

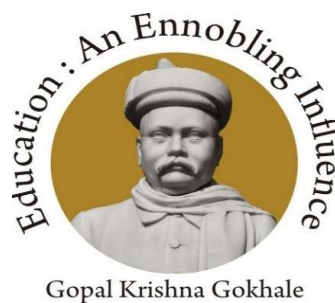


Monitoring and Evaluation of Programme Implantation Plan, 2021-2022

Yavatmal District, Maharashtra.

By

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Monitoring and Evaluation of Programme Implementation Plan, 2021-22

Yavatmal District, Maharashtra

Executive Summary

The Ministry of Health and Family Welfare, Government of India has assigned Population Research Centre's (PRCs) the task of monitoring of essential components of National Health Mission State Programme Implementation Plan (PIP 2021-22). It is expected that a timely and systematic assessment of the key components of NHM can be critical for further planning and resource allocations. Considering PIP as a major task, Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune would identify critical concerns in implementation of NHM activities and also evolve suitable quality parameters to monitor the NHM components. This report presents the key findings from the concurrent monitoring of essential components of NHM in Yavatmal district of Maharashtra. The report is prepared on the basis of field-based observations and visits to selected public health facilities in Yavatmal district during 20 December to 23 December 2021. Sub District Hospital Yavatmal, CHC Arni, PHC Lonbehal and Sub Centre Sukli were visited facilities for the study by the PRC team. Structured checklists were used to collect information on human resources, infrastructure, funds utilization, training, health care services including drugs and equipment's, family planning, disease control programmes and other programmes under the NHM.

A. District Profile:

Yavatmal District is located in the Western Vidharbha region. It is surrounded northeast by Wardha District, to the east by Chandrapur District, to the north of Andhara Pradesh State and Nanded District, and to the west by Washim District. Yavatmal district comprises sixteen tehsils namely Arni, Umardhed, Kalamb, Pandharkawada (Kelapur), Ghatanji, Zari-Jamni, Darwha, Digras, Ner, Pusad, Babhulgaon, Mahagaon, Maregaon, Yavatmal, Ralegaon and Wani. Yavatmal remained part of Madhya Pradesh until the 1956. At the time of reorganization of states it was transferred to the State of Mumbai (Bombay). With the creation of the Maharashtra State on 1 May 1960, Yavatmal district.

In the socio-economic development of the district agricultural products, old temples, tourist places, business centres, industries contribute a lot. Old Forts are not present in the district. In view of tourism, few temples and huge forest with beautiful vegetation cover attracts tourist as well as devotees.

Cotton is a major cash crop in the district for which large market is available in the Vidarbha region. Various cotton based industries such as cotton collection centres, cotton ginning factories, textile mills etc are established in the district. Raymond's cotton related project is working since long back which gives special identity to the district.

Key Observations of the District:

- Services of ANC, PNC, deliveries, Notational care, Immunization, JSY, JSSK are being implemented at various levels of service points in the district.
- Yavatmal district have no district hospital. CS post is available, and CS is doing the administrative work of SDH and CHC in the district.
- Government of Maharashtra has sanctioned the Women's hospital, the building was completed but staff and instruments are not provided to this hospital, at present, this building is used for a covid center.
- Yavatmal district has no functional SNCU in public health facilities There is functional NBSU in SDH pandharkavada, but this was only a 50 bedded facility and there was a shortage of staff.
- NRC is functional at Pandharkavda SDH. It is in a good condition with ten beds.
- Heavy workload is observed at SDH pandharkavda due to ANC and delivery patients.
- Labour room and OT is functional good?? in the (Pandharkawada) facility.
- ARNI CHC is in the main market area, and the space is congested. CHC is facing a shortage of space. Horizontal expansion is not possible due to the high land price. Hence CHC authorities demand the double story building for CHC.
- CHC ARNI got a district KAYAKALP award in 2018-2019, and 2019-2020.
- Heavy workload at Arni CHC, but this facility is facing the problem of space.
- PHC Lonbehal is facing a shortage of human resources. There is only one MO officer.
- PHC staff have not attended any kind of training. Many concepts are not clear.
- PHC has no compound wall available.
- In the district visited facilities, there are no updated records maintained in the facility.
- SC Sukali has no conducted delivery due to no delivery room available in sc.

Many PHC and SC staff is working in vaccinations of covid in district.

Recommendations/ Suggestions:

- This is high priority district, and the facility for C-section delivery should be extended to all the referral facilities by appointing specialists at respective places.
- Provision for fund wall compound for PHC Lonbehal.
- Require one more MO to PHC Lonbehal.
- Provision for the fund for CHC Arni new building.
- Regular medicine supply for NCD clinic.
- PHC staff quarters are very old and insufficient urgently repair the quarters.
- Provision for establishing one SNCU in a public health facility in the district.
- Train to staff for the updated record.

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

Indicator	Remarks/ Observation
1) Total number of Districts	1
2) Total number of Blocks	16
3) Total number of Villages	1822
4) Total Population	3053733 (As per census2011)
5) Rural population	2411873 (As per census2011)
6) Urban population	641860 (As per census2011)
7) Literacy rate	82%
8) Sex Ratio	991
9) Sex ratio at birth	933
10) Population Density	204
11) Estimated number of deliveries	45419

12) Estimated number of C-section	2270
13) Estimated numbers of live births	45419
14) Estimated number of eligible couples	458060
15) Estimated number of leprosy cases	231
16) Target for public and private sector TB notification for the current year	2934
17) Estimated number of cataract surgeries to be conducted	7326

Mortality Indicators:	Previous Year		Current Year	
	Estimated	Reported	Estimated	Reported
Maternal Death	Data not available	18	Data not available	19
Child Death	Data not available	40	Data not available	17
Infant Death	Data not available	183	Data not available	147
Still birth	Data not available	89	Data not available	52
Deaths due to Malaria	Data not available	0	Data not available	0
Deaths due to sterilization procedure	Data not available	0	Data not available	0

Facility Details		
• <input type="checkbox"/> District Hospitals (500 beds)	NA	NA
• <input type="checkbox"/> Sub District Hospital (100 beds)	3	3
• <input type="checkbox"/> Community Health Centers (CHC) (30 beds)	14	14
• <input type="checkbox"/> Primary Health Centers (PHC)/HWC	63	63
• <input type="checkbox"/> Sub Centers (SC)	435	435
• <input type="checkbox"/> Urban Primary Health Centres (U PHC)	6	6

• <input type="checkbox"/> Urban Community Health Centers (U-CHC)	0	0
• <input type="checkbox"/> Special Newborn Care Units (SNCU)	1	0
• <input type="checkbox"/> Nutritional Rehabilitation Centres (NRC)	1	1
• <input type="checkbox"/> District Early intervention Center (DEIC)	1	1
• <input type="checkbox"/> First Referral Units (FRU)	7	7
• <input type="checkbox"/> Blood Bank	0	0
• <input type="checkbox"/> Blood Storage Unit (BSU)	Non functional	
• <input type="checkbox"/> No. of PHC converted to HWC	63	63
• <input type="checkbox"/> No. of U-PHC converted to HWC	2	2
• <input type="checkbox"/> Number of Sub Centre converted to HWC	256	256
• <input type="checkbox"/> Designated Microscopy Centre (DMC)	0	0
• <input type="checkbox"/> Tuberculosis Units (TUs)	0	0
• <input type="checkbox"/> CBNAAT/TruNat Sites	1	1
• <input type="checkbox"/> Drug Resistant TB Centers	1	1
• <input type="checkbox"/> Functional Non-Communicable Diseases (NCD) clinic. • <input type="checkbox"/> At. DH • <input type="checkbox"/> At, SDH • <input type="checkbox"/> At. CHC	0 3 13	0 3 13
Institutions providing Comprehensive Abortion Care (CAC) services. • <input type="checkbox"/> Total no. of Facilities. • <input type="checkbox"/> Providing 1 st trimester services. • <input type="checkbox"/> Providing both 1 st &2 nd trimester services	None	None

Source: DPMU, Yavatmal district

B. Public Health planning and implementation of National Programmes:

District Health Action Plan (DHAP):

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

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

Indicator	Remarks/ Observation
• Whether the district has prepared any District Programme Implementation Plan (PIP) for current year and has submitted it to the states (verify)	DHAP (PIP) submitted to the state and it has sanctioned.
• Whether the District has received the approved District Health Action Plan (DHAP) from the state (verify).	Sanctioned Action Plan (DHAP) by state. September 2021
• Date of first release of fund against DHAP	-
• Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	No Pending
• Details of Construction completed but not handed over	New construction of SNCU at Government Medical College Yavatmal

C. Service Availability:

There is 3 SDH, 14 CHCs, 63 PHCs and 435 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 63 PHCs; 256 SCs are converted into HWCs. In the district, free drug policy is being implemented under all national programs and for BPL patients. In the district lab tests are done on minimum charges. In house lab tests are available in the facilities of the district for most of the diagnostics tests. Besides this HLL Life Care Ltd. is appointed by the state for providing diagnostic test services which are being done at the health facilities. In Yavatmal district Sub District hospital is providing good services in the district. This facility conducts 500 to 600 deliveries per month, includes both normal and C-section deliveries, this facility is facing the shortage of manpower and funds. In this district all facilities are facing the manpower problem.

RBSK:

There were total 43 RBSK teams sanctioned in the district. 31 teams are consisting of fully human resource, and 37 teams have the vehicle. Per block 2 teams are working in the district. The average number of children's screened per day is 110 and the number of children born in delivery points screened for defects at births are reported 56 in the period of April to November 2021. All blocks are having RBSK teams.

NBSU: In the district NBSUs facility is available at two places, one at Pandharkawada and other one. During April 2021 to October 2021, total 898 children were admitted in the NBSU in the district. one children died in the NBSU. 280 children were referred to higher facilities during the reference period

Number of children admitted in NBSU in Yavatmal district.

SDH	Inborn	Out-born
Admission	898	64
Discharged	674	0
Referral	280	0
LAMA	36	0
Died	01	0

Source: DPMU, Yavatmal district.

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

Nutrition Rehabilitation Centres (NRC): In the district NRC are available in the district. Among the total admitted children, 02 children were admitted due to Bilateral Pitting Oedema, , 26 due to <3SD WFH, 06 with Diarrhea, 21 children were admitted due to ARI/Pneumonia and 21 children were admitted due to other causes during the reference

period. 38 was admitted due to MUAC<115 during the reference period. Out of total admitted children to the NRC, 11 were referred by frontline workers, 13 self admitted, 0 were by RBSK and 42 through pediatric ward / emergency.

MMU: There are 01 mobile medical units working in the district. About 41 villages covered by one MMU. In one MMU, average number of patients treated is 33415 through OPD per month. In case of lab services each one of them are conducting 23611 lab tests approximately. No X-ray facility available with MMUs. Average number of blood smears collected/Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month is 185. There is no Average Number of patients referred to higher facilities. Pertaining to the referral services district is having a total number of 18 Basic Life Support (BLS) (on the road) and 5 Advanced Life-support (ALS on the road) ambulances with GPS fitted. Average trips per ambulance is 100 per day.

Table 3: Details about the health service delivery in the Yavatmal district, 1st April – October 2021.

	Indicators	Remarks/ Observation
1	Implementation of Free drugs services (if it is free for all)	Yes
2	Implementation of diagnostic services (if it is free for all) Number of lab tests notified	Yes
3	Status of delivery points	
i.	No. of SCs conducting >3 deliveries/month	3
ii.	No. of 24X7 PHCs conducting > 10 deliveries /month	3
iii.	No. of CHCs conducting > 20 deliveries /month	6
iv.	No. of DH/ District Women and child hospital conducting > 50 deliveries /month	NA
v.	No. of DH/ District Women and child hospital conducting C-section	NA
vi.	No. of Medical colleges conducting > 50 deliveries per month	1
vii.	No. of Medical colleges conducting C section	1

4	Number of institutes with ultrasound facilities (Public +Private)	18	
i.	Of these, how many are registered under PCPNDT act	18	
5	Details of PMSMA activities performed	ANC check Up- 872 USG Done- 413 High risk ANC Identified-164	
6.	RBSK		
i.	Total no. of RBSK teams sanctioned	43	
ii.	No. of teams with all HR in-place (full team)	31	
iii.	No. of vehicles (on the road) for RBSK team	37	
iv.	No. of Teams per Block	14 Blocks have 2 teams, 2 Blocks have one team	
v.	No. of block/s without dedicated teams	12	
vi.	Average no of children screened per day per team	110	
vii.	Number of children born in delivery points screened for defects at birth	56 (Visible birth defect)	
7.	Special Newborn Care Units (SNCU)	Non Functional	
i.	Total number of beds • <input type="checkbox"/> in radiant warmer • <input type="checkbox"/> Stepdown care • <input type="checkbox"/> Kangaroo Mother Care(KMC) unit	NA	
ii.	Number of non-functional radiant warmer for more than a week	NA	
iii.	Number of non-functional phototherapy unit for more than a week	NA	
		Inborn	Out born
iv.	Admission	0	0
v.	Defects at birth	0	0
vi.	Discharged	0	0
vii.	Referral	0	0
viii.	LAMA	0	0
ix.	Died	0	0

8.	Newborn Stabilization Unit (NBSU)		
		In born	Out born
i.	Admission	898	64
ii.	Discharged	674	6
iii.	Referral	280	0
iv.	LAMA	36	0
v.	Died	01	0
9.	Nutrition Rehabilitation Centers (NRC)	Total Progressive admission-79	
i.	Admission <ul style="list-style-type: none"> • <input type="checkbox"/> Bilateral pitting oedema • <input type="checkbox"/> MUAC < 115 • <input type="checkbox"/> < -3SD WFH with Diarrhea • <input type="checkbox"/> ARI/ Pneumonia • <input type="checkbox"/> TB • <input type="checkbox"/> HIV • <input type="checkbox"/> Fever • <input type="checkbox"/> Nutrition related disorder • <input type="checkbox"/> Others 	2 38 26 21 0 0	
ii.	Referred by <ul style="list-style-type: none"> • <input type="checkbox"/> Frontline worker • <input type="checkbox"/> Self • <input type="checkbox"/> Ref from VCDC/ CTC • <input type="checkbox"/> RBSK • <input type="checkbox"/> Pediatric ward/ emergency 	11 13 0 0 0 42	
iii.	Discharged	60	
iv.	Referral/ Medical transfer	5	
v.	LAMA	1	
vi.	Died	0	
10.	Home Based Newborn Care (HBNC)	Yes	

i.	Status of availability of HBNC kit with ASHAs	2252
ii.	Newborns visited under HBNC	3207
iii.	Status of availability of drug kit with ASHAs	Yes
11	Number of Maternal Death Review conducted <ul style="list-style-type: none"> • <input type="checkbox"/> Previous year • <input type="checkbox"/> Current FY 	18 19

12	Number of Child Death Review conducted ● <input type="checkbox"/> Previous year ● <input type="checkbox"/> Current FY	40 17
13	Number of blocks covered under Peer Education (PE) programme	16
14	No. of villages covered under PE program	4118
15	No. of PE selected	4118
16	No. of Adolescent Friendly Clinic (AFC) meetings held	885
17	Weekly Iron Folic Acid Supplementation (WIFS) stock out	165289
18	No. of Mobile Medical Unit (MMU) (on the road and micro-plan	1
i.	No. of trips per MMU per month	41
ii.	No. of camps per MMU per month	0
iii.	No. of villages covered	41
iv.	Average number of OPD per MMU per month	33415
v.	Average no. of lab investigations per MMU per Month	23611
vi.	Avg. no. of X-ray investigations per MMU per Month	0
vii.	Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	185
viii.	Avg. no. of sputum collected for TB detection per MMU per month	0
ix.	Average Number of patients referred to higher facilities.	0
x.	Payment pending (if any) If yes, since when and reasons thereof	No
19	Vehicle for Referral Transport	
i.	No. of Basic Life Support (BLS) (on the road) and their distribution	18
ii.	No. of Advanced Life Support (ALS) (on the road) and their distribution	5

		ALS	BLS
iii.	Operational agency (State/ NGO/ PPP)	PPP BVG India Limited	PPP
iv.	If the ambulances are GPS fitted and handled through centralized call center	3	0
v.	Average number of calls received per day	3	3
vi.	Average number of trips per ambulance per day	100	100

vii.	Average km travelled per ambulance per day	0	0
viii.	Key reasons for low utilization (if any)	97	0
ix.	No. of transport vehicle/102 vehicle (on the road)	0	
x.	If the vehicles are GPS fitted and handled through centralized call center	1	
xi.	Average number of trips per ambulance per day	50	
xii.	Average km travelled per ambulance per day	Nil	
xiii.	Key reasons for low utilization (if any)	0	
20	Universal health screening		
i.	If conducted, what is the target population	9 Lac	
ii.	Number of Community Based Assessment Checklist (CBAC) forms filled till date	Approx-26940	
iii.	No. of patients screened, diagnosed, and treated for: Hypertension Diabetes Oral cancer Breast Cancer Cervical cancer	265 97 1 0 0	
21	If State notified a State Mental Health Authority	Yes	
22	If grievance redressed mechanism in place	Yes	
	<ul style="list-style-type: none"> Whether call center and toll-free number available 	Yes	
	<ul style="list-style-type: none"> Percentage of complains resolved out of the total complains registered in current FY 	0	
23	If Mera-aaspatal has been implemented	Yes RH/SDH.	

24. Payment status:	No. of beneficiaries	Backlog	DBT status
• <input type="checkbox"/> JSY beneficiaries	9374	1231	5775
• ASHA payment:			
• <input type="checkbox"/> A- Routine and recurring at increased rate of Rs. 2000 pm	2389	Data Not provide	38
• <input type="checkbox"/> B- Incentive under NTEP	8000		
• <input type="checkbox"/> C- Incentives under NLEP	1157		----
• <input type="checkbox"/> Payment of ASHA facilitators as per revised	1177		1177

norms (of a minimum of Rs. 300 per visit)			
• <input type="checkbox"/> Patients incentive under NTEP program me	0		0
• <input type="checkbox"/> Provider's incentive under NTEP program me	0		0
• <input type="checkbox"/> FP compensation/ incentive	0		0
• <input type="checkbox"/> 25. Implementation of Integrated Disease Surveillance Programme (IDSP)	Yes		

.If Rapid Response Team constituted, what is the composition of the team	Yes
• <input type="checkbox"/> No. of outbreaks investigated in previous year and in current FY	01-2020 2020-2021
• <input type="checkbox"/> How is IDSP data utilized	Monitoring Disease Trends in District
• <input type="checkbox"/> Proportion (% out of total) of Pvt. health facilities reporting weekly data of IDSP	0% Private- Not included
<input type="checkbox"/> 26. Implementation of National Vector Borne Disease Control Programme (NVBDP)	Yes
<input type="checkbox"/> • <input type="checkbox"/> Micro plan and macro plan available at district level.	Yes
• <input type="checkbox"/> Annual Blood Examination Rate	10.6
• <input type="checkbox"/> Reason for increase/ decrease (trend of last 3 years to be seen)	Covid-19
• <input type="checkbox"/> LLIN distribution status	No
• <input type="checkbox"/> IRS	No
• <input type="checkbox"/> Anti-larval methods	Yes
<input type="checkbox"/> • <input type="checkbox"/> Contingency plan for epidemic preparedness	Yes
• Weekly epidemiological and entomological situations are monitored	Yes
• No. of MDR rounds observed	One in East Zone
• No. of districts achieved elimination status for	13/4000

Lymphatic Filariasis i.e. mf rate<1%	
27. Implementation of National Tuberculosis Elimination Programme (NTEP)	Yes
•Target TB notification achieved	5000/2962
•Whether HIV Status of all TBpatient is known	Yes, If no of TB patients with known HIV status 2842/2962, 97%
•Eligible TB patients with UDST testing	2148, 72 %
•Whether drugs for both drug sensitive and drug resistance TB available	Available
•Patients notification from public sector	No. of Patients notified -1888 Treatment Success rate---89.43 No of MDR TB Patients-----54 Treatment initiation among MDR TB Patients---52
•Patients notification from private sector	No. of Patients notified -----1073 Treatment Success rate-----66.97 No of MDR TB Patients-----0 Treatment initiation among MDR TB Patients--0
•Beneficiaries paid under NikshayPoshanYojana	1968
•Active Case Finding conducted as per planned for the year	Yes
28. Implementation of National Leprosy Eradication programme (NLEP)	Yes
•No. of new cases detected	231
•No. of G2D cases	1
•MDT available without interruption	100 %
•Reconstructive surgery for G2D cases being conducted	1
•MCR footwear and self-care kit available	Mcr-0, Self-Care kit-50
29. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	01

□30. Percent of health workers immunized against Hep B	Data is not Provided by DPMU
□31. Key activities performed in current FY as per ROP under National Fluorosis Control program me	Data is not Provided by DPMU
32. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	AnaemiaMukt Bharat Campaign conducted
33. Key activities performed in current FY as per ROP under National Tobacco Control program me	Tobacco Free School campaign 120 School Oral checkup Camp conducted Yellow Line Campaign 75 school
34. Number of ASHAs □•□Required as per population □•□Selected □•□No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population □•□No. of villages/ slum areas with no ASHA	2494 2411873 2394 2394 100 100
35. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) □•□No. of ASHAs enrolled for Pradhan MantriJeevanJyoti BimaYojana (PMJJBY) •□No. of ASHA Facilitator enrolled for Pradhan Mantri JeevanJyotiBimaYojana (PMJJBY) (same?) •□No. of ASHAs enrolled for Pradhan MantriSuraksha BimaYojana (PMSBY) •□No. of ASHA Facilitators enrolled for Pradhan Mantri SurakshaBimaYojana (PMSBY) □•□No. of ASHAs enrolled for Pradhan MantriShram Yogi MaandhanYojana (PMSYMY) •□No. of ASHA Facilitators enrolled for Pradhan Mantri	1691 78 1938 72 1211 71

Shram Yogi Maandhan Yojana (PMSYMY) •				
. Any other state specific scheme_____ □	Atal Pension Scheme:- 718			
36. Status of MahilaArogya Samitis (MAS)- •□a. Formed •□b. Trained •□c. MAS account opened	100 55 55 55			
•□37. Status of Village Health Sanitation and Nutrition Committee (VHSNC) •□a. Formed •□b. Trained •□c. MAS account opened	1746 1746 1746 1746			
38. Number of facilities quality certified	08 Kayakalp			
39. Status of Kayak alp and Swachh SwasthSarvatra (SSS)	Internal Assessment 63+16			
40. Activities performed by District Level Quality Assurance Committee (DQAC)	Monitering Visits Monthly Review Meeting Staff Training			
41. Recruitment for any staff position/ cadre conducted at district level	Yoga Instructor			
42. Details of recruitment	Previous Year		Current FY	
	Regular Cadre	NHM	Regular Cadre	NHM
Total No of Posts vacant at the beginning of FY	303	292	303	292
Among these, no, of posts filled by state.	-	21	-	21
Among these no. of posts filled by district level	-	621	-	621
43. If state has comprehensive (common for regular and contractual HR) Human Resource Information System (HRIS) in place	No			

Source: DPMU, Yavatmal district

D. Implementation of CPHC;

Table 4: status of CPHC in the district as on October 2021.

Indicator	Planned	Completed
1. Number of individuals enumerated	40,000	40,000
2. Number of CBAC forms filled	26940	26940
3. Number of HWCs started NCD screening:		
a. SHC- HWC	256	256
b. PHC- HWC	63	63
c. UPHC – HWC	2	2
4. Number of individuals screened for: TB		
a. Hypertension	265	265
b. Diabetes	37	37
c. Oral Cancer	1	1
d. Breast Cancer	0	0
e. Cervical Cancer	0	0
5. Number of HWCs providing Teleconsultation services	285	741314
6. Number of HWCs organizing wellness activities	51	13956

Source: DPMU, Yavatmal 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 40,000 individuals have been enumerated during the period and about 26940 CBAC forms are filled. Total number of 256 SHC-HWC, 63 PHC-HWC and 2 UPHC-HWC has started screening for NCDs in the district. Total number of scanned cases for selected NCDs are given in the table. All the SCs, PHCs and UPHCs has planned/sanction to convert into HWCs. Only 285 HWCs are providing Tele-consultation Services and 51 HWCs have organised the wellness activities during the reference period. During April to October 2021, a total of 265 patients for Hypertension, 37 patients for Diabetes, 1 for Oral Cancer, 0 patients for Breast Cancer and 0 patients for Cervical Cancer were screened.

E: Status of Human Resource:

In the District 1591 post is sanctioned for different types of the posts. (by DHO and CS). Total 948 posts are filled in the district, and total 643 posts are vacant. Total 1591 posts are regular. According to district DPMU, NHM post is also sanctioned in the district.

Table 5: Status of Human resource (Regular) at public health facility in the Yavatmal district as on 30 November 2021

Name of the Post	Sanctioned	In place	Vacant
Class I	112	101	11
Class II	19	17	02
Class III	1397	792	605
Class IV	63	38	25
Total	1591	948	643

Source: DPMU, Yavatmal district

Name of the Post	Sanctioned	In place	Vacant
Total NHM posts in District.	1261	969	292

Source: DPMU, Yavatmal district

F: State of Fund Utilization:

Budget Component details ,2021-2022.

Status of Expenditure as on 22-12-2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization .
1.FMR:Service delivery: facility Based.	537.25	130.04	24
2.FMR: Service delivery: Community Based	133.78	43.46	32
3.FMR: community Intervention	1142	865.74	76
4.FMR: Untied Grands	282.86	865.74	76
5. FMR: Infrastructure	617.74	223.82	36

6 FMR:Procurement	187.53	45.05	24
7. FMR: Referral Transport	138.86	84.05	61
8.FMR: Human Resource (Service Delivery)	2613.05	1470.04	56
9. FMR: Training	71.35	6.11	9
10.FMR:Review Research and Surveillance.	6.50	0	0
11.FMR:IEC-BCC	98.58	28.12	29
12.FMR:Prrinting	26.14	5.69	22
13. FMR: Quality	10.97	3.47	32
14.FMR:Drug Warehouse &Logistic	27.86	8.88	32
15. FMR:PPP	69.78	0.72	1
16. FMR: Program me Management	460.87	192.49	42
16.1FMR:PM Activities Sub Annexure.	Yes	Yes	Yes
17. FMR:IT Initiatives for Service Delivery.	16.06	0	0
18. FMR: Innovations.	9.05	0	0

Source: DPMU, Yavatmal district. (#DPMU was given reason for Underutilization Budget).The expenditure seems to be less, as provision is for the year, because it gets lack of fund.

G: Programme wise:

Status of Expenditure as on 1/04/2021 to 20/12/2021

Indicator	Budget Released (in lakhs)	Budget Utilized. (In lakhs)	Reason for low utilization.
1.RCH and Health Systems Flexi pool	Reason Not given		
• <input type="checkbox"/> Maternal Health	237.01	76.57	
• <input type="checkbox"/> Child Health	50.95	4.98	
• <input type="checkbox"/> RBSK	182.46	47.38	
• <input type="checkbox"/> Family Planning	64.48	2.16	
• <input type="checkbox"/> RKSK/Adolescent health	162.16	35.01	
• <input type="checkbox"/> PC-PNDT	0.60	0	
• <input type="checkbox"/> Immunization	23.97	7.18	
• <input type="checkbox"/> United Fund	282.17	116.33	

• <input type="checkbox"/> Comprehensive Primary Health care (CPHC)	-	-	
• <input type="checkbox"/> Blood Services and Disorders	-	-	
• <input type="checkbox"/> Infrastructure	617.74	223.82	
• <input type="checkbox"/> ASHAs	1120.32	851.53	
• <input type="checkbox"/> HR	2613.05	1470.04	
• <input type="checkbox"/> Program me Management	460.87	192.49	
• <input type="checkbox"/> MMU	24.52	16.06	
• <input type="checkbox"/> Referral Transport	138.86	84.05	
• <input type="checkbox"/> Procurement	187.53	45.05	
• <input type="checkbox"/> Quality Assurances	10.97	3.47	
• <input type="checkbox"/> PPP	69.78	0.72	
• <input type="checkbox"/> NIDDCP	0	0	
2. NUHM	185.74	86.58	
3.Communicable Diseases Pool.	-		
• <input type="checkbox"/> Integrated Disease Surveillance program me(IDSP)	8.78	0.05	
• <input type="checkbox"/> National Vector Borne Disease control programme (NVBDP)	7.99	0.50	
• <input type="checkbox"/> National Leprosy Eradication program me (NLEP)	74.69	16.40	
• <input type="checkbox"/> National TB Elimination programme (NTEP)	234.87	72.92	
4. Non Communicable Diseases pool.	-	-	
• <input type="checkbox"/> National programme for control of Blindess and vision Impairment (NPCB+VI)	1360	4.45	
• <input type="checkbox"/> National Mental Health Programme.(NMHP)	13.61	0	
• <input type="checkbox"/> National Programme for Health care for	1.0	0	

the Elderly (NPHCE)			
•□National Tobacco control Pragamme.(NTCP)	4.67	0	
•□National Programme for Prevention and control of Diabetes Cardiovascular	16.23	0	

•□National Dialysis programme.	2.26	0	
•□National Programme for Climate change and human health (NPCCHH)	1.30	0.00	
•□National Oral health programme(NOHP)	2.12	0.00	
•□National Programme on palliative care (NPPC)	0.00	0.00	
•□National Programme for prevention and control of Fluorosis (NPPCF)	2.0	0.00	
•□National Rabies control programme (NRCP)	1.56	0	
•□National Programme for prevention and control of Deafness(NPPCD)	0.0	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	

Source: DPMU, Yavatmal district.

H: Status of Training:

Training status of the district is as follows. Trainings are conducted in Health and Family Welfare Training center. HFWTC planned 16,964 sessions in the year, 30 persons for each session. Up till now only 14,185 sessions completed by HFWC due to covid 19 pandemic. One thing is not mentioned to staff category here.

Status of training obtained by health delivery persons as on 22-12-2021 in Yavatmal district.

Training Details	Planned sessions	Completed
SAB	32	23
BEMOC	6	6
RI	336	257
RI	60	40
RI NUHM Staff	24	0
Cold Chain Handler	40	40
MTP/MVA	0	0
AEFI Trg	336	0
PPIUCD	20	0
PPIUCD	20	20
RTI/STI	0	20
NSSK	0	0
NSSK	32	0
Child Death Review	90	0
Minilap Trg	6	0
Minilap Refresher	4	4
NTEP	90	0
IMEP	0	0
SAANS Skills Station	720	0
IYCF one day	540	0
IYCF	30	20
KMC	34	34
Covid 19 Training	120	91
Asha Induction	60	45
ASHA HBNC I	2394	2335
ASHA HBNC II	2394	2331
ASHA HBNC III	2394	2302
ASHA HBNC IV	2394	2288
NCD ASHA	2394	2002
HBYC ASHA	2394	2327
HBYC Supportive Supervision	0	0
HBNC BF/BCM Trg	0	0

Source: HFWTC, Yavatmal district.

Service Availability at the Public health facilities:

The observations made by the monitoring team during the visit to various health facilities are listed below. The points summarize the broad status of the health facilities with regards to infrastructure, service delivery, manpower, drugs and equipment, NHM programmes etc. The monitoring team visited the following health facilities comprising of Sub district Hospital, one CHC, one PHC, and one Sub Centre of the district.

1. Service Delivery: Sub District Hospital: Pandharkawada

Yavatmal sub district Hospital situated at Pandharkawada. It is 50 bedded hospitals and DCHC 70 oxygen beds available here.. It is located in Government Old Building Facility. Facility is geriatric and disable friendly. Electricity is available with power back up. 24*7 running water is available. Separate toilets are there for male and female, drinking water is available, Drug store is available but it is very small and racks are old. It is well accessible from main road. Waste management is out sourced. OPD timing of the facility is 8.30 am to 12.30 pm and emergency services are 24*7 available. Rest room for ASHAs is available in the facility. This facility is referring emergency patients to GMC, Yavatmal.

List of Sub District Hospital providing health services to needed people:

- ☐ This facility provides ANC Clinic, Immunization services (ANC and Child), all family planning services, No SNCU service is provided here , NRC is available in SDH, blood bank is not available, USG , X-Ray, 24*7 Pediatric OPD and IPD service is available in hospital., It also provide 24*7 Orthopedic Service
- ☐ General emergency services are available for Triage, Resuscitation, and Stabilization needed in the district.
- ☐ Facility has functional and good conduction obstetrics & gynecology OT in the facility.
- ☐ Facility is providing Birth does for every new-born child and every newborn is breastfed within one hour of birth.
- ☐ Blood bank is not available in the facility, This SDH is tie up with private Blood bank.
- ☐ Number of maternal deaths reported in the facility are 0 in current year and 0 in previous year.
- ☐ IT service is available with computers and internet service. Quality of internet is good.
- ☐ X-Ray services are available in the facility. There were two AERB certified X-ray machines available in facility. From April to October 2021, 555 X-rays were done in facility.
- ☐ USG services are also available. Free services for BPL, elderly, JSSK beneficiaries and COVID patients.
- ☐ Sufficient supplies of essential consumables, rapid testing kits are there.
- ☐ In house Diagnostic facility is available (in addition state has appointed HLL for the same). From April to October 2021, 1354 diagnostic test are done in facility.
- ☐ PM National Dialysis programme is not implemented in the facility.

- ☐ This facility received KAYAKALP award on 2018-19 and its score is 86 %. It also provide LaQshya Facility
- ☐ JSSK entitlements are being provided to all JSSK beneficiaries in the facility.
- ☐ Facility have heavy work load of deliveries, monthly 500 to 600 deliveries are conducted in the facility, facing the shortage of manpower.
- ☐ Sub District Hospital has friendly health clinic, which provides the counselling to adolescents.

Status of Human resource at Sub District Hospital, Yavatmal district

Human Resource	Sanctioned	Filled	Vacant
Medical Superidentent	1	1	0
Medical Officer	7	7	0
Dentist	1	0	1
Assistant Matron	1	1	0
Staff Nurse	2	1	1
Assistant Superidentent	1	1	0
Senior Clerk	1	1	0
Junior Clerk	2	1	1
Lab. Technician	1	0	1
X-ray Technician	1	1	0
Lab Assistant	1	1	0
Pharmacist	3	3	0
Ophthalmologist Assistant	1	0	1
Staff Nurse	12	8	4
Driver	1	1	0
OPD Ward Boy	1	1	0
OT Attendant	1	1	0
Skin Specialist	1	1	0
Wardboy	5	3	2
Peon	2	2	0
Sweeper	2	2	0
Total	48	37	11

Source: Sub District Hospital, Yavatmal district.

This is a 50 bedded hospital sectioned Class I posts are 7 totally filled. Other many posts are vacant in the facility so urgently filled the posts in this facility. sub District hospital NCD Clinic facility on a daily basis in the reference period from April to November 2021 number of Individuals screened for following in last six months are reported.

SDH	Screened	Confirmed
•☐Hypertension	3202	812
•☐Diabetes	3200	933
•☐Oral Cancer	700	0
•☐Breast Cancer	300	0
•☐Cervical Cancer	21	0

2. Community Health Centre (CHC) Arni:

Arni Community Health Centre is in Arni Block, this facility about 45 km's away from district headquarters. It is 30 bedded hospitals. It is located in government buildings. The building condition is good but the rooms are very small. Electricity is available, and power backup is available in all parts of the facility. There is 24*7 running water in the facility. Separate toilets are there for male and female wards, and toilets are attached to labor room. Drinking water is available in the facility. The drug store room is available. There are insufficient racks for drug store in the facility. It is well accessible from main road. Waste management is outsourced to a private agency. Facility have very heavy work load but man power shortage is there. OPD timing of the facility are 8 am to 12 pm and 4 pm to 6 pm. facility provides ANC, PNC care. OPD, IPD, Dentist clinic, lab services to people

CHC Staff Regular and Contractual

Designation	Sanctioned Position	Filled	Vacant	Contractual
Medial Officer Class I	1	1	0	0
Medial Officer Class II	3	2	1	0
Dental surgeon	1	1	0	0
Asst.Office superidentent	1	1	0	0
Jr. Clark	2	2	0	0
Staff Nurse	7	6	1	0
Pharmacist	2	2	0	0
Lab tec.	1	0	1	0
Ophthalmologist	1	1	0	0
X-ray technician	1	1	0	0
Dental Assistant	1	0	1	0
Lab Asst.	1	1	0	0
Driver	1	0	1	0
Peon	1	1	0	0
Ward boy	4	3	1	0
Sweeper	2	2	0	0

Total	30	24	6	0
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RBSK Staff:

Designation	Sanctioned Position	Filled	Vacant
Medial Officer	6	5	1
ANM	3	3	0
Pharmacist	3	3	0
Total	12	11	1

Following observation has been made by the monitoring team.

- ☐CHC does not provide O & G, but provide pediatric, dental and X-ray services to people and also New born stabilization unit is available in facility.
- ☐General emergency services are provided in CHC. But there is no telemedicine service available in facility.
- ☐Facility has major operation theatre. There is no blood storage unit available in facility.
- ☐Biomedical waste management practice is outsourced in facility.
- ☐IT services desktop is available and internet connectivity is good in facility.
- ☐Kayakalp award received on 2019-20. And its facility score is 76 %.
- ☐Essential consumables and testing kits supply is sufficient to facility.
- ☐Functional AERB certified X-ray machine is available and 812 X-ray reports done in reference period in facility.
- ☐All services are free to BPL, elderly people, JSSK beneficiaries in the facility.
- ☐Respectful maternity care is implemented in the facility. No maternal or child death in previous year and current year.
- ☐No NCD clinic is functioning on daily basis service providers not trained in cancer services.
- ☐CHC has own ambulance in good condition.
- ☐CHC refer in cases PHC and Sub center 12 in last month. And refer out cases are 58 to GMC

Challenges at the facility:

- ☐Upgradation of Hospital from 30 bed to Min 50 Bed.
- ☐Need Specialisation Post i.e Obstetrics, Surgery, Anesthetics etc.
- ☐Security Guard is not available in facility.
- ☐Specialist Doctors doing CMO duties so specialist's work gets hampered in facility.
- ☐NCD staff should be filled urgently.
 - Blood Storage Units require.

3.Primary Health Centre: Lonbehal:

PHC Lonbehal is about 57 kms from GMC Yavatmal. There are 7 sub centres under this PHC. PHC Lonbehal is easily accessible from the nearest road. PHC is functioning in a government building, but building condition is good. PHC has electricity power back up. Facility has 24*7 running water supply. Toilets are clean and tidy. There are 6 beds available in the facility. There are separate wards for male and female. Bio Medical Waste management is deep burial pit. Drinking water is available. There is sufficient waiting area for OPD patients. There is sufficient space for store room. There is a rest room for ASHAs. Tele Medicine consultation facility is not available at the PHC Centre. Facility timing is morning 8.30 am to 12.30 pm & for emergency 24 hours' service available in the facility.

List of PHC providing health services to needy people.

- ☐ This PHC is converted in HWC, branding is completed, but no other fund and staff are provided to PHC.
- ☐ OPD, IPD Emergency cases (poisoning, snake bites, accidents etc.)
- ☐ ANC, PNC Normal delivery,
- ☐ Family planning services (Minilap, NSV)
- ☐ Other minor operative procedures.
- ☐ MLC & PM/Ophthalmic OPD/Lab services.
- ☐ MCH & immunizations & all notational Programs.
- ☐ All diagnostics and health care services free of cost services to all JSSK beneficiaries.
- ☐ All the essential equipment's are available at PHC. Essential drug list is available but not displayed.
- ☐ Diagnostic tests are in house and the tests for HB, CBC, BSL, Urine albumin and sugar, Blood sugar, Malaria, TB, HIV and Sick Cell, RPR are outsourced to Hind Lab Limited.
- ☐ X-Ray facility is available in the PHC.
- ☐ Total JSY deliveries are conducted around 270 out of 122 benefiter paid the payments in the facility throw THO office.
- ☐ In this PHC well equipped delivery room is available with toilet but space is insufficient.

● ☐ Weakness:

1. In this PHC wall compound of building should be repaired.
- ☐ ☐ ☐ ☐ ☐ his PHC require fully repaired OT. ☐
3. It also requires staff quarter for living.
4. Most of staff is untrained.

Table: PHC Staff Regular and Contractual:

Designation	Sanctioned Position	Filled	Vacant
Medial Officer	2	1	1
Pharmacist	1	1	0
Health Assistant (Male)	2	2	0
Health Assistant (female)	1	1	0
Lab Technician	1	1	0
Health Worker(female)	7	6	1
Health Worker(Male)	7	3	4
Junior Assistant	1	1	0
Attendant	3	1	2
Sweeper	1	0	1
Total	26	17	9

Source: PHC-Lonbehal, Yavatmal district.

NHM staff at PHC

Designation	Sanctioned Position	Filled	Vacant
Contractual ANM	6	4	2
Contratual L.H.V	1	1	0
Total	7	5	2

PHC provides the NCD Clinic facility on a Saturday and arrange camps at SC level as per need. In the reference period, number of Individuals screened for following in last six months are reported.

Under NCD Programme following cases were screened and treated:

	Screened	Confirmed
•☐Hypertension	30	10
•☐Diabetes	26	07
•☐Oral Cancer	25	00
•☐Breast Cancer	20	00
•☐Cervical Cancer	05	00

Source: PHC- Lonbehal, Yavatmal district

Recommendation for PHC:

- ☐Provide funds for new PHC building as per new norms (new plan) to facilitate much better health services.
- ☐Residential building for MO & staff should be urgently repaired.
- ☐X-ray facility should be made available with trained staff.
- ☐Provision for Blood Storage Unit for PHC.
- . OT should be repaired

4. Sub Centre/HWC-Sukli:

The PRC team visited Sukli sub centre /HWC in December, 2021. The facility is at a distance of 7 km from the PHC Lonbehal and well accessible from the road. The Facility is providing OPD, ANC and PNC care, RTPCR, RI, Family Planning services, HBNC and all national programmes are being implemented in the periphery of 4 villages and catering 4562 populations. This facility is converted into HWC and CHO is also appointed there. Branding of the facility is done. The Facility is having 24*7 water supply. Facility is not geriatric and disability friendly. There is no toilet and labour room in subcenter. Drinking water facility is available. There is waiting area for OPD patients, there is specified area for yoga as per the norms of HWC. Facility has no power back up. Essential drug list is available in the facility. All the basic instruments are available in the facility i.e. B.P. instrument, thermometer, DDK and blood, urine testing kits. All essential drugs are being supplied to the facility. There was no shortage of drugs in last one month. Line listing of high-risk women is available. Bio Medical waste practice is available but it is outsource. They collect their biomedical waste and send it to PHC. Sub centre did not conduct any delivery in the centre during the reference period

Table. Available Human Resource at Sub Centre as on December 2021.

Human Resource	Sanctioned	Regular	Contractual
CHO	1	0	1
ANM	1	1	0
MPW	1	1	0
Asha	4	4	0
Total	7	7	0

Source: Sub Centre-Sukli, Yavatmal district.

In this facility 1 ANM (one is regular) with CHO is available in the facility. CHO have only Tablet, ANM is given a tablet with internet facility, but internet quality is very poor. ASHAs do not have smart phones. ASHAs were present at the time of the visit. CHO conducted OPD in the facility. Total OPD from April to October conducted was 1688 in the sub centre.

Under NCD Programme following cases were screened and treated:

Sub Center	Screened	Confirmed
Hypertension	618	42
Diabetes	618	35
Oral Cancer	618	0
Breast Cancer	318	00
Cervical cancer	00	00

Source: Sukli, Yavatmal district

NCD, OPD was conducted by CHO in the sub centre in the reference period. Total number of screened patient is 618 out of which 42 were confirmed for Hypertension, 35 for Diabetes, 0 for oral cancer & 0 for Cervical cancer. All patients are under treatment

Challenge:

- ☐ Sub centre have covered 4 villages; the population is covered is very big leading to heavy workload. So reduce coverage of this facility to give better health service to patient.
- ☐ Internet connectivity is very poor. Provide funds for compound wall for HWC.

Glimpses of the Yavatmal district PIP monitoring visit, 20-23 December 2021.



SDH Pandharkawda



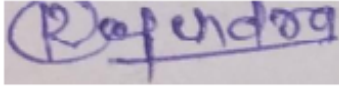
CHC Arni



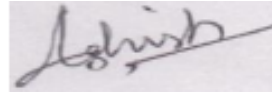
PHC Lonbehal



Sub Center : Sukli

A handwritten signature in blue ink, appearing to read "Rajendra Pol", with a horizontal line underneath the name.

Rajendra Pol

A handwritten signature in blue ink, appearing to read "Ashishkumar Suryawanshi", with a horizontal line underneath the name.

Ashishkumar Suryawanshi