



Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Jalna District, Maharashtra

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Executive Summary

As directed by MOHFW, the monitoring and evaluation of the PIP 2021-22 of Jalna District was carried out during the period August 9-13, 2021. The District Health Office, DH, SDH, CHC, PHC, UPHC and SC were visited for the study. The community, visit is also done in the selected sub centre village. This report discusses in detail the findings with regard to activities under NRHM in Jalna district as observed during the visit.

A. District Profile

Jalna district is part of the Aurangabad division (one of the six administrative divisions of the state) of Maharashtra state. It is divided into eight taluks. Jalna district is approximately situated at the central part of Maharashtra state and in northern direction of Marathwada region. It covers an area of 7,612 Sq. Km's, which is 2.47 percent of the total area of the state. The Jalna shares district boundaries with Jalgaon at north, Parbhani and Buldhana at east, Beed at south and Aurangabad at west. The district has a sub-Tropical climate, in which the bulk of rainfall is received from the southwest monsoon, between June to September. The average annual rainfall of the district ranges between 650 to 750 mm. The district often experiences drought with rainfall recording as low as 400 to 450 mm. The economy of the Jalna district is based on Agriculture and Agro-industries, as the 85 percent of the geographical area is under agricultural use.

Indicator	Remarks/ Observation
1. Total number of Districts	36 Maharashtra
2. Total number of Blocks	357 Maharashtra; 8 Jalna
3. Total number of Villages	43722 Maharashtra; 956 Jalna (Census 2001)
4. Total Population	2324024 (MYP 2021) DPMU
• Rural population	1843402 (MYP 2021) DPMU
• Urban population	450622 (MYP 2021) DPMU
5. Literacy rate	73.21
6. Sex Ratio	948
7. Sex ratio at birth	907 (2020-21)
8. Population Density	254
9. Estimated number of deliveries	38139
10. Estimated number of C-section	4576

11. Estimated numbers of live births	37949			
12. Estimated number of eligible couples	340354			
13. Estimated number of leprosy cases	165			
14. Target for public and private sector TB notification for the current year	3000			
15. Estimated number of cataract surgeries to be conducted	Data not provided			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death	Not Provided	5	Not Provided	1
• Child Death	Not Provided	15	Not Provided	2
• Infant Death	Not Provided	163	Not Provided	48
• Still birth		315		65
• Deaths due to Malaria	Not Provided	0	Not Provided	0
• Deaths due to sterilization procedure	Not Provided	1	Not Provided	0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	2		2 (DH & WH)	
2. Sub District Hospital	1		1	
3. Community Health Centers (CHC)	9		9	
4. Primary Health Centers (PHC)	43		43	
5. Sub Centers (SC)	223		223	
6. Urban Primary Health Centers (U-PHC)	3		3	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	1		1	
10. District Early intervention Center (DEIC)	1		1	
11. First Referral Units (FRU)	2		2	
12. Blood Bank	1		1	
13. Blood Storage Unit (BSU)	4		2	
14. No. of PHC converted to HWC	40		40	
15. No. of U-PHC converted to HWC	3		3	
16. Number of Sub Centre converted to HWC	171		171	
17. Designated Microscopy Center (DMC)	26		26	
18. Tuberculosis Units (TUs)	8		8	
19. CBNAAT/TruNat Sites	3		3	
20. Drug Resistant TB Centres	1		1	
21. Functional Non-Communicable Diseases (NCD) clinic	<ul style="list-style-type: none"> At DH = 1 At SDH = 1 At CHC = 8 		<ul style="list-style-type: none"> At DH = 1 At SDH = 1 At CHC = 8 At PHC = 43 (Twice in a week) At SC = 223 (Once in a week) 	
22. Institutions providing Comprehensive Abortion Care (CAC) services	Total no. of facilities = 15 Providing 1st trimester services = 15		Total no. of facilities = 15 Providing 1st trimester services = 15 Providing both 1st & 2nd trimester services = 2	

	Providing both 1st & 2nd trimester services = 2	
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B. Overview: DHAP

In preparation District Health Action Plan (PIP) all the facilities are involved in preparation of the DHAP. All the facilities sending their requirements and action plan to the district in for approval. According to the DHAP send by the district, state with some minor changes give their approval. There is no tribal population in the district therefore no special grants are being given by the state to the district for tribal development department. Some funds are allocated from Zillah Parishad for health subject. The District has received the first instalment of approved PIP on July 14,2021. DPMU has not provided the details of funds received and utilised on for the various programmes of NHM. But it is noticed from the discussion that though they are getting first instalment in the month of July. They are able to manage their routine activities from the unspent grant which they have received in the last financial year. As DPMU is stated that there is no delay in making payment of ASHAs, but during a visit to PHC Teerthpuri some ASHAs came across to PRC team. During the discussion with them PRC team came to know that there is no payment to the ASHAs since 3 months.

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. In case of construction no data is provided by DPMU.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	DHAP (PIP) submitted to the state and it has sanctioned.
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	First installment of the sanctioned PIP has received in the month of August 2021.
3. Date of first release of fund against DHAP	July 14,2021
4. Infrastructure: Construction Status	In the district 3 PHCs work is in progress
<ul style="list-style-type: none"> Details of Construction pending for more than 2 years 	NIL
<ul style="list-style-type: none"> Details of Construction completed but not handed over 	NIL

C. Service Availability

There is 1 DH, 1 WH, 9 CHCs, 43 PHCs and 223 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 40PHCs; 3 UPHCs; 171 SCs are converted into HWCs. In the district free drug policy is being implemented under all national programmes and for BPL patients. Other than national programmes patients are charged Rs. 10/- for case paper and lab tests are done on minimum charges. There is in house labs are available in the all the facilities of the district for most of the diagnostics tests. Besides this HLL Life Care Ltd. Is appointed in the state for providing diagnostic tests services which are being done at the health facilities. Since April 2021to July 2021, 354796 lab tests were conducted in the district.

There is District Hospital and Women Hospital exists in the district. Most of the RCH related services are being provided by WH. Per month More than 50 deliveries are being conducted at WH and C-section deliveries also being performed at WH. Out of 223 SCs only 8 SCs (3.5 %) where more than 8 deliveries are being done in the month and out of 43 PHCs just 5 PHCs (11%) are there, which performed more than 10 deliveries in a month and in case of out 9 CHCs at 3 CHCs (33%)more than 20 deliveries are being conducted in a month. Looking at the percentage it low performing facilities one can say.

Though there is Gynaecologist posted at DH no ANC and PNC care services are being provided at DH. There is no medical college in the district.

According to the population norms for 20000 populations is tribal area and 30000 populations in non-tribal area for setting up a PHC. In case of SC it should be there for 2000 population in tribal area and 3000 for non-tribal area. ***But It is observed by PRC team to the visited facility, PHC Teerthpuri is catering to 62570 population. Population PHC Teerthpuri is catering is more than double as per the norms. In case of SC Khadka, there are 7 villages in the periphery of SC and 16564 population they are serving, which is 5 times more than the norms. Therefore, there may be a gaps in the services they are providing.***

RBSK: There are total 32 RBSK teams are available in the district. 30 of them are consisting of 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist and one vehicle for each team. Two teams are having inadequate HR. According to the population minimum 3 and maximum of 7 teams are working in respective blocks. All blocks are having RBSK teams. 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. In the month of July 2021, 21 teams started visiting in the field but again it has stopped in the month of August 2021.

During this period teams visited 184 Anganwadi's and 157 schools, from those 11117 and 10706 children were screened respectively.

MMU: There are 2 mobile medical units are working in the district. About 45 visits are being done by each MMU. Each one of them are covering 48 villages per month. Average number of patients they are treating is 1000 per month. In case of lab services each one of them are conducting 900 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 100 for each MMU. Average Number of patients referred to higher facilities 30each. Pertaining to the referral services district is having total No. of 11 Basic Life Support (BLS) (on the road) and total No. of 4 Advanced Life Support (ALS) (on the road).

SNCU: District is having 37 beds SNCU situated at women hospital. There are 35 radiant warmers are available and 9 KMC units are available.

NBSU: There are total 3 NBSUs are available in the district. One each is situated at SDH Ambad, CHC Bhokardan and Mantha.

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

Nutrition Rehabilitation Centres (NRC): Due to COVID 19 pandemic NRC is not in function.

Indicator	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	Yes
2. Implementation of diagnostic services (if it is free for all) <ul style="list-style-type: none"> Number of lab tests notified 	Yes Total number of tests done is 354796
3. Status of delivery points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	8
<ul style="list-style-type: none"> No. of 24X7 PHCs conducting > 10 deliveries /month 	5
<ul style="list-style-type: none"> No. of CHCs conducting > 20 deliveries /month 	3
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting > 50 deliveries /month 	1
<ul style="list-style-type: none"> No. of DH/ District Women and child hospital conducting C-section 	1
<ul style="list-style-type: none"> No. of Medical colleges conducting > 50 deliveries per month 	0
<ul style="list-style-type: none"> No. of Medical colleges conducting C-section 	0
4. Number of institutes with ultrasound facilities (Public+Private)	Data not provided
<ul style="list-style-type: none"> Of these, how many are registered under PCPNDT act 	Data not provided
5. Details of activities performed	Total 12 facilities are performing PMSMA activity in the district (1DWH, 1SDH, 8 CHC, 2 PHC)

Indicator	Remarks/ Observation	
6. RBSK		
• Total no. of RBSK teams sanctioned	32	
• No. of teams with all HR in-place (full-team)	30	
• No. of vehicles (on the road) for RBSK team	32	
• No. of Teams per Block	According to the population minimum 3 and maximum of 7 teams are working in respective blocks.	
• No. of block/s without dedicated teams	Nil	
• Average no of children screened per day per team	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. In the month of July 2021 21 teams started visiting in the field but again it has stopped in the month of August 2021. During this period teams visited 184 Anganwadi's and 157 schools, from those 11117 and 10706 children were screened respectively.	
• Number of children born in delivery points screened for defects at birth	Data not provided	
7. Special Newborn Care Units (SNCU)	Women Hospital Jalna	
• Total number of beds	37	
○ In radiant warmer	35	
○ Stepdown care	00	
○ Kangaroo Mother Care (KMC) unit	09	
• Number of non-functional radiant warmer for more than a week	Nil	
• Number of non-functional phototherapy unit for more than a week	02	
	Inborn	Out born
• Admission	288	215
• Defects at birth	Data not provided	Data not provided
• Discharged	208	130
• Referral	47	46
• LAMA	17	10
• Died	24	26
8. Newborn Stabilization Unit (NBSU)	03 SDH Ambad, CHC Bhokardan and Mantha	
	Inborn	Out born
• Admission	27	01
• Discharged	16	
• Referral	12	
• LAMA	Nil	
• Died	Nil	
9. Nutrition Rehabilitation Centers (NRC)		
• Admission	Due to COVID 19 pandemic NRC is not in function	
○ Bilateral pitting oedema		
○ MUAC<115 mm		
○ <'3SD WFH		
○ with Diarrhea		
○ ARI/ Pneumonia		

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others 		
<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 	Due to COVID 19 pandemic NRC is not in function	
• Discharged		
• Referral/ Medical transfer		
• LAMA		
• Died		
10. Home Based Newborn Care (HBNC)	Data not provided	
• Status of availability of HBNC kit with ASHAs	Data not provided	
• Newborns visited under HBNC	Data not provided	
• Status of availability of drug kit with ASHAs	Data not provided	
11. Number of Maternal Death Review conducted	Data not provided	
• Previous year		
• Current FY		
12. Number of Child Death Review conducted	Data not provided	
• Previous year		
• Current FY		
13. Number of blocks covered under Peer Education (PE) programme	Data not provided	
14. No. of villages covered under PE programme	Data not provided	
15. No. of PE selected	Data not provided	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	Data not provided	
17. Weekly Iron Folic Acid Supplementation (WIFS) stockout	Data not provided	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	MMU1	MMU 2
• No. of trips per MMU per month	45	45
• No. of camps per MMU per month	2	2
• No. of villages covered	48	48
• Average number of OPD per MMU per month	1100	1000
• Average no. of lab investigations per MMU per month	900	900
• Avg. no. of X-ray investigations per MMU per month	00	00
• Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month	100	100
• Avg. no. of sputum collected for TB detection per MMU per month	00	00

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 	30	30
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 	No	No
19. Vehicle for Referral Transport	15	
<ul style="list-style-type: none"> No. of Basic Life Support (BLS) (on the road) and their distribution 	11	
<ul style="list-style-type: none"> No. of Advanced Life Support (ALS) (on the road) and their distribution 	04	
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 	PPP	PPP
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call centre 	04	11
<ul style="list-style-type: none"> Average number of calls received per day 	10	10
<ul style="list-style-type: none"> Average number of trips per ambulance per day 	6	6
<ul style="list-style-type: none"> Average km travelled per ambulance per day 	120	120
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 	----	----
<ul style="list-style-type: none"> No. of transport vehicle/102 vehicle (on the road) 	57	
<ul style="list-style-type: none"> If the vehicles are GPS fitted and handled through centralized call centre 	Yes all	
<ul style="list-style-type: none"> Average number of trips per ambulance per day 	4	
<ul style="list-style-type: none"> Average km travelled per ambulance per day 	100	
<ul style="list-style-type: none"> Key reasons for low utilization (if any) 	As per standards utilization is as per the norms	
20. Universal health screening		
<ul style="list-style-type: none"> If conducted, what is the target population 	724000	
<ul style="list-style-type: none"> Number of Community Based Assessment Checklist (CBAC) forms filled till date 	368616	
<ul style="list-style-type: none"> No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer 	5512 2637 45 03 02	
21. If State notified a State Mental Health Authority	Yes	
22. If grievance redressal mechanism in place	Yes	
<ul style="list-style-type: none"> Whether call center and toll-free number available 	Data not provided	

Indicator	Remarks/ Observation		
<ul style="list-style-type: none"> Percentage of complains resolved out of the total complains registered in current FY 	Data not provided		
23. If Mera-aaspatal has been implemented	Yes		
24. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none"> JSY beneficiaries 	6989	2169	6989
<ul style="list-style-type: none"> ASHA payment: <ul style="list-style-type: none"> A- Routine and recurring at increased rate of Rs. 2000 pm B- Incentive under NTEP C- Incentives under NLEP 	1466	0	1466
	--	--	--
	--	--	--
<ul style="list-style-type: none"> Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit) 	78	0	78
<ul style="list-style-type: none"> Patients incentive under NTEP programme 			
<ul style="list-style-type: none"> Provider's incentive under NTEP programme 	Data not provided		
<ul style="list-style-type: none"> FP compensation/ incentive 	Data not provided		
25. Implementation of Integrated Disease Surveillance Programme (IDSP)	Because of COVID all staff was engaged in to it.		
<ul style="list-style-type: none"> If Rapid Response Team constituted, what is the composition of the team 	Yes, (DEO, EO and other staff)		
<ul style="list-style-type: none"> No. of outbreaks investigated in previous year and in current FY 	Yes, COVID outbreak was there.		
<ul style="list-style-type: none"> How is IDSP data utilized 	no information is provided by DPMU		
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP 	No / Because of all staff is engaged in COVID 19		
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Data not provided		
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 	Data not provided		
<ul style="list-style-type: none"> Annual Blood Examination Rate 	Data not provided		
<ul style="list-style-type: none"> Reason for increase/ decrease (trend of last 3 years to be seen) 	Data not provided		
<ul style="list-style-type: none"> LLIN distribution status 	Data not provided		
<ul style="list-style-type: none"> IRS 	Data not provided		
<ul style="list-style-type: none"> Anti-larval methods 	Data not provided		
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	Data not provided		
<ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored 	Data not provided		
<ul style="list-style-type: none"> No. of MDR rounds observed 	Data not provided		
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	Data not provided		
27. Implementation of National Tuberculosis Elimination Programme (NTEP)			
<ul style="list-style-type: none"> Target TB notification achieved 	68 %		
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	Yes No. of TB patients with known HIV status_93%_____		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	80 % Total 1063 patients notify.
<ul style="list-style-type: none"> Whether drugs for both drug sensitive and drug resistance TB available 	Yes
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified: 489 Treatment success rate: 88% No. of MDR TB Patients: 93% Treatment initiation among MDR TB patients: 13%
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 476 Treatment success rate: 89% No. of MDR TB Patients: 0 Treatment initiation among MDR TB patients: 0
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	466
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes, total 1167 TB suspect referred from targeted of 1716.
28. Implementation of National Leprosy Eradication Programme (NLEP)	Data not provided
<ul style="list-style-type: none"> No. of new cases detected 	Data not provided
<ul style="list-style-type: none"> No. of G2D cases 	Data not provided
<ul style="list-style-type: none"> MDT available without interruption 	Data not provided
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	Data not provided
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Data not provided
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	Data not provided
30. Percent of health workers immunized against Hep B	Data not provided
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	NA
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	NA
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	Yes Mass awareness, school health programme, yellow line campaign, etc.
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 	1586 1581 1466 (Rural) 115 (Urban) Nil
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) (same?) 	1466 77 1464

Indicator	Remarks/ Observation			
<ul style="list-style-type: none">No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)Any other state specific scheme_____	77 1464 77			
36. Status of Mahila Arogya Samitis (MAS)- a. Formed b. Trained c. MAS account opened	25 25 25			
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) a. Formed b. Trained c. MAS account opened	938 938 938			
38. Number of facilities quality certified	PHC Hasanabad			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	NA			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	NQAS and LAQSHAY visits done (14 visits)			
41. Recruitment for any staff position/ cadre conducted at district level	Yes, NHM staff recruitment done 60 positions filled and COVID special recruitment done			
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	--	487		667
<ul style="list-style-type: none">Among these, no. of posts filled by state	--	--	--	--
<ul style="list-style-type: none">Among these, no. of posts filled at district level	--	--	--	--
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Not given			

D. Implementation of CPHC

Status as on: _____ date _____

Indicator	Planned	Completed
1. Number of individuals enumerated	778443	778443
2. Number of CBAC forms filled	368616	368616
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC	171 40	

c. UPHC – HWC	3	
4. Number of individuals screened for: TB		6836
a. Hypertension		122944
b. Diabetes		116191
c. Oral Cancer		100855
d. Breast Cancer		41075
e. Cervical Cancer		34153
5. Number of HWCs providing Teleconsultation services	214	214
6. Number of HWCs organizing wellness activities	214	214

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 778443 individuals are enumerated during the period and about 368616 CBAC forms are filled. Total number of PHCs 40, SHCs 171 and UPHCs 3 are functioning as HWCs. Almost all facilities are as HWCs. All of them are providing teleconsultation and organising wellness activities. During April to August 2021, total 422054 patients were screened for TB, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer.

E. Human Resource:

If we can discuss few vacancies of the district one can understand how service delivery is hampered due to these vacancies. In case of Class-I doctors 22 percent vacancies are there particularly at DH; 50 percent at all CHCs and 20 percent at WH. Similarly, 12 percent of staff nurse's positions are vacant. Pertaining to Class IV vacancies average 41 percent of the positions are vacant in secondary and tertiary health care hospitals of the district. This impacts on the cleanliness of the facility and as hospital needs to maintain hygiene to reduce rate of infection while treating patients at the hospital.

In case of primary health care services of the district 36 percent of ANM posts are vacant; 48% of MPW; 21% of male and 31 percent of female health assistant posts are vacant in the district.

There are total 1772 posts of different discipline is sanctioned for the district (DHO side and CS side) of which 1191 posts are filled and 581 posts are vacant. Total 33 percent posts are vacant in the district. Similarly, in case of contractual staff under NHM. There are 769 positions are sanctioned of which 128 are vacant. Total 17 percent posts are vacant in the district.

As patients from district is being referred at DH and this is the biggest resource for 2324024 population of the district. These many vacancies are certainly impact on the service delivery and community is has to suffer for no reason.

Staff details at public facility (Regular Staff DHO Side)	Sanctioned	In-place	Vacant	Vacancy (%)
DHO	1	1	0	0
DRCHO	1	1	0	0
Addl. DHO	1	1	0	0
Asst. DHO	1	1	0	0
THO	8	7	1	13
Epidemiologist MO	1	1	0	0
Administrative Officer	1	0	1	100
Statistical Officer	1	0	1	100
Statistical Supervisor	1	1	0	0
Statistical Investigator	1	1	0	0
Dist Extension and Media Officer	1	0	1	100
Health Asst. Male	80	63	17	21
Health Asst. Female	65	45	20	31
MPW (Male)	267	139	128	48
ANM	439	281	158	36
Pharmacist (Allopathic)	50	37	13	26
Lab Technician	5	4	1	20
MO Class III	3	3	0	0
Ayurveda Vaidya	3	3	0	0
UNANI MO	3	3	0	0
Health Supervisor	12	7	5	42
Photographer	1	1	0	0
Videographer	1	0	1	100
Non Medico Supervisor	1	1	0	0
MO CI-I				
DH	18	14	4	22
All CHC CI-I	10	5	5	50
WH CI-I	5	4	1	20

Staff details at public facility (Regular Staff DHO Side)	Sanctioned	In-place	Vacant	Vacancy (%)
MO CI-II				
DH	31	31	0	0
WH	12	12	0	0
MO Municipal Council	1	1	0	0
Principal Police Training Center	1	1	0	0
Instructor CRPF	1	1	0	0
Dental Surgeon	1	0	1	100
SDH Ambad	7	7	0	0
All CHC	34	33	1	3
Class III Admin	11	7	4	36
Metron	1	1	0	0
Asst. Metron	1	1	0	0
Tutor	5	1	4	80
In Charge	18	18	0	0
Staff Nurse	104	92	12	12
Medical Social Worker	3	1	2	67
Dietician	1	1	0	0
Blood Bank Tech	3	3	0	0
X Ray Tech	6	5	1	17
ECG Tech	1	1	0	0
Lab Tech	3	3	0	0
Orthopedic Treatment Expert	1	1	0	0
Pharmacist	1	1	0	0
Dental Asst.	1	1	0	0
Dental Tech.	1	1	0	0
Driver	7	2	5	71
Electrician	1	1	0	0
Sanitary Inspector	1	0	1	100
Telephone Operator	2	1	1	50
Plumber	1	1	0	0
Tailor	1	1	0	0
Carpenter	1	0	1	100
Stastical Asst.	1	1	0	0
Linen In charge	1	0	1	100
Clinical Instructor	2	2	0	0

Staff details at public facility (Regular Staff DHO Side)	Sanctioned	In-place	Vacant	Vacancy (%)
Occupational Therapist	1	1	0	0
Atherstist cum Protetic Tech	1	0	1	100
Leather Worker	1	0	1	100
Counselor	1	1	0	0
OT Asst.	1	0	1	100
Ophthalmic Officer	11	11	0	0
GNM Nursing School	26	2	24	92
Family Planning Programme	4	4	0	0
Mobile Lab	4	3	1	25
Women Hospital	27	21	6	22
SDH Ambad	27	21	6	22
CHC Partur	16	14	2	13
CHC Bhokardan	17	15	2	12
CHC Jafrabad	15	10	5	33
CHC Tembhurni	15	11	4	27
CHC Mantha	15	13	2	13
Trauma Care Unit	16	13	3	19
CHC Ner	16	13	3	19
CHC Badanapur	14	14	0	0
CHC Ghansangvi	15	13	2	13
Trauma care Unit Ghansangvi	5	3	2	40
CHC Rajur	11	7	4	36
Dist Tuberculosis Center	14	11	3	21
CI-IV				
DH	141	69	72	51
Women Hospital	11	8	3	27
SDH Ambad	13	7	6	46
CHC Partur	7	4	3	43
CHC Bhokardan	7	5	2	29
CHC Jafrabad	7	5	2	29
CHC Tembhurni	7	4	3	43
CHC Mantha	7	4	3	43

Staff details at public facility (Regular Staff DHO Side)	Sanctioned	In-place	Vacant	Vacancy (%)
Trauma Care Unit	5	3	2	40
CHC Ner	7	3	4	57
CHC Badanapur	7	4	3	43
CHC Ghansangvi	7	2	5	71
Trauma care Unit Ghansangvi	5	1	4	80
Dist LAb	2	2	0	0
Asst. Director TB	13	9	4	31
Asst. Director Leprosy	2	2	0	0
Malaria	3	1	2	67
Total	1772	1191	581	33

1. Staff details at public facility (NHM Contractual Staff All District)	Sanctioned	In-place	Vacant	Vacancy (%)
Specialist Doctors	23	4	19	17
MO MBBS	14	9	5	64
DPM	1	1	0	100
Programme Manager Health	1	0	1	0
Dentist	7	5	2	71
Dy. Engineer	1	1	0	100
DAM	1	1	0	100
M & E- Statastical Officer	1	1	0	100
MO AYUSH	4	3	1	75
Psychologist	3	3	0	100
Legal Advisor	1	1	0	100
MO RBSK	83	81	2	98
PPM Coordinator	1	1	0	100
Social Worker	4	4	0	100
DEIC	5	5	0	100
CHO	171	168	3	98
Jr. Engineer	2	2	0	100
Mental Health Nurse	1	0	1	0
Nursing officer Tutor	3	3	0	100
Vigilance	1	1	0	100

1. Staff details at public facility (NHM Contractual Staff All District)	Sanctioned	In-place	Vacant	Vacancy (%)
Budget and finance officer	1	1	0	100
Finance cum logistic consultant	1	1	0	100
Dietician	1	0	1	0
Optometrist	1	1	0	100
Physiotherapist	4	1	3	25
Programme Coordinator	11	9	2	82
Staff Nurse	128	74	54	58
Immunisation Area Monitor	3	3	0	100
Cold Chain Tech.	1	0	1	0
TB Supervisor	10	9	1	90
STLS TB	4	4	0	100
Counselor	22	20	2	91
Accountant	14	14	0	100
Health Worker Female	95	91	4	96
BCM	8	8	0	100
DEO	23	18	5	78
Statistical Investigator	4	4	0	100
Lab Tech	13	7	6	54
Pharmacist	38	34	4	89
Technician	23	12	11	52
Telemedicine Facility Manager	2	2	0	100
Yoga Naturopathy	5	5	0	100
Dental Asst.	1	1	0	100
TBHV	4	4	0	100
Support Staff	24	24	0	100
Total	769	641	128	17

F. State of Fund Utilization

Information not provided by DPMU

G. Status of trainings

Status as on: August 2021

Sr.No	List of Training (to be filled as per ROP Approval	Planned (Batches)	Completed
1	SAB (SN/LHV/ANM)	30	3
2	Bemoc (MO)	6	0
3	MTP/MVA (MO)	3	0
4	RTI/STI (MO)	1	0
5	NSSK (SN)	1	0
6	IYCN (MO/SN)	1	0
7	RI (SN/ANM/MPW/HA)	12	2
8	Minilap (MO)	2	0
9	PPIUCD (MO/SN)	6	0
10	COLDCHAIN (SN/ANM/MPW/HA)	1	1
11	INDUCTION MODULE TRG- (ASHA)	1	1
12	ASHA TRG-MODULE vi AND Vii Ph-1	3	1
13	ASHA TRG-MODULE vi AND Vii Ph-2	4	0
14	ASHA TRG-MODULE vi AND Vii Ph-3	4	0
15	ASHA TRG-MODULE vi AND Vii Ph-4	4	0

From the above table it is being seen that number of 79 training batches has planned for the period of 2021-22. By the end of July 2021 only eight training batches are completed. For low performance of trainings DPMU stated that it will be finished by March 2022, as due to COVID 19 situation, most of the staff is engaged in COVID 19 duties and administration can able to make them spare for training. All national programmes are being implemented. But due to COVID 19 family planning programme was non-functional almost for one year, RBSK programme is also non-functional due to COVID 19 all the staff of the RBSK is engaged in COVID duties.

H. Community Level

Services Availability as perceived by the community

The PRC team visited Khadka village and interacted with some of the women's in the community. Most of the villagers are living in kutcha houses and some of them are living in semi pucca houses. They were hesitant to have dialogue with the team. Somehow, some of them have spoken little. All of them are know the health facility in the village and they are visiting the facility for some minor ailments. Most of them are stated that they are utilising government services for primary, secondary and tertiary health care services and RMNCH + A services. About NCDs they came to know from ASHAs and they are utilising the services of the same. Overall community is satisfied with the staff behaviour.

Even if CHO is appointed in the visited facility. On the day of visit CHO is engaged in COVID vaccination duty at PHC headquarter. As there is nothing wrong engaging HR in other work. But due to this they are not able to do the work they are assigned to them.

But they are not happy with tertiary health care services as for getting those services they have to go to the district place. This increase their out of pocket expenses.

To provide better services to the community first and foremost thing is to be done, is to fill all vacancies in the department and facilities needs to be increased as per the population norms. As the visited SC Khadka is serving to 16000 populations which is 5 times more as per the norms. This increase the workload of the available staff and if some of the posts are vacant there then it will be an additional burden to the available staff.

I. Sub Centre: Khadka

The PRC team visited Khadka sub centre on August 8,2021. Facility having a distance of 12 KM from the PHC Tirthpuri and well accessible by the road. 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 7 villages and catering 16564 populations. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done.

The Facility is having 24*7 running water of bore well, no geriatric and disability friendly, one clean and functional toilet is available attached to the delivery room. Same is being used by the headquarter ANM. 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 not 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 past one month. No line listing of high-risk women is done.

Bio medical waste management facility is not there, they are collecting their biomedical waste and send it to PHC for further disposal on a weekly basis. No maternal or infant deaths were reported during the year 2020-21.

Under NCD programme following cases were screened and treated.

		Screened	Confirmed
a. Hypertension		108	8
b. Diabetes		108	4
c. Oral Cancer		56	0
d. Breast Cancer		56	0

Though the medicines for hypertension and diabetes are being provide by the facility of from the PHC. As in Government supply combine medicine for diabetics is not available and 2 pills needs to be taken by the patients. Whereas in combined medicine single pill is sufficient. Therefore, most of the patients are buying it from Private medical shop. Therefore, they forced to buy medicine from the market (Average OOP/month) 300 to 400 per month.

During 2020-21 there was 20 presumptive cases of TB and sent for testing. This year only 4 suspected cases are sent for testing.

Available HR

HR	San.	Reg.	Cont.
ANM/ MPW Female	1	0	1
MPW Male	1	0	0
MLHP/ CHO	0	0	1
ASHA	19	0	19
Others	--	--	--

Pertaining to HR facility has sanctioned posts of ANM and MPW on a regular basis. But both of them are vacant. At present facility is run by CHO and one ANM both are contractual under NHM. CHO is given laptop, ANM is given a tablet with internet facility but the net quality is very poor. ASHAs does not provide smart phones. ASHAs was not available at the time of visit. Hence, no information is received regarding their payment and the progress of their work.

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

Challenge	Root causes
a) No regular staff is available, ANM and MPW posts are vacant. Just one ANM contractual and CHO contractual is in position.	State government is not filling up positions.
b) No proper maintenance of records and reports.	SC is catering 16564 populations from 7 villages. It is huge workload to the existing staff.
c) No use of E Sanjeevane and tele consultation	Connectivity is too poor for net. Even mobile phone is having poor network.
d) No wash room is available for public	Needs to give funds for SCs for construction of public toilets
e) Mobility of CHO and ANM	As the spread of SC is through 7 villages it is difficult for CHO and ANM to move into all the villages smoothly as there is no public transport available.

J. Primary Health Centre: Tirthpuri

PHC Tirthpuri is about 45 kms from district headquarters, with 6 sub centres catering 62570 populations in the periphery. PHC Tirthpuri is easily accessible from the nearest road. PHC is

functioning in a government building, but as the building is of old pattern the facility is facing paucity of the space. PHC has electricity to power back up, running 24*7 water supply and toilets are there, but not clean and no running water is available in it. Labour Room required repairs. New Born Care Corner is available. It's a 10 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. No tap for drinking water is available. Drinking water is made available with Pet Jar. There is no sufficient waiting area for OPD patients. There is no sufficient space for store. No rest room for ASHAs. No Tele Medicine consultation facility is available at the facility.

- All the essential equipment is available at PHC. Essential drug list is available but not 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. RPR is not done at the facility. Pharmacy officer post is vacant. 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 16 deliveries took place in the facility. Of them 16 new born were O Polio, 11 were given BCG and Hep. B.
- Metformin, Blimeperaid, Amlodepin are the drugs available for Hypertension and Diabetic patents. During last 30 days there was a shortage of Atropine, Inj. Palm. Inj. Adrenaline and Inj. Pause, etc. There is sufficient supply of Gloves and essential consumables.
- Though there are 3 computers are available in the facility but 2 of them are under repair since 2 years. All ANMs are being provided electronic Tabs. But they are getting money recharge Net pack. ASHAs are not being supplies smart phones.
- Kayakalp is initiated in the facility in 2017 current score of the facility is >70. In 2018-19 facility was awarded of Rs.50000/-. Facility is not covered in the NQAS.
- Delivery set is available in the facility. Though there is OT instrument in the facility but they are too old. Hence, needs to be replaced.
- 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.
- Data is not available about deliveries is available in the facility.
- There is no line listing of high risk pregnancies. 3 ANM have SBA trained.
- Respectful maternity Care is not done at the facility.
- No maternal and infant death is reported in the periphery.
- Vaccine hub cutter is available in the facility. Tubectomy and laparoscopic surgeries are not being done since April 2020 due to COVID 19 pandemic. Other than this supply of condom and

oral pills, Copper –T services are provided in the facility. Counselling services are done by LHV.

No awareness about FPLMIS is there in the facility. RKSK clinic is available in the facility.

- NCD clinic is there on weekly basis on every Thursday. Up to July 2021 total 7700 patients were screened against the target of 19081.
- No information on training to the staff on cancer.
- P and L form under IDSP is filled by the facility.
- Facility is Designated Microscopy Centre, but due to non-availability of technician it is not in function.
- During the year 2020-21, 03 Leprosy cases were detected none of them in Grade II deformity.
- Up to July 2021, number of sputum collection was 15. At present active TB patients are 10. Information related to funds received, utilisation and availability of funds was not given as the accountant post is vacant.
- Data entry in different portal is updated as per the statement of MO. But could not able to check due to non-availability of net.
- No RKS meetings were taken place in since one year.
- Data is not available regarding refer in and refer out

Challenge	Root causes
f) No regular staff is available, ANM and MPW posts are vacant. Just one ANM contractual and CHO contractual is in position.	State government is not filling up positions.
g) No proper maintenance of records and reports.	SC is catering 16564 populations from 7 villages. It is huge workload to the exist staff.
h) No use of E Sanjeevani and tele consultation	Connectivity is too poor for net. Even mobile phone is having Poor network.
i) No wash room is available for public	Needs to give funds for SCs for construction of public toilets
j) Mobility of CHO and ANM	As the spread of SC is through 7 villages it is difficult for CHO and ANM to move into all the villages smoothly as there is no public transport is available.

K. Urban Primary Health Centre: Panivase

Panivase UPHC is located at district headquarters in urban area. It is located in government building.

Facility is geriatric and disable friendly. Electricity is available no power back is there. No water 24*7 running water is available. Drinking water is available in the facility. Drug store with racks are not

available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. There is no sufficient waiting area for OPD patients. There is no sufficient space for store. No rest room for ASHAs. No Tele Medicine consultation facility is available at the facility.

- All the essential equipment is available at UPHC. Essential drug list is not available and not 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. X-Ray facility is not available in the UPHC.
- IFA, Vit. A and COVID 19 vaccine is shortage during last 30days.
- Computers are available in the facility. ANMs are not provided electronic Tabs. ASHAs are not being supplied smart phones.
- KayaKalp and NQAS is not available in the facility.
- All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- No maternal and infant death is reported in the periphery.
- Vaccine hub cutter is available in the facility.
- NCD clinic is there on weekly basis.
- No information on training to the staff on cancer.
- Data entry in different portal is updated as per the statement of MO. But could not able to check due to non-availability of net.
- No RKS meetings were taken place in since one year.
- Data is not available regarding refer in and refer out

Following HR is available at the facility

HR	Contract
MO	2
MO Ayush	1
SN	3
ANM	8
LTs	1
Pharmacist	1
LHV	1

L. Community Health Centre: Ghansangvi

Ghansangvi Community Health Centre is in Ghansangvi Block and is about 45 km's away from district headquarters. It is 30 bedded hospitals and 20 Trauma beds are there. It is located in government building. The building in good condition. Various other buildings are also coming up. Electricity is available power back with express feeder and also having jumbo 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 partially clean. Drinking water is available in the facility. Drug store with racks is available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Liquid Oxygen Plant is available in the facility. Quarters for Cl. IV worker is under construction. OPD extension, OT and labour room renovation is also in progress.

HR	San.	Reg.	Cont.
Obs. & Gynec.	1	0	--
Pediatrician	1	0	--
Surgeon	1	1	1
Dentist	--	--	1
SNs/GNMs	10	8	1
LTs	1	1	1
Pharmacist	1	1	--
Trauma Centre			
Anesthetic	1	1	--
Ortho	2	2	--
MBBS MO	2	1	3

- Following services are available at the facility OPD, IPD, NCD, TB, Ophthalmic, Telemedicine, Sonography, Pathology, ICTC, BSU, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK. Though dental chair is available at the facility but due to dentist post is vacant dental services are not available. NBCC is available with 1 warmer and 1 phototherapy unit. Except Gynaecologist and Paediatrician all other sanctioned specialist is available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24*7 E- Sanjeevani services are available, 2 dedicated MO's are there and it is connected with Sassoon General Hospital, Pune for consultation.
- Both Major and Minor OT's are available. BSU is available but due to renovation work is in progress BSU is not functioning at present. Though BSU is there but blood transfusion is not done at the facility.
- Five desk tops are available in the facility with good quality of internet connection.
- KAYA KALP is being implemented in 2015-16 and awarded RS 100,000/- for its good work. At present it is not there in the facility.
- Computerised medicine inventory system is in place. For procurement of medicine E-Aushadhi is available. EDL is not available and displayed in the OPD. In-house Lab services are available.
- There are two machines are available for X-Ray. One is portable and another is fix. Both are digital.
- Total 35 deliveries are performed in the month of July. No C-section delivery was done as OT renovation is in progress.

- For payment of JSY, list of beneficiaries is being send to the THO. All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month.
- Line listing of high risk pregnancies are there. Respectful maternity care is implemented in the facility. No maternal or child death occur during this year and previous year.
- Due COVID CAC services are suspended. As OT is converted as ward for COVID care. All the new born are being given BCG, Polio, Vit. K and Hep. B and given breast feeding within 30 minutes of birth.
- NCD clinic is available on daily basis in the facility. During April to July 2021 4006 patients were screened at NCD, of them 35 are detected for DM and 14 are for BP. No case reported of Cancer, stroke. 6 patient reported for TB. Total 12262 lab reports done during the period.
- Facility is not designated as Designated Microscopy Centre.
- There are no Leprosy cases are detected by the field worker.
- No funds received during April to July 2021. Facility having 450000/- as opening balance on April 1st 2021.
- RKS meeting was held on July 20,2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having own ambulance.
- No data is available for refer in and refer out patients.

M. Sub District Hospital: Ambad

Ambad Sub Divisional Hospital is in Ambad Block and is about 30 km's away from district headquarters. It is 50 bed hospital. It is located in government building. Renovation work of the facility is under progress since April 2020. Facility is geriatric and disable friendly. Electricity is available power back with generator. 24*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to Labour room and are not clean. Drinking water is available in the facility. Drug store with racks are not available in the facility. It is well accessible from main road. Waste management is outsourced to a private agency.

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

- OT is under renovation therefore no other than MTP is conducted at the facility. Due to COVID 19 also services of the OT are suspended. Blood storage unit is available at the facility but it is also under renovation. Hence, no work during April to July 2021.
- Following HR is available at SDH. Total 7 CI-II MOs are posted there. No specialisation is mentioned.

HR	San.	Reg.	Cont.
CI-II MO	7	7	--
Nursing	15	12	--
LT	1	1	--
Pharmacist	1	1	--
Asst Supdt.	1	1	
Sr. Clerk	1	--	--
Jr. Clerk	1	--	--
OPD Clerk	1	1	--
Driver	1	1	--
X-Ray Tech.	1	1	--
Lab Tech.	1	1	--
Ophthalmic Asst.	1	1	--

- There are 6 desk tops are available in the facility, with internet facility and the connectivity is good.
- Facility is not covered in KAYA KALP and NQAS. Whereas national assessment Laqshay has been done of both labour room and OT. New construction of OT and labour room is going on as per the Laqshay guidelines.
- EDL is available, 88 drugs are listed into it. It is displayed in the public domain. Computerised medicine procurement is done through E- Aushadhi software in the district.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house. About 12325 tests done during the reference period.
- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. During April to July 516 patients are done X-Ray.
- No CT scan and Dialysis facility is available in the facility.
- During April to July 2021, 582 deliveries are conducted in the facility. All JSSK beneficiaries are entitled for free diagnostic and referral services. Delivery patients are getting food during their stay at the facility. From the delivered babies at the facility following are given 0 dose at birth 375 BCG, Hep. 553, OPV 499, Vit. K 478 and 574 new born breast fed within one hour of delivery. No DEIC is at this facility.

- No sterilisation is done during this period as the OT is under renovation. Usually SN are counselling to mothers for family planning services.
- For payment of JSY, list of beneficiaries is being send to the THO. All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month. Total 8 women identified as high risk mothers.
- During April to July 2021, 2289 patients are screened at NCD of which 74 newly diagnosed. HT 35, DM 28, HT and DM 11, Stroke 1. No any case is detected for cancer.
- Under ICTC during April to July 2021, 1490 patients (including ANC) visited of which 1 detected positive for HIV.
- As the renovation work is under progress since April 2020. Most of the services are not in function and records are also not available as due to COVID 19 staff is not working at its fullest strength. They are working alternate day to maintain social distancing.
- Facility is having its own Ambulance. Last month 10 cases are referred in from the periphery. Most of them are maternal and one is poison.
- Last month 82 cases are referred to the highest facility. Most of them are maternal, accident, snake bite and poison.

Challenges	Root Cause
Currently renovation work of the facility is under progress.	Therefore general wards, NBSU and child activities are affected.
USG/ color Doppler is available at the facility.	But due to non-availability of radiologist not in function.
Specialised doctors, physician, radiologist, Orthopedician posts are vacant.	State government needs to take action.
Currently due to COVID 19 infrastructure is improved i.e. Ventilator, oxygen plant, etc.	But due to HR. It may not fully function.

N. District Hospital: Jalna

Jalna 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, invertor and solar. 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.

- 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), DEIC (at WH), NRC (WH), SNCU (WH), Comprehensive Lactation Management Care Unit is not available, NICU is not available in the district, PICU (WH), Labour Room Complex (WH), ICU, Dialysis, Burn Unit, Teaching unit (Nursing collage, GNM, ANM), Skill Lab (regional skill lab), 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 on the day of visit 24 units of blood was available and 248 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 good.
- Renovation work is in progress in some parts of the facility. Therefore, some of the activities are hampered. Facility is having ICU 40 beds. But all of them are converted for COVID care.
- As women hospital is situated in the district, therefore all ANC, PNC, Delivery, SNCU and NRC services are provided by the women hospital. Delivery tables are available at the facility. 4 tables are used at a time. During April to July 2021, 6689 deliveries are conducted at the WH of which 1127 are C-section deliveries.
- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. During April to July 516 patients are done X-Ray.
- USG services are also available with two machines. Free services for BPL, elderly, JSSK beneficiaries and COVID patients.
- 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). During April to July 2021, 34873 different lab tests has done in the facility.
- PM National Dialysis programme is being implemented in the facility. Services are free for BPL patients.
- 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.

- Due to COVID 19 pandemic FP programme was suspended almost for one year in the state. Therefore, no sterilisation is done during this period. Staff Nurses are counselling to mothers for family planning services. FPLMIS is implemented in the facility.
- Adolescent Friendly Health Clinics are available in the facility. Counsellors are appointed under this programme.
- NCD clinic is there on daily basis. **It is very good that every patient visiting to the health facility is being tested for COVID 19.**
- 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 to 89 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.
- No record seen for RKS meetings,
- Facility is having two 108 and six 102 ambulances.
- No information about KAYA KALP and NQAS.
- Facility is not included in the programme.
- EDL is available, 88 drugs are listed into it. It is displayed in the public domain. Computerised medicine procurement is done through E- Aushadhi software in the district.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house.

Challenge	Root causes
Mismatch of Proportion of infrastructure and HR	State government is not filling up positions.
NHM activities are getting hampered.	NHM staff is on contract. Therefore, turnover is high. This effects on the performance of the programme. They may absorb in the regular services wherever possible.
Mobility of RMO outreach is restricted	No vehicle for RMO outreach.

O. Glimpses of the Jalna PIP monitoring visit



Vaccination Drive at UPHC Jalna



PRC Team Visit to UPHC Jalna



Modular 100 Bed Jumbo COVID Care Hospital is set up Jalna with Tata Trust CSR



Community visit of PRC team at Jalna



Modular Hospital At Jalna



Every patient visiting to DH is being tested for COVID



Oxygen Plant at CHC Ghansangvi, District Jalna

Akram Khan

A.P. Prashik

Team PRC, Pune