



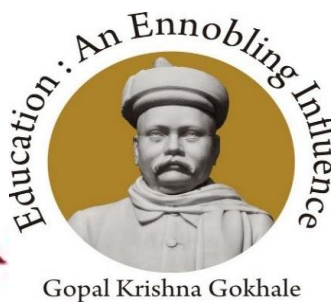
Monitoring and Evaluation of Programme Implantation Plan, 2021-2022

Hingoli District, Maharashtra.

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Hingoli District, Maharashtra.

Executive Summary

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

This report presents the key findings from the concurrent monitoring of essential components of NHM in Hingoli district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Hingoli district during 13 December to 17 December 2021. District Hospital, Women's Hospital Basmath, CHC Balapur, PHC Dongarkada, and Sub Centre Sukali veer were visited facilities for the study by the PRC team. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

A. District Profile:

Marathwada was initially under Nizam's regime. Hingoli was the taluka of Parbhani district and part of Nizam's regime. It was Nizam's military base as it was border place with Vidarbha. In that era military troops, hospitals, veterinary hospital were in operation from Hingoli. Residents of Hingoli had experienced two big wars between Tipu Sultan and Maratha in 1803 and in 1857 between Nagpurkar and Bhosale. Being a military base the city was one of the important and famous place of the Hyderabad State.

Some of the names like Paltan, Risala, Tophkhana, Pensionpura, Sadar Bazaar are famous today. In the 1956, post-independence when the state was reconstructed Marathwada was attached to Mumbai State and in 1960 Hingoli became part of the Maharashtra State as part of Parbhani district. Later on 1 May 1999 Hingoli district came into existence by division of Parbhani.

The territory of the present district became part of Bombay state in 1956 and Maharashtra state in 1960 as part of Parbhani district. This district was carved out from Parbhani district on 1 May 1999 with five own tehsils: Hingoli, Kalamnuri, Sengaon, Aundha Naganath and Basmath.

Hingoli is situated at the northern part of Marathwada in Maharashtra. Borders of Hingoli are surrounded by Akola and Yavatmal in northern side, Parbhani in western side and Nanded at south-eastern side. The district came into existence by division of Parbhani district on 1st May 1999. Latitude of Hingoli District is 19.43 N and Longitude is 77.11 E

Hingoli is a newly formed district on 1st May 1999. It consists of two sub divisions namely Hingoli & Basmath and five Talukas namely Hingoli, Basmath, Kalamnuri, Aundha Nagnath & Sengaon. Marathwada is one of the six administrative divisions in Maharashtra. It is known as Pathar Pradesh of Balaghat and Satpuda mountain ranges. It is also known as Southern Plateau.

Hingoli district is located at Northern side of Marathwada. Sengaon, Hingoli, Kalamnuri and Aundha (Na) these four tehsils in Hingoli district are scattered on this hilly track. Basmath taluka is on the plain area. These mountain ranges lying from east to west. The average height from mean sea level is 500 to 600 meter. In this hilly region the tribes like Andh, Banjara, Hatkar, Pardhi resides. Marathwada is one of the six administrative divisions in Maharashtra. It is known as Pathar Pradesh of Balaghat and Satpuda mountain ranges. It also known as southern plateau. Geographical location of Hingoli District is such that at North side of the Hingoli District, Washim and Yavatmal district comes, Towards the west and south side Parbhani district comes and at east and south east Nanded district come.

Key Observations of the District:

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- Services of ANC, PNC, deliveries, Notational care, Immunization, JSY, JSSK are being implemented at various levels of service points in the district.
- Heavy numbers of patient's health services in IPD and OPD have been observed in the various visited facilities. At women's hospital have deliveries 150-200 per month, due to availability of JSSK Maternal and notational mortality rates decreased as notational complication are managed effectively.
- District hospital issue of non-functional instruments such as apparatus machine and anaesthesia work station are not working.
- Eye OT have no viscos mate available in facility.
- Functional SNCU NBSU are available in the district. All essential equipment's and trained human resources is available. But functional SNCU only one in district.
- Women's hospital was facing the shortage of suction catheter for new born baby in NBSU unit.
- Overall improvement in health system in the district.
- Only one Blood Bank is available in the district Hospital and very well managed by hospital administration.

- Registers and records are not updated in the visited CHC, PHC and SC due to the shortage of staff in the facility.
- NRC and DIEC are available in the district, it is functioning well and performance is good in the district.
- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.
- CT scan services is available in minimum charges in the district health facility.
- There were a shortage of medicine and equipment in some visited facilities.
- Women's Hospital is an acute shortage of essential consumables such as cotton, pad clothing, surgical gloves, examination gloves, and preoperative scrubs. Are always in short in the facility
- PM National Dialysis programme is being implemented in the facility. Services are free for all patients. The Number of patients provided dialysis services during the reference period is 1172.
- Shortage of AUSH drug in the district.
- No proper record maintained in the Sub Centre Sukali, veer PHC, Dongarkada and CHC Balapur.

Recommendations/ Suggestions:

- 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.
- Training of the health personal is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM; of course because of COVID-19.it is challenging to conduct the training programme. However, online training should be provided to health staffs of the various facilities on timely basis in the district.
- There is one district hospital, 2 SDH, one WH and 3 CHCs in the district, but expect Basmath WH and DH, C-section deliveries are not performed at other facilities,
- This is high priority district and the facility for C-section delivery should be extended to all the referral facilities and accordingly, specialists should be appointed to appointment specialist at respective places.
- Make provision for the fund for MCH ward at women's hospital Basmath.
- Funds should be allocated to Balapur CHC for instruments such as radiant warmer, phototherapy, shadow lamp, labour table section machine.

- PHC Building is very old so this facility is not working fully efficient new building is completed but reserve for covid centre. The new building should be urgently handed over to PHC.
- To provision the fund for wall compound for Sukali veer SC/ HWC.
- Urgently filling the Class IV Staff in PHC Dongarkada. because there was very poor cleanliness

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

Indicator	Remarks/ Observation			
1) Total number of Districts	1			
2) Total number of Blocks	5			
3) Total number of Villages	711			
4) Total Population	1335753 Mid-year DPMU			
5) Rural population	1109680			
6) Urban population	226073			
7) Literacy rate	76.81			
8) Sex Ratio	942			
9) Sex ratio at birth	904			
10) Population Density	205/km2			
11) Estimated number of deliveries	21785			
12) Estimated number of C-section	1086			
13) Estimated numbers of live births	21617			
14) Estimated number of eligible couples	106860			
15) Estimated number of leprosy cases	120			
16) Target for public and private sector TB notification for the current year	1450			
17) Estimated number of cataract surgeries to be conducted	182			
Mortality Indicators:	Previous Year		Current Year	
	Estimated	Reported	Estimated	Reported

Maternal Death	8	8	8	4
Child Death	20	14	21	14
Infant Death	200	165	200	105
Still birth				93
Deaths due to Malaria	0	0	0	0
Deaths due to sterilization procedure	0	0	0	0
Facility Details	Sanctioned/Planned		Operational	
• District Hospital(230 Beds)	1		1	
• District Women's Hospitals (beds)	1		1	
• Sub District Hospital 100 beds)	2		2	
• Community Health centres (CHC) (30 beds)	3		3	
• Primary Health Centres (PHC)/HWC	24		24	
• Sub Centres (SC)	132		132	
• Urban Primary Health Centres (U-PHC)	3		3	
• Urban Community Health Centres (U-CHC)	0		0	
• Special Newborn Care Units (SNCU)	1		1	
• Nutritional Rehabilitation Centres (NRC)	1		1	
• District Early intervention Centre (DEIC)	1		1	
• First Referral Units (FRU)	3		3	
• Blood Bank	1		1	
• Blood Storage Unit (BSU)	2		2	
• No. of PHC converted to HWC	24		24	
• No. of U-PHC converted to HWC	1		1	
• Number of Sub Centre converted to HWC	119		119	

• Designated Microscopy Centre (DMC)	19	19
• Tuberculosis Units (TUs)	5	5
• CBNAAT/TruNat Sites	1	1
• Drug Resistant TB Canters	1	1
• Functional Non-Communicable Diseases (NCD) clinic.	1	1
• At. DH	2	2
• At. SDH	3	3
• At. CHC		
Institutions providing Comprehensive Abortion Care (CAC) services.	32	32
• Total no. of Facilities.	32	32
• Providing 1 st trimester services.	167	167
• Providing both 1 st &2 nd trimester services	167	167

Source DPMU Hingoli

B. Public Health planning and implementation of National Programmes:

District Health Action Plan (DHAP):

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

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

Indicator	Remarks/ Observation
• Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	DHAP (PIP) submitted to the state and it has sanctioned.
• Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned Action Plan (DHAP) by state. August 2021
• Date of first release of fund against DHAP	May 2021
• Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	No

• Details of Construction completed but not handed over	1 PHC Due to reserve for covid center.
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Source DPMU Hingoli

C. Service Availability:

There is 1 district hospital, 1 WH, 2 SDH, 3 CHCs, 24 PHCs and 132 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 24 PHCs; 132 SCs are converted into HWCs. In the district, free drug policy is being implemented under all national programs and for BPL patients. In the district lab tests are done on minimum charges. There is in house labs tests are available in the facilities of the district for most of the diagnostics tests. Besides there is HLL Life Care Ltd. Is appointed by state for providing diagnostic tests services which are being done at the health facilities. In Hingoli district WH is providing good services in district. This facility conducted normal and C-section deliveries 200 deliveries monthly. This facility is facing the shortage of manpower and funds in this district all facilities are facing the manpower problem.

RBSK:

There were total RBSK 17 teams sanctioned in district. 17 teams are consisting of fully human resource. and 17 teams have vehicle. per block 3 to 4 teams available in district average no of children's screened per day 150-200 but now schools were closed due to corona team was working other work. RBSK teams did not check up children's. Teams screened of children's born in delivery points screened for defects at births are reported 10182 in the period of April to November 2021. And anganwadi 3975. All blocks are having RBSK teams.

SNCU:

District is having 19 beds SNCU situated at DH. There are 19 radiant warmers and 19 step down units are available and Kangaroo Mother care KMC unit is available. During April 2021 to November 2021, total 502 in born children were admitted in the SNCU in the district. There were 25 children died in the SNCU. In this unit facing the problem of nonfunctional phototherapy unit 5 phototherapy not working in this unit.

Number of children admitted in SNCU in Hingoli district.

	Inborn	in-born
--	--------	---------

Admission	502	502
Discharged	431	431
Referral	16	16
LAMA	20	20
Died	25	25

Source: DPMU, Hingoli district.

NBSU: In the district two NBSUs facility available. During April 2021 to November 2021, total 287 children were admitted in the NBSU in the district. Of total, 0 children died in the NBSU. 100 children were referred to higher facilities during the reference period. And LAMA cases 09 in NBSU are reported in District,

Number of children admitted in NBSU in Hingoli district.

	Inborn	in-born
Admission	287	287
Discharged	177	177
Referral	100	100
LAMA	9	9
Died	0	0

Source: DPMU, Hingoli district.

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

Nutrition Rehabilitation Centres (NRC): In the district NRC is available in the district. Among the total admitted children, 12 children were admitted due to Bilateral pitting oedema, 0 were admitted due to the MUAC < 115, 12 due to < 3SD WFH 8 with Diarrhoea, 1 child were admitted due to ARI/Pneumonia and 19 children were admitted due to other causes during the reference period. Referred by frontline worker 11, self-4, RBSK 0 and paediatric ward / emergency 5 children are admitted in NRC.

MMU: There are 2 mobile medical units are working in the district. About 88 villages covered by two MMU. Both MMU are average number of patients they are treating is 2382 OPD per month. In case of lab services each one of them are conducting 839 lab tests approximately. No X-ray facility is not available with MMUs. Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 0 for each MMU. Average Number of patients referred to higher facilities

10 each. Pertaining to the referral services district is having total No. of 9 Basic Life Support (BLS) (on the road) and total No. of 3 Advanced Life Support (ALS on the road) ambulances are GPS fitted. average trips per ambulance 3 per day. And average travelled per ambulance per day 150 km.

Table 3: Details about the health service delivery in the Hingoli district, 1st April - November 2021.

	Indicators	Remarks/ Observation
1	Implementation of Free drugs services (if it is free for all)	Yes
2	Implementation of diagnostic services (if it is free for all) Number of lab tests notified	Yes
3	Status of delivery points	
i.	No. of SCs conducting >3 deliveries/month	1
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	8
iii.	No. of CHCs conducting > 20 deliveries /month	3
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	2
v.	No. of DH/ District Women and child hospital conducting C-section	2
vi.	No. of Medical colleges conducting > 50 deliveries per month	NA
vii.	No. of Medical colleges conducting C-section	NA
4	Number of institutes with ultrasound facilities (Public +Private)	Public -3 Private 36
i.	Of these, how many are registered under PCPNDT act	39
5	Details of PMSMA activities performed	Early high risk identification 2 nd & 3 rd trimester investigation, examination need based treatment.
6.	RBSK	
i.	Total no. of RBSK teams sanctioned	17
ii.	No. of teams with all HR in-place (full-team)	17
iii.	No. of vehicles (on the road) for RBSK team	17
iv.	No. of Teams per Block	3-4
v.	No. of block/s without dedicated teams	0
vi.	Average no of children screened per day per team	100-200
vii.	Number of children born in delivery points screened for defects at birth	10182
7.	Special Newborn Care Units (SNCU)	
i.	Total number of beds <ul style="list-style-type: none"> in radiant warmer Stepdown care 	19 3 19

	• Kangaroo Mother Care(KMC) unit		
ii.	Number of non-functional radiant warmer for more than a week	3	
iii.	Number of non-functional phototherapy unit for more than a week	5	
		In born	out born
iv.	Admission	502	Data not Provide
v.	Defects at birth	0	Data not Provide
vi.	Discharged	431	Data not Provide
vii.	Referral	16	Data not Provide
viii.	LAMA	20	Data not Provide
ix.	Died	25	Data not Provide
8.	Newborn Stabilization Unit (NBSU)		
		In born	Out born
i.	Admission	287	Data not Provide
ii.	Discharged	177	Data not Provide
iii.	Referral	100	Data not Provide
iv.	LAMA	10	Data not Provide
v.	Died	0	
9.	Nutrition Rehabilitation Centers (NRC)	Total Progressive admission-	
i.	Admission <ul style="list-style-type: none"> • Bilateral pitting oedema • MUAC<115 • <'3SD WFH with Diarrhea • ARI/ Pneumonia • TB • HIV • Fever • Nutrition related disorder • Others 	0 12 8 0 1 0 0 0 19	
ii.	Referred by <ul style="list-style-type: none"> • Frontline worker • Self • Ref from VCDC/ CTC • RBSK • Pediatric ward/ emergency 	11 4 0 0 5	
iii.	Discharged	Data not Available	
iv.	Referral/ Medical transfer	0	
v.	LAMA	1	
vi.	Died	0	
10.	Home Based Newborn Care (HBNC)		
i.	Status of availability of HBNC kit with ASHAs	1008	
ii.	Newborns visited under HBNC	6400	
iii.	Status of availability of drug kit with ASHAs	936	

11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	8 4	
12	Number of Child Death Review conducted <ul style="list-style-type: none"> • Previous year • Current FY 	108 67	
13	Number of blocks covered under Peer Education (PE) program	5	
14	No. of villages covered under PE program	213	
15	No. of PE selected	1120	
16	No. of Adolescent Friendly Clinic (AFC) meetings held	448	
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	Stock available	
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	2	
i.	No. of trips per MMU per month	22 per MMU	
ii.	No. of camps per MMU per month	0	
iii.	No. of villages covered	44 Per MMU	
iv.	Average number of OPD per MMU per month	2382	
v.	Average no. of lab investigations per MMU per Month	839	
vi.	Avg. no. of X-ray investigations per MMU per Month	0	
vii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	0	
viii.	Avg. no. of sputum collected for TB detection per MMU per month	0	
ix.	Average Number of patients referred to higher facilities.	10	
x.	Payment pending (if any) If yes, since when and reasons thereof	No	
19	Vehicle for Referral Transport		
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	9	
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	3	
		ALS	BLS
iii.	Operational agency (State/ NGO/ PPP)	3	9
iv.	If the ambulances are GPS fitted and handled through centralized call center	Yes	Yes
v.	Average number of calls received per day	9	27
vi.	Average number of trips per ambulance per day	3	3
vii.	Average km travelled per ambulance per day	150	150
viii.	Key reasons for low utilization (if any)	NA	NA

ix.	No. of transport vehicle/102 vehicle (on the road)	59		
x.	If the vehicles are GPS fitted and handled through centralized call center	59		
xi.	Average number of trips per ambulance per day	3		
xii.	Average km travelled per ambulance per day	150		
xiii.	Key reasons for low utilization (if any)	NA		
20	Universal health screening			
i.	If conducted, what is the target population	493950		
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	192161		
iii.	No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer	191963-10599-10535 191170-3580-3546 190896-01-01 92970-0-0 51194-03-03		
21	If State notified a State Mental Health Authority			
22	If grievance redressed 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	100%		
23	If Mera aaspatal has been implemented	Yes		
• 24. Payment status:		No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries		6766	----	3083
ASHA payment:				
• A- Routine and recurring at increased rate of Rs. 2000 pm		1070	0	1070
• B- Incentive under NTEP		1070	0	1070
• C- Incentives under NLEP		1070	0	1070
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)		48	0	48
• Patients incentive under NTEP program me		Data not provide	Data not provide	Data not provide
• • Provider's incentive under NTEP program me		Data not provide	Data not provide	Data not provide
• • FP compensation/ incentive		Data not provide	Data not provide	Data not provide
• 25. Implementation of Integrated Disease Surveillance Programme (IDSP)		Yes- Weekly reporting IDSP portal now. This reported shifted to new IHIP platform.		
• If Rapid Response Team constituted, what is the composition of the team		Yes 14 Members. Previous year 0 and current year 0		

• No. of outbreaks investigated in previous year and in current FY	
• • How is IDSP data utilized	S.P.L form reporting of SC, PHC, CHC, SDH.
• Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	98%
• 26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
• • Micro plan and macro plan available at district level.	Yes
• Annual Blood Examination Rate	0.01
• Reason for increase/ decrease (trend of last 3 years to be seen)	Good surveillance system and monitoring
• LLIN distribution status	NA
• IRS	NA
• Anti-larval methods	Gampi fish , abetomy
• • Contingency plan for epidemic preparedness	-----
• Weekly epidemiological and entomological situations are monitored	Yes
• No. of MDR rounds observed	No falaria district
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate<1%	No falaria district
• 27. Implementation of National Tuberculosis Elimination Programme (NTEP)	
• Target TB notification achieved	1275
• Whether HIV Status of all TB patient is known	Yes
• Eligible TB patients with UDST testing	Yes
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• • Patients notification from public sector	No. of patients notified; 1000 Treatment success rate: 90 No of MDR patients: 43 Treatment initiation among MDR TB patients:43
• Patients notification from private sector	No. of patients notified; 270 Treatment success rate: 90 No of MDR patients: 0 Treatment initiation among MDR TB patients:0

<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	Yes
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
<ul style="list-style-type: none"> 28. Implementation of National Leprosy Eradication programme (NLEP) 	Yes
<ul style="list-style-type: none"> No. of new cases detected 	93
<ul style="list-style-type: none"> No. of G2D cases 	1
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	2
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	17 MCR footwear, SCK30
<ul style="list-style-type: none"> 29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis 	-----
<ul style="list-style-type: none"> 30. Percent of health workers immunized against Hep B 	98%
<ul style="list-style-type: none"> 31. Key activities performed in current FY as per ROP under National Fluorosis Control programme 	NA
<ul style="list-style-type: none"> 32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control programme 	Implementation of Anemia Mute Bharat as per state guidelines.
<ul style="list-style-type: none"> 33. Key activities performed in current FY as per ROP under National Tobacco Control programme 	IEC& awareness about Tobacco side effect. In school, govt. private , offices, yellow line campaigning at school level, action taken under COTPA-2003 section 4 and 6(B).
<ul style="list-style-type: none"> 34. Number of ASHAs Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	1300 1070 780 0
<ul style="list-style-type: none"> 35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) 	1070

<ul style="list-style-type: none">• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) (same?)• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) •• Any other state specific scheme_____•	48	1070	48	780	48	0
<ul style="list-style-type: none">• 36. Status of Mahila Arogya Samitis (MAS)-• a. Formed• b. Trained• c. MAS account opened	Yes (Data is not provide)					
<ul style="list-style-type: none">• 37. Status of Village Health Sanitation and Nutrition Committee (VHSNC)• a. Formed• b. Trained• c. MAS account opened	702	702	702			
38. Number of facilities quality certified	Total-3 WH Basmat,PHC-2 Pangrashinde, potra.					
39. Status of Kayak alp and Swachh Swasth Sarvatra (SSS)	Kayakalp-7 PHC, 1 WH, 2CHC, state certified.					
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes, Committee formed at District level, Quarterly meetings organized.					
41. Recruitment for any staff position/ cadre conducted at district level	DQAC(1), DEO(1)					
42. Details of recruitment	Previous Year		Current Year			
	Regular	NHM	Regular	NHM		
Total No of Posts vacant at the beginning of FY	Data not provide	Data not provide	Data not provide	Data not provide		
Among these, no. of posts filled by state.						
Among these no. of posts filled by district level	Data not provide	Data not provide	Data not provide	Data not provide		
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	3 Consultant available.					

Source: DPMU, Hingoli district

D. Implementation of CPHC;

Table 4: status of CPHC in the district as on April 2021 to November 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	493950	192161
2. Number of CBAC forms filled	192161	192161
3. Number of HWCs started NCD screening:		
a. SHC- HWC	119	119
b. PHC- HWC	24	24
c. UPHC – HWC	1	1
4. Number of individuals screened for: TB		
a. Hypertension	191963	191963
b. Diabetes	191170	191170
c. Oral Cancer	190896	190896
d. Breast Cancer	92970	92970
e. Cervical Cancer	51194	51194
5. Number of HWCs providing Teleconsultation services	119	119
6. Number of HWCs organizing wellness activities	119	119

Source: DPMU, Hingoli 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 493950 individuals have been enumerated during the period and about 192161 CBAC forms are filled. Total number of 119 SHC-HWC, 24 PHC-HWC and 1 UPHC-HWC has started screening for NCDs in the district. Total number of scanned cases for selected NCDs are given in the table. All the SCs, PHCs and UPHCs has planned/sanction to convert into HWCs. Only 119 HWCs are providing Teleconsultation Services and 119 HWCs have organised the wellness activities during the reference period. During April to November 2021, a total of 191963 patients for Hypertension, 191170 patients for Diabetes, 190896 for Oral Cancer, 92970 patients for Breast Cancer and 51194 patients for Cervical Cancer were screened.

E: Status of Human Resource:

In the District there are total different types of the regular posts are sectioned 856 for all over the district. (by DHO and CS side) Total 573 regular posts are filled in the district, and total 283 posts are vacant in the district Total 856 posts are regular, in the district 283 regular posts are vacant. and NHM post are sectioned in the district this information given by district DPMU.

Table 5: Status of Human resource Regular at public health facility in the Hingoli district as on November 2021.

Name of the Post	Sanctioned	In place	Vacant
Medical Officer Class I	3	3	0
Medical Officer Class II	59	55	4
Medical Officer Grade B	4	4	0
Health super wiser	10	5	5
Health Assistant (Male)	33	27	6
Health Assistant (Female)	28	22	6
Pharmacist	33	29	4
Lab technician.	24	8	16
ANM (Female)	212	100	112
MPW	127	94	33
Jr. Clark	30	29	1
Driver	24	9	15
Male attend	89	81	8
Female Attend	24	18	6
sweeper	24	0	24
PTLA	132	89	43
Total	856	573	283

Source: DPMU, Hingoli district

In Hingoli district NHM total 1034 posts sectioned for program Management and service delivery. 935 posts are filled in district and total 45 NHM posts are vacant in the district.

NHM Staff Details in district at Public Facility.

Staff details at public facility NHM Staff.	Sanctioned	In -place	Vacant
Total Service delivery posts ,(ANM, Staff Nurse,	483	438	45

LHV, Pharmacists, Tech. , Others)			
Total programme Management Posts,(SNCU, RBSK,DIEC,NOHP,IPHS,)	551	497	54
Total	1034	935	99

Source: DPMU, Hingoli district.

F: State of Fund Utilization:

Budget Component details ,2021-2022.

Status of Expenditure as on April 2021to November 2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization .
1.FMR:Servicedelivery: facility Based.	422.28	122.62	29.04
2.FMR: Service delivery: Community Based	65.02	21.95	33.76
3.FMR: community Intervention	516.39	323.55	62.66
4.FMR: Untied Grands	119.05	47.46	39.87
5. FMR: Infrastructure	2236.05	243.01	10.87
6 FMR:Procurement	113.89	25.68	22.55
7. FMR: Referral Transport	49.93	24.58	49.23
8.FMR: Human Resource (Service Delivery)	1273.26	1102.36	86.58
9. FMR: Training	49.81	3.22	6.46
10.FMR:Review Research and Surveillance.	2.50	0.19	7.60
11.FMR:IEC-BCC	45.47	1.50	3.30
12.FMR:Prrinting	13.78	4.95	35.92
13. FMR: Quality	9.41	0.25	2.66
14.FMR:Drug Warehouse &Logistic	21.22	14.52	68.43
15. FMR:PPP	27.32	0.00	0.00

16. FMR: Program me Management	283.53	119.34	42.09
16.1FMR:PM Activities Sub Annexure.			
17. FMR:IT Initiatives for Service Delivery.	7.34	5.00	0.00
18. FMR: Innovations.	6.80	0.00	0.00

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

Some expenditure looks to be less. As provision is for the year and eight months of the year is over, in coming four months' funds can be utilized as expected.

G: Programme wise:

Status of Expenditure as on April 2021to November 2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization .
1.RCH and Health Systems Flexi pool	Reason Not given		
• Maternal Health	134.77	54.61	40.52
• Child Health	35.09	5.52	15.73
• RBSK	26.80	5.52	10.52
• Family Planning	40.32	8.20	20.34
• RKSK/Adolescent health	69.85	22.38	32.04
• PC-PNDT	0.60	0	0
• Immunization	14.43	6.32	43.81
• United Fund	119.05	47.46	39.87
• Comprehensive Primary Health care (CPHC)			Reason Not given
• Blood Services and Disorders			
• Infrastructure	2236.05	243.01	10.87
• ASHAs	516.39	323.55	62.66
• HR	1273.26	1102.36	86.58
• Program me Management	283.53	119.34	42.09
• MMU	24.52	10.25	41.80
• Referral Transport	49.93	24.58	49.23
• Procurement	113.89	25.68	22.55
• Quality Assurances	9.41	0.25	2.66

• PPP	27.32	0.00	0.00
• NIDDCP			
2. NUHM	285.82	105.79	37.01
3.Communicable Diseases Pool.	Reason Not given		
• Integrated Disease Surveillance programme(IDSP)	2.30	1.17	50.86
• National Vector Borne Disease control programme (NVBDCP)	4.55	2.87	63.07
• National Leprosy Eradication programme (NLEP)	7.89	3.21	40.68
• National TB Elimination programme (NTEP)	81.41	39.79	48.87
4. Non Communicable Diseases pool.			
• National programme for control of Blindness and vision Impairment (NPCB+VI)	9.52	0.38	Medicine file is in process
• National Mental Health Programme.(NMHP)	13.34	8.37	
• National Programme for Health care for the Elderly (NPHCE)	2.00	0.87	
• National Tobacco control Programme.(NTCP)	10.67	8.10	
• National Programme for Prevention and control of Diabetes Cardiovascular Disease and stroke (NPCDCS)	12.91	2.13	
• National Dialysis programme.	7.00	0.00	
• National Programme for Climate change and human health (NPCCHH)	1.30	0.00	

• National Oral health programme(NOHP)	2.00	0.73	Equipment file in process
• National Programme on palliative care (NPPC)	2.50	0.50	
• National Programme for prevention and control of Fluorosis (NPPCF)	0.00	0.00	
• National Rabies control programme (NRCP)	1.56	0.00	
• National Programme for prevention and control of Deafness(NPPCD)	0.00	0.00	
• National Programme for Prevention and Management of Burn & injuries.	NA	NA	
• Programme for prevention and control of Leptospirosis (PPCL)	NA	NA	

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

H: Status of Training:

Training statues of the district are following training are conducted in Health and Family Welfare Training centre. HFWTC planned 366 sessions in year, 30 persons for one sessions, now only 198 sessions completed by HFWC due to covid 19 pandemic.

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

Training Details	Planned sessions	Completed
SAB	30	25 (ANM/LHV/SN)
MTP/MVA	3	0 (MO)
BeMOC	6	4
RTI/STI	24	18
NSSK	32	6 Staff Nurse
NSSK	32	25 ANM/LHV
Mini lap	4	0 MO
NSV	4	0 MO
PPIUCD	10	6 MO

PPIUCD Ayush	0	0 MO
PPIUCD	30	11 SN/ANM/LHV
RI	60	30 PM
Cold chain Handlers	20	20
AEFI Paramedical trig.	60	15
RI	10	10 MO
RTI /STI	11	7 MO
F-IMNCI	0	0 MO
F-IMNCI	0	0 SN
NSSK	0	0 MO
IMEP	10	9 MO
IMEP	10	7 ANM
IMEP	10	5 Staff Nurse.
Total		

Source: HFWTC, Hingoli district.

Service Availability at the Public health facilities:

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

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

1.Service Delivery: District Hospital:

Hingoli District Hospital situated at district headquarter at Hingoli. It is 230 bedded hospitals there were 10 ICU separate beds are available in facility. It is located in Government Old Building Facility is geriatric and disable friendly. Electricity is available with power back up. 24*7 running water is available. Separate toilets are there for male and female wards. Drinking water is available, Drug store is available. It is well accessible from main road. Waste management practices are out sourced in hospital, OPD timings of the facility is 8.30 to 12.30 pm and evening 4.00 to 6. 00pm. There were ASHAs rest room is not available in the facility. This facility is referring emergency patients to GMC Nanded.

Following observation has been made by the monitoring team.

- This facility is providing Medicine, O&G, Pediatric, General Surgery, Anesthesiology, Ophthalmology, Dental, Imaging Services(X-ray), Imaging services (USG), DEIC, NRC,

ICU, Emergency Care, AYUSH, CT scan, Burn Unit, Skill Lab .and Tele medicine services is available in the facility.

- Facility have Single general OT, Elective OT, Ortho OT Ophthalmology/ ENT OT, and emergency OT available in the facility. All OTs are functional in good condition.
- Blood bank is available in the facility on the day of visit 107 units of blood was available and 381 blood transfusion done in last month. 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 very poor in facility.
- X-Ray services are available in the facility. There were two AERB certified X-ray machine available in facility. Total 4384 x-ray are conducted in facility, during the reference period.
- USG services are also available. Free services for BPL, elderly, JSSK beneficiaries and COVID patients.
- Minimal shortage supplies of essential consumables, rapid testing kits are there.
 - CT scan services is available in minimum charges in the facility.
 - Diagnostic facility is available in house (in addition state has appointed HLL for the same).
 - PM National Dialysis programme is being implemented in the facility. Services are free for all patients. Number of patients provided dialysis services during the reference period total 1172.
- **District hospital NCD Clinic facility on daily basis in the reference period Number of Individuals screened for following in last eight months are reported.**

	Screened	Confirmed
• Hypertension	2989	565
• Diabetes	2989	329
• Oral Cancer	2989	13
• Breast Cancer	2989	0
• Cervical Cancer	2989	0

Table: District Hospital Hingoli Regular Staff

Human Resource	Sanctioned	Regular	Vacant
Class I	18	8	10

Class II	35	35	0
Class III	204	137	67
Class IV	145	21	124
Total	402	201	201

Source DPMU Hingoli

Table: Distract hospital Hingoli NHM Staff

Human Resource	Sanctioned	Regular	Vacant
Medical officer (BAMS, BUMS, BHMS)	6	6	0
Pharmacist	1	1	0
Yoga teacher	1	1	0
Massa gist(male female)	2	2	0
Statistical investigator	1	1	0
Programme Asst.	1	1	0
ARSH co-ordinator	1	1	0
Counsellor PC-PNDT	1	1	0
Counsellor Sickle cell	3	3	0
Account FMG	1	1	0
Lab technician	1	1	0
Dakshata Mentors	19	19	0

Source DPMU Hingoli

- **Weakness:**

- District hospital facing the not working instruments such as apparatus machine and anaesthesia work station is not working.
- Ortho hydraulic table is not working in the district hospital.
- Eye OT have no viscos mate available in facility.
- Shortage of drums in the facility.

2. Women Hospital Basmath:

Women Hospital is located in Basmath block. Women's Hospital situated at block headquarter at Basmath main city. It is sanctioned 60 bedded hospitals there were OBGY, Pediatric, NBSU,

Anesthesiology, blood storage unit and Emergency care services are available in facility. It is located in Government New Building, facility is geriatric and disable friendly. Electricity is available with power back up with generator and inverter, there were 24*7 running water is available and also functional toilet facility for ward. Drinking water is available, Drug store is available. It is well accessible from main road. Waste management practices are outsourced. OPD timings of the facility is 8.30 to 12.30 pm and evening 4.00 to 6.00pm. and emergency services are available 24*7 in facility. There were ASHA's rest room is not available in the facility. This facility is referring emergency patients to District hospital Nanded.

Following observation has been made by the monitoring team.

- This facility is providing ANC, PNC, Labor room, Blood storage Unit, OT/LSCS, USG, lab testing, NBSU, dental OPD, IPD, NCD services are available in facility.
- Facility have Obstetrics & Gynaecology operation theatre is available, it is well functional in hospital.
- General emergency services are available for Triage, Resuscitation, and Stabilization for needed people in the district.
- Blood Storage unit is available in the facility on the day of visit 5 units of blood was available and 7 blood transfusion done in last month. Blood issued free of cost for BPL, Senior Citizen, National Program me and JSSK beneficiaries.
- Functional labour room is available in the facility. Labour room was maintained in good condition.
- IT services is available with computers and internet services. Quality of internet is good.
- Availability of essential diagnostics facility is available with in house and out sourced. in house tests performed, blood group, bilirubin, and total ANC profile and outsourced tests are blood investigations, 2-Decho, ROP, CT tests are outsourced in facility.
- USG services are also available. Free services for BPL, elderly, JSSK beneficiaries and COVID patients during the reference period 1061 USG done by this unit..
- Acute shortage of essential consumables due to heavy work load of facility. Every month near about 200 deliveries are conducted this facility.
- Essential drug 88 was available in facility many time WH facing the ED shortage due to heavy workload.
- Women's hospital was facing the shortage of suction catheter for new born baby in NBSU unit.

- Women's hospital. Conducted Normal deliveries in last month 116.and C-section deliveries are 42 conducted in last month. This is heavy load of deliveries in facility.
- All types JSSK entitlements provided in the facility all services are provided free of cost to the JSSK beneficiaries.
- JSY payment is paying by THO office so there is no JSY payment register in the facility.
- Number of child maternal death reported in the facility current year are 0.and sterilizations performed in last one month 133 in the facility.
- Facility is providing Birth does for every new-born child and breastfed within one hour of the birth. in the facility.
- WH. Have friendly health clinic available this centre providing the counselling to adolescents.

Table: Status of Human resource regular staff at Women Hospital, basmath Hingoli district

Human Resource	Sanctioned	Filled	Vacant
Class I	4	1	3
Class II	7	7	0
Class III	43	35	8
Class IV	28	7	21
Total	82	50	32

Table: Status of Human resource NHM staff at Women Hospital, basmath Hingoli district

Human Resource	Filled
OBGY doctor	1
Anaesthetist	1
NBSU staff	2
GNM	3
Lab technician	1
DEO out sourcing	1
Total	9

Human resources status of Women hospital Basmath district Hingoli are total 82 regular posts are sectioned for this facility, but only 50 posts are regular posts filled in the hospital, there were 32 posts are vacant in the facility. This huge gap for filling the posts. And NHM contractual posts are only 9 available in the facility.

WH. NCD Clinic facility on weekly basis in the reference period Number of Individuals screened for following in last eight months are reported.

	Screened	Confirmed
• Hypertension	352	20
• Diabetes	352	3
• Oral Cancer	0	0
• Breast Cancer	0	0
• Cervical Cancer	0	0

- **Weakness:**

- In this women's hospital some instruments are not functional such as anaesthesia machine, succession machine.
- There is an acute shortage of essential consumables such as cotton, pad clothing, surgical gloves, examination gloves, and preoperative scrubs. Are always in short in the facility.
- Respectful Maternity care through companion service during delivery, mother & family. Counselling for encouraging pregnant women for ANC.

- **3. Community Health Centre (CHC)Balapur:**

- Balapur Community Health Centre is in Kalamnuri, Block, this facility about 40 km's away from district headquarters. It is 30 bedded hospitals. It is located in government building. The building condition is good but rooms are very small in building. Electricity is available, and power backup is available in some parts of the facility. There is 24*7 running water of bore well in the facility. Separate toilets are there for male and female wards, and toilets are attached to labor room. Drinking water is available in the facility. There is very small drug store room available. insufficient racks for drug store in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Facility have very heavy work load but man power shortage is there.

Following observation has been made by the monitoring team.

- Lab services, Normal delivery, Family planning services, X-Ray, Vaccination, emergency services, and postpartum services provide in facility.

- Facility OPD timing 8.30am to 12.30pm and 4pm to 6 pm. facility, and emergency services are 24*7 available in facility.
- Facility have Major and Minor operation theater available and functional, but there were tele medicine service is not available in facility.
- Facility have no blood storage unit.
- Biomedical waste management practices are outsourced in the facility.
- It services desktop and internet connectivity is available in facility.
- Facility have in house lab and HLL lab services are available in facility. Total in house lab tests conducted 8468 and HLL lab test conducted 1007 during the reference period.
- Facility have two digital X-Ray machine available and functional, during the reference period 476 x Ray conducted in facility.

Table: Status of Human resource regular staff at CHC, Balapur Hingoli district

Human Resource	Sectioned	Filled	Vacant
Medical Superintendent Class I	1	1	0
Medical officer Class II	3	3	0
Asst, Superintendent	1	1	0
Jr. Clerk	2	0	2
Lab Technician	1	1	0
X-Ray technician	1	1 Deputed	0
Pharmacist	1	1	0
Lab Assistant	1	1	0
Staff Nurse	7	5	2
Total	17	14	4

CHC Balapur have no any NHM staff provide District authorities.

- **Weakness:**
- Newly LaQshy Labour room is under construction in the facility.
- Facility has a shortage of instruments radiant warmer, phototherapy, shadow lamp, labor table section machine.
- Facility is conducted only normal delivery there is no facility providing the C-section delivery. Last month 48 normal deliveries were conducted in the facility.

- HMIS data entry portal trained staff is not available in facility.

4 Primary Health Centre: Dongerkada:

PHC Dongerkada is about 60 kms from district head quarter hingoli. There are 5 sub centres under this PHC. PHC dongerkada is easily accessible from the nearest road. Main road is 1 km from this facility. PHC is functioning in a government very old building, new building was constructed but not hand over to PHC due building is reserve for covid centre. PHC has electricity power back up. Facility has bore well 24*7 running water supply. Toilets are not clean; New Born Care Corner is not available There were 10 beds are available in the facility. There are separate wards for male and female. Bio Medical Waste are out sourced. Drinking water is available. There is not sufficient waiting area for OPD patients. There is no sufficient space for store room. There is room for ASHAs available Tele Medicine consultation facility is not available at the PHC Centre. Facility timing is morning 8.30 am to 12.30 pm & for emergency 24 hours' service available in the facility.

Following observation has been made by the monitoring team at PHC.

- This PHC is converted in HWC, branding is completed, but no other fund and staff are provided to PHC. New Building was completed but not hand over to this facility due to reserve for covid centre.
- OPD, IPD ANC, PNC Normal delivery& Emergency cases handling this facility.
- Family planning services (Minilap, NSV)
- MCH & immunizations & all notational Programs.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries. But PHC have no lab technician available, HLL lab technician is doing the lab work.
- All the essential equipment's are available at PHC. Essential drug list is available but not displayed.
- X-Ray facility is not available in the PHC.
- OT is not working in facility.
- Total JSY deliveries are conducted last three months 54 out of 25 benefiter paid the payments in the facility throw THO office.
- Many Drug shortages in facility. And non-working equipment's is there so facility is facing the many problems.

Table: Status of Human resource regular staff at PHC, Dongerkada Hingoli district.

Human Resource	Sectioned	Filled	Vacant
Medical officer	2	2	0
HA Male	2	0	2
LHV	1	1	0
Pharmacist	1	1	0
ANM	1	1	0
MPW	2	2	0
Lab Assistant	1	0	1
Clark	1	1	0
Staff Nurse	2	2	0
sweeper	4	3	1
Total	17	13	4

NHM Staff for PHC

CHO	5	3	2
GNM	3	2	1
ANM	5	2	3
Total	13	7	6

- **Weakness:**
- PHC Building is old so this facility is not working fully efficiently
- Shortage of medicine observed in the facility.
- Many equipment's are not working in the facility.
- OT is not working in the facility.
- Many staff was engaged in the vaccination of covid.
- Class IV staff vacancy is the main problem. For cleanness

5. Sub Centre/HWC- SUKLIVEER:

- The PRC team visited SUKLIVEER sub centre /HWC in December, 2021. The facility is at a distance of 7 km. from the PHC Dongerkada and well accessible from the road. The Facility is providing OPD, ANC and PNC care, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 2 villages and catering 5600 populations. This facility is converted into HWC and deputed CHO is also appointed there. Branding of the facility is done. The Facility is facing water problem. Facility is geriatric and disability friendly. There were no delivery room available. No drinking water facility is available, there is no waiting area for OPD patients, there is no specified area for yoga as per the norms of HWC. Facility have no power back up. Essential drug list is available in the facility. All the basic instruments are available in the facility i.e. B.P. instrument, thermometer, DDK and blood, urine testing kits. All essential drugs are being supplied to the facility. There is some shortage drug in the last one month. Line listing of high-risk women is available. There is no Bio medical waste management facility, they collect their biomedical waste and send it to PHC. Sub centre was not conducting any delivery in the centre during the reference period. Wall compound is not available to the facility.

Staff position in sub centre:

Human Resource	Filled
CHO	1
ANM	1
MPW	1
Total	3

In this facility 1 ANM regular and one deputed CHO are available in the facility. CHO has given a laptop, ANM is given a tablet with internet facility but the net quality is very poor. ASHAs have provided smartphones. ASHAs were available at the time of visit. CHO was not conducted OPD due to CHO is newly deputed for this facility and he was doing the Covid vaccination program. Both ANM and CHO are devoted to the vaccination program.

Challenge: No proper record Maintained in the Sub Centre. Internet Connectivity is very poor. To provide the fund for wall compound for HWC.

Glimpses of the Hingoli district PIP monitoring visit, 13-17 December 2021





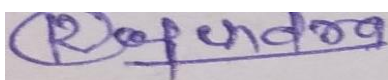
CHC BALAPUR



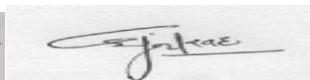
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