



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

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Nandurbar District, Maharashtra

Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2021-22 of Nandurbar District was done by the PRC team during 25th-29th October 2021. The District Health Office, RH Khondamali, PHC Lahan Shahada and SC Nandkhe were visited for the study by the PRC team. This report discusses in detail the implementation of PIP in Nandurbar district as observed during the field visit for monitoring. The key observations are as follows:

Achievements

- Improved OPD cases at SC, PHCs and CHCs, even though there is a decline in the utilization of health care service due to COVID-19 pandemic
- Increase in the number of institutional deliveries
- All 24x7 PHC have basic lab facilities
- Free meals and drugs facilities available for mothers at institutions
- ASHAs are selected and trained up to IV module and provided with drug kits
- Village Health and Sanitation Committee (VHSC) are formed
- 14 Mahila Arogya Samitis' have been formed and trained in the district
- MMUs are providing services to backward areas
- 721 VHNS are formed and trained, out of which 19 facilities are quality certified

Infrastructure

- There is a need to construct new infrastructures and upgrade existing infrastructure
- Staff Quarters in poor condition
- Ramp facilities at every health centre should be provided. The size of the steps should be smaller

Human Resources

- The district needs to address the shortage of specialist doctors and rationalize health staff posting
- Need for Multi-specialty training for health staff

- Address the high Employee Retention rate by improving the pay structure of NHM staff
- Frequent transfer of officers

Service Delivery

- Average functioning HMIS, IHIP, NIKSHAY portal etc. in the district
- The error in data reporting has minimised
- Significant increase in institutional deliveries
- Ambulance service available at 102

Areas for Further Improvement

- Regular meetings of State & the District Health Mission should be held to address coordination
- Initiatives to make BPMUs more functional
- The district needs to plug the gap between lower-level staff and DPMU
- Public health schemes should be implemented properly
- Family planning awareness should be focused
- Scope for Infrastructural development
- Address the supply chain management of the district
- Improve redressal mechanism

1. Overview of district

Nandurbar is an administrative district in the northwest corner (Khandesh Region) of Maharashtra state in India. On 1 July 1998 Dhule was bifurcated as two separate districts now known as Dhule and Nandurbar. The district headquarters is located at Nandurbar city. The district occupies an area of 5955 km² and has a population of 16,48,295 of which 15.45% were urban (as of 2001) Nandurbar district is bounded to the south and south-east by Dhule district, to the west and north is the state of Gujarat, to the north and north-east is the state of Madhya Pradesh. The great Narmada River defines the northern boundary of the district.

The district comprises 6 talukas. These talukas are Akkalkuwa, Akrani Mahal (also called Dhadgaon), Taloda, Shahada, Nandurbar and Navapur. There is one Lok Sabha constituency in the district, which is Nandurbar (ST) reserved for ST. There are four Maharashtra

Assembly seats namely Akkalkuwa (ST), Shahada (ST), Nandurbar (ST), Nawapur (ST), Sakri (ST) and Shirpur (ST) assembly seats from Dhule district are also part of the Nandurbar Lok Sabha seat. Nandurbar is primarily a tribal (Adiwasi) district.

Before 1 July 1998, Nandurbar was part of the larger Dhule district. Nandurbar, Dhule and Jalgaon districts formed what was known as the Khandesh district. Dhule was known as the west Khandesh whereas Jalgaon was known as the east Khandesh. So, much of history applicable to Khandesh and Dhule, is applicable to Nandurbar. Nandurbar is also known as Nandanagri as the king Named Nandaraja was the ruler of this territory. The ancient name of this region was Rasika. It is bounded on the east by Berar (ancient Vidarbha), on the north by the Nemad district (ancient Anupa) and on the south by the Aurangabad (ancient Mulaka) and Bhir (ancient Asmaka) districts. Later the country came to be called as Seunadesa after king, Seunchandra of the Early Yadava dynasty, who ruled over it. Subsequently, its name was changed to Khandesh to suit the title Khan given to the Faruqi kings by Ahmad I of Gujarat.

Languages spoken include Ahirani, a Kandeshi tongue with approximately 780,000 speakers, similar to Marathi and Bhili and Pauri Bareli, a Bhil language with approximately 175 000 speakers, written in the Devanagari script Others are: Marathi, Various Bhili languages, Gujarati and Hindi. Ahirani is a sub language of Marathi.

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

Indicator	Remarks/ Observation
1. Total number of Districts	1
2. Total number of Blocks	6
3. Total number of Villages	955
4. Total Population	1648295
• Rural population	1372821
• Urban population	275474
5. Literacy rate	64.38
6. Sex Ratio	978
7. Sex ratio at birth	-
8. Population Density	277
9. Estimated number of deliveries	32699

10. Estimated number of C-section	1326			
11. Estimated numbers of live births	32533			
12. Estimated number of eligible couples	119713			
13. Estimated number of leprosy cases	-			
14. Target for public and private sector TB notification for the current year	Public – 2200, Private - 1550			
15. Estimated number of cataract surgeries to be conducted	92			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		42		22
• Child Death		130		66
• Infant Death		564		296
• Still birth		444		152
• Deaths due to Malaria		0		0
• Deaths due to sterilization procedure		0		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	01		01	
2. Sub District Hospital	02		02	
3. Community Health Centers (CHC)	12		12	
4. Primary Health Centers (PHC)	60		60	
5. Sub Centers (SC)	292		292	
6. Urban Primary Health Centers (U-PHC)	03		03	
7. Urban Community Health Centers (U-CHC)	-		-	
8. Special Newborn Care Units (SNCU)	02		02	
9. Nutritional Rehabilitation Centers (NRC)	-		-	
10. District Early intervention Center	01		01	

(DEIC)		
11. First Referral Units (FRU)	-	-
12. Blood Bank	01	01
13. Blood Storage Unit (BSU)	04	04
14. No. of PHC converted to HWC	58	58
15. No. of U-PHC converted to HWC	03	03
16. Number of Sub Centre converted to HWC	248	248
17. Designated Microscopy Center (DMC)	-	-
18. Tuberculosis Units (TUs)	8	8
19. CBNAAT/TruNat Sites	1	1
20. Drug Resistant TB Centers	1	1
21. Functional Non-Communicable Diseases (NCD) clinic <ul style="list-style-type: none"> • At DH • At SDH • At CHC 	01 02 03	01 02 03
22. Institutions providing Comprehensive Abortion Care (CAC) services <ul style="list-style-type: none"> • Total no. of facilities • Providing 1st trimester services • Providing both 1st & 2nd trimester services 	Data not provide	Data not provide

Source: DPMU, Nandurbar

2. Public Health planning and implementation of National Programmes

2.1 District health Action Plan (DHAP)

In preparation District Health Action Plan, (PIP) all the facilities are involved in preparation of the DHAP. All the facilities send their requirements and action plan to the district for approval. According to the DHAP sent by the district, state gives approval with some minor changes. There is tribal population in the district therefore; special grants are provided 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 in August 2021. DPMU has provided the details of funds received and has utilised it for the various programmes of NHM. Every year the grants are received around the same time, however, they are able to manage their routine activities from the unspent grant of the last financial year. The DPMU states that there is no delay in making payment of ASHAs.

Table 6: details about DHAP and status of construction of building in Nandurbar district.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Program Implementation Plan (PIP) for current year and has submitted it to the states	Yes
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state	Yes, on 7 august 2021
3. Date of first release of fund against DHAP	September 2021
4. Infrastructure: Construction Status	-
• Details of Construction pending for more than 2 years	-
• Details of Construction completed but not handed over	-

2.2. Service Availability

There are 1 DH, 2 SDH, 12 CHCs, 60 PHCs and 292 SCs available in the district for primary, secondary and tertiary health care services. Of which 40PHCs; 174 SCs are converted into HWCs. Free drug policy has been implemented under all national programmes and for BPL patients. Other than national programmes, patients are charged Rs. 10/- for case papers, whereas lab tests are done on minimum charges. There are in house labs available in all the facilities of the district for most of the diagnostics tests, whereas some of them are outsourced. Since April 2021 to July 2021, 244880 lab tests were conducted.

RBSK: There are 26 RBSK teams available in the district. 16 of them consist two MO (1 male and 1 female), one ANM, 1 Pharmacist and 1 vehicle for each team. Total 20 vehicles are on the road. Two teams have inadequate HR. According to the population, minimum two

and maximum of five teams is working in respective blocks. All blocks have RBSK teams. Due to COVID-19 duties, all RBSK teams have been working under DHO.

SNCU: The district has 20 SNCU beds at the district hospital. There are 20 radiant warmers and 20 step down units available along with seven KMC units. During April 2021 to August 2021, total 206 (110 inborn and 96 out-born) children were admitted in SNCU in the district. Of the total, 51 children died in the SNCU. Two cases of defect at birth were reported.

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

	Inborn	Out-born
Admission	110	96
Defects at Birth	1	1
Discharged	87	42
Referral	0	0
LAMA	5	3
Died	21	30

Source: DPMU, Nandurbar district

NBSU: There are three NBSUs available in the district.

NBCC: All most all the SCs have NBCC. However, data has not been provided by DPMU.

NRC: Data not provided

The below table gives details on the health service delivery indicators of Nandurbar as on 25th September 2021.

Table 8: Details about the health service delivery in the district

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 	244880
3. Status of delivery points	
<ul style="list-style-type: none"> No. of SCs conducting >3 deliveries/month 	56
<ul style="list-style-type: none"> No. of 24X7 PHCs conducting > 10 	13

Indicator	Remarks/ Observation
deliveries /month	
• No. of CHCs conducting > 20 deliveries /month	07
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01
• No. of DH/ District Women and child hospital conducting C-section	01
• No of institute with ultra sound facilities (public+private)	55
• Of those, how many are registered under PCPNDT act	55
4. Details of PMSMA activities performed	Nil
5. RBSK	
• Total no. of RBSK teams sanctioned	26
• No. of teams with all HR in-place (full-team)	16
• No. of vehicles (on the road) for RBSK team	20
• No. of Teams per Block	2 to 5
• No. of block/s without dedicated teams	0
• Average no of children screened per day per team	0 (All School were closed due to COVID-19)
• Number of children born in delivery points screened for defects at birth	0 (All were School closed due to COVID-19)
6. Special Newborn Care Units (SNCU)	1
• Total number of beds	24
○ In radiant warmer	24
○ Stepdown care	21
○ Kangaroo Mother Care(KMC) unit	20
• Number of non-functional radiant warmer for more than a week	0
• Number of non-functional phototherapy unit for more than a week	0

Indicator	Remarks/ Observation	
	Inborn	Out born
• Admission	594	448
• Defects at birth	11	22
• Discharged	447	283
• Referral	4	19
• LAMA	22	29
• Died	102	98
7. Newborn Stabilization Unit (NBSU)	6	
	Inborn	Out born
• Admission	660	14
• Discharged	468	10
• Referral	117	2
• LAMA	75	2
• Died	2	0
8. Nutrition Rehabilitation Centers (NRC)	0	
<ul style="list-style-type: none"> Admission <ul style="list-style-type: none"> Bilateral pitting oedema MUAC<115 mm <'3SD WFH with Diarrhea ARI/ Pneumonia TB HIV Nutrition related disorder Others 	180 - - 60 20 10 - 50 40	
<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 	Data Unavailable	

Indicator	Remarks/ Observation
• Discharged	0
• Referral/ Medical transfer	15
• LAMA	30
• Died	-
9. Home Based Newborn Care (HBNC)	-
• Status of availability of HBNC kit with ASHAs	HBNC kits are available for all 1801 appointed ASHAs
• Newborns visited under HBNC	11411
• Status of availability of drug kit with ASHAs	Drug kits are available for all 1801 appointed ASHAs
10. Number of Maternal Death Review conducted	
• Previous year	23
• Current FY	18
11. Number of Child Death Review conducted	
• Previous year	360
• Current FY	231
12. Number of blocks covered under Peer Education (PE) Programme	06
13. No. of villages covered under PE program	295
14. No. of PE selected	1301
15. No. of Adolescent Friendly Clinic (AFC) meetings held	72
16. Weekly Iron Folic Acid Supplementation (WIFS) stock out	Stock is available
17. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	-
• No. of trips per MMU per month	24
• No. of camps per MMU per month	04
• No. of villages covered	162
• Average number of OPD per MMU per month	3300

Indicator	Remarks/ Observation	
<ul style="list-style-type: none"> Average no. of lab investigations per MMU per month 	1800	
<ul style="list-style-type: none"> Avg. no. of X-ray investigations per MMU per month 	NA	
<ul style="list-style-type: none"> Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month 	700	
<ul style="list-style-type: none"> Avg. no. of sputum collected for TB detection per MMU per month 	NA	
<ul style="list-style-type: none"> Average Number of patients referred to higher facilities 	3	
<ul style="list-style-type: none"> Payment pending (if any) If yes, since when and reasons thereof 	No	
18. Vehicle for Referral Transport	85	
<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 	03	
	ALS	BLS
<ul style="list-style-type: none"> Operational agency (State/ NGO/ PPP) 	state	state
<ul style="list-style-type: none"> If the ambulances are GPS fitted and handled through centralized call center 	Yes	Yes
<ul style="list-style-type: none"> Average number of calls received per day 	02	02
<ul style="list-style-type: none"> Average number of trips per ambulance per day 	02	02
<ul style="list-style-type: none"> Average km travelled per ambulance per day 	250	250
<ul style="list-style-type: none"> Key reasons for low utilization (if 		

Indicator	Remarks/ Observation		
any)		Poor	Road connectivity
<ul style="list-style-type: none">No. of transport vehicle/102 vehicle (on the road)	85		
<ul style="list-style-type: none"><ul style="list-style-type: none">If the vehicles are GPS fitted and handled through centralized call centre	Yes		
<ul style="list-style-type: none"><ul style="list-style-type: none">Average number of trips per ambulance per day	02		
<ul style="list-style-type: none"><ul style="list-style-type: none">Average km travelled per ambulance per day	250		
<ul style="list-style-type: none"><ul style="list-style-type: none">Key reasons for low utilization (if any)	Road connectivity		
19. Universal health screening			
<ul style="list-style-type: none">No. of patients screened, diagnosed, and treated for:<ul style="list-style-type: none">HypertensionDiabetesOral cancerBreast CancerCervical cancer	Screened	confirmed	
	44471	130	
	44471	1657	
	44471	01	
	44471	0	
	23630	0	
20. If State notified a State Mental Health Authority	No		
21. If grievance redressal mechanism in place	No		
<ul style="list-style-type: none">Whether call center and toll-free number available	-		
<ul style="list-style-type: none">Percentage of complaints resolved out of the total complains registered in the current FY	-		
22. If Mera-aaspatal has been implemented	-		
23. Payment status:	No. of beneficiaries	Backlog	DBT status
<ul style="list-style-type: none">ASHA payment:			

Indicator	Remarks/ Observation		
○ A- Routine and recurring at increased rate of Rs. 2000 pm	1868	0	1868
○ B- Incentive under NTEP	68	0	68
○ C- Incentives under NLEP	35	0	35
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	181	0	181
• Patients incentive under NTEP programme	Data Not provided	Data Not provided	Data Not provided
• Provider's incentive under NTEP programme	33	0	33
• FP compensation/ incentive	1479	0	1479
24. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team • No. of outbreaks investigated in previous year and in current FY	There is a Rapid Response Team, but no outbreaks were investigated due to Covid-19 pandemic		
• How is IDSP data utilized	Funds utilized for the pandemic		
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	No		
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Data not received		
• Micro plan and macro plan available at district level	Yes		
• Annual Blood Examination Rate	2019 – 17.30, 2020 – 11.40, 2021 – 7.40		
• Reason for increase/ decrease (trend of last 3 years to be seen)	2020-21 – Covid-19		
• LLIN distribution status	60,000		
• IRS	-		
• Anti-larval methods	Yes		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> Contingency plan for epidemic preparedness 	No
<ul style="list-style-type: none"> Weekly epidemiological and entomological situations are monitored 	Yes
<ul style="list-style-type: none"> No. of MDR rounds observed 	-
<ul style="list-style-type: none"> No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1% 	Yes – MF rate is 2000
26. Implementation of National Tuberculosis Elimination Programme (NTEP)	-
<ul style="list-style-type: none"> Target TB notification achieved 	1668, 45%
<ul style="list-style-type: none"> Whether HIV Status of all TB patient is known 	YES -96%
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	66%
<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: 1001 Treatment success rate: 1336, 85.31% No. of MDR TB Patients: 16 Treatment initiation among MDR TB patients: 14
<ul style="list-style-type: none"> Patients notification from private sector 	No of patients notified: 575 Treatment success rate: 82.51% No. of MDR TB Patients: 4 Treatment initiation among MDR TB patients: 3
<ul style="list-style-type: none"> Beneficiaries paid under NikshayPoshan Yojana 	1059
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Data not received
27. Implementation of National Leprosy Eradication Programme (NLEP)	
<ul style="list-style-type: none"> No. of new cases detected 	160

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of G2D cases 	8
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	7 Patients
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Self-care kit – 40, MCR – not supply to self-care
28. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	-
29. Percent of health workers immunized against Hep B	50 %
30. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	-
31. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	-
32. Key activities performed in current FY as per ROP under National Tobacco Control Programme	None due to Covid-19
33. 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 	2029 1875 08 0
34. 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 	1774 164 1832

Indicator	Remarks/ Observation
Mantri Jeevan Jyoti Bima Yojana (PMJJBY) <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) 	1774 164 1832 171 1544 113
35. Status of Mahila Arogya Samitis (MAS)- <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 	35 35 35
36. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ul style="list-style-type: none"> a. Formed b. Trained c. MAS account opened 	940 167 35
37. Number of facilities quality certified	LR – 8 and OT – 7
38. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	2019-20 – 1 DH, 1 SDH, 1 RH, 4 PHC 2020-21 – 1 DH, pending at state, 1 SDH 1 RH , and 9 PHC
39. Activities performed by District Level Quality	Monitoring and Review, Assessment

Indicator	Remarks/ Observation			
Assurance Committee (DQAC)				
40. Recruitment for any staff position/ cadre conducted at district level				
41. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY	151	372	151	372
• Among these, no. of posts filled by state	21	13	21	13
• Among these, no. of posts filled at district level	117	756	117	756
42. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Data Not Provided			

Source: DPMU, Nandurbar district

2.3 Implementation of CPHC

Table 9: status of CPHC in the district as on 31 August 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	658800	103906
2. Number of CBAC forms filled	658800	189220
3. Number of HWCs started NCD screening:		
a. SHC- HWC	290	290
b. PHC- HWC	58	58
c. UPHC – HWC	3	3
4. Number of individuals screened for:		
a. Hypertension	658800	31594
b. Diabetes	658800	31594
c. Oral Cancer	658800	31594
d. Breast Cancer	263520	12795

e. Cervical Cancer	263520	12795
5. Number of HWCs providing Teleconsultation services	-	-
6. Number of HWCs organizing wellness activities	-	-

Source: DPMU, Nandurbar district

Under Government of India's **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program, a population-based NCD (non-communicable diseases) program has been implemented. During April to September 2021, total 658800 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer. Out of the total 658800 individuals enumerated, about 189220 CBAC forms were filled (**table 9**). Some CPHCs provide teleconsultation (E-Sanjeevani) and organise wellness activities.

2.4 Status of HRH

Many Posts (Regular and NHM) are vacant in Nandurbar district

Table 10: Status of Regular and NHM staff in the Nandurbar district as on 31th September 2021.

Staff Details at Public facility (Regular+NHM)	Approved No. of Post	Filled	Vacancy (%)
ANM	758	446	59
MPW (Male)	223	140	63
Staff Nurse	198	109	55
Lab Technician	73	56	77
pharmacist	101	85	84
MO (MBBS)	106	88	83
OBGY	6	2	33
Paediatrician	11	0	0
Anaesthetist	5	1	4
Surgeon	0	0	0
Radiologists	1	0	0
Other Specialist	0	0	0
Dentist	3	1	2
Dental technician	0	0	0
Dental hygienist	1	1	0

Radiographer	4	0	0
CSSD Technician	0	0	0
OT Technician	0	0	0
CHO/MLHP	249	187	75
AYUSH MO	62	45	62
AYUSH Pharmacist	1	1	0

Source: DPMU, Nandurbar district

2.5 State of Fund Utilization

Table 12: Status of budget released, budget utilised by programme heads under NHM as on 31 August, 2021.

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexipool			
• Maternal Health	593.69	494.81	
• Child Health	152.53	92.64	
• RBSK	33.45	16.38	
• Family Planning	49.41	31.92	
• RKSK/ Adolescent health	38.68	28.70	
• PC-PNDT	0.30	0.30	
• Immunization	280.22	179.07	
• Untied Fund	283.10	197.05	
• Comprehensive Primary Healthcare (CPHC)	23.87	0.00	
• Blood Services and Disorders	3.10	3.10	
• Infrastructure	905.30	758.78	
• ASHAs	1412.21	1139.98	
• HR	3231.23	2970.79	
• Programme Management	305.44	180.69	
• MMU	107.38	73.66	
• Referral Transport	103.61	98.09	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• Procurement	201.43	135.55	
• Quality Assurance	18.50	19.36	
• PPP	176.68	41.91	
• NIDDCP	0.00	0.00	
2. NUHM			
3. Communicable Diseases Pool			
• Integrated Disease Surveillance Programme (IDSP)	1.86	1.20	
• National Vector Borne Disease Control Programme (NVBDCP)	10.96	8.63	
• National Leprosy Eradication Programme (NLEP)	12.54	11.94	
• National TB Elimination Programme (NTEP)	61.04	156.82	
4. Non-Communicable Diseases Pool			
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	13.83	0.00	
• National Mental Health Program (NMHP)	7.97	0.00	
• National Programme for Health Care for the Elderly (NPHCE)	1.00	0.50	
• National Tobacco Control Programme (NTCP)	7.35	2.00	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	8.64	2.00	
• National Dialysis Programme	0.00	0.00	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
• National Program for Climate Change and Human Health (NPCCHH)	0.00	0.00	
• National Oral health programme (NOHP)	10.32	0.00	
• National Programme on palliative care (NPPC)	1.00	0.50	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	0.00	0.00	
• National Rabies Control Programme (NRCP)	0.00	0.00	
• National Programme for Prevention and Control of Deafness (NPPCD)	0.00	0.00	
• National programme for Prevention and Management of Burn & Injuries	0.00	0.00	
• Programme for Prevention and Control of Leptospirosis (PPCL)	0.00	0.00	

2.6 Status of trainings

Table 13 shows the status of training obtained by health officers until 31 September 2021 of Nandurbar district. DPMU justified the low performance of training due to Covid-19 as most of the staff was engaged in Covid-19 duties and the administration could not focus on training, but he also assured that the scheduled training would be completed by March 2022. Almost all the state and national programmes are implemented, but due to COVID-19, family planning programme and RBSK remained non-functional.

Table 13: Status of training obtained by health delivery persons as on 31 August 2021 in Nandurbar district.

List of training (to be filled as per ROP approval)	Planned	Completed
1. SAB training ANM/LHV/SN	8	15
2. BEMOC training /MO	1	0
3. MINILAP training/MO	1	0
4. MINILAP refresh training	1	0
5. RTI/STI SN	1	1
6. Child death review training	2	0
7. NSSK training/SN	1	0
8. NSSK training ANM/LHV	1	0
9. IYCY training MO/SN/ANM	8	0
10. Training of family participatory (KMC)	4	0
11. SAANS training	4	2
12. PPIUCD	1	0
13. Routine immunization	8	7
14. NTEP (Pharmacist)	1	1
15. NTEP (HA/LHV)	1	1
16. HWC multi skill training (ANM/MPW)	19	6
17. HWC multi skill (ASHA)	11	0

Source: DPMU, Nandurbar district

3. Service Availability at the Public facilities

The observations made by the monitoring team during the visit to various health facilities are as follows. The points summarize the broad status of the health facilities concerning infrastructure, service delivery, work force, drugs and equipment, NHM programmes etc.

The monitoring team visited the following health facilities comprising of Sub centre, one PHC, one CHC and one District Hospital.

3.1 Service Delivery: Sub Centre: Nandkhe

PRC team visited Nandkhe sub centre on October 27, 2021. The facility is 4km away from PHC Lahan Shahada and is well accessible by road. It provides OPD, ANC and PNC care,

RI, Family Planning services and HBNC. All national programmes are implemented in the periphery of two villages, which cater to 2320 population. The facility has received Rs.12,000 last year. The facility has not received any funds for 2021-22.

Facility has 24*7 running water from bore well, one clean and functional toilet and Drinking water facility. All the basic instruments i.e. B.P. instrument, thermometer, and DDK and blood urine-testing kits along with all the essential drugs are available at the facility. There is no major shortage of drugs in the past one month. Line listing of high-risk women is available; overall, all records are maintained well at the facility. Bio medical waste is collected in colour-coded bags.

The facility is not geriatric and disability friendly. They do not have specific delivery room, no waiting area for OPD patients, no rest room for ASHAs is available, and there is no specified area for yoga as per the norms. In case of family planning, no PPIUCD service is available at the facility. However, Oral pill and condom distributions and sterilisation counselling are done. In Case Of IT facilities, CHO is given tablet for their day-to-day work, no tablet or mobile phones are given to ASHAs and ANM. There is poor quality of internet. Due to the pandemic, all CHOs were assigned Covid-19 duties therefore; regular work of CHOs was hampered. 108 and 102 ambulances are available at the facility on-call basis.

The below table 14 shows the number of cases screened and confirmed cases of different type of NCDs in the district. The table shows, 1148 people were screened for Hypertension, Diabetes and Oral cancer during the reference period. Of the total, 34 cases were found positive for Hypertension and 26 cases for Diabetes.

Table 14: Screened and confirmed cases of NCDs under NCD programme in the district during reference period.

NCDs	Screened	Confirmed
Hypertension	1148	34
Diabetes	1148	26
Oral Cancer	1148	0
Breast Cancer	652	0
Cervical cancer	652	0

Source: Sub Centre- Nandkhe, Nandurbar district

ASHAs are provided with HBNC kits and there is no delay in payment to ASHAs. All the medicines for hypertension and diabetes are provided by the facility. All CJOs receive incentives regularly, except COVID-19 incentive. At Government centres, not all the pills for diabetes are available and two pills have to be taken by patients. In this case, patients prefer buying medicines from private medical stores and spend Rs 350 to 500 per month. Pertaining to HR facility, the ANM post is vacant. At present, the CHO and ANM are the main staff at the facility (refer table 15).

Table 15: Available Human Resource at facility as on 31 August 2021.

Human Resource	Sanctioned	Regular	Contractual
CHO	1	0	1
ANM/MPW Female	2	1	1
MPW Male	1	1	0
MLHP/CHO	1	0	1
ASHA	5	0	5
others	1	0	0

Source: Sub Centre-Nandkhe, Nandurbar district

3.2 Service Delivery: Primary Health Centre: Lahan Shahada

PHC Lahan Shahada is 15 KMs away from district headquarters, with five sub centres catering to 2285 populations in the periphery. PHC Lahan Shahada is functioning in government building which is easily accessible from nearest road. Fund was received last year 30, 18,180/- and the utilized fund was 27,28,376/-. No funds for the year 2021-22 have been received under PIP. The facility functions from 9 am to 1pm and 4pm to 6 pm. The facility has 24*7 water supply. There is electricity with power back up of inverter. New Born Care Corner is available. Bio Medical Waste is outsourced and is collected once a week. In case of IT, 1 desktop and one laptop with good internet connectivity is available.

Kayakalp is implemented and scores 80. The facility scores 78 in NQAS. Essential drug list is available with 45-listed medicines. For procurement of medicine E- Aushadhi software is used in the entire district. All the essential equipment are available at PHC. Drugs are available for Hypertension and Diabetic patients. There is a sufficient supply of Gloves and essential consumables. Most of the diagnostic tests are in house and Hind Lab Limited outsources some of the tests. During April 2021 to September 2021, total 22 deliveries and all of them were given O Polio, BCG and Hep. B and breast-feeding was done within 1 hour of

delivery. All diagnostics and health care services are provided free of cost to all JSSK beneficiaries. Vaccine hub cutter is available in the facility. RKSK clinic is available in the facility. NCD clinic works daily; up to September 2021, total 287 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer, and Cervical Cancer. Of which 14 were confirmed for Hypertension and Diabetes. Facility is Designated Microscopy Centre. In last 6 months, 23 patients were tested for TB. In last 6 months, 22 patients were given the benefit through DBT under Nikshay Poshan Yojna.

The toilets were unclean and no running water was available. There were no separate wards for male and female. No rest room for ASHAs. No smart phones were given to ASHAs.

The below table 17 shows the status of Human resource at the PHC. Looking at the HR about 26 percent of the positions are vacant at the facility.

Table 17: status of HR in the PHC- Lahan Shahada, Nandurbar as on 31 August 2021.

HR	Sanction	regular	contractual
MO	1	1	0
MO AYUSH	1	1	0
SNs/GNMs	1	0	1
ANM	2	1	1
LTs	1	1	0
Pharmacist	1	1	0
Public health manager	0	0	0
LHV/PHN	1	1	0
Total	08	06	2

Source: PHC- Lahan Shahada, Nandurbar district

3.3 Service Delivery: Community Health Centre (CHC) Khondamali.

Khondamali Community Health Centre (CHC) is in Khondamali Block and is about 22 km's away from district headquarters. It is a 30-bedded hospital, in an old but well maintained government building. The facility is well accessible from main road. Electricity is available with power back with generator and inverter. Running and drinking water is available in the facility. Separate toilets are available for male and female wards as well as attached toilets to the Labour room. Drug store with racks is available in the facility. Waste management is outsourced to a private agency.

Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC services and COVID vaccination services are available at the facility. Operation theatre is available. KAYA KALP was implemented in 2020-2021 and Peer assessment was also done. Baseline survey of NQAS was done. Computerised medicine inventory system is in place. For procurement of medicine, E-Aushadhi is available. EDL is available and displayed in OPD. In-house Lab services are available. X-Ray machine is available in but there is no X-ray technician. All the services are free for BPL, senior citizens and JSSK beneficiaries. For payment of JSY, list of beneficiaries is sent 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. There is line listing of high risk pregnancies. Respectful maternity care is implemented in the facility. NCD clinic is available twice a week. Facility is designated as Designated Microscopy Centre and at present 1 patient was taking TB drugs from the facility. All the patients are tested through CBNATT/ TruNat for drug resistance. Speciality services like Paediatric, Anaesthesiology, Ophthalmic and emergency Services are unavailable at the facility. There is no adequate working space for ANM and MPW. No rest room for doctors and SN during night duty. There is only one Pharmacist in place. If the pharmacist takes leave, the MO or staff nurse dispense medicine to the patients. The staff quarters are not in good condition.

Below table 18 depicts the status of human resources at the CHC.

Table 18: Status of Human Resource in the CHC- Khondamali, Nandurbar as on 31 September 2021

Human Resource	San.	Filled	Vacant
Medical superintendent class 1	1	0	1
Medical superintendent class 2	2	1	1
Dentist	1	0	1
Assistant superintendent	1	0	1
Jr Clerk	2	1	1
Staff nurse	6	5	1
Pharmacist	1	1	0
x-ray technician	1	0	1
Driver	1	0	1
Lab technician	1	0	1

Lab assistant	1	0	1
Peon	1	1	0
House keeper	4	3	1
Sweeper	2	2	0
Helper	0	0	0
Total	25	14	11

Source: CHC, Khondamali, Nandurbar district

Contractual staff

Details	Sanction	filled	vacant
Medical officer	3	2	1
Nurse	1	1	0
Pharmacist	1	1	0
Counsellor	2	1	1
Nurse	1	1	0
Security guard	3	2	1
Laundry	1	1	0
Sweeper	3	2	1
Total	15	11	4

Source: CHC, Khondamali, Nandurbar district

4. Discussion and Key recommendations

As directed by the Ministry of Health and Family Welfare (MOHFW), PIP monitoring of Nandurbar was carried out by PRC team from 25th to 29th November, 2021. The District Health Office, Rural Hospital Khondamali, PHC-Khondamali and Sub Centre Nandkhe were monitored. During the field visit, NCD Consultant accompanied the PRC team. Based on the discussion with the concerned officials, along with the observations of the health facilities, the following recommendation have been made by the PRC team:

1. 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, recruitment of staff under NHM should be prioritised
2. Covid-19 has severely affected the training of health professional. Therefore, training should be provided for staff at all levels on timely basis

3. The recruitment under NHM are mostly contractual. Contractual positions are highly underpaid, which is a major cause of high Employee Retention Rate. It is highly recommended to increase the remunerations of the staff
4. A training of Standard Operating Procedures should be held to educate the health staff about the implementation of several public schemes. It was observed and noted that many health staff did not have a proper idea about some of the schemes. There is also a need to spread awareness among the public about the availability of schemes
5. Positions for Data Entry Operator should be sanctioned. Most of the health centres have handwritten data, this stands as a time consuming process and could affect the quality of data available online
6. Child and maternal deaths are reported under 'death due to other cause'. Therefore, it is strongly recommended to develop some mechanism or training to identify the cause of these deaths so that some particular programmes can be implemented
7. Lack of proper data management is also a reason for no follow up of critical or NCD patients
8. The infrastructure is of poor quality and the staff has not been provided with quarters with every facility. Safety and security remains an important issue
9. There are major security concerns in the District Hospital
10. There is only one SNCU available in the district hospital. Another SNCU should be started for new-born emergency cases
11. There is an urgent need to address the shortage of ventilators and heaters in the NBCU. It was observed that three to four pre mature babies are kept on one common heater. This could be a major reason of the high infant death in the district

5. Glimpses of the Nandurbar district PIP monitoring visit, 25th to 29th September 2021.





Gjakrae

Anushkinas