



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

**By**

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## Table of Content

Table of Content .....	i
<b>Executive Summary .....</b>	<b>1</b>
<b>1. Overview of district.....</b>	<b>2</b>
<b>2. Public Health planning and implementation of National Programmes .....</b>	<b>6</b>
2.1 District health Action Plan (DHAP).....	6
2.2. Service Availability .....	6
2.3 Implementation of CPHC .....	14
2.4 Status of HRH .....	15
2.5 State of Fund Utilization .....	18
2.6 Status of trainings .....	20
<b>3. Service Availability at the Public facilities .....</b>	<b>21</b>
3.1 Service Delivery: Sub Centre: Mirajwadi.....	21
3.2 Service Delivery: Primary Health Centre: Walva.....	24
3.4 Service Delivery: Community Health Centre (CHC) Ashta .....	26
3.5 Sub District Hospital SDH Islampur .....	28
<b>4. Discussion and Key recommendations .....</b>	<b>31</b>
<b>5. Glimpses of the Sangli district PIP monitoring visit, 6-10 September 2021.....</b>	<b>33</b>

# **Monitoring and Evaluation of Programme Implementation Plan, 2021-22**

## **Sangli 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 Sangli District was carried out by the PRC team during 6-10 September, 2021. The District Health Office, SDH Islampur, RH Ashta, PHC Walva and SC Mirajwadi were visited for the study by the PRC team. During the field visit the PRC team was accompanied by NCD Consultant and DPM. This report discusses in detail the implementation of PIP in Sangli district as observed during the field visit for monitoring. The key observation is given below:

#### **General**

Overall improvement in health system in the district.

#### **Achievements made**

- Improved OPD cases at SC, PHCs and CHCs and SDH, though due to the COVID-19 pandemic utilization of health care service has drastically decreased in the district.
- Increase in institutional deliveries.
- All 24x7 PHC are with basic lab facilities. All the PHC are being converted into HWCs.
- Free meals and drugs facility for mothers at institutions are in execution.
- ASHAs are selected, trained upto IVth module and provided with drug kits.
- VHSC formed and bank accounts have been opened.
- 14 Mahila Arogya Samitis have been formed and trained in the district.
- MMUs are providing services to underserved areas.
- 721 VHNS formed and trained and 19 facilities are quality certified.
- The implementation of CPHC are being implemented, total 789970 CBAC form has been filled in the district. All the SC-HWC, 59 PHC-HWCs and 10 UPHC-HWCs have started NCD screening.

#### **Areas for Further Improvement**

- Sub district hospitals need to be improved for better support for patients.
- CT scan and Dialysis facility need to be provided at SDH Islampur.
- Regular meetings of State & District Health Mission should be held.
- Initiatives need to be taken for more BPMUs to make them functional.
- The district needs to plug the gap between lower-level staff and DPMU.

#### **Infrastructure**

- Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required.
- Staff Quarters are not in good condition. Rational utilization of civil works as per guidelines is needed.
- All the SC and PHC upgraded to HWCs, though the branding is yet to start of some of the health facilities.

## Human Resources

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

## Service Delivery

- Very well-functioning web HMIS, IHIP, NIKSHAY portal etc. in the district.
- The error in data reporting has minimised.
- Significant increase in institutional deliveries

## 1. Overview of district

Sangli district is a district of Maharashtra state in west-central India. Sangli District is located in the western part of Maharashtra. It is bounded by Satara and Solapur districts to the north, Bijapur District (Karnataka) to the east, Kolhapur and Belgaum (Karnataka) districts to the south, and Ratnagiri District to the west. The headquarter of the district is called as Sangli city. The 25.5% people lives in Urban areas while 74.5% lives in the Rural areas. The famous industrial town of Kirloskarwadi is located in the Sangli District. Sangli is known as the sugar bowl of India due to its high sugarcane productivity. It is one of the most fertile and highly developed districts in Maharashtra.

The district earlier knows as South Satara and was created in 1949; and it has been renamed Sangli since 1961. It is partly made up of a few talukas which once formed part of the old Satara District and partly of the States and jahagirs belonging to Patvardhans, and Dafles which came to be merged during the post-independence period. Kundal, the region around Sangli, was the capital of the Chalukyas. Kundal was an ancient village, around 1,600 years old, was a part of Karnataka.

The details of the district are given in the below table 1. Data for the below table is received from the District office of the Sagnli district

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

Indicator	Remarks/ Observation
1. Total number of Districts	1
2. Total number of Blocks	10
3. Total number of Villages	721
4. Total Population	2820575
• Rural population	2317878
• Urban population	502697
5. Literacy rate	80.81
6. Sex Ratio	Data not received
7. Sex ratio at birth	932

8. Population Density	Data not received			
9. Estimated number of deliveries	51067			
10. Estimated number of C-section	17873			
11. Estimated numbers of live births	49719			
12. Estimated number of eligible couples	Data not received			
13. Estimated number of leprosy cases	29			
14. Target for public and private sector TB notification for the current year	Data not received			
15. Estimated number of cataract surgeries to be conducted	85			
16. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		21		21
• Child Death		19		13
• Infant Death		478		140
• Still birth		275		78
• Deaths due to Malaria		0		
• Deaths due to sterilization procedure		0		0
17. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	0		0	
2. Sub District Hospital	3		3	
3. Community Health Centers (CHC)	12		12	
4. Primary Health Centers (PHC)	62		62	
5. Sub Centers (SC)	320		320	
6. Urban Primary Health Centers (U-PHC)	1		1	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	1		1	
9. Nutritional Rehabilitation Centres (NRC)	0		0	
10. District Early intervention Center (DEIC)	1		1	
11. First Referral Units (FRU)	4		4	
12. Blood Bank	0		0	
13. Blood Storage Unit (BSU)	4		2	
14. No. of PHC converted to HWC	59		59	
15. No. of U-PHC converted to HWC	1		1	
16. Number of Sub Centre converted to HWC	320		290	
17. Designated Microscopy Center (DMC)	51		51	
18. Tuberculosis Units (TUs)	11		11	
19. CBNAAT/TruNat Sites	4		4	
20. Drug Resistant TB Centres	1		1	
21. Functional Non-Communicable Diseases (NCD) clinic	0		0	
• At DH	3		3	
• At SDH	12		12	
• At CHC				
22. Institutions providing Comprehensive Abortion Care (CAC) services				
• Total no. of facilities	15		15	
• Providing 1st trimester services	15		15	
	4		4	

<ul style="list-style-type: none"> <li>• Providing both 1st &amp; 2nd trimester services</li> </ul>		
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Source: DPMU, Sangli

### Progress of selected health indicators in the district

Sangli district MMR at 47.5 has improved from 86.5 in 2017-18 and less than the state average (72.1 MMR per 100000 live births). The IMR at 10.8 has reduced from 13.5 and little more than the state average (8.3 IMR per 1000 live births). The child mortality rate is 0.4 per 1000 live births is better than the state average (1.2 per 1000 live births) **(Table 2)**.

Total number of HIV cases has declined to 530 in 2020-21 from 567 in 2017-18, deaths due to HIV have declined to 62 in 2020-21 from 69 in 2017-18. Similarly, the number of TB have also declined over the period of time in the district. As far as non-communicable diseases in concern, Diabetes and hypertension cases have been increasing over the period in the district **(table 3)**.

Number of JSY beneficiaries in the state decreased to 5238 in 2020-21 from 5878 in 2018-19. Drastic declined in the number female sterilization and IUD insertion has observed in the district. About 52% of the reduction in the female sterilization and 65% reduction in IUD insertion has been observed in the district during 2017-18 to 2020-21. This declined shows the effect to COVID-19 on family planning services utilization. There is home delivery reported in the district since 2018-19. The number of newborn screened for defects at birth has declined to 11432 in 2020-21 than 25143 in 2019-20 **(Table 4)**.

### Financial Expenditure

Below table 5 shows the trend in budget sanctioned, released and audited expenditure for Sangli district. From the table one can see that the total budget sanctioned has decreased to Rs 4650.83 lakhs in FY 2021-22 from 7359.83 in FY 2020-21. Till August 2021, only Rs. 300.00 Lakhs has been released against the sanctioned budget and the audited expenditure is 1136.44 Lakhs.

**Table 2: Trend in maternal and child mortality in Sangli district.**

Indicators	Sangli				Maharashtra	SDG goal (by 2030)
	2020-21	2019-20	2018-19	2017-18	2020-21	
Maternal mortality ratio	47.5	87.1	82.9	86.5	72.1	<70/100,000 live births
Infant Mortality Rate (IMR)	10.8	14.6	18.0	13.5	8.3	<12/ 1,000 live birth
Child mortality rate	0.4	1.5	1.8	1.7	1.2	<12/ 1,000 live birth

Source: HMIS standard report.

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

Indicators	Sangli				Maharashtra	SDG goal (by 2030)
	2020-21	2019-20	2018-19	2017-18	2020-21	
HIV Cases (Male, female and pregnant women)	530	808	875	567	14817	End the epidemics by 2030
Death due to HIV	62	152	124	69	1183	
Tuberculosis inpatients; on-going DOTS patients	182; 955	471; 1967	491; 1636	359; 1795	11385	
Inpatient - Malaria	18	11	29	10	9943	
<b>Outpatient - Diabetes</b>	21304	19338	10982	8217	1260069	
<b>Outpatient - Hypertension</b>	29028	23254	14655	11361	1625529	

Source: HMIS standard report.

**Table 4: Trend in demand side intervention in Sangli district.**

Indicators	Achievement (no. of beneficiaries)			
	2020-21	2019-20	2018-19	2017-18
Janani Suraksha Yojna (JSY)	5238	5824	5878	5069
Total female sterilization	5526	10878	11114	11632
IUD Insertion	4987	7087	10030	14068
Institutional deliveries	44312	46070	43579	47660
C-Sections deliveries	13540	15815	13434	12158
Home deliveries conducted by skilled persons	0	0	0	1
JSSK-free diagnostic; and drugs	48344 for both	51044 for both	15179; 15928	16924 for both
Number of newborn screened for defects at birth (as per RBSK)	11432	25143	9218	0
Number of children (6 month to 6 years) screened by RBSK mobile health teams at Anganwadi centre	0	333494	379449	338762

Source: HMIS standard report.

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

Items		FY 2021-22	FY 2020-21	FY 20219-20	FY 2018-19
Sanctioned		4650.83	7359.83	5214.24	4059.05
Released		300.00	5579.65	5202.17	3628.66
Audited expenditure		1136.44	5477.91	4616.54	3539.21

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

## 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 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 in August 2021. DPMU has provided the details of funds received and utilised on for the various programmes of NHM. Every year PIP funds are received in same period. But 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.

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

**Table 6: details about DHAP and status of construction of building in Sangli 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 (verify)	Yes
2. Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	If yes, date of release 13 august 2021
3. Date of first release of fund against DHAP	August 2021
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	Ware house Bludgeon
• Details of Construction completed but not handed over	PHC Bavchi

### 2.2. Service Availability

There is no 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 2021 to July 2021, 354796 lab tests were conducted in the district.

**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. Total 32 vehicles are on road. Two teams are having inadequate HR. According to the population minimum 2 and maximum of 5 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.

**MMU:** There one mobile medical units are working in the district. About 48 visits are being done by MMU. Average number of patients they are treating is 3800 per month. In case of lab services are conducting 275 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 6 each. Pertaining to the referral services district is having total No. of 19 Basic Life Support (BLS) (on the road) and total No. of 5 Advanced Life Support (ALS) (on the road).

**SNCU:** District is having 20 beds SNCU situated at civil hospital. There are 20 radiant warmers and 20 step down units are available and 7 KMC units are available. During April 2021 to August 2021, total 137 (96 inborn and 41 out-born) children were admitted in the SNCU in the district. Of total, 27 children died in the SNCU. Two children were admitted due to the defect at birth.

**Table 7: Number of children admitted in SNCU in Sangli district.**

	Inborn	Out-born
Admission	96	41
Defects at Birth	1	1
Discharged	83	21
Referral	0	0
LAMA	3	2
Died	14	13

Source: DPMU, Sangli district

**NBSU:** There are total 6 NBSUs are available in the district. No admission has been reported in SNCU during the reference.

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

**Nutrition Rehabilitation Centres (NRC):** There is no NRC in the district.

The below table 8 gives the details of the health service delivery indicators at the district level of the Sangli district on 31 August 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) • Number of lab tests notified	350568	
3. Status of delivery points		
• No. of SCs conducting >3 deliveries/month	10	
• No. of 24X7 PHCs conducting > 10 deliveries /month	6	
• No. of CHCs conducting > 20 deliveries /month	0	
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	Data Not received	
• No. of DH/ District Women and child hospital conducting C-section	_Data Not received	
• No. of Medical colleges conducting > 50 deliveries per month	1	
• No. of Medical colleges conducting C-section	2	
4. Number of institutes with ultrasound facilities (Public+Private)	127	
• Of these, how many are registered under PCPNDT act	127	
5. Details of PMSMA activities performed	Nil	
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	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)	
7. Special Newborn Care Units (SNCU)	1	
• Total number of beds	20	
○ In radiant warmer	20	
○ Stepdown care	20	
○ Kangaroo Mother Care(KMC) unit	7	
• Number of non-functional radiant warmer for more than a week	0	
• Number of non-functional phototherapy unit for more than a week	0	
	<b>Inborn</b>	<b>Out born</b>
• Admission	96	41
• Defects at birth	1	1
• Discharged	83	21
• Referral	0	0
• LAMA	3	2

Indicator	Remarks/ Observation	
• Died	14	13
8. Newborn Stabilization Unit (NBSU)	6	
	Inborn	Out born
• Admission	0	0
• Discharged	0	0
• Referral	0	0
• LAMA	0	0
• Died	0	0
9. Nutrition Rehabilitation Centers (NRC)	0	
• Admission <ul style="list-style-type: none"> <li>○ Bilateral pitting oedema</li> <li>○ MUAC&lt;115 mm</li> <li>○ &lt;' -3SD WFH</li> <li>○ with Diarrhea</li> <li>○ ARI/ Pneumonia</li> <li>○ TB</li> <li>○ HIV</li> <li>○ Fever</li> <li>○ Nutrition related disorder</li> <li>○ Others</li> </ul>	0	
• Referred by <ul style="list-style-type: none"> <li>○ Frontline worker</li> <li>○ Self</li> <li>○ Ref from VCDC/ CTC</li> <li>○ RBSK</li> <li>○ Pediatric ward/ emergency</li> </ul>	0	
• Discharged	0	
• Referral/ Medical transfer	0	
• LAMA	0	
• Died	0	
10. Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs	All 1950 appointed ASHA of availability of HBNC kit	
• Newborns visited under HBNC	10527 Newborns visited under HBNC	
• Status of availability of drug kit with ASHAs	All 1950 appointed ASHA of availability of HBNC kit	
11. Number of Maternal Death Review conducted <ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	21 21	
12. Number of Child Death Review conducted <ul style="list-style-type: none"> <li>• Previous year</li> <li>• Current FY</li> </ul>	19 13	
13. Number of blocks covered under Peer Education (PE) programme	0	
14. No. of villages covered under PE program	0	
15. No. of PE selected	0	
16. No. of Adolescent Friendly Clinic (AFC) meetings held	1	

Indicator	Remarks/ Observation	
17. Weekly Iron Folic Acid Supplementation (WIFS) stock out	Stock is available	
18. No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	1	
• No. of trips per MMU per month	1	
• No. of camps per MMU per month	0 to 1	
• No. of villages covered	48	
• Average number of OPD per MMU per month	3800	
• Average no. of lab investigations per MMU per month	275	
• Avg. no. of X-ray investigations per MMU per month	NA	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	NA	
• Avg. no. of sputum collected for TB detection per MMU per month	NA	
• Average Number of patients referred to higher facilities	6	
• Payment pending (if any) • If yes, since when and reasons thereof	No	
19. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	19	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	5	
	ALS	BLS
○ Operational agency (State/ NGO/ PPP)	5	19
○ If the ambulances are GPS fitted and handled through centralized call centre	Yes	Yes
○ Average number of calls received per day	4 to 5	4 to 5
○ Average number of trips per ambulance per day	4 to 5	4 to 5
○ Average km travelled per ambulance per day	390-400	390-400
○ Key reasons for low utilization (if any)	Performance as per norms	
• No. of transport vehicle/102 vehicle (on the road)	74	
○ If the vehicles are GPS fitted and handled through centralized call centre	Yes	
○ Average number of trips per ambulance per day	1	
○ Average km travelled per ambulance per day	50	
○ Key reasons for low utilization (if any)	Due to Covid all RH and SDH are converted to DCHC for Covid Patient.	

Indicator	Remarks/ Observation		
20. Universal health screening			
• If conducted, what is the target population	789970		
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	211209		
• No. of patients screened, diagnosed, and treated for: <ul style="list-style-type: none"> <li>○ Hypertension</li> <li>○ Diabetes</li> <li>○ Oral cancer</li> <li>○ Breast Cancer</li> <li>○ Cervical cancer</li> </ul>	3000,29,8/17432,38,28 3000,18,8/17432,38,18 17432,0 17432,0 17432,0		
21. If State notified a State Mental Health Authority	No		
22. If grievance redressal mechanism in place	No		
• Whether call center and toll-free number available	-		
• Percentage of complains resolved out of the total complains registered in current FY	-		
23. If Mera-aaspatal has been implemented	-		
24. Payment status:	No. of beneficiaries	Backlog	DBT status
• JSY beneficiaries	5238	0	5238
• ASHA payment:			
○ A- Routine and recurring at increased rate of Rs. 2000 pm	392.52	0	
○ B- Incentive under NTEP	TB		
○ C- Incentives under NLEP	PB 7, MB 3 0.046	0	
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	35.95	0	
• Patients incentive under NTEP programme	Data Not received	Data Not received	Data Not received
• Provider's incentive under NTEP programme	Data Not received	Data Not received	Data Not received
• FP compensation/ incentive	5		
25. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team constituted, what is the composition of the team	Yes, (RRT) Established		
• No. of outbreaks investigated in previous year and in current FY	Covid Pandemic		
• How is IDSP data utilized	S,P,L form analysis & covid portal		
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	20%,20%		
26. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Data Not received		
• Micro plan and macro plan available at district level	Data Not received		

Indicator	Remarks/ Observation
• Annual Blood Examination Rate	Data Not received
• Reason for increase/ decrease (trend of last 3 years to be seen)	Data Not received
• LLIN distribution status	Data Not received
• IRS	Data Not received
• Anti-larval methods	Data Not received
• Contingency plan for epidemic preparedness	Data Not received
• Weekly epidemiological and entomological situations are monitored	Data Not received
• No. of MDR rounds observed	Data Not received
• No. of districts achieved elimination status for Lymphatic Filariasis i.e. mf rate <1%	Data Not received
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	4000
• Target TB notification achieved	2068
• Whether HIV Status of all TB patient is known	<input type="checkbox"/> Yes/ <input type="checkbox"/> No YES If No, no. of TB patients with known HIV status_____
• Eligible TB patients with UDST testing	Yes
• Whether drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	No of patients notified: 719 Treatment success rate:88.7 No. of MDR TB Patients:77 Treatment initiation among MDR TB patients:77
• Patients notification from private sector	No of patients notified: 461 Treatment success rate:88.5 No. of MDR TB Patients:0 Treatment initiation among MDR TB patients:0
• Beneficiaries paid under NikshayPoshan Yojana	Data Not received
• Active Case Finding conducted as per planned for the year	<input type="checkbox"/> Yes/ <input type="checkbox"/> No Data Not received
28. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	24
• No. of G2D cases	0
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	0
• MCR footwear and self-care kit available	Yes
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	9
30. Percent of health workers immunized against Hep B	2
31. Key activities performed in current FY as per ROP under National Fluorosis Control Programme	No

Indicator	Remarks/ Observation
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	No Due to Covid.
33. Key activities performed in current FY as per ROP under National Tobacco Control Programme	No Due to Covid.
34. Number of ASHAs <ul style="list-style-type: none"> <li>• Required as per population</li> <li>• Selected</li> <li>• No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population</li> <li>• No. of villages/ slum areas with no ASHA</li> </ul>	Number of ASHAs <ul style="list-style-type: none"> <li>• Required as per population =1959</li> <li>• Selected 1950</li> <li>• No. of ASHAs covering more than =1500 (rural)145 3000 (urban) population= 0</li> <li>No. of villages/ slum areas with no ASHA = 0</li> </ul>
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)</li> <li>• Any other state specific scheme _____</li> <li>—</li> </ul>	Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> <li>• No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) =1842</li> <li>• No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) = 75</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)=1807</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY)=77</li> <li>• No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)=1403</li> <li>• No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY)= 73</li> </ul>
36. Status of Mahila Arogya Samitis (MAS)- <ul style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ul>	14 14 14
37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ul style="list-style-type: none"> <li>a. Formed</li> <li>b. Trained</li> <li>c. MAS account opened</li> </ul>	721 721 0
38. Number of facilities quality certified	19

Indicator	Remarks/ Observation			
39. Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Kayakalp -74 SSS-0			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Yes			
41. Recruitment for any staff position/ cadre conducted at district level				
42. Details of recruitment	Previous year		Current FY	
	Regular cadre	NHM	Regular cadre	NHM
• Total no. of posts vacant at the beginning of FY	Data Not received	Data Not received	Data Not received	In the
• Among these, no. of posts filled by state	Data Not received	Data Not received	Data Not received	
• Among these, no. of posts filled at district level	Data Not received	Data Not received	Data Not received	
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	Data Not received			

Source: DPMU, Sangli 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	789970	211209
2. Number of CBAC forms filled	789970	211209
3. Number of HWCs started NCD screening:		
a. SHC- HWC	320	320
b. PHC- HWC	59	59
c. UPHC – HWC	10	10
4. Number of individuals screened for:		
a. Hypertension	780960	17432
b. Diabetes	780960	17432
c. Oral Cancer	780960	17432
d. Breast Cancer	780960	17432
e. Cervical Cancer	780960	17432
5. Number of HWCs providing Teleconsultation services	360	360
6. Number of HWCs organizing wellness activities	360	360

Source: DPMU, Sangli district

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare (CPHC)** program is undertaking a population-based NCD (non-



communicable diseases) program is being implemented in the district. Total 789970 individuals are enumerated during the period and about 211209 CBAC forms are filled (**table 9**). Total number of PHCs 59, SHCs 320 and UPHCs 10 are functioning as HWCs. Almost all facilities are as HWCs. Some of them are providing teleconsultation (E-Sanjeevani) and organising wellness activities. During April to August 2021, total 17432 patients were screened for Hypertension, Diabetes, Oral Cancer, Breast Cancer and Cervical Cancer.

## 2.4 Status of HRH

There are total 522 posts of different discipline is sanctioned for the district under NHM of which 452 posts are filled and 70 posts are vacant. Total 13.4 percent posts are vacant in the district (Table 10). Regular HR data did not make available by DPMU.

**Table 10: Status of NHM staff in the Sangli district as on 31th August 2021.**

Name of Post	Approved No. of Post	Filled	Vacant
ANM	98	98	0
ANM	10	10	0
Staff Nurse	12	8	4
Staff Nurse	12	11	1
Staff Nurse	9	0	9
Psychiatric Nurse	1	1	0
Community Nurses	1	1	0
Pediatric Nurses	0		0
LHV Staff	15	15	0
Lab Technician	9	8	1
Lab Technician	1	1	0
Sr. Lab Technician	4	2	2
X - Ray Technician	2	0	2
Dental Technician	1	1	0
Pharmacists	1	1	0
Physiotherapists	1	0	1
Physiotherapists	1	1	0
Specialist OBGY / Gynaecologists	5	2	3
Paediatricians	4	4	0
Anaesthetists	3	3	0
Physician/Consultant Medicine	1	1	0
Physician/Consultant Medicine	1	1	0
Psychiatrists	1	1	0
Psychiatrists	1	1	0
Orthopaedics	1	1	0
Ophthalmologist	1	0	1

Microbiologists	1	1	0
Cardiologist	1	0	1
Dental Surgeons	1	0	1
Dental Surgeons	1	0	1
Dental Hygienist	1	0	1
Dental Technician	0		0
Dental assistant	1	0	1
Medical Officer	1	1	0
Medical Officer	1	1	0
Medical Officer AYUSH (UG)	14	14	0
Medical Officer AYUSH	64	62	2
ANM	32	30	2
Pharmacist	32	32	0
Paediatricians	1	1	0
Medical Officer	1	1	0
Medical Officer, Dental	1	1	0
Staff Nurse	1	1	0
Physiotherapist	1	1	0
Audiologist & Speech therapist	1	1	0
Psychologist	1	1	0
Optometrist	1	1	0
Early Interventionist cum special educator	1	1	0
Social Worker	1	1	0
Lab Technician	1	0	1
Dental Technician	1	1	0
Paediatrician	1	1	0
Staff Nurse	11	11	0
Staff Nurse	12	10	2
Sister in-Charge	1	1	0
Counsellor	1	1	0
Counsellor	1	1	0
Counsellor	1	1	0
Psychologist	1	1	0
Psychologist	1	1	0
Audiologist	1	0	1
Social Worker	1	1	0
Social Worker	1	1	0
TBHV	3	3	0
STLS	8	8	0
STS	14	10	4
Audiometric Assistant	1	0	1
Instructor for Hearing Impaired Children	1	0	1
Field Level Monitors	3	2	1
Blood Bank Technician (Blood Storage)	7	0	7
Case Registry Assistant	1	1	0
Program Assistant/Record keeper	1	1	0

Statistical Assistant	2	1	1
Driver - JSSK	6	0	6
Attendant/Aaya	2	2	0
Support Staff	5	0	5
Pharmacists	2	2	0
District Programme Manager	1	1	0
District Account Manager	1	1	0
DEIC Manager	1	1	0
Circle M & E Officer	0	0	0
Circle Programme Manager	0	0	0
District Community Manager	1	1	0
Executive Engineer	0	0	0
Deputy Engineer	1	1	0
Junior Engineer	3	3	0
Account cum data entry /Program Assistant	1	1	0
AYUSH Consultant	0	0	0
Programme Assistants (Med)	2	1	1
Programme Assistants (RBSK)	1	1	0
Programme Assistants (IPHS)	1	1	0
Programme Assistant	1	1	0
Programme Assistant	0	0	0
Councillor-PCPNDT/legal Councillor	1	1	0
RKS Coordinators	1	1	0
IPHS Coordinators	1	1	0
RBSK Coordinators (District Programme Supervisor)	1	1	0
EMS Coordinators	1	1	0
District QA Coordinator	1	0	1
PPP Coordinator	0	0	0
Legal Consultants/ Coordinator	0	0	0
Tribal Area Cell- Coordinators	0	0	0
SCD Coordinator- Existing	0	0	0
Coordinator hemoglobinopathy	0	0	0
Librarian	0	0	0
Technical Coordinator HWC HUB	0	0	0
M & E Officer	1	1	0
Statistical Investigator (IPHS)	1	1	0
Statistical Investigator (RBSK)	1	1	0
Statistical Investigator (MIS)	3	1	2
Statistical Investigator (Circle)	0	0	0
Supervisors	0	0	0
Budget & Finance Officer	1	1	0
Accountants (DHO & CS)	2	2	0
Additional Accountants	1	1	0
Accountants	1	1	0
DEO	0	0	0

Facility Manager	1	1	0
District Data Manager	1	1	0
Consultant Fluorosis	0	0	0
District Epidemiologists	1	1	0
Entomologist	0	0	0
Consultant VBD	0	0	0
Divisional NLEP Consultant	0	0	0
PPM Coordinator	1	1	0
District Programme Coordinator-RNTCP	1	1	0
MTS	0	0	0
Senior DOTS plus TB- HIV Supervisor	1	1	0
Accountant- Full time	1	0	1
DEO	1	2	-1
Driver	0	0	0
District Consultant-NTCP	1	1	0
Epidemiologist/Public Health Specialist	0	0	0
CPHC Consultant	1	0	1
District Programme Coordinator-NPCDCS	1	1	0
Finance cum logistics consultant	1	0	1
DEO	2	1	1
Block Programme Manager	0	0	0
Block Community Manager	10	10	0
Block Sickle Cell Assistant	0	0	0
Block Accountants	10	10	0
DEO	10	10	0
<b>Total</b>	<b>522</b>	<b>452</b>	<b>70</b>

Source: DPMU, Sangli district

## 2.5 State of Fund Utilization

**Table 11: Budget component details, 2021-22**

Particulars	Total Budget (Rs. In lakhs) 21-22	Total Release	Total utilised	Reason for Low Utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	473.69		140.71	The expenditure looks to be less. As provision is for the year and five months of
FMR Code : 2 : Service Delivery - Community Based	73.27		4.97	
FMR Code : 3 : Community Interventions	968.67		328.95	
FMR Code : 4 : Untied Fund	216.54		2.86	
FMR Code : 5 : Infrastructure	263.34		59.33	
FMR Code : 6 : Procurement	202.81		2.15	
FMR Code : 7 : Referral Transport	45.71		11.47	

FMR Code : 8 : Service Delivery - Human Resource	1789.05	300	476.84	the year is over, in coming seven months funds can be utilised as expected.
FMR Code : 9 : Training & Capacity Building	23.29		0.00	
FMR Code : 10 : Review, Research, Surveillance & Surveys	6.5		0.00	
FMR Code : 11 : IEC/BCC	93.75		0.00	
FMR Code : 12 : Printing	20.48		0.00	
FMR Code : 13 : Quality Assurance	11.53		0.14	
FMR Code : 14 : Drug Warehousing and Logistics	20.58		5.11	
FMR Code : 15 : PPP	73.62		0.00	
FMR Code : 16 : Programme Management	346.69		103.91	
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	13.13		0.00	
FMR Code : 18 : Innovations (if any)	8.18		0.00	
<b>Total Budget: (Rs. In lakhs)</b>	<b>4650.83</b>	<b>300</b>	<b>1136.44</b>	

Source: DPMU, Sangli district

**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%)
<b>1. RCH and Health Systems Flexipool</b>	Data Not received	Data Not received	The expenditure looks to be less. As provision is for the year and five months of the year is over, in coming seven months' funds can be utilized as expected.
• Maternal Health	Data Not received	Data Not received	
• Child Health	Data Not received	Data Not received	
• RBSK	Data Not received	Data Not received	
• Family Planning	Data Not received	Data Not received	
• RKSK/ Adolescent health	Data Not received	Data Not received	
• PC-PNDT	Data Not received	Data Not received	
• Immunization	Data Not received	Data Not received	
• Untied Fund	Data Not received	Data Not received	
• Comprehensive Primary Healthcare (CPHC)	Data Not received	Data Not received	
• Blood Services and Disorders	Data Not received	Data Not received	
• Infrastructure	Data Not received	Data Not received	
• ASHAs	968.67	328.95	
• HR	Data Not received	Data Not received	
• Programme Management	Data Not received	Data Not received	
• MMU	24.12	10.28	
• Referral Transport	45.05	11.47	
• Procurement	Data Not received	Data Not received	
• Quality Assurance	Data Not received	Data Not received	
• PPP	Data Not received	Data Not received	
• NIDDCP	Data Not received	Data Not received	

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
<b>2. NUHM</b>			
<b>3. Communicable Diseases Pool</b>			
• Integrated Disease Surveillance Programme (IDSP)	Data Not received	Data Not received	
• National Vector Borne Disease Control Programme (NVBDCP)	Data Not received	Data Not received	
• National Leprosy Eradication Programme (NLEP)	Data Not received	Data Not received	
• National TB Elimination Programme (NTEP)	Data Not received	Data Not received	
<b>4. Non-Communicable Diseases Pool</b>	Data Not received	Data Not received	
• National Program for Control of Blindness and Vision Impairment (NPCB+VI)	Data Not received	Data Not received	
• National Mental Health Program (NMHP)	Data Not received	Data Not received	
• National Programme for Health Care for the Elderly (NPHCE)	Data Not received	Data Not received	
• National Tobacco Control Programme (NTCP)	Data Not received	Data Not received	
• National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	Data Not received	Data Not received	
• National Dialysis Programme	Data Not received	Data Not received	
• National Program for Climate Change and Human Health (NPCCHH)	Data Not received	Data Not received	
• National Oral health programme (NOHP)	Data Not received	Data Not received	
• National Programme on palliative care (NPPC)	Data Not received	Data Not received	
• National Programme for Prevention and Control of Fluorosis (NPPCF)	Data Not received	Data Not received	
• National Rabies Control Programme (NRCP)	Data Not received	Data Not received	
• National Programme for Prevention and Control of Deafness (NPPCD)	Data Not received	Data Not received	
• National programme for Prevention and Management of Burn & Injuries	Data Not received	Data Not received	
• Programme for Prevention and Control of Leptospirosis (PPCL)	Data Not received	Data Not received	

## 2.6 Status of trainings

Table 13 depicts the status of training obtained by health delivery persons on 31 August 2021 in Sangli district. From table it is being seen that number of 2 types of training has planned for the period of 2021-22. By the end of August 2021 only 4 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 not 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.

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

List of training (to be filled as per ROP approval)	Planned	Completed
1. Induction training (2)	1	1
2. Module VI & VII		
3. (phase I to IV) (1)	6	3
4. HBYC training ASHA & AF & TOT (23)	0	0
5. Training on Expanded Services package at HWCs		
6. ASHA HWC & TOT( 23)	0	0
7. Eat Right toolkit ASHA training & TOT (30)	0	0
8. ASHA NCD training (4)	0	0
9. HBNC Refresh Training ASHA, AF & BCM(2)	0	0
10. Training of ASHA facilitator (4)		
a) Module VI & VII (1 to 4)		
b) NCD		
c) HWC		
d) HBYC		
e) Software		
f) PME	0	0

Source: DPMU, Sangli district

### 3. Service Availability at the Public facilities

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

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

#### 3.1 Service Delivery: Sub Centre: Mirajwadi

PRC team visited to the Mirajwadi sub centre on September 7, 2021. Facility having distance of 10 KM from the PHC Bavchi and well accessible with the road. Facility is providing OPD, ANC and PNC care, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 2 villages and catering 2320 population. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is not done.

Facility is having 24\*7 running water of bore well, no geriatric and disability friendly, one clean and functional toilet is available, no specific delivery room is available. Drinking water facility is available. There is no waiting area for OPD patients, no rest room 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. 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. Line listing of high-risk women is available, overall all records are maintained well at the facility.

In case of family planning no PPIUCD service is available at the facility. Oral pill and condom distribution is done at the facility. For sterilisation counselling is being done.

Bio medical waste is being collected in colour coded bags and once in a week PHC vehicle is collect it from SC. No maternal or infant deaths were reported during the year 2020-21.

In case of IT facilities CHO is given tablet for their day to day work, no tablet or mobile phones are being given to ASHAs and ANM. There is poor quality of internet.

During 2020-21 there was 10 presumptive cases of TB and sent for testing. This year only 2 suspected cases are sent for testing.

YOGA and wellness activity is being done on weekly basis in Aganwadi as there is no space at the SC is available. Tele consultation via E- Sanjeevani is available but due to poor quality of network it is not working properly. VHSNC is done once in a month. Weekly S form under IDSP is being filled. Due to pandemic all CHOs are posted in COVID duties therefore, regular work of CHOs are getting hampered.

The below table 14 shows the number of cases screened and confirmed cases of different type of NCDs in the district. It can be seen that from the table, total 3960 persons were screened for hypertension, Diabetes and Oral cancer during the reference period. Of the total, 28 cases were found positive for Hypertension and 18 cases for Diabetes.

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

NCDs	Screened	Confirmed
------	----------	-----------



Hypertension	3960	28
Diabetes	3960	18
Oral Cancer	3960	0
Breast Cancer	0	0

Source: Sub Centre-Mirajwadi, Sangli district

Though the medicines for hypertension and diabetes are being provided by the facility from the PHC. As in Government supply combine medicine for diabetics is not available and 2 pills need to be taken by the patients. Whereas in combined medicine single pill is sufficient. Therefore, most of the patients are buying it from Pvt. medical shops. Therefore, they are forced to buy medicine from the market at Rs 350 to 500 per month.

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

Human Resource	Sanctioned	Regular	Contractual
ANM/ MPW Female	1	0	0
MPW Male	1	1	0
MLHP/ CHO	0	0	1
ASHA	06	0	06
Others	Data not received	Data not received	Data not received

Source: Sub Centre-Mirajwadi, Sangli district

Pertaining to HR facility have sanction posts of ANM and MPW on a regular basis. But the ANM post is vacant for one month. At present facility is run by CHO and one ANM which is deputed from PHC for time being (Table 15).

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

ASHAs are being provided HBNC kits. But now blankets need to be replaced.

All other medicine is available with them. There is no delay in getting payment to ASHAs.

During COVID additional Rs.2000/- was given to them per month for COVID work. But from last month it has been stopped.

They are getting Rs. 1000/- per month for treatment of TB patients during the period of treatment.

All CJOs are also getting their incentives regularly, only COVID incentive is pending. No term based incentive is being paid to HWC staff.

The facility has received Rs. 81780/- during last year and spend total funds received. During 2021-22 facility has not received any funds. 108 and 102 ambulances are available at the facility on-call basis.

**Table 16: Challenges and corresponding root causes in the Sub-Centre Mirajwadi, Sangli**

Sr. No.	Challenge	Root causes
1	No regular staff is available, regular ANM transferred last month but no one posted in her position. For time gap arrangement one ANM is given on deputation from PHC.	State government is not filling up positions.
2	Since last one year CHO is not able to have home visits regularly	As all CHOs are given COVID duties. As there were 30-40 COVID infected patients in the village since January 2021.
3	No deliveries are being conducted at the facility. Single delivery is being done during April to August 2021.	According to CHO and ANM the area is financially sound. Hence, community prefer to go to the private facilities.

Source: SC- Mirajwadi, Sangli

### 3.2 Service Delivery: Primary Health Centre: Walva

PHC Walva is about 35 KMs from district headquarters, with 5 sub centres catering 30023 populations in the periphery. PHC Walva is easily accessible from nearest road. PHC is functioning in government building and in good condition. Facility is working morning 9 to 1 and 4 to 6 in the evening and there is no public private partnership. The facility has 24\*7 water supply and toilets are there, but not clean and no running water is available in it. Drinking water is also available in the facility. Besides, the following observations have also been by the monitoring team.

- PHC has electricity with power back up of invertor, Labour Room required repairs. New Born Care Corner is available. It's a seven (reported by MO) beds health facility and there are no separate wards for male and female are available. Bio Medical Waste is outsourced and agency is collecting the waste once in a week. No rest room for ASHAs. ***Tele Medicine consultation facility is available at the facility. But technician is deputed for COVID duty. Therefore, at present service is not available.***
- In case of IT equipment's facility is having 4 Desk Tops and one laptop with internet facility and good connectivity. All ANMs are provided Tablets. No smart phones are being given to ASHAs.
- Kayakalp activity is not being implemented in the facility. Facility is not covered in the NQAS.
- Essential drug list is available with 45 listed medicine. But not displayed in public domain. For procurement of medicine E- Aushadhi software is in use in entire district. All the essential equipment is available at PHC. Drugs are available for Hypertension and Diabetic patients. During last 30days there was a shortage of following medicine. Tab. Cifixime 200mg; Tab. Rantac 150mg; Tab. Aten 50 mg; Tab. Oflox 200 mg; Tab. Glimipride 1mg; Tab Atenolol; Tab Larics. There is sufficient supply of Gloves and essential consumables.
- Diagnostic tests are in house and Hind Lab Limited is being provided in the facility. RPR is not done at the facility.

- 24\*7 delivery facility is available at the facility. X-Ray facility is not available in the PHC. Sufficient supply of testing and rapid diagnostic kits are available in the facility.
- During April 2021 to August 2021, total 08 deliveries took place in the facility. All of them given O Polio, BCG and Hep. B and all are initiated breast feeding 1 hour of delivery.
- Two Delivery set is available in the facility.
- JSY beneficiaries list is being send to THO for payment and THO make payment through PFMS to the beneficiaries. During April to August 2021, list of 35 eligible beneficiaries sent to the THO office.
- All diagnostics and health care services being provided free of cost to all JSSK beneficiaries.
- Respectful maternity care is being followed in the facility. 2 ANM have SBA trained. 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 and ANM. FPLMIS is implemented from SC.
- No maternal and infant death is reported in the periphery.
- Vaccine hub cutter is available in the facility. RKSK clinic is available in the facility.
- NCD clinic is there on daily basis. Up to August 2021 total 298 patients were screened Hypertension, Diabetes, Oral Cancer, Breast Cancer, Cervical Cancer. Of which 34 were confirmed for Hypertension and Diabetes. Staff is trained on cancer.
- Facility is Designated Microscopy Centre. In last 6 months 28 patients were tested fir TB. TB drugs are available and currently there are patients taking TB drugs. In last 6 months 12patients were given benefit through DBT under Nikshay Poshan Yojna.
- Facility is having a record of TB treatment case card for drug sensitive as well drug resistance. TB notification register is also available in the facility. Registers for Malaria, Dengue Chikungunya and Leprosy is available in the facility. No records are maintained for palliative cases.
- CBNAAT/TruNat is not available at the facility.
- 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.
- During the year 2020-2021 funds received under PIP for implementation of various programmes. But During 2021-22 no funds has received under PIP.
- No RKS meetings were taken place in since one year.

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- Walva, Sangli as on 31 August 2021.**

HR	Sanction	Filled	Vacant
MO	2	2	0
Pharmacist	1	1	0
Health Asst. Male	2	2	0
Health Asst. Female	1	1	0
Health Worker Male	7	4	3
Health Worker Female	8	5	3
Jr. Asst.	1	1	0
Ward Boy	3	3	0
Ward Asst. Female	1	0	1
Sweeper	1	1	0
Contractual Health Worker Female	4	1	3
Part Time Female worker	7	7	0
<b>Total</b>	<b>38</b>	<b>28</b>	<b>10</b>

Source: PHC- Walva, Sangli district

### 3.4 Service Delivery: Community Health Centre (CHC) Ashta

Ashta Community Health Centre (CHC) is in Ashta Block and is about 22 km's away from district headquarters. It is a 30 bedded hospital. Basically catchment area of the CHC is two PHCs in the periphery that are located just 5 km from the CHC. The facility is located in a government building. The building needs some repairs, especially in the labour room as there is a leakage in the slab. Electricity is available with power back with generator and inverter. 24\*7 running and drinking water is available in the facility. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are partially clean. Drug store with racks is available in the facility. however, no restroom is there for ASHAs. It is well accessible from the main road. Waste management is outsourced to a private agency. The facility is working 8.30 to 12.30 in the morning and 4 to 6 in the evening.

Pertaining to the health services OPD; IPD; Delivery; RI; Family Planning; ANC-PNC services and COVID vaccination services are available at the facility. RTPCR and Antigen testing facility is also available. During March 2021 to 31 August 2021, 452 COVID patients were treated in this facility and no death has been recorded. During the same period facility has been working as Dedicated Health Care Centre for COVID-19.

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

- NBCC facility is not available in the facility. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24\*7 E- Sanjeevani services are available.

- Operation theatre is available but due COVID 19 no operatives has been done since one year.
- BSU is not available at the facility.
- KAYA KALP is being implemented in 2020-2021 and Peer assessment is done. Baseline survey of NQAS is done.
- Computerised medicine inventory system is in place. For procurement of medicine E-Aushadhi is available. EDL is available and displayed in the OPD. In-house Lab services are available.
- X-Ray machine is available in the facility. Services are free for BPL, senior citizens and JSSK beneficiaries. At present X-Ray technician is transferred so it is idle.
- For payment of JSY, list of beneficiaries is being send to the THO. All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9<sup>th</sup> day of every month.
- Line listing of high risk pregnancies are there. Though Respectful maternity care is implemented in the facility. But to COVID there was only one delivery took place during April 2021 to August 2021. No maternal or child death occur during this year and previous year.
- Due COVID CAC services are suspended.
- NCD clinic is available on twice in a week in the facility. But as this facility was turn into DCHC no other work was done in this period.
- Though family planning programme is being implemented at the facility but due to COVID 19 since last year services of FP is suspended from the state office. Usually SN, on duty staff and MO are giving counselling of FP services. FP-LMIS is being implemented in the facility.
- Facility is designated as Designated Microscopy Centre. At present 13 patients are taking TB drugs from the facility. All of them are tested through CBNATT/ TruNat for drug resistance. There is mechanism for sample transport.
- No information on funds received during April to August 2021.
- RKS meeting was held on March 21,2021.
- Pertaining to the data entry of respective portals is updated.
- CHC is having own ambulance.

Below table 18 depicts the status of human resources at the CHC. From the table, it can be seen that about 22 per cent of the regular staff positions are vacant.

**Table 18: Status of Human Resource in the CHC- Ashta, Sangli as on 31 August 2021**

Human Resource	San.	Filled	Vacant.
Medical Superintendent CI-I	1	1	0
MO CI-II	2	2	0
Asst Supdt.	1	1	0
Clerk/Typist	1	1	0
Jr. Clerk	1	1	0
X-Ray Tech	1	1	0

Lab Tech	1	1	0
Lab Asst.	1	0	1
Pharmacy Officer	1	1	0
Staff Nurse	7	4	3
Peon	1	1	0
Ward Boy	3	3	0
Sweeper	2	1	1
<b>Total</b>	<b>23</b>	<b>18</b>	<b>05</b>
<b>Contractual</b>			
MO	2	2	0
Pharmacy officer	1	1	0
ANM	5	5	0
Driver	2	2	0
Lab Tech	1	1	0
Counsellor	1	1	0
Sweeper	2	2	0
Security	2	2	0
<b>Total</b>	<b>16</b>	<b>16</b>	<b>0</b>

Source: CHC, Ashta, Sangli district

#### Challenges at the facility:

- As this facility is also serving in the city of Ashta and serving 43000 of population in the periphery. Only four ASHAs are appointed at the facility for giving services in the periphery. ASHAs to be appointed as per the norms.
- Gynaecologists post is vacant since four years. Which affects service delivery of the facility.
- Building of the facility is old pattern. Rooms are too small. Therefore, difficult to work in to congested area.
- As COVID vaccination is being done at the facility. But due to no availability of proper place it is being done at one quarter.
- Space for the medicine store is not available. Medicines are kept in the quarter.
- There is no adequate working space for ANM and MPW. No rest room for doctors and SN working in the night duties.
- As there is only one Pharmacist is in place. If the person goes on leave MO has dispensed medicine to the patients.

### 3.5 Sub District Hospital SDH Islampur

**Islampur Sub Divisional Hospital** is in Islampur Block of Sangli district and is about 42 km's away from district headquarters. This facility is serving a population of three lakhs. It is a 35-bed hospital, from which 5 beds are ICU and 5 are semi ICU. It is located in a government building. This facility is adopted by Tata Trust CSR and made changes in the building structure as per standard norms. As the space is

available the Facility is geriatric and disable friendly. Electricity is available with an express feeder and generator power back up. 24\*7 running water is available. Separate toilets are there for male and female wards and toilets are attached to the Labour room and are clean. Drinking water is available in the facility. Drug store with racks is not available in the facility. It is well accessible from the main road. Waste management is outsourced to a private agency.

The services like OPD, IPD, NCD, TB, Ophthalmic, Telemedicine, Sonography, Pathology, ICTC, BSU, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK and Ophthalmic are available at the facility. Besides this specialised services of Medicine, O & G, Paediatric, Anaesthesia, Ophthalmic, Dental, Imaging Services, Labour complex, ICU care are available at the facility. All other sanctioned specialist is available at the facility 24\*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available. 24\*7 E- Sanjeevani services are available.

Due to COVID-19 entire facility is turn into dedicated COVID hospital. Therefore, most of the services are suspended. The OT services are also suspended due to COVID 19. Though Blood storage unit is available, but not in service since April 2020.

Below table 19 depicts the status of human resource at SDH, Islampur. Total 7 CI-II MOs are posted there, but no specialisation is mentioned.

**Table 19: status of Human resource at Sub-District Hospital, Islampur, Sangli.**

HR	San.	Reg.	Cont.
Medical Superintendent	01	00	01
MO CI-I	07	05	02
CI-II MO	02	02	00
Dentist	01	01	00
Nursing	14	12	02
LT	01	01	00
Pharmacist	03	03	00
Asst. Superintendent	01	01	00
Sr. Clerk	01	01	00
Jr. Clerk	02	02	00
X-Ray Tech.	01	01	00
Lab Tech.	01	01	00
Asst Metron	01	01	00
In Charge	02	01	01
Staff Nurse	12	12	00
Peon	02	01	01
Dresser	01	01	00
Ward Boy	05	05	00
OT Attendant	01	01	00
OPD Attendant	01	01	00

Sweeper	02	01	01
Ophthalmic Asst.	02	02	00
Assistant	01	00	01
<b>Total</b>	<b>65</b>	<b>65</b>	<b>09</b>

Source: SDH, Islampur, Sangli district

- Computers, printers are available with internet facility and the connectivity is good.
- KAYA KALP initiated in 2016-17. Facility is awarded Rs. 50000/- in the year 2018-19. At present facility is reporting 97 % score.
- In case of NQAS internal assessment has done.
- Facility is selected under Laqshay. Both Labour room and OT is covered into it. National level assessment has done. Facility received prize of Rs. 200000/- in 2019-20.
- EDL is available, 450 drugs are listed into it. It is displayed in the public domain. Computerised medicine procurement is done through E- Aushadhi software in the district. Following medicine shortage was there in last 15 days, Inj. Pepton, Inj. Hepasing, IMETHAL Predincellon, Tab. Amoxiclave, Inj. Monocef.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house. Average monthly 9379 tests are being done.
- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. Both are digital.
- No CT scan and Dialysis facility is available in the facility.
- During April to August 2021, 1 delivery is conducted in the facility, as the facility is working as COVID hospital. Respectful maternal care is being implemented at the facility. No maternal and child death is reported in last year and during 2021-22. All JSSK beneficiaries are entitled for free diagnostic and referral services. Delivery patients are getting food during their stay at the facility. New born are given all "0" dose at birth and asked for breast feeding within one hour of delivery. No DEIC and NRC is available at this facility.
- No sterilisation is done during this period. 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 9<sup>th</sup> day of every month.
- NCD services are available on daily basis. During April to August 2021, 11255 patients are screened at NCD of which newly diagnosed for HT are 35 and for DM are 180. 6987 patients were screened for breast and cervical cancer. No patients are identified for the same. Whereas 484 were screened for oral cancer but not identified any.



- Adolescent friendly health clinic is available at the facility. Both male and female counsellors are available.
- Facility is designated as Microscopy Centre. 2 percent samples of the OPD patients are collected for TB testing. Anti TB drugs are available at the facility. 3.66 percent patients are tested through CBNATT/TruNat for drug resistance. Investigation of TB testing is available. All TB patients are tested for HIV and diabetes. 95 percent of patients are initiated DBT instalments under Nikshay Poshan Yojana in last six months.
- Pertaining to the Leprosy. Yearly community surveillance is being carried. In last one year 2 cases are identified by community workers.
- TB notification, treatment card for both sensitive and drug resistance is there. Register for malaria, chikungunya is available.
- During the year 2020-2021, 250000/- funds are received and 100 percent utilised.
- In case of online reporting. All portals data is updated.
- SDH is having own ambulance.

#### **Challenges faced by SDH**

- Manpower is the major problem faced by the facility.
- USG machine is donated by Tata Trust, but due to unavailability of Radiologist it is not in function.
- Surgeon post is vacant.
- Gynecologist and Anesthetic post is vacant.
- Modular Hospital of 100 beds are ready to function but due to non-availability of HR. It is not yet started. At present SDH is working as Dedicated COVID Hospital, all staff is engaged in to it.



## **4. Discussion and Key recommendations**

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2021-22 of Sangli District was carried out by the PRC team during 6-10 September, 2021. The District Health Office, SDH Islampur, Rural Hospital Ashta, PHC-Walva and Sub Centre Mirajwadi were visited for Monitoring by the PRC team. During the field visit the PRC team was accompanied by NCD Consultant and DPM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation have been made by the PRC monitoring team:

1. District as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.

2. Training of the health personal is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM; of course because of COVID-19. However, training should be provided to health staffs of the various facilities on timely basis in the district.
3. Most of the NHM Health staff are underpaid, and are having lots of responsibilities, therefore, they leave their jobs. Therefore, it is strongly recommended to increase the remuneration of the NHM staff.
4. No CT scan and Dialysis facility is available in the facility. Therefore, it is strongly recommended to provide the CT scan and Dialysis facility to the SDH Islampur as there is no district hospital in the district and people are forced to go to private health facility that increase the OOPE of people.
5. As there are many child and maternal deaths are being reported under the heads of 'death due to other causes, so it is very difficult to form any policy and programme due avoid these avoidable deaths. Therefore, it is strongly recommended to developed some mechanism or there should be some training to identify the cause of these deaths so that some particular programmes can be implemented keeping the causes in mind to avoid these deaths.
6. At the Ashta health facility the space for the medicine store is not available, hence, medicines are kept in the quarter. Therefore, it is recommended to make a provision to contract new store room.
7. As there is only one Pharmacist is in place. If the person goes on leave MO has to dispensed medicine to the patients at the Ashta Community Health Centre. Hence, it is recommended by keeping the workload of the heath facility to create one extra post of Pharmacist and appoint at the earliest.
8. There is only one SNCU available in the district hospital another one SNCU established in the district for emergency babies admitted in the district to provide the emergency services to new born children's in the district.

## 5. Glimpses of the Sangli district PIP monitoring visit, 6-10 September 2021.

	
<p>Visit to SC Mirajwadi</p>	<p>Visit to PHC Walva</p>
	
<p>Visit to SDH Islampur</p>	<p>Visit to DEIC</p>
	
<p>Akram Khan, PRC, Pune</p>	<p>Bal Govind Chauhan, PRC, Pune</p>