in PHC Nagaon

Designation	Sanctioned Position	Filled	Vacant	Contractual
MO/ MBBS	2	2	0	0
LHV	1	1	0	-
GNM	1	0	1	-
ANM	4	3	1	1
LT	1	1	0	-
Pharmacist	1	1	0	-
Driver	0	0	0	1
Peon	3	3	0	-
SWEEPER	1	1	0	-
HA	2	2	0	-
Total	16	14	2	2

F. Service Delivery: Community Health Centre: Songeer

The Songeer Community Health Centre is Dhule Block and is about 20 km's away from district headquarters. It has 30 beds. It is located in government building. The building in good condition. Various other buildings are also coming up. Electricity is available power back up 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are partially clean. Drinking water is available in the facility. Drug store with racks is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency.

Table 13: Status of Human Resource in Community Health Centre,Songeer.

Human Resource	Sanctioned	Regular	Vacant	Contractual
Medical Superintendent	1	0	1	-
Medical Officer	4	4	0	-

Medical Officer Dental	1	1	0	-
Assistant Supervisor	1	1	0	-
Staff nurses	7	5	2	-
Junior Clerk	2	0	2	-
Assistant Dental	1	1	0	-
Lab A	1	1	0	-
Pharmacist	1	1	0	-
X-RAY technician	1	1	0	0
Class 4	7	7	0	0
Total	27	22	5	5

- Following services are available at the facility OPD, IPD, NCD, TB, Ophthalmic, Telemedicine, Pathology, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, Family Planning, RKSK.
- There is availability of dental chair at the facility, dentist post is available and dental services are available.
- NBCC is available with 1 warmer and 1 phototherapy unit. Except Gynaecologist and Paediatrician all other sanctioned specialist is available at the facility 24*7.
- Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. Two dedicated Medical officers are there and it is connected with Sassoon General Hospital, Pune for consultation.
- Both Major and Minor OT's are available.
- Desktops are available in the facility with good quality of internet connection.
- KAYAKALP is initiated and facility score is 57.
- NQAS assessment facility score is 63.
- Computerised medicine inventory system is in place. For procurement of medicine E-Aushadhi is available. EDL is available and displayed in the OPD. In-house Lab services are available.
- There is only one X-Ray machine available.
- Total 20 deliveries were performed in the last month. C-section delivery was not done.
- For payment of JSY, list of beneficiaries is being send to the THO. All services are provided free of cost to the JSSK beneficiaries.
- PMSMA services are provided on the 9th day of every month.

- Line listing of high risk pregnancies are there. Respectful maternity care is implemented in the facility. No maternal or child death occurred during last 2 years.
- NCD clinic is available on daily basis in the facility. During April to September 2021, patients were 3732 screened at NCD, of them 92 are detected with diabetes and hypertension 84. No case is reported under Cancer, stroke and TB.
- Lab reports done during the period is 400.
- Facility is designated as Designated Microscopy Centre is there and last six month OPD 400.
- There are 6 Leprosy cases detected by field workers.
- Facility is having Rs. 954048/- as the opening balance as of 1st April 2021. It is the funds received during the period of April 2021 to September 2021.
- RKS meeting was not held till date in the year of 2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having one ambulance.
- There were 20 drop back and 1 refer out patients.

Sub District Hospital (SDH): SHIRPUR

SDH shirpur is in shirpur Block and is about 60 km's away from the district headquarters. The hospital has 100 beds in it. It is located in government building. Renovation work of the facility is going on. Electricity is available and power back up is available with generator. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to labour room and are not clean. Drinking water is available in the facility.

Drug store with racks are available in the facility. It is well accessible from main road. Waste management is done through deep burial pit method and is available in the facility.

- Following services are available at the facility OPD, IPD, NCD, TB, Ophthalmic, Telemedicine, Sonography, ICTC, BSU, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK.
- Ophthalmic services are not available.
- All other sanctioned specialist is available at the facility 24*7.
- Facility is having emergency services.
- Triage, Resuscitation and stabilisation facility is available. 24*7, E- Sanjeevani services are available.

- OT is available other than MTP is conducted at the facility. Due to COVID 19 all services of the OT are suspended. Blood storage unit is available at the facility.
- Postpartum intrauterine contraceptive devices (PPIUCD) is available in this facility and total of 7 provided.
- There are desktops available in the facility, with internet facility and internet connectivity is good.
- Facility has KAYAKALP and NQAS. Internal and state assessment Laqshay has been done of both labour room and OT. New construction of OT and labour room is going on as per the Laqshay guidelines.
- EDL is available, 88 drugs are listed into it. It is displayed in the public domain. Computerized medicine procurement is done through E- Aashaadha software in the district.
- Sufficient supply of consumables and testing kits are there. Diagnostic facility is available in house. About 12298 tests done during the reference period.
- X-Ray services are available in the facility. Portable machines are available.
- CT scan and Dialysis services is not available in the facility.
- During April to September 2021, 147 deliveries are conducted in the facility. All JSSK beneficiaries are entitled for free diagnostic and referral services. Delivery patients are getting food during their stay at the facility. From the delivered babies at the facility following are given 0 dose at birth, BCG, Hep., OPV, Vat. and new born breast fed within one hour of delivery. No DEIC is at this facility.
- No sterilization is done due to COVID 19, SN are counselling to mothers only for family planning services.
- For payment of JSY, list of beneficiaries is being send to the THO. All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th of every month. Total of 8 women were identified as high risk mothers.
- Under ICTC during April to September 2021, 2781 patients (including ANC) visited. General client found 9 HIV positive 500 ANC client tests 2 Positive.
- Facility is having its own Ambulance. In last month 17 cases were referred to the highest facility. Most of them are maternal, accident, snake bite and poison.

Table 14: Total number of cases that were screened and treated under NCD programme.

	Screened	Confirmed
Hypertension	992	91

Diabetes	2931	396
Oral Cancer	165	2
Breast Cancer	33	2
Cervical Cancer	9	0

- SDH Shirpur has NRC.
- Total Admission 21 of which 3SD 17, MUAC-4, Referred by Frontline worker 5, self-1, RBSK 11, paediatric ward 4, discharge 14, medical transferred 1 and 6 are still in ward.

Table 15: Human Resource of SDH Shirpur

Sr. No.	Name of the post Regular	Sanctioned	Filled	Vacant
1	Medical Superintendent	1	1	0
2	Medical Officer	14	5	9
3	Dental Medical Officer	2	1	1
4	Medical Officer class 3	1	0	1
5	Administrative Officer	1	0	1
6	Office Superintendent	1	1	0
7	Assistant Maternal	1	1	0
8	Staff Nurse	5	3	2
9	Nurse	28	25	3
10	Lab Officer	2	1	1
11	Blood Bank Technician	2	2	0
12	Pharmacist	4	3	1
13	Lab Assistant	3	2	1
14	X-ray Technician	2	1	1
15	ECG Technician	1	1	0
16	Dietitian	1	0	1
17	Physical Technician	1	1	0
18	Store Keeper	1	1	0
19	Senior Clerk	1	1	0

20	Junior Clerk	4	2	2
21	Peon	2	1	1
22	OT Assistant	2	0	2
23	Dresser	1	0	1
24	Ward Boy	10	9	1
25	Casualty Peon	5	3	2
26	Blood Bank Attendant	1	1	0
27	Sweeper	3	3	0
28	Technician Assistant	1	0	1
29	ANM	1	1	0
30	Driver	1	0	1
	Total	103	70	33

Table 16: Status of NHM STAFF in SDH SHIRPUR

1	Medical Officer AUISH	2
2	Tele Medicine	1
3	Sikal Cell	1
4	RKS	1
5	NRC	1
6	NVSU	2
7	RNTCP	1
	Total	9

Challenges	Root Cause
Currently renovation work of the facility is under progress.	Therefore general wards, NBSU and child activities are affected.

In the district DH & WH had been sanctioned but still not functioning.

DH started to work from the month of October only OPD service is being provided.

Table 17: Status of Regular staff in DH Dhule

Sr. No.	Name of the post Regular	Sanctioned	Filled	Vacant
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1	Class I	7	1	6
2	Class II	23	23	00
3	Class III	116	85	31
4	Class IV	0	0	0
	Total	146	109	37

NHM staff of DH

WH for Dhule was sanctioned but still not functioning.

Table 18: Status of Regular staff

Sr. No.	Name of the post Regular	Sanctioned	Filled	Vacant
1	Class I	4	3	1
2	Class II	27	23	4
3	Class III	16	11	5
4	Class IV	17	10	7
	Total	71	54	17

Table 19: Status of NHM STAFF:

Sr. No.	Name of the post NHM	Sanctioned	Filled	Vacant
1	SNCU	37	29	8
2	NCD	3	2	1
3	IPHS	3	3	0
4	ICTC	2	2	0
	Total	45	36	9

List services available:

- In the visited facilities mothers were initiated breast-feeding within 1 hour of the delivery. Mothers were also advised to stay for at least 48 hours after delivery in the hospital. Pregnant women were provided with IFA tablets.
- SNCU is not available.
- Comprehensive location management centre unit is available.
- Emergency facility is available; Triage resuscitate stabilization is available
- Telemedicine and Operation theatre facility are available.
- OBG and gynaecology OT is available.
- Blood bank is not available. In emergency they are received from outside.
- Kayakalp initiated and facility score is 63.8.
- For NQAS facility assessment is done by state.
- In LAQSHYA program labour room 84 and operation theatre is 91.
- EDL is available and displayed. Computer inventory system is in place.
- All the essential supplies and consumables are available. Adequate vaccine stocks are available.
- All other essential supplies and equipment's are available. Only shortage is with the surgical gloves.
- All types of diagnostics test kit were available.
- Labour room is in good condition.
- Functional NBCC with radiant warmer with neonatal ambu bag.
- During the reference period, April to September, 2021, 16632 deliveries and 0 C-sections were reported as institutional deliveries.
- JSSK all entitlement is provided free of cost.
- JSSK:
 - Total number of institutional delivery – 3337
 - Pick – home to institute – 2841
 - Institute to institute 822
 - Drop back – 3086
 - Sick infants pick up
 - Home to institute – 73
 - Institute to institute – 22
 - Drop back – 75
- PMSMA service provided on 9 th of every month anaemia and PTH.

- Four maternal deaths were reported in the district during the reference period April to September, 2021.
- Comprehensive abortion care service is available.
- Vaccine and hub cutter is available.
- New born birth dose at the facility since last three months – 8732.
- Sterilization April to September 2021 month is 1587 progressives.
- At the facility trained provider for IUCD/PPIUCD, family planning, FPLMIS, adolescent friendly health clinic is available.
- At the facility has NCD clinic available is fixed day.
- In all facility IPD/OPD, ANC, PNC, payment under JSY, labour room, FP-operation, OT, FP, Immunisation, referral, drug stock registers, Infant death review and Neonatal death review and untied fund expenditure records is updated.
- NHM funds is not received in this year's till date.
- HMIS data is updated.
- RKS meeting done data is not available.
- NCD clinic is available on fixed days
 - Hypertension, Screened - 159410 confirmed – 3310
 - Diabetes, Screened – 162880 confirmed – 2058
 - Oral cancer, screened - 166754 confirmed – 5
 - Breast Cancer, Screened – 119562 Confirmed – 2
 - Cervical Cancer, Screened – 85409 confirmed – 2

Key Recommendations

1. Positions for Data Entry Operator can be made. In most of the health centres data are handwritten, this is a time consuming process and could affect the quality of data, so data should be made available online.
2. The district as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses/drivers need to be filled at all levels on urgent basis. Further, recruitment of staff under NHM can be prioritised.
3. Covid-19 has severely affected the training of health professional. Therefore, training should be provided for staff at all levels on a timely basis.

4. The recruitment under NHM are mostly contractual. Contractual positions are highly underpaid, which is a major cause of high Employee Retention Rate. It is highly recommended to increase the remunerations of the staff.
5. A training regarding the Standard Operating Procedures (SOP) should be held to educate the health staff about the implementation of several public schemes. It was observed and noted that many health staff did not have a proper idea about some of the schemes. There is also a need to spread awareness among the public about the availability of schemes.
6. Child and maternal deaths are reported under 'death due to other cause'. Therefore, it is strongly recommended to develop some mechanism or training to identify the cause of these deaths so that some particular programmes can be implemented.
7. Lack of proper data management is also a reason for no follow up of critical or NCD patients.
8. The infrastructure is of poor quality and the staff has not been provided with quarters with every facility. Safety and security remains an important issue.

Photos taken during the field visits of Dhule district:







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