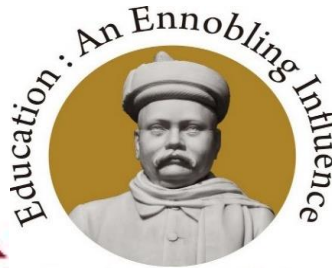




**Monitoring and Evaluation of Programme Implementation Plan, 2021-22
Gadchiroli District, Maharashtra**

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

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2021-22 Gadchiroli District was carried out by the PRC team during 6-10 September, 2021. The District Health Office, Women Hospital, RH Dhanora, PHC Karwafa and SC Chatgaon are visited for the study by the PRC team. During the field visit the PRC team was accompanied by NCD Consultant and DPM. This report discusses in detail the implementation of PIP in Gadchiroli district as observed during the field visit for monitoring. The key observation is given below:

General

Overall improvement in health system in the district.

Achievements made

- Improved overall ANC registration in the district. Looking at previous years' health indicators, so far there is consistency in overall health care services in the district.
- Increase in institutional deliveries and decrease in home deliveries.
- All 24x7 PHC are with basic lab facilities. All the 48 PHCs are being converted into HWCs and 344 SCs are functioning as HWCs.
- Free meals and drugs facility for mothers at institutions are in execution. At Women Hospital free meal are being provided to the companion of the women hospitalised for delivery.
- ASHAs are selected, trained up to Vth module and provided with drug kits.
- MMUs are providing services to underserved areas.
- Comprehensive Primary Health Care being implemented, total 1875872 CBAC form has been filled in the district. All the SC-HWC, 59 PHC-HWCs and 10 UPHC-HWCs have started NCD screening.

Areas for Further Improvement

- RBSK programme need to be strengthen in the district. As there are 24 teams are required. But 19 teams are in position. As in interior part of the district selected personnel are not ready to join as they are Naxal dominated blocks.
- Vacant posts need to fill up on priority basis.
- For monitoring of the programme mobility support needs to be increased of DPMU.
- The district needs to plug the gap between lower-level staff and DPMU.

Infrastructure

- All the SC and PHC upgraded to HWCs, space for YOGA and other activities is not available.

Human Resources

- The district needs to address the shortage of specialist doctors and also need to rationalize the posting of health staff.
- Multi-specialty training for health staff is required.
- To improve the manpower and reduce the dropout provision of higher payments for NHM staff is required.

Service Delivery

- Well-functioning web HMIS, IHIP, NIKSHAY portal, etc. district headquarter but in the interior part of the district connectivity is the main concern. Most of the time due to intelligence information network is down by the provider itself.
- The error in data reporting has minimised.
- Significant increase in institutional deliveries

A. Overview of district

Gadchiroli district was carved out on the 26th of August 1982 by the division of erstwhile Chandrapur district. Earlier, it was a part of Chandrapur District and only two places, namely Gadchiroli and Sironcha were tehsils of Chandrapur District before the formation of Gadchiroli District.

Gadchiroli tehsil was created in 1905 by transfer of the Zamindari Estate from Brahmapuri and Chandrapur tehsil. Gadchiroli district was created on August 26, 1982 by bifurcating the Chandrapur district in the place of Brahmapuri, which is part of the Vidarbha region of Maharashtra.

Gadchiroli district is situated on the North-Eastern side of Maharashtra State & district is situated on the North-Eastern side of Maharashtra State & have State borders of Telangana and Chhattisgarh. Naxalism is highly prevalent in Gadchiroli district and subsequently has been highlighted as part of the Red Corridor, used to describe areas in India that are plagued by Naxalites. They took the shelter in the dense forest & hills of this district.

The total population of the district is 1072942. The rural population is 954909 and urban population is 118033 (As per Census 2011). SC population is 120745, this is 11.25% of the total population and ST population in the district is 415306 is the share of 38.11% of the total population of the district. (As per 2011 Census). The literacy rate of the district is 74.36 as per census 2011). The district is categorised as Tribal and undeveloped district and most of the land is covered with forest and hills. The district has forests cover near about 76 % of the geographical area of the district. This district is famous for Bamboo and Tendu leaves. Paddy is the main agriculture produce in this district. The other agriculture Produce in the district is Jawar, Linseed, Tur, Wheat. The Main profession of the people is farming.

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

Indicator	Remarks/ Observation			
1. Total number of Districts	1			
2. Total number of Blocks	12			
3. Total number of Villages	1688			
4. Total Population	1072942 (Census 2011)			
• Rural population	954909 (Census 2011)			
• Urban population	118033 (Census 2011)			
5. Literacy rate	74.36 (DPMU)			
6. Sex Ratio	995 (DPMU)			
7. Sex ratio at birth	953 (DPMU)			
8. Population Density	74 (DPMU)			
9. Estimated number of deliveries	17570 (DPMU)			
10. Estimated number of C-section	Not Provide by DPMU			
11. Estimated numbers of live births	17483 (DPMU)			
12. Estimated number of eligible couples	189150 (DPMU)			
13. Estimated number of leprosy cases	Not Provided by DPMU			
14. Target for public and private sector TB notification for the current year	2100 (Public 1750 + Pvt. 350)			
15. Estimated number of cataract surgeries to be conducted	1700			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		12		12
• Child Death		42		29
• Infant Death		376		117
• Still birth		397		195
• Deaths due to Malaria		5		3
• Deaths due to sterilization procedure		0		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals + Women Hospital	2		2	
2. Sub District Hospital	3		3	
3. Community Health Centers (CHC)	9		9	
4. Primary Health Centers (PHC)	48		48	
5. Sub Centers (SC)	376		376	
6. Urban Primary Health Centers (U-PHC)	1		1	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	2		2	
9. Nutritional Rehabilitation Centres (NRC)	2		2	
10. District Early intervention Center (DEIC)	1		1	
11. First Referral Units (FRU)	4		4	
12. Blood Bank	2		2	
13. Blood Storage Unit (BSU)	6		6	
14. No. of PHC converted to HWC	47		47	
15. No. of U-PHC converted to HWC	0		0	
16. Number of Sub Centre converted to HWC	344		160	
17. Designated Microscopy Center (DMC)	43		43	
18. Tuberculosis Units (TUs)	13		13	
19. CBNAAT/TruNat Sites	2		2	

20. Drug Resistant TB Centres	1	1
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At SDH	3	3
• At CHC	9	9
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities	12	12
• Providing 1st trimester services	12	12
• Providing both 1st & 2nd trimester services	3	3

Source: DPMU, Gadchiroli

Progress of selected health indicators in the district

Gadchiroli district MMR at 125.1 has increased as compared to previous three years. Since 2017-18 to 2019-20 it was stable at 67. But during the year 2021-21 it has suddenly increased to 125.1. This is 53 points more than state average (72.1 MMR per 100000 live births). The IMR at has also increased and reported at 22.2 is 14 points more than the state average (8.3 IMR per 1000 live births). The child mortality rate is 2.5 per 1000 live births is little decline to previous consecutive years. But still is more than double to the state average (1.2 per 1000 live births) (Table 2).*(need to add in first page as key findings)*

In case of HIV numbers of patients are increasing as in the year 2017-18 it was less as 65. However, in the year 2019-20 the number of HIV patients is almost double (138) whereas in the year 2020-21 it slightly reduced to 95. Pertaining to the deaths due to HIV has also decline as compared to the cases reported in the respective years. In case of TB, number of cases have declined drastically from 880 in the year 2017-18 has come down to 417 in the year 2020-21. As far as non-communicable diseases in concern, Diabetes and hypertension cases have been increasing over the period in the district. **(table 3).**

There is an increase in the number female sterilization and IUD insertion has observed in the district during 2019-20 to 2020-21. Number of home delivery has declined from 794 in the year 2017-18 to 575 in the year 2020-21. The number of new-born screened for defects at birth has declined to 52 in 2020-21 than 2537 in 2019-20 **(Table 4).**

Financial Expenditure

Below table 5 shows the trend in budget sanctioned, released and audited expenditure for Gadchiroli district. From the table one can see that the total budget sanctioned has decreased to Rs 4650.83 lakhs in FY 2021-22 from 7359.83 in FY 2020-21. Till August 2021, only Rs. 4.5 Corer has been released against the sanctioned budget.

Table 2: Trend in maternal and child mortality in Gadchiroli district.

Indicators	Gadchiroli				Maharashtra	SDG goal (by 2030)
	2020-21	2019-20	2018-19	2017-18	2020-21	
Maternal mortality ratio	125.1	67.53	67.53	67.7	72.1	<70/100,000 live births
Infant Mortality Rate (IMR)	22.27	1.85	4.11	2.78	8.3	<12/ 1,000 live birth
Child mortality rate	2.50	3.1	3.1	1.7	1.2	<12/ 1,000 live birth

Source: HMIS standard report.

Table 3: Trend in communicable and non-communicable diseases in Gadchiroli district.

Indicators	Gadchiroli				Maharashtra	SDG goal (by 2030)
	2020-21	2019-20	2018-19	2017-18	2020-21	
HIV Cases (Male, female and pregnant women)	95	138	85	65	14817	End the epidemics by 2030
Death due to HIV	16	15	17	18	1183	
Tuberculosis inpatients; on-going DOTS patients	417	716	730	880	11385	
Inpatient - Malaria	3034	1438	876	1421	9943	
Outpatient - Diabetes	27866	28187	9335	8279	1260069	
Outpatient - Hypertension	48910	43162	19133	14727	1625529	

Source: HMIS standard report.

Table 4: Trend in demand side intervention in Gadchiroli district.

Indicators	Achievement (no. of beneficiaries)			
	2020-21	2019-20	2018-19	2017-18
Total female sterilization	2743	2660	3088	3466
IUD Insertion	3013	2275	1156	3069
Institutional deliveries	16290	15651	16081	16911
C-Sections deliveries	3690	3277	2355	2181
Home deliveries conducted by skilled persons	575	724	786	794
JSSK-free diagnostic; and drugs	19575	19184	14898	16103
Number of new-born screened for defects at birth (as per RBSK)	52	379	2537	1528
Number of children (6 month to 6 years) screened by RBSK mobile health teams at Anganwadi centre	14578	145213	466791	249306

Source: HMIS standard report.

Table 5: Trend of Sanctioned, Released and audited expenditure (in Lakhs) in Gadchiroli district

Trends in Financial Expenditure				
Items	FY 2021-22	FY 2020-21	FY 2019-20	FY 2018-19
Sanction	8096.95	7237.75	8379.52	8064.49
Released	400.50	5735.58	5316.16	7292.71
Audited expenditure	2798.10	7471.68	6816.11	5498.27

Note: For the financial year 2021-22 released and sanctioned budget is for till 31 August 2021. Source: DPMU.

B. Public Health planning and implementation of National Programmes

District health Action Plan (DHAP)

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval. The district is categorised as Tribal and undeveloped district and most of the land is covered with forest and hills. ST population in the district is 415306 is the share of 38.11% of total population of the district. (As per 2011 Census) Some funds are allocated from Zillah Parishad for health subject. The District has received an amount of Rs. 4.50 Cr as the first instalment of approved PIP August 2021. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in the same period. But they are able to manage their routine activities of the unspent grant which they have received in the last financial year. As DPMU is stated that there is no delay in making payment of ASHAs.

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

Table 6: details about DHAP and status of construction of building in Gadchiroli 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)	Yes

Indicator	Remarks/ Observation
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release 09 August 2021 Revised PIP received 23 August 2021
3. Date of first release of fund against DHAP	30 August 2021 (4.50 Cr)
4. Infrastructure: Construction Status	
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	PHC Kothi Tal. Bhamaragad (Due to Covid 19 work out completed, within time. Now today work in Progress)
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	PHC Kunghada Tal. Charmoshi (Civil Work completed, Electrical Work in Progress, once we completed Electric work than PHC Handover to MO PHC)

C. Service Availability

There is 1 DH, 1 WH, 3 SDH, 9 CHCs, 48 PHCs and 376 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 47 PHCs; 160 SCs are converted into HWCs. There are 2 blood banks and 6 BSUs are in the district. 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 HLL Life Care Ltd. Is appointed in the state for providing diagnostic test services which are being done at the health facilities.

RBSK: There are total 21+4 (Ashram Shala Pathak) RBSK teams are available in the district. 16 + 3 (Ashram Shala Pathak) of them are consisting of 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. Total 19 vehicles are on the road. Six teams are having inadequate HR. According to the population minimum 2 and maximum of 5 teams are working in respective blocks. Five blocks are not having RBSK teams, as selected MOs are not willing to join in the blocks (Ettapalli, Sironcha, Bhamaragad and Aheri) as they are naxal affected areas. Due COVID 19 pandemic all RBSK teams are working under DHO for COVID duties as all the schools and Anganwadi's are not in function.

MMU: There four mobile medical units are working in the district. About 26 visits are being done by MMU. All of them are catering 573 villages. The average number of patients they are treating are 1927 per month. In case of lab services are conducting 728 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 156 for each MMU. Average Number of patients referred to higher

facilities 22.2 each. Pertaining to the referral services district is having total No. of 8 Basic Life Support (BLS) (on the road) and total No. of 2 Advanced Life Support (ALS) (on the road).

SNCU: The district is having 24 beds SNCU situated at a women hospital. There are 46 radiant warmers and step down and KMC care is also available. During April 2021 to September 2021, total 793 (533 inborn and 260 out-born) children were admitted in the SNCU in the district. Of total, 662 children are cured and discharged; 55 referred to higher facility; 10 left against medical advice and 49 children died. Nineteen children were admitted due to the defect at birth.

Table 7: Number of children admitted in SNCU in Gadchiroli district.

	Inborn	Out-born
Admission	533	260
Defects at Birth	14	5
Discharged	464	198
Referral	28	27
LAMA	6	4
Died	29	20

Source: DPMU, Gadchiroli district

NBSU: NBSUs are available in the district. There are 46 radiant warmers and step down and KMC care is also available. During April 2021 to September 2021, total 277 (222 inborn and 55 out-born) children were admitted in the NBSU in the district. Of total, 205 children are cured and discharged; 65 referred to higher facility; 2 left against medical advice and 5 children died.

NBSU is available at following health facilities SDH Armori (4 beds) and Kurkheda (6 beds); CHC Charmoshi (4 beds), Sironcha (4 beds) and Dhanora (4 beds).

Table 8: Number of children admitted in NBSU in Gadchiroli district.

	Inborn	Out-born
Admission	222	55
Discharged	177	28
Referral	42	23
LAMA	1	1
Died	2	3

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

Nutrition Rehabilitation Centres (NRC): NRC of the district is available at the district hospital. During the period of August to September 138 children has admitted in the NRC. Of them, 132 are discharged; 4 referred to higher facility; 1 LAMA and 1 died.

Table 9: Number of children admitted in NBSU in Gadchiroli district.

Admission	138
Discharged	132

Referral	4
LAMA	1
Died	1

The below table 9 gives the details of the health service delivery indicators at the district level of the Gadchiroli district on 30 September, 2021.

Table 9: Details about the health service delivery in the district

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	All Facility 473
2. Implementation of diagnostic services (if it is free for all)	All Facility 473
• Number of lab tests notified	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	14
• No. of 24X7 PHCs conducting > 10 deliveries /month	0
• No. of CHCs conducting > 20 deliveries /month	1
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	2
• No. of DH/ District Women and child hospital conducting C-section	1150
• No. of Medical colleges conducting > 50 deliveries per month	0
• No. of Medical colleges conducting C-section	0
4. Number of institutes with ultrasound facilities (Public+Private)	18 Public +17 Pvt= 35
• Of these, how many are registered under PCPNDT act	35 (4 Veternery + 1 Eco+ 1 C T Scan)
5. Details of PMSMA activities performed	Report Attached
6. RBSK	
• Total no. of RBSK teams sanctioned	RBSK 21 & Ashram 4
• No. of teams with all HR in-place (full-team)	RBSK 16 & Ashram 3
• No. of vehicles (on the road) for RBSK team	RSBK 16 & Ashram 3
• No. of Teams per Block	RBSK (Korchi 1, Wadsa 1, Mulchera 1 Armori 2, Dhanora 2, Aheri 2, Kurkheda 2, Chamorshi 3 Bhamaragad 1, Etapalli 2, Sironcha 2 Gadchiroli 2) Ashram (Gadchiroli 1, Kurkheda 1, Aheri 1, Bhamaragad 1)
• No. of block/s without dedicated teams	Without RBSK MO (Etaalli, Sironcha, Bhamaragad) Total 5 Ashriam (Aheri & Bhamaragad) Total 2
• Average no of children screened per day per team	AWC (100 To 120) & School (180 To 200)

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Number of children born in delivery points screened for defects at birth 	2271	
7. Special Newborn Care Units (SNCU)		
<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 	24 46 Yes Yes	
<ul style="list-style-type: none"> Number of non-functional radiant warmer for more than a week 	2	
<ul style="list-style-type: none"> Number of non-functional phototherapy unit for more than a week 	0	
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	533	260
<ul style="list-style-type: none"> Defects at birth 	14	5
<ul style="list-style-type: none"> Discharged 	464	198
<ul style="list-style-type: none"> Referral 	28	27
<ul style="list-style-type: none"> LAMA 	6	4
<ul style="list-style-type: none"> Died 	29	20
8. Newborn Stabilization Unit (NBSU)		
	Inborn	Out born
<ul style="list-style-type: none"> Admission 	222	55
<ul style="list-style-type: none"> Discharged 	177	28
<ul style="list-style-type: none"> Referral 	42	23
<ul style="list-style-type: none"> LAMA 	1	1
<ul style="list-style-type: none"> Died 	2	3
9. Nutrition Rehabilitation Centers (NRC)		
<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 	138 0 0 138 0 6 0 0 0 0 132	
<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 	76 13 0 22 27	
<ul style="list-style-type: none"> Discharged 	118	
<ul style="list-style-type: none"> Referral/ Medical transfer 	4	
<ul style="list-style-type: none"> LAMA 	1	
<ul style="list-style-type: none"> Died 	1	
10. Home Based Newborn Care (HBNC)		

Indicator	Remarks/ Observation
• Status of availability of HBNC kit with ASHAs	1466
• Newborns visited under HBNC	5143
• Status of availability of drug kit with ASHAs	1466
11. Number of Maternal Death Review conducted	12 - 12
• Previous year	12 - 12
• Current FY	
12. Number of Child Death Review conducted	418 - 418
• Previous year	146 - 146
• Current FY	
13. Number of blocks covered under Peer Education (PE) programme	In the RKSK program 12 blocks covered under Peer Educator programme.
14. No. of villages covered under PE programme	➤ Out of 12 blocks 1012 villages covered under PE programme. New 683 villages selected for financial year 2021-22 under PE Programme
15. No. of PE selected	➤ In Gadchiroli District we are select 2 PHC's from every block. ➤ 1012 villages out of 206 Sub Centers form 24 PHC's. ➤ 2517 PE selected by Asha as per Population criteria. Selection process start of PE form 683 villages of 175 Sub Centers, which is remaining 23 PHC's from 12 Blocks of District For the financial year 2021-22
16. No. of Adolescent Friendly Clinic (AFC) meetings held	➤ In financial Year 2020-21 Total 432 Adolescent Friendly clinic (AFC) meetings conducted. Monthly 1 AFC meeting compulsory for 206 selected Sub Center as per the PIP. We are targeted 412 AFC meetings in 2 months.
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	No
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	4
• No. of trips per MMU per month	26 trips (68.17 Km/trip)
• No. of camps per MMU per month	0
• No. of villages covered	573
• Average number of OPD per MMU per month	1927
• Average no. of lab investigations per MMU per month	728
• Avg. no. of X-ray investigations per MMU per month	0
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	156
• Avg. no. of sputum collected for TB detection per MMU per month	1
• Average Number of patients referred to higher facilities	22.2 Per MMU

Indicator	Remarks/ Observation			
<ul style="list-style-type: none">Payment pending (if any)If yes, since when and reasons thereof	No			
19. Vehicle for Referral Transport				
<ul style="list-style-type: none">No. of Basic Life Support (BLS) (on the road) and their distribution	8			
<ul style="list-style-type: none">No. of Advanced Life Support (ALS) (on the road) and their distribution	2			
	ALS	BLS		
<ul style="list-style-type: none">Operational agency (State/ NGO/ PPP)	2	8		
<ul style="list-style-type: none">If the ambulances are GPS fitted and handled through centralized call centre	2	8		
<ul style="list-style-type: none">Average number of calls received per day	4			
<ul style="list-style-type: none">Average number of trips per ambulance per day	4.22			
<ul style="list-style-type: none">Average km travelled per ambulance per day	46.05			
<ul style="list-style-type: none">Key reasons for low utilization (if any)	No			
<ul style="list-style-type: none">No. of transport vehicle/102 vehicle (on the road)	76			
<ul style="list-style-type: none">If the vehicles are GPS fitted and handled through centralized call centre	35			
<ul style="list-style-type: none">Average number of trips per ambulance per day	1			
<ul style="list-style-type: none">Average km travelled per ambulance per day	49			
<ul style="list-style-type: none">Key reasons for low utilization (if any)				
20. Universal health screening				
<ul style="list-style-type: none">If conducted, what is the target population	429176			
<ul style="list-style-type: none">Number of Community Based Assessment Checklist (CBAC) forms filled till date	287599			
<ul style="list-style-type: none">No. of patients screened, diagnosed, and treated for:<ul style="list-style-type: none">HypertensionDiabetesOral cancerBreast CancerCervical cancer	Disease	Screened	Diagnosed	Treated
	Hypertension	373263	16681	15982
	Diabetes	373138	7752	7320
	Oral Cancer	357852	78	74
	Breast Cancer	143502	8	8
	Cervical Cancer	56283	6	6
21. If State notified a State Mental Health Authority	Dr Padmaja Jogewar Asst. Director NCD Mumbai			
22. If grievance redressal mechanism in place	Yes			
<ul style="list-style-type: none">Whether call center and toll-free number available	104			
<ul style="list-style-type: none">Percentage of complains resolved out of the total complains registered in current FY				
23. If Mera-aaspatal has been implemented	Yes, Total - 14 Facilities (DH,WH, SDH-3,RH-9)			
24. Payment status:	No. of beneficiaries	Backlog	DBT status	

Indicator	Remarks/ Observation		
• JSY beneficiaries	2818	167	2644
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	17596	0	17596
○ B- Incentive under NTEP	204	0	204
○ C- Incentives under NLEP	392	0	392
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	142	0	142
• Patients incentive under NTEP programme	609	102	507
• Provider's incentive under NTEP programme	176	0	176
• FP compensation/ incentive	484	0	484
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team	2020 - 07	2021- 08	
• No. of outbreaks investigated in previous year and in current FY	2020- 07	2021- 08	
• How is IDSP data utilized	Weekly Feedback Letter		
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	Not it		
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)			
• Micro plan and macro plan available at district level	Yes, File Attached		
• Annual Blood Examination Rate	Since 2018 – 53.33% , 2019- 54.11%, 2020 – 58.42%, 2021 Upto sept. – 59.28%		
• Reason for increase/ decrease (trend of last 3 years to be seen)	!) Heavy Rainfall 2) increase Mosquito Breeding places		
• LLIN distribution status	LLIN Distributed As per Following 2018- 10300, 2019- 76276, 2020- 6765 , 2021- 197480		
• IRS	In 2018 – first round 88% 2 nd round 90%, 2019 - first round 91% 2 nd round 92%, 2020 - first round 91% 2 nd round 91%, 2021 - first round 91%		
• Anti-larval methods	Using Temephose regularly at Village level by Health Worker.		
• Contingency plan for epidemic preparedness	Yes, As per PIP the office have make a plan for Rapid Response Team At District Level .		
• Weekly epidemiological and entomological situations are monitored	As per weekly sevigram report		
• No. of MDA rounds observed	No MDA		
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	MF rate - 2019- 1.89%, 2020-1.5%, 2021-0.1% (upto Sep 2021)		
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
• Target TB notification achieved	1018/2100= 48.47%		
• Whether HIV Status of all TB patient is known	Yes- 100% If No, no. of TB patients with known HIV status		

Indicator	Remarks/ Observation
• Eligible TB patients with UDST testing	799/1026= 78%
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	No of patients notified: 807 Treatment success rate: 86% No. of MDR TB Patients: 20 Treatment initiation among MDR TB patients: 20
• Patients notification from private sector	No of patients notified: 211 Treatment success rate: 84% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: NA
• Beneficiaries paid under Nikshay Poshan Yojana	Yes
• Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
28. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	276
• No. of G2D cases	1
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	Yes
• MCR footwear and self-care kit available	Yes
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	1 District level
30. Percent of health workers immunized against Hep B	185
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	Not Provide by DPMU
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	As per AMB Report attached copy
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	Tobacco Free School Program, Yellow Line Campaign, Tobacco Control Enforcement, Training of stakeholders, Tobacco Cessation, Focused Group Discussion.
34. 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 	1466 APPOINTMENT Rural-1444 ASHA / Urban- 22 ASHA No of Villages -1365
35. 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) 	1466 ASHAs 142 BF 1466 ASHAs 142 BF

Indicator	Remarks/ Observation			
<ul style="list-style-type: none">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_____	1436 ASHAs 139 BF 1 ASHA Covid-19 Policy Proposal send to State Office			
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	15 Urban areas 15 15 No			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	1275 1275 1275 1275			
38. Number of facilities quality certified	4 PHC's State Certified but not national certified (Year 2017-18)			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	SSS - Year 218-19 - Total 3 (3 RH) & } Total Facilities 12 Year 2019-20 - Total 9 (3SDH , 6 RH)			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Initiated: Year 2015-16 Facility score: 70% above Award received: Yes ,Year 2016-17 (5 PHC's)			
41. Recruitment for any staff position/ cadre conducted at district level	Assessment done: Internal/State - Ass. In Process Facility score: 70% above Certification Status: Yes, (WH, SDH Armori, RH Dhanora , Korchi & PHC Permili , Malewada)			
42. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
<ul style="list-style-type: none">Total no. of posts vacant at the beginning of FY	865	262	826	160
<ul style="list-style-type: none">Among these, no. of posts filled by state	0	0	65	0
<ul style="list-style-type: none">Among these, no. of posts filled at district level	0	15	0	75
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	2788 Post			

Source: DPMU, Gadchiroli district

D. Implementation of CPHC

Table 10: status of CPHC in the district as on 30 September 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated		3069310
2. Number of CBAC forms filled		1875872
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC		344 48 0
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer		a- 449765 b- 437870 c- 407741 d- 180721 116501
5. Number of HWCs providing Teleconsultation services	207	207
6. Number of HWCs organizing wellness activities	207	207

Source: DPMU, Gadchiroli 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 3069310 individuals are enumerated during the period and about 1875872 CBAC forms are filled (**table 9**). Total number of PHCs 48 and SHCs 344 are functioning as HWCs. Almost all facilities are functioning as HWCs. Some of them are providing teleconsultation (E-Sanjeevani) and organising wellness activities. During April to September 2021, total 449765 patients were screened for Hypertension, 437870 for Diabetes, 407741 for Oral Cancer, 180721 for Breast Cancer and 116501 for Cervical Cancer.

E. Status of HRH

There are total 849 posts of different discipline is sanctioned for the district under NHM of which 675 posts are filled and 174 posts are vacant. Total 20.49 percent posts are vacant in the district (Table 10).

Regular HR data did not make available by DPMU.

Table 11: Status of NHM staff in the Gadchiroli district as on 31th August 2021.

Table number 10 depict the staff position sanction at CS side (DH, WH, SDH and CHC). Out of 872 sanctioned positions 599 are filled and 273 are vacant. Thirty one percentage of various positions are vacant. These facilities are providing secondary and tertiary health care services to the district

community. This many vacancies are affecting service delivery. Therefore, it feels that as the district is falls in EAG category and Naxal affected all the positions should filled on priority basis.

Post	Sanctioned Posts	Filled	Vacant
Class I	36	13	23
Class II	95	89	6
Class III	489	299	190
Class IV	252	198	54
Total	872	599	273

Table 12: Status of NHM staff in the Gadchiroli district as on 31th August 2021.

Sr. No.	Name of Post	Approved No. of Post	Filled	Vacant		Vacant From
1	ANM	353	350	3	0.85	From May 2021
2	Staff Nurse	31	30	1	3.23	From July 2021
3	Staff Nurse	8	5	3	37.50	Newly Sanction in 21-22
4	Staff Nurse	18	17	1	5.56	From July 2021
5	Geriatric Nurse	6	5	1	16.67	From May 2021
6	LHV Staff	31	29	2	6.45	From Oct 2021
7	Lab Technician	11	10	1	9.09	From February 2021
8	Dialysis Technician	8	3	5	62.50	Newly Sanction in 21-22
9	CT scan technician	2	0	2	100.00	Newly Sanction in 21-22
10	X - Ray Technician	6	2	4	66.67	Newly Sanction in 21-22
11	Pharmacists	1	0	1	100.00	Newly Sanction in 21-22
12	Physiotherapists	1	0	1	100.00	From April 2020
13	Para Medical Worker	12	11	1	8.33	From April 2020
14	Specialist OBGY / Gynaecologists	10	4	6	60.00	From April 2019
15	Paediatricians	8	3	5	62.50	From April 2019
16	Anaesthetists	12	5	7	58.33	From April 2019
17	Surgeons	1	0	1	100.00	Newly Sanction in 21-22

18	Psychiatrists	1	0	1	100.00	Newly Sanction in 21-22
19	ENT Surgeon	1	0	1	100.00	Newly Sanction in 21-22
20	Nephrologists	1	0	1	100.00	From April 2020
21	Cardiologist	1	0	1	100.00	From April 2020
22	Dental Surgeons	2	0	2	100.00	Newly Sanction in 21-22
23	Dental Surgeons	2	0	2	100.00	Newly Sanction in 21-22
24	Dental Hygienist	3	0	3	100.00	Newly Sanction in 21-22
25	Dental assistant	1	0	1	100.00	Newly Sanction in 21-22
26	Medical Officer	12	7	5	41.67	From April 2019
27	Medical Officer AYUSH (PG)	3	2	1	33.33	From April 2019
28	Medical Officer AYUSH (UG)	17	13	4	23.53	From April 2019
29	Medical Officer AYUSH	50	39	11	22.00	From April 2019
30	ANM	25	23	2	8.00	From June 2020
31	Pharmacist	25	22	3	12.00	From March 2020
32	Paediatricians	1	0	1	100.00	From April 2020
33	Medical Officer, Dental	1	0	1	100.00	From April 2020
34	Physiotherapist	1	0	1	100.00	From December 2020
35	Audiologist & Speech therapist	1	0	1	100.00	From December 2020
36	Psychologist	1	0	1	100.00	From February 2021
37	Optometrist	1	0	1	100.00	From December 2020
38	Lab Technician	1	0	1	100.00	From April 2020
39	Staff Nurse	8	7	1	12.50	Newly Sanction in 21-22
40	Paediatrician	3	1	2	66.67	From April 2020
41	Medical Officers	9	8	1	11.11	From April 2020
42	Staff Nurse	44	42	2	4.55	From July 2021
43	Medical Officer	2	0	2	100.00	From April 2020

44	Dental Surgeons	2	1	1	50.00	From April 2020
45	Ophthalmic Officer	2	1	1	50.00	From April 2020
46	Counsellor	13	12	1	7.69	From April 2020
47	Counsellor	1	0	1	100.00	Newly Sanction in 21-22
48	Counsellor	1	0	1	100.00	From May 2020
49	Audiologist	1	0	1	100.00	From April 2020
50	Blood Bank Technician (Blood Storage)	5	0	5	100.00	From April 2019
51	Hospital Manager	1	0	1	100.00	From April 2020
52	Driver - JSSK	21	0	21	100.00	Outsourcing Post
53	Hospital Attendants	2	0	2	100.00	Outsourcing Post
54	Sanitary Attendants	2	0	2	100.00	Outsourcing Post
55	Support Staff	24	0	24	100.00	Outsourcing Post
56	Teaching staff	2	1	1	50.00	From September 2020
57	Support staff - Cook	4	1	3	75.00	Outsourcing Post
58	Block Monitoring & Evaluation Officer	12	11	1	8.33	From April 2021
59	District Account Manager	1	0	1	100.00	From June 2021
60	District QA Coordinator	1	0	1	100.00	From April 2019
61	M & E Officer	1	0	1	100.00	From August 2021
62	Budget & Finance Officer	1	0	1	100.00	From August 2019
63	DEO	1	0	1	100.00	Outsourcing Post
64	District Epidemiologists	1	0	1	100.00	From June 2020
65	Driver	1	0	1	100.00	Outsourcing Post
66	District Programme Coordinator-NPCDCS	1	0	1	100.00	From May 2019
67	Block Accountants	12	10	2	16.67	From December 2020
Total		849	675	174	20.49	

Source: DPMU, Gadchiroli district

F. State of Fund Utilization

Table 13: Budget component details, 2021-22

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. FMR 1: Service Delivery: Facility Based	490.46	78.46	The expenditure looks to be less. As provision is for the year and five months of the year is over, in coming seven months' funds can be utilized as expected.
2. FMR 2: Service Delivery: Community Based	469.61	13.66	
3. FMR 3: Community Intervention	780.68	285.97	
4. FMR 4: Untied grants	244.80	3.07	
5. FMR 5: Infrastructure	1059.40	648.71	
6. FMR 6: Procurement	126.81	5.86	
7. FMR 7: Referral Transport	128.28	35.82	
8. FMR 8: Human Resource (Service Delivery)	3898.90	1473.39	
9. FMR 9: Training	119.64	7.50	
10. FMR 10: Review, Research and Surveillance	1.50	0.00	
11. FMR 11: IEC-BCC	72.62	1.91	
12. FMR 12: Printing	21.52	0.15	
13. FMR 13: Quality	8.50	0.00	
14. FMR 14: Drug Warehouse & Logistic	24.59	16.40	
15. FMR 15: PPP	41.18	0.47	
16. FMR 16: Programme Management	475.94	226.74	
• FMR 16.1: PM Activities Sub Annexure	30.33	0.00	
17. FMR 17: IT Initiatives for Service Delivery	107.19	0.00	
18. FMR 18: Innovations	8096.95	2798.10	

Source: DPMU, Gadchiroli district

Table 14: Status of budget released, budget utilised by programme heads under NHM as on 31 August, 2021.

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexi pool			
• Maternal Health	132.27	26.40	The expenditure looks to be less. As provision is for the year and five months of the year is over, in coming seven months' funds can be utilized as expected.
• Child Health	66.57	2.81	
• RBSK	5.00	0.00	
• Family Planning	65.38	3.45	
• RKSK/ Adolescent health	237.49	2.44	
• PC-PNDT	0.30	0.00	
• Immunization	119.49	5.68	
• Untied Fund			
• Comprehensive Primary Healthcare (CPHC)	-	-	
• Blood Services and Disorders	-	-	
• Infrastructure	1059.40	648.71	
• ASHAs	780.68	285.97	
• HR	3893.90	1473.39	
• Programme Management	475.94	226.74	
• MMU	98.08	10.64	
• Referral Transport	128.28	35.82	
• Procurement	126.81	5.86	
• Quality Assurance	8.50	0.00	
• PPP	41.18	0.47	
• NIDDCP	0.00	0.00	
2. NUHM	85.66	33.74	
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	3.78	0.00	
• National Vector Borne Disease Control Programme (NVBDCP)	254.55	23.76	
• National Leprosy Eradication Programme (NLEP)	46.93	0.00	
• National TB Elimination Programme (NTEP)	118.76	38.58	28% Reason-due to unavailability of funds.
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	7.91	0.00	The expenditure looks to be less. As provision is for the year and five months of the year is over, in coming seven months' funds can be utilized as expected.
• National Mental Health Program (NMHP)	12.15	1.49	
• National Programme for Health Care for the Elderly (NPHCE)	6.00	0.00	
• National Tobacco Control Programme (NTCP)	9.67	0.00	
• National Programme for Prevention and Control of	14.06	0.00	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
Diabetes, Cardiovascular Disease and Stroke (NPCDCS)			
• National Dialysis Programme	-	-	
• National Program for Climate Change and Human Health (NPCCHH)	-	-	
• National Oral health Programme (NOHP)	1.74	0.00	
• National Programme on palliative care (NPPC)	2.50	0.00	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	-	-	
• National Rabies Control Programme (NRCP)	-	-	
• National Programme for Prevention and Control of Deafness (NPPCD)	-	-	
• National Programme for Prevention and Management of Burn & Injuries	-	-	
• Programme for Prevention and Control of Leptospirosis (PPCL)	-	-	

G. Status of trainings

Table 13 depicts the status of training obtained by health delivery persons on 31 August 2021 in Gadchiroli district. From the table it is being seen that number of 29 types of training has planned for the period of 2021-22. By the end of August 2021, 19 types of various trainings are completed. Remaining trainings will be finished by March 2022.

Table 15: Status of training obtained by health delivery persons as on 31 August 2021 in Gadchiroli district.

List of training (to be filled as per ROP approval)	Planned	Completed
1. Sab (SN/ANM/LHV)	15	30
2. RTI/STI (ANM/LHV)	2	40
3. BEMOC (MO/LMO)	2	8
4. NSSK (SN/ANM)	3	96
5. MINI Lap MO	1	4
6. MINI Lap Refresher MO	1	4
7. NSV MO	1	1
8. NSV MO Refresher	1	4
9. PPIUCD (SN/ANM/LHV)	9	90
10. MTP Post Abortion	2	60
11. RI MO	5	100
12. RI (PHN/HA/MPW/ANM)	12	240

13. AEFI	1	20
14. Cold Chainhandler	1	20
15. Bridge	30	1050
16. RNTCP MO	2	60
17. RNTCP (ANM/MPW/HA)	5	150
18. RNTCP (PHO)	1	30
19. RNTCP (ASHA)	1	150
20. IDSP MO	2	-
21. Induction training (2)	2	-
22. Module VI & VII	8	-
23. (phase I to IV) (1) (2)		
24. HBNC training BF and BCM	1	-
25. HBNC training ASHA	1	-
26. HBNC training Refresher for BF and BCM	2	-
27. Training for ASHA facilitator	1	-
28. Training under HBYC	10	-
29. ASHA, BF, BCM, Multiskilling, NCD Training	21	-

Source: DPMU, Gadchiroli district

H. Service Availability at the Public 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 Sub centre, one PHC, one CHC and one Sub District Hospital of the district.

1. Service Delivery: Sub Centre: Chatgaon

The PRC team visited the Chatgaon sub centre on October 5, 2021. Facility having a distance of 12 KM from the PHC Karwafa and well accessible by the road. The facility is in a government building and in good condition. The facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 2 villages and catering 2000 population. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done. One quarter is constructed for the ANM/MPW in the premises of the SC.

- Facility is having 24*7 running water, the facility is geriatric and disability friendly, one clean and functional toilet is available, delivery room is available.
- The drinking water facility is available.
- There is no waiting area for OPD patients, no restroom for ASHAs is available, there is no specified area for yoga as per the norms of HWC.
- Facility is having inverter power back up.
- Essential drug list is available in the facility. The facility is available all basic instruments i.e. B.P. instrument, thermometer, DDK and blood urine testing kits. All essential drugs are being supplied to the facility. There is no major shortage in the past one month. The facility is having a vaccine hub

cutter. ANM is well aware about vaccine schedule and open vial policy. The facility is having micro plan for immunisation.

- Line listing of high-risk women is available, overall all records are maintained well at the facility.
- The functional electronic tablet is given to the CHO and ANM with internet connectivity. ASHAs are not provided smart phones.
- For the management of Bio medical waste there is deep burial pit is available.
- Drugs for TB are available. Drugs for hypertension and diabetes are available in the facility.
- Line listing of the high risk pregnancies are available in the facility.
- No maternal and child death reported during previous and current year.
- Trained staff for insertion of IUCD is available at the facility.
- According to the survey of SC there are 1023 persons are there in the village of SC. ASHAs have filled 423 CBAC forms, of them 423 are having score below 4 and 70 are having score above 4.
- The facility has not received funds during the year 2021-22. 108 and 102 ambulances are available at the facility on-call basis.
- During April to August 32 patients are referred to higher facility. Most of the referrals are of ANC cases.
- The below table 14 shows the number of cases screened and confirmed cases of different type of NCDs in the district. It can be seen that from the table, total 740 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 17 cases were found positive for Hypertension and 3 cases for Diabetes. Patients are getting medicine for Hypertension and diabetes from the facility.

Table 16: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

NCDs	Screened	Confirmed
Hypertension	460	17
Diabetes	460	3
Oral Cancer	460	0
Breast Cancer	280	0

➤ Source: Sub Centre-Chatgaon, Gadchiroli district

YOGA and wellness activity is being done on a weekly basis in the space SC. Tele consultation via E-Sanjeevani is available but due to poor quality of network it is not working properly. VHSNC is done once in a month. Weekly S form under IDSP is being filled. Due to pandemic all CHOs are posted in COVID duties therefore, the regular work of CHOs is getting hampered.

Table 17: Available Human Resource at facility as on 31 August 2021.

Human Resource	Sanctioned	Regular	Vacant
ANM/ MPW Female	1	1	0
MPW Male	1	1	0
MLHP/ CHO	1	1	0
ASHA	3	3	0

Source: Sub Centre-Chatgaon, Gadchiroli district

Pertaining to HR facility has sanctioned posts of ANM and MPW on a regular basis. CHO is appointed and working at the facility 3 ASHAs are working in the periphery of SC.

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

- ASHAs are being provided HBNC kits.
- All other medicine is available with them.
- There is one-month delay in getting payment to ASHAs.
- During COVID additional Rs.2000/- was given to them per month for COVID work. But from last month it has been stopped.
- SPACE for wellness activity is not adequate.
- Patients waiting area is not sufficient.
- Tele consultation facility is available but due to poor network it doesn't work.

2. Primary Health Centre: Karwafa

PHC Karwafa is about 32 Km's from district headquarters. PHC Karwafa is easily accessible from the nearest road. PHC is functioning in a government building and in good condition. PHC has electricity to power back up of solar, running 24*7 water supply. It's a 6 bed facility no Separate wards for male and female. Bio Medical Waste is being disposed in a deep burial pit in the premises of the facility. Drinking water is made available. There is sufficient waiting area for OPD patients. No rest room for ASHAs. Branding of the facility is done.

Table 18: status of HR in the PHC- Karwafa, Gadchiroli as on 31 August 2021.

Designation	Sanctioned Position	Filled	Vacant
MO/ MBBS	2	2	0
Mo AYUSH	2	1	1
LHV	2	0	2
ANM	4	2	2
LT	1	1	0
Pharmacist	1	0	1
Driver	1	0	1
Peon	4	1	3
Havaldar	1	1	0
Total	16	7	9
Contractual			
LHV	1	1	0
Driver	1	1	0
Total	36	17	19

Source: PHC- Karwafa, Gadchiroli district

Table no 18 depicts staff positions at PHC. Total 16 posts are sanctioned and 7 of them are filled. Fifty-six percent of posts are vacant at the facility which is really a serious matter. As the district is Naxal affected and largely community is dependent on public health services.

- All the essential equipment is available at PHC. Essential drug list is available and displayed in public domain. Diagnostic tests are in house and Hind Lab Limited is being provided in the facility for HB, CBC, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sick Cell. For procurement of medicine E- Aushadhi software is in use in entire district. 24*7 delivery facility is available at the facility. X-Ray facility is not available in the PHC. During April 2021 to July 2021, total 4 deliveries took place in the facility. All of them were given O Polio, BCG and Hep. B.
- Metformin, Amlodipine are the drugs available for Hypertension and Diabetic patents. There is sufficient supply of Gloves and essential consumables.
- Computers are available in the facility, but internet connectivity is the problem. All ANMs are being provided electronic Tabs. ASHAs are not provided with smart phones.
- Kayakalp is initiated in the facility in 2017 current score of the facility is 75 %. In 2018-19 facility was awarded. Facility is not covered in the NQAS.
- Delivery set is available in the facility. Labour is too small. In last 3 months 4 deliveries were conducted at the facility.
- 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.
- No shortage of any instrument and equipment in the facility.
- Line listing of high risk pregnancies is available in the facility.
- No maternal death reported in previous and current year. In case of child death 2 are reported in current year.
- Vaccine hub cutter is available in the facility.
- 7 Family planning sterilisations performed in last one month. 5 staff is trained for PPIUCD/IUCD. Usually on duty nurses and MO counsels to the women for family planning services.
- Other than this supply of condom and oral pills, Copper –T services are provided in the facility. No awareness about FPLMIS is there in the facility. RSKS clinic is available in the facility.
- NCD clinic is there on weekly basis. Up to August 2021 total 4511 patients were screened of which 100 are confirmed for Hypertension and 20 are confirmed for Diabetes. No case was reported for breast or cervical cancer.
- P and L form under IDSP is filled by the facility.
- 2400 LLIN is distributed in 12 villages of the PHC periphery.
- Facility is Designated Microscopy Centre.
- Due to non-availability of CBNAAT machine investigation of the patients cannot be done.
- During the year 2020-21, 15 Leprosy cases were detected none of them in Grade II deformity.
- TB treatment cards for both drug resistance and drug sensitive is available at the facility. TB register is available. All TB patients are tested for HIV and Diabetes Mellitus. Registers for Malaria, Chikun Gunya, Dengue and Leprosy is available.
- Data entry in different portal is updated as per the statement of MO.
- RKS meetings were taken place.
- During the reference period, 25 cases referred in from SC and 42 cases referred out to higher facility.

4. Service Delivery: Community Health Centre (CHC) Dhanora

Dhanora Community Health Centre (CHC) is in Dhanora Block and is about 40 km's away from district headquarters. It is a 30 bedded hospital. The facility is located in a government building. The building needs some repairs. Electricity is available with power back with generator and inverter. 24*7 running and drinking water is available in the facility. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partially clean. Drug store with racks is available in the facility. However, no restroom is there for ASHAs. It is well accessible from the main road. Waste management is outsourced to a private agency. The facility is working 8.30 to 12.30 in the morning and 4 to 6 in the evening.

Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC services and COVID vaccination services are available at the facility. RTPCR and Antigen testing facility is also available.

Pertaining to the speciality of services only Paediatric, Anaesthesiology and Imaging Services are available at the facility out of listed 10 services. Ophthalmic service is available once in a week. The following observation has been made by the monitoring team.

- NBSU facility is not available in the facility. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. E- Sanjeevani services are available.
 - Operation theatre is available but due COVID 19 no operatives has been done since one year.
 - KAYA KALP is being implemented in 2020-2021 and Peer assessment is done. Baseline survey of NQAS is done.
 - 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.
 - X-Ray machine is available in the facility. USG service is also available at the facility. Services are free for BPL, senior citizens and JSSK beneficiaries. At present X-Ray technician is transferred so it is idle.
 - 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.
 - NCD clinic is available daily in the facility.
 - Though family planning programme is being implemented at the facility but due to COVID 19 since last year services of FP is suspended from the state office. Usually SN, on duty staff and MO are giving counselling of FP services. FP-LMIS is being implemented in the facility.
 - Facility is designated as Designated Microscopy Centre. Average 4 percent of OPD patients are tested for TB. All of them are tested through CBNATT/ TruNat for drug resistance. There is a mechanism for percent patients are tested for CBNATT/TruNat for drug resistance.
 - During April to August 2021 no funds received by the facility. During 2020-21 total Rs. 15500000/- are sanctioned and 15477000/- were spend by the facility on various programmes.
 - Pertaining to the data entry of respective portals is updated.
 - Specialised Mobile Pathology Unit is available at CHC Dhanora. During April to September 2021, average number of villages are covered by MPU and 2796 diagnostic tests (swab collection) are conducted during this period. CHC is having own ambulance.
 - Till the October 6, 2021, 4430 COVISHIELD and 500 COVAXIN doses are administered at the facility.
- Below table 19 depicts the status of human resources at the CHC. From the table, it can be seen that about 22 per cent of the regular staff positions are vacant. Pertaining to the vacancies 22.80 percent posts are vacant at CHC Dhanora. 4 posts of Staff nurses are vacant. This must be putting some extra pressure on existing staff and hamper the service delivery.

Table 19: Status of Human Resource in the CHC- Dhanora, Gadchiroli as on 31 August 2021

Human Resource	San.	Filled	Vacant.
Medical Superintendent CI-I	1	1	0
MO CI-II	3	3	0
Dentist	1	0	1
Asst. Supdt.	1	0	1
Clerk/Typist	2	2	0
Jr. Clerk	2	2	0
Ophthalmic Assistant	1	1	0
X-Ray Tech	1	1	0
Lab Tech	2	1	1
Lab Asst.	1	1	0
Pharmacy Officer	1	1	0
Driver	1	0	1
Staff Nurse	7	4	3
Peon	1	1	0
Ward Boy	4	4	0
Sweeper	2	2	0
Total	31	24	07
Contractual Staff Under NHM			
MO	7	7	0
Pharmacy officer	2	2	0
FNM	5	5	0
ANM	2	2	0
Driver	2	2	0
Lab Tech	3	3	0
Counsellor	3	3	0
Asst.	1	1	0
Dresser	1	1	0
Total	26	26	0

Source: CHC, Dhanora, Gadchiroli district

5. Women Hospital

Women Hospital is at Gadchiroli district headquarters. It is located in a government building and is in good condition. As the space is available the Facility is geriatric and disable friendly. Electricity is available with generator power back up. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partial clean. Drinking water is available in the facility. OPD is having sufficient space for waiting.

Drug store with racks is not available in the facility. It is well accessible from the main road. Waste management is outsourced to a private agency.

The services like OPD, IPD, NCD, Telemedicine, Sonography, Pathology, BSU, Emergency, Normal Delivery, C-section delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, Gynec. surgeries, etc. services are available at the facility.

Besides this specialised services of Medicine, O & G, Paediatric, Anaesthesia, Ophthalmic, Dental, Imaging Services, Labour complex, ICU care are available at the facility. 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.

Below table 19 depicts the status of human resource at WH 5 specialised medical officer's posts are sanctioned but single post of MS is filled remaining four are vacant. Total 12 CI-II MOs are posts are sanctioned only 9 posts are filled.

Table 20: status of Human resource at Women Hospital, Gadchiroli.

HR	Sanctioned	Filled	Vacant
Medical Superintendent Class I	1	1	0
OBG & Gay	1	0	1
Pediatrician	1	0	1
Anesthetic	1	0	1
Radiologist	1	0	1
MO Class II	12	9	3
Administrative officer	1	0	1
Asst. matron	1	0	1
Staff Nurse	5	4	1
Child ANM	8	0	8
Dietitian	1	1	0
ANM	20	20	0
Blood Bank Tech.	2	1	1
X-ray Tech	2	2	0
Lab Tech	2	2	0
ECG Tech	1	1	0
Pharmacist	3	3	0
Lab Attendant	3	3	0
Office superintendent	1	1	0
Sr. Clerk	1	1	0
Class IV	29	29	0
Total	97	78	19

Source: WH, Gadchiroli district

- Computers, printers are available with internet facility and the connectivity is good.
- KAYA KALP initiated in the facility and overall score of the facility is 97 %.
- Women Hospital Gadchiroli is Laqshay certified facility. Maternity Operation Theatre and Labour room both are certified by the External Assessors in 2019. Both the facilities are meeting all the criteria of Laqshay certification.
- WH is having general OT with 4 tables, Gynaecology OT with 2 tables and emergency OT with 2 tables.
- Blood storage unit is available, on the day of visit 28 blood bags are available in the BSU. During April to August 205 blood transfusion done at the facility. Blood is given to all beneficiaries free of cost.

- Bio medical waste management is outsourced and it is collected daily by the agency.
- NQAS neither internal or external assessment has done yet.
- EDL is available and It is displayed in the public domain. Computerised medicine procurement is done through E- Aushadhi software in the district. No shortage of any medicine in last 30 days.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house. During reference period 45743 lab tests are being done.
- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. Both are digital.
- Ultra Sound Sonography service is available at the facility. All JSSK beneficiaries are availed X-Ray and sonography services free of cost.
- No CT scan and Dialysis facility is available in the facility.
- During April to September 2021, 2170 delivery is conducted in the facility. Respectful maternal care is being implemented at the facility. Total 4 maternal and 3 Infant death are reported in during 2021-22. All JSSK beneficiaries are entitled for free diagnostic and referral services. Delivery patients are getting food during their stay at the facility. New born are given all “0” dose at birth and asked for breast feeding within one hour of delivery. No DEIC and NRC is available at this facility.
- During April to August 126 sterilisation is done. Usually Staff Nurses are counselling to mothers for family planning services. FPLMIS is implemented in the facility. 34 cases of PPIUCD done during the period.
- 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.
- NCD services are available on daily basis. During April to August 2021, 4392 patients are screened at NCD of which newly diagnosed for HT are 36 and for DM are 14. 36 patients were screened for breast and cervical cancer, of which 4 confirmed for cervical cancer.
- In case of online reporting. All portals data is updated.
- WH is having own ambulance.

5. District Hospital: Gadchiroli

Gadchiroli District Hospital situated at district headquarters. It is 200 bedded hospitals. It is located in government building. Facility is geriatric and disable friendly. Electricity is available with power back of 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 is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is 8.30 to 12.30 in the morning and 4 to 6 in the evening.

Pertaining to the HR at District hospital total 411 posts are sanctioned of which 278 are filled and 133 are vacant. Total percentage of vacancy is 32.3 at the facility is huge. Particularly class I medical officers (specialists) posts are vacant and 86 posts of nursing posts are vacant. This is somewhat make oneself introspection. As the district is tribal and Naxal affected, this many vacancies of the medical staff must be hampering the services and that could be increase dissatisfaction among the community.

Table 21: Status of Human Resource in the District Hospital, Gadchiroli as on 31 August 2021

HR	Sanction	Filled	Vacant
MO CI-I	19	6	13
CI-II MO	32	31	1
Dentist	2	1	1
Administrative Officer	1	0	1
Nursing	211	125	86
Class IV	146	115	31
Total	411	278	133

- Following services are available at the facility OPD, IPD, Medicine, OBG, Paediatric, General Surgery, Anaesthesiology (post of Aesthetic is vacant on call service is there), Ophthalmic, Dental, Imaging services (X-ray, USG), NRC, DEIC (at WH), SNCU (WH), Labour Room Complex (WH), ICU, Dialysis, Burn Unit, NCD, TB, Telemedicine, Pathology, ICTC, BB, Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. All sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7 telemedicine services are available.
- There are 2 OTs available in the facility, one is for general surgery and another for ophthalmic.
- Blood bank is available in the facility. Blood issued free of cost for BPL, Senior Citizen, National Programme and JSSK beneficiaries.
- IT services is available with computers and internet services. Quality of internet is good.
- Renovation work is in progress in some parts of the facility. Therefore, some of the activities are hampered.
- As women hospital is situated in the district, therefore all ANC, PNC, Delivery, DEIC and SNCU services are provided by the women hospital. Delivery tables are available at the facility. During since April 2020 though women hospital is there COVID positive deliveries both normal and C-Section conducted at District Hospital.

- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed.
- Sufficient supplies of essential consumables, rapid testing kits are there.
- Diagnostic facility is available in house (in addition state has appointed HLL for the same).
- PM National Dialysis programme is being implemented in the facility. Services are free for BPL patients.
- As women hospital is there services of JSY, JSSK and PMSMA are provided by WH.
- Adolescent Friendly Health Clinics are available in the facility. Counsellors are appointed under this programme.
- NCD clinic is there on daily basis.
- Designated Microscopy Centre is there in the facility. Average 48 samples were tested during last 6 months. Anti TB drugs are available in the facility and there are some patients under medication. All TB patients being tested for Diabetes Mellitus and HIV. DBT payment under Nikshay Poshan Yojna is given patients. TB treatment card for both drug sensitive and drug resistance is there.
- Data entry is updated on portals i.e. HMIS, RCH, IHIP, HWC, Nikshay.
- Facility is having 108 and 102 ambulances.
- Facility is covered under KAYA KALP and NQAS assessment has not yet been done.
- EDL is available. It is displayed in the public domain. Computerised medicine procurement is done through E- Aushadhi software in the district. No shortage of the medicine during last 30 days was reported.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house. Facility is designated as Microscopy Centre. 2 percent samples of the OPD patients are collected for TB testing. Anti TB drugs are available at the facility. 3.66 percent patients are tested through CBNATT/TruNat for drug resistance. Investigation of TB testing is available. All TB patients are tested for HIV and diabetes.
- Pertaining to the Leprosy. Yearly community surveillance is being carried
- TB notification, treatment card for both sensitive and drug resistance is there. Register for malaria, chikungunya is available.

I. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of the Gadchiroli District monitoring was carried out by the PRC team during 4-9 September, 2021. The District Health Office, Woman Hospital, Community Health Centre Dhanora, PHC-Karwafa and Sub Centre Chatgaon were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by DQAC Consultant and DPM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation have been made by the PRC monitoring team:

1. The district as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
2. Looking at the vacancies at all levels in regular staff. It is recommended that while filling of regular posts NHM staff should be given preference wherever possible. Rather, they should have to be made permanent if the cadre is same.
3. Training of the health personnel is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM; of course because of COVID-19. However, training should be provided to health staffs of the various facilities on a timely basis in the district.
4. Most of the NHM Health staff are underpaid, and is having lots of responsibilities, therefore, they leave their jobs. There is a high amount of dissatisfaction among them. Some of them are working since the inception of the NRHM. But still they are working as a contractual staff. They are not eligible for getting a home loan. Therefore, it is strongly recommended to increase the remuneration of the NHM staff. Also principal of equal pay for equal work needs to be followed across all the programmes of NHM. If possible at par with regular staff.
5. As per the population norms 25 RBSK teams are required in the district. But only 19 teams are working in the district. Six teams are less at following blocks Ettapalli, Sironcha, Bhamaragad and Aheri. As the district is Naxal affected and these blocks are more sensitive. Selected MOs and other staff is not willing to join. Here it is strongly recommended that they have to give some extra incentive or regular posts needs to be filled. So that required manpower may join.
6. As government is giving hardship allowance to the regular staff those who are working in EAG district. It is also recommended that NHM staff should be given hardship allowance.
7. As during 2020-21 many child and maternal deaths are being reported, it is strongly recommended that to minimise infant and maternal deaths some stringent actions need to be taken.

8. There is only one SNCU available in the woman hospital another one SNCU established in the district in the interior part of the district as this is a tribal and Naxal affected district and the block like Sironcha is about 210 Kms away from the district headquarter where SNCU is situated. This will be difficult to reach any new born in emergency to the SNCU.

J. Glimpses of the Gadchiroli district PIP monitoring visit, 6-10 September 2021.



Visit to SC Chatgaon



PRC Team Discussion with SC Staff



PRC Team at Women Hospital Gadchiroli



NBCC at CHC Dhanora

Akram Khan, PRC Pune

A. P. Prashik, PRC Pune