A Report on

Monitoring of Important Components of Programme Implementation Plan of NHM in Latehar District, Jharkhand

By

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Bal Govind Chauhan

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Monitoring and Evaluation of Programme Implementation Plan, 2022-23
Latehar District, Jharkhand

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring and evaluation of the PIP 2022-23 of Latehar District were carried out by the PRC team during 1-5 June, 2022. The District Programme Management Unit (DPMU), District Hospital-Sadar, CHC-Mahuadnar, PHC-Bardauni Sub-Centre-Hami were visited for physical verification and monitoring the important component of NHM. During the field visit the PRC team was accompanied by District Program Manager (officiating). This report discusses in detail the implementation of PIP in Latehar district as observed during the field visit for monitoring. The summary of the key observations is given below:

Areas for Further Improvement

- The cleanliness in all the visited health facilities/hospital need to be improved.
- Maintenance of all the records and register need to improved.
- All the visited health facilities should have complaint Box and condom corner.
- Regular meetings of State & District Health Mission should be held.
- The district needs to bridge the gap between supporting staffs and DPMU.

Infrastructure

- DPM post is vacant in the district and needs to fill on a priority basis.
- Visited District Hospital building is very old; new building is required. Staff Quarters are not in good condition.

Service delivery

- There is an increase in the uptake of the family planning methods over the period of time
- In the visited health facilities, the physical records of RCH indicators did not match with the HMIS portal at the time of visit.
- NCD screening and MCH indicators have shown a significant increase over the period of time.

2. Overview of District

Latehar district is one of the 24 districts of Jharkhand state in eastern India, and Latehar town is the administrative headquarters of this district. This district is part of the Palamu division. It is surrounded by Ranchi, Lohardaga, Gumla, Palamu and Chatra districts of Jharkhand apart from the Chhattisgarh state. The district headquarters is situated at 84.51198 East Longitude and 23.741988 North Latitude.

It's a predominantly tribal district with almost 45.54% of the population belonging to the scheduled tribes. More than 66% of total population comprises SCs and STs. The total area of the district is 3,622.50 km2 and one of the block headquarters is more than 200 km away from the district headquarters. The economy of the people revolves round the forest produces, agriculture and minerals. Rice, fruits, maize, wheat, etc. are the major crops grown here.

The below table 1 provides the socio-economic and demographic indicators of the district. According to the 2011 census, Latehar district had a population of 726978. Latehar had a sex ratio of 967 and a literacy rate of 59.51%. Scheduled Castes and Scheduled Tribes made up 21% and 45.54% of the population respectively.

In the previous year, 16 maternal deaths were reported, whereas 21 maternal deaths were reported from April to January 2022. A total of 104 stillbirths occurred in the previous year, whereas 311 occurred from January to April 2022. Two deaths due to Malaria have been reported from January to April 2022. Fortunately, no deaths due to sterilisation have been reported neither last year nor in the current year. Total seven CHCs, seven PHCs, ninety-seven SCs are operational in the district. Besides, One SNCU, four NRCs, one FRU, one Blood Bank, twelve Microscopy centers (DMCs), seven Tuberculosis units (TUs), eight CBNAAT/TruNat cites, one functional Non-Communicable Diseases clinic is available in the district and only one institution provides comprehensive Abortion care services in the district.

Table 1: District background, health indicator, and facility details of Latehar district, January to April 2022.

Indicator	Remarks/ Observation
1. Total number of Blocks	07
2. Total number of Villages	774
3. Total Population	726978
• Rural population	69997
• Urban population	26981
4. Literacy rate	59.51
5. Sex Ratio	967

6. Sex ratio at birth	971			
7. Population Density	200/ km^2			
8. Estimated number of deliveries (2021-22)	21767			
9. Estimated number of C-section (2021-22)	2176			
10. Estimated numbers of live births (2021-22)	18997			
11. Estimated number of eligible couples (2021-22)	153609			
12. Estimated number of leprosy cases (2021-22)	150			
13. Target for public and private sector TB notification for the current year (2021-22)	840			
14. Estimated number of cataract surgeries to be conducted (2021-22)	1000			
15. Mortality Indicators:	**Previous year**		**Current FY**	
	Estimated	**Reported**	**Estimated**	**Reported**
• Maternal Death		16		21
• Child Death		35		22
• Infant Death		104		152
• Still birth		343		311
• Deaths due to Malaria		0		02
• Deaths due to sterilization procedure		0		0
16. Facility Details	**Sanctioned/ Planned**		**Operational**	
1. District Hospitals	01		01	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	07		07	
4. Primary Health Centers (A PHC)	07		07	
5. Sub Centers (SC)	97		97	
6. Urban Primary Health Centers (A-PHC)	0		0	
7. Urban Community Health Centers (U-CHC)	0		0	
8. Special Newborn Care Units (SNCU)	01		01	
9. Nutritional Rehabilitation Centers (NRC)	04		04	
10. District Early intervention Center (DEIC)	0		0	
11. First Referral Units (FRU)	01		01	
12. Blood Bank	01		01	
13. Blood Storage Unit (BSU)	02		0	
14. No. of PHC converted to HWC	05		04	
15. No. of A-PHC converted to HWC	0		0	
16. Number of Sub Centre converted to HWC	51		37	
17. Designated Microscopy Center (DMC)	14		12	
18. Tuberculosis Units (TUs)	07		07	
19. CBNAAT/TruNat Sites	08		08	
20. Drug Resistant TB Centers	01		01	
21. Functional Non-Communicable Diseases (NCD) clinic	01		01	
22. Institutions providing Comprehensive Abortion Care (CAC) services	01		01	

2.1 Overview: DHAP

In preparation of 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. The District has received the approved PIP on July, 2021 And fund also received in August. All the facilities are sending JSY beneficiaries' data to BMO and from BMO payment is made to the beneficiaries through DBT.

Table 2: details about District Health Action Plan (DHAP) and status of construction of building in Latehar district.

Indicator	Remarks/ Observation
1. Whether the district has prepared any District Programme Implementation Plan (PIP) for the 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).	Yes, July 2021
3. Date of the first release of the 4. fund against DHAP	August 2021 (1,50,00000.00)
5. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	NA
• Details of Construction completed but not handed over	Nil

Source: DPMU, Latehar

2.2 Service Availability

There is 1 DH, 07 CHCs, 07 PHCs and 97 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which 4 PHCs, 37 SCs have been converted into HWCs. In the district free drug policy is being implemented under all national programmes. There is in house labs are available in the all the facilities of the district tests services which are being done at the health facilities.

Delivery Point: all sub centres, PHC and CHC provide delivery services in the district.

RBSK: There are total of 14 RBSK teams available in the district. Total no of teams with partial HR in-place/RBSK nurse are 4. Total 10 vehicles are on road. According to the population maximum of 2 teams are working in respective blocks. All blocks are having RBSK

teams. Due to the 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 2 mobile medical units is working in the district. About 30 visits are being done by MMU. The average number of patients they are treating is 1200 per month. In case of lab services are conducting 400 lab tests approximately. X-ray facility is available with MMUs. Avg. no. of blood smears collected / Rapid Diagnostic Tests (RDT) done for Malaria, per MMU per month 600 for each MMU.

Vehicle for Referral Transport: Total of 11 ambulances equipped with Basic Life Support (BLS) are on the road in the district.

SNCU: A 14 beds SNCU is situated at District hospital. There are 12 radiant warmers and 8 step-down units available and 2 KMC units are available. From January 2022 to April 2022, a total of 151 (106 inborn and 45 out-born) children were admitted to the SNCU of district hospital. Total 9 child deaths have been reported in the SNCU in the last three months.

NBSU: Total two NBSU are available in the district; one in Mahuandnar-CHC and another one in Chandwa-CHC. From January to April 2022, a total of 149 (147 inborn and 2 out born) children were admitted to the NBSUs of the district. No single death in the last three months in NBSU has been reported.

Nutrition Rehabilitation Centres (NRC): Total four NRCs are available in the district. Total 203 children were admitted in the NRCs during January to April 2022 due to various causes.

Maternal and child deaths and reviews: Total 21 maternal deaths and 22 child deaths have been reported in the district.

HBNC: District has 1143 ASHA workers, and all have functional HBNC kits with the necessary drugs. During the previous financial year, a total of 16635 new-borns had received HBNC visits.

NTEP: There are total five Designated Microscopic centres in the district. During the last financial year, 668 TB notifications were achieved. All were notified from the public sector with a treatment rate of 94%, and none of notified from the private sector.

NLEP: A total of 145 new cases of Leprosy have been detected during January to April 2022 in the district, of which 3 patients were of G2D. There were no reconstructive surgeries conducted in the district.

IDSP: A team of 6 members have been constituted for the IDSP in the district. The members usually do a systematic analysis of the IDSP data reported by the facilities in the district, of which private health facilities reported two. In the current financial year total of one outbreak was investigated.

Universal health screening: The total target population for universal screening is 81,500. Of which 66,879 patients were diagnosed and treated. A total of 3,130 CBAC forms were filled in till the month of May 2022.

Table 3: Details about the health services delivery in the district January to April 2022

Indicators	Remarks/ Observation
1. Implementation of Free drugs services (if it is free for all)	Partially (free to certain schemes) JSSK, BPL, Aayushman Bharat
2. Implementation of diagnostic services (if it is free for all) • Number of lab tests notified	Partially (Free to certain schemes) 14
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	80
• No. of 24X7 PHCs conducting > 10 deliveries /month	04
• No. of CHCs conducting > 20 deliveries /month	06
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01
• No. of DH/ District Women and child hospital conducting C-section	01
4. Number of institutes with ultrasound facilities (Public Private)	06
• Of these, how many are registered under PCPNDT act	06
5. RBSK	
• Total no. of RBSK teams sanctioned	14
• No. of teams with all HR in-place (full-team)	0
• No. of vehicles (on the road) for RBSK team	04
• No. of Teams per Block	05
• No. of block/s without dedicated teams	01
• Average no of children screened per day per team	02
• Number of children born in delivery points screened for defects at birth	60
• Special Newborn Care Units (SNCU)	861
• Total number of beds o In radiant warmer o Stepdown care o Kangaroo Mother Care(KMC) unit	 12 08 02

Indicators	Remarks/ Observation	
○ Number of non-functional radiant warmer for more than a week	0 0	
• Number of non-functional phototherapy units for more than a week	0	
6 SNCU	**Inborn**	**Out born**
Admission	106	45
• Defects at birth	0	0
• Discharged	89	26
• Referral	8	9
• LAMA	1	0
• Died	3	6
7. Newborn Stabilization Unit (NBSU)		
	Inborn	**Out born**
Admission	147	2
• Discharged	112	2
• Referral	33	0
• LAMA	0	0
• Died	0	0
• Nutrition Rehabilitation Centers (NRC)	04	
• Admission ○ Bilateral pitting edema ○ MUAC<115 mm ○ <'-3SD WFH ○ with Diarrhea ○ ARI/ Pneumonia ○ TB ○ HIV ○ Fever ○ Nutrition related disorder ○ Others	 1 120 76 1 0 0 0 3 0 2	
• Referred by ○ Frontline worker ○ Self ○ RBSK ○ Pediatric ward/ emergency	112 26 0 26 0	
○ Discharged	125	
• Referral/ Medical transfer	4	
• LAMA	2	
• Died	0	
8 Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs	1143	
• Newborns visited under HBNC	16635	
• Status of availability of drug kit with ASHAs	1143	
9 Number of Maternal Death Reviews conducted • Previous year • Current FY	01 01	
10 Number of Child Death Review conducted • Previous year • Current FY	01 01	

Indicators	Remarks/ Observation	
• Number of blocks covered under the Peer Education (PE) Programme	07	
11 No. of villages covered under the PE program	ALL VILLAGE	
12 No. of PE selected		
13 No. of Adolescent Friendly Clinic (AFC) meetings held	07	
14 Weekly Iron Folic Acid Supplementation (WIFS) stock out	0	
15 No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	02	
16 No. of trips per MMU per month	22	
• No. of camps per MMU per month	22	
• No. of villages covered	44	
• Average number of OPD per MMU per month	1200	
• Average no. of lab investigations per MMU per month	423	
• Avg. no. of X-ray investigations per MMU per month	0	
• Avg. no. of blood smears collected / Rapid Diagnostic Tests(RDT) done for Malaria, per MMU per month	600	
• Avg. no. of sputum collected for TB detection per MMU per month	0	
• Average Number of patients referred to higher facilities	230	
• Payment pending (if any) • If yes, since when and reasons there of	NO	
17. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	11	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	01	
	ALS	**BLS**
Operational agency (State/ NGO/ PPP)	**108**	
o If the ambulances are GPS fitted and handled through centralized call Centre	Y	
o Average number of calls received per day	200	
o Average number of trips per ambulance per day	3	
o Average km travelled per ambulance per day	210	
o Key reasons for low utilization (if any)	NA	
o No. of transport vehicles/102 vehicles (on the road)	Not available	
18. Universal health screening		
If conducted, what is the target population	81500	
• Number of Community Based Assessment Checklist (CBAC) forms filled till date	3130	
• No. of patients screened, diagnosed, and treated for:	66879	

Indicators	Remarks/ Observation		
	Screened	Confirm	Treated
o Hypertension	66879	222	222
o Diabetes	66879	177	177
o Oral cancer	66879	03	03
o Breast Cancer	66879	0	0
o Cervical cancer	66879	19	19
19. If State notified a State Mental Health Authority	No		
20. If grievance readressal mechanism in place	No		
21. Whether call center and toll-free number available	No		
• Percentage of complains resolved out of the total complains registered in current FY	No		
• If Mera-Aspatal has been implemented	No		
22. Payment status:			
	No. of beneficiaries	**Blockage**	**DBT status**
23. JSY beneficiaries	15622	**0**	**8732**
• ASHA payment:			
• A- Routine and recurring at increased rate of Rs. 2000 pm	1143	0	14553
• B- Incentive under NTEP	NA	NA	NA
• C- Incentives under NLEP	125	41	69
• Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	NA	NA	NA
• Patients incentive under the NTEP program	668	162	643
• Provider's incentive under the NTEP program	668	0	255
24. Implementation of Integrated Disease Surveillance Programme (IDSP)			
• If Rapid Response Team is constituted, what is the composition of the team • No. of outbreaks investigated in the previous year and in the current FY	(1) DSO/CS (2) DRCHO (3) DE (4) IDSP DDM (5) LT (6) SMO – WHO 01 (scrub Typhus), FY - 0		
• How is IDSP data utilized	Weekly and monthly data completion and trends are read according to the trigger level of that particular disease.		
• Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP	02		
25. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	Latehar		
• Micro plan and macro plan available at district level	Yes		
• Annual Blood Examination Rate	12.04		
• LLIN distribution status	HSC's		
• IRS	2 round every year		
• Anti-larval methods	With the DHF		
• No. of MDR rounds observed	NA		
• Target TB notification achieved	668		
• Whether there HIV Status of all TB patient is known	Yes		
• Eligible TB patients with UDST testing	668		

Indicators	Remarks/ Observation
• Whether the other drugs for both drug sensitive and drug resistance TB available	Yes
• Patients notification from public sector	April 2022- 93
• Beneficiaries paid under Nikshay Poshan Yojana	Yes
• Active Case Finding conducted as per planned for the year	Yes
26. Implementation of National Leprosy Eradication Programme (NLEP)	
• No. of new cases detected	In April 2022 – 23 cases
• No. of G2D cases	April 2022 – 03 cases
• MDT available without interruption	Yes
• Reconstructive surgery for G2D cases being conducted	Yes
• MCR footwear and self-care kit available	Yes
27. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	0
28. Percent of health workers immunized against Hep B	0
29. Key activities performed in the current FY as per ROP under National Fluorosis Control Programme	0
30. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	0
31. Key activities performed in current FY as per ROP under National Tobacco Control Programme	School awareness. FGD, Counselling etc.
32. 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	 1143 0 0 0
33. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) • No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) • No. of ASHAs enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Suraksha Bima Yojana (PMSBY) • No. of ASHAs enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • No. of ASHA Facilitators enrolled for Pradhan Mantri Shram Yogi Maandhan Yojana (PMSYMY) • Any other state specific scheme_____ _____	 1143 21 1143 21 1143 21
34. Status of Mahila Arogya Samiti (MAS)- a. Formed b. Trained c. MAS account opened	NA
35. Status of Village Health Sanitation and Nutrition Committee (VHSNC)	

Indicators	Remarks/ Observation
a. Formed b. Trained d. MAS account opened	750 750 0
36. Number of facilities quality certified	0
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Kayakalp – SDH Latehar, SSS – CHC Mahuandnar
Activities performed by District Level Quality Assurance Committee (DQAC)	NA

Source: DPMU, Latehar

Table 5 Status of CPHC in the district as on 30 May 2022.

Indicator	Planned	Completed
1. Number of individuals enumerated	Data not Provided	15636
2. Number of CBAC forms filled	Data not Provided	3130
3. Number of HWCs started NCD screening: a. SHC- HWC b. PHC- HWC c. UPHC – HWC	Data not Provided	 51 5 0
4. Number of individuals screened for: a. Hypertension b. Diabetes c. Oral Cancer d. Breast Cancer e. Cervical Cancer	Data not Provided	 14928 13308 14380 7942 6639
5. Number of HWCs providing Teleconsultation services	Data not Provided	39
6. Number of HWCs organizing wellness activities	Data not Provided	44

Source: DPMU, Latehar

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.

A Total of 15636 individuals were enumerated during the reference period and about 3130 CBAC forms were filled. Total 51 SHC-HWCs and 5 PHC-HWCs have started screening of NCDs. Total 39 HWCs has been providing the teleconsultation services, whereas, 44 HWCs has been organising wellness activities.

2.3 Status of Human Resource

A total of 252 posts of various subjects have been sanctioned for the district out of which 112 posts have been filled and 140 posts (45%) are vacant under regular cadre. Similarly, 557 posts

of various subjects have been sanctioned for the district out of which only 337 have been filled; total 220 posts (about 40%) posts are vacant in the district (Table 6).

Total two doctors were trained in EMOC/ LSAS in the district and 1 of each posted at FRU and performs C-section deliveries.

Table 6. Status of Human Resource in the District, LATEHAR as on 30 May 2022

Staff Details	Regular		NHM	
	Sanctioned	**In placed**	**Sanctioned**	**In place**
ANM	125	74	153	134
MPW (Male)	0	0	260	106
Staff Nurse	28	04	46	32
Lab technician	18	04	08	07
Pharmacist (Allopathic)	17	02	07	05
MO (MBBS)	38	25	12	02
OBGY	02	0	0	0
Pediatrician	08	0	0	0
Anesthetist	02	0	0	0
Surgeon	02	0	0	0
Radiologists	01	0	0	0
Other Specialist	0	0	0	0
Dentists/ Dental Surgeon/Dental MO	08	03	0	0
Dental technician	0	0	1	1
Dental Hygienist	0	0	1	1
Radiographer/X-ray technician	3	0	6	3
CSSD Technician	0	0	0	0
OT technician	0	0	0	0
CHO/MLHP	0	0	51	39
AYUSH MO	0	0	07	07
AYUSH Pharmacist	0	0	05	0
Total	**252**	**112**	**557**	**337**

Table 7: Performance of EMOC/LSAS trained doctors in the district.

Performance of EMOC/ LSAS trained doctors	Trained	Posted in FRU	Performing C-section
LSAS trained doctors	02	1	YES
EmOC trained doctors	02	1	YES

Source: DPMU, Latehar

2.4 State of Fund Utilization

The total budget received and utilised for the financial year 2022-23 is given below in the table 8 & 9.

Table 8: Budget component details, 2022-23

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. FMR 1: Service Delivery: Facility Based	399.97	241.82
2. FMR 2: Service Delivery: Community Based	129.94	102.19
3. FMR 3: Community Intervention	735.89	507.32
4. FMR 4: Untied grants	147.47	96.41
5. FMR 5: Infrastructure	107.39	6.98
6. FMR 6: Procurement	174.91	95.74
7. FMR 7: Referral Transport	64.64	42.34
8. FMR 8: Human Resource (Service Delivery)	NA	666.67
9. FMR 9: Training	25.69	18.64
10. FMR 10: Review, Research and Surveillance	0.67	0
11. FMR 11: IEC-BCC	22.61	13.51
12. FMR 12: Printing	14.59	6.69
13. FMR 13: Quality	29.37	17.03
14. FMR 14: Drug Warehouse & Logistic	11.68	9.42
15. FMR 15: PPP	31.29	27.12
16. FMR 16: Programme Management	0.90	
FMR 16.1: PM Activities Sub Annexure	91.68	80.60
17. FMR 17: IT Initiatives for Service Delivery	5.00	0
18. FMR 18: Innovations	1.78	0

Source: DPMU, Latehar

Table 9: Status of budget released, budget utilized by program heads under NHM as of 30 May, 2022

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
1. RCH and Health Systems Flexi pool		
Maternal Health	408.39	271.87
Child Health	103.18	61.72
RBSK	12.00	9.35
Family Planning	103.45	80.99
RKSK/ Adolescent health	3.86	2.05
PC-PNDT	0.50	0.41
Immunization	78.56	68.92
United Fund	147.47	96.41
Comprehensive Primary Healthcare (CPHC)	0	0
Blood Services and Disorders	0	0
Infrastructure	107.39	6.98
ASHAs	735.89	507.32
HR	NA	666.67
Programme Management	91.68	80.60
MMU	77.76	22.78
Referral Transport	64.64	42.34
Procurement	174.91	95.74

Indicator	Budget Released (in lakhs)	Budget utilized (in lakhs)
Quality Assurance	29.37	17.03
PPP	31.29	27.12
NIDDCP	0	0
2. NUHM	NA	NA
3. Communicable Diseases Pool		
Integrated Disease Surveillance Programme (IDSP)	11.3	10.2
National Vector Borne Disease Control Programme (NVBDCP)	47.6	44.4
National Leprosy Eradication Programme (NLEP)	15.95	12.21
National TB Elimination Programme (NTEP)	81	62
4. Non-Communicable Diseases Pool		
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	0	0
National Mental Health Program (NMHP)	NA	0
National Program For Health care for the Elderly (NPHCE)	1.03	0.89
National Tobacco control program (NTCP)	17.31	14.53
National Program for prevention and control of diabetes, cardiovascular disease and stroke (NPCDCS)	31.37	19.86
National Oral Health Program	6.5	0.49

Source: DPMU, Latehar

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 SC-Hami, PHC-Bardauni, CHC- Mahuadnar and District Hospital of Latehar district during 2 June to 4 June 2022. The observations made by PRC team about the visited health facilities are given.

3.1 Service Delivery: Sub Centre-Hami

PRC team visited to the Hami sub centre on June 2 ,2022. Facility having distance of 8 Km from the PHC Kolsimri and not 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 4 villages and catering 4456 populations. This facility is converted into HWC and CHO is also appointed of the facility.

- Facility is not having 24*7 running water, no drinking water facility. It is not a geriatric and disability friendly health facility. Toilet facility is not available at the Sub-centre.

- Delivery room and quarters for ANM is not available.
- Waiting area for OPD patients is there, but no rest room for ASHAs
- There is no specified are for yoga as per the norms of HWC.
- Facility is not having invertor power back up.
- Essential drugs are available and 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 and no major shortage of drugs in last one month has been seen.
- Line listing of high-risk pregnant women is done.
- No proper Bio- medical waste management mechanism is there.
- During 2022-23, there was only 1 TB case found.
- HBNC kits (weighing scale, digital thermometer, blanket, warmer) is available. ASHA is aware about incentive under NTEP Nikshay Poshan Yojana for TB patients.
- VHSNC/ MAS meeting is held on the scheduled date.
- All records are not maintained; some registers are missing.
- Ambulance service is available in this sub-centre.
- In Sub centre NCDs services are provided but NCDs record is not maintained in any registered.
- Medicines for hypertension and debates are being provide to facility from PHC.
- At present facility is run by CHO and ANM. CHO is given Tablet for data reporting, ANM is not given tablet. Internet quality is very poor.

Table 10: NCD programme following cases were screened and treated during January to April 2022.

	Screened	Confirmed
Hypertension	177	27
Diabetes	177	9
Oral Cancer	177	0
Breast Cancer	177	0

Source: Sub Centre, Hami, Latehar

Table 11: Available Human Resource at Sub Centre as on 30 May 2022

HR	Sanction	Filled
ANM/ MPW Female	2	2
MPW Male	1	1
CHO	1	1
ASHA	9	9

Total	**13**	**13**

Source: Sub Centre, Hami, Latehar

3.2 Service Delivery: Primary Health Centre: Bardauni

PHC Bardauni is about 100 KMs far from district headquarters, with 8 sub centres catering services to 11,000 populations in the periphery. PHC Bardauni is accessible from nearest road. PHC is functioning in newly constructed government building. It has all the infrastructure but, only NCDs services are provided. The monitoring team have observed the following points:

- The 24*7 running water supply and toilets facility is available in PHC.
- It is having electricity with Invertor Generator as power backup option.
- Labour Room, NBSU corner is available, delivery is not performed due to the unavailability of doctors at the health facility. Currently facility is managed by ANM. Though it is a 6 bedded facilities having separate male and female ward. MO is posted at this facility, but he sits at CHC. Pharmacist post is there at the facility.
- There is sufficient waiting area for OPD patients and sufficient space for store room. However, ASHAs rest room is available.
- Tele Medicine consultation facility is not available at the facility. Desktop is there, but internet is very slow. All the essential equipment is available at PHC.
- Essential drug list is not available and displayed in public domain.
- All the drugs available for Hypertension and Diabetic patents. There is also a sufficient supply of Gloves and essential consumables.
- Delivery set is available in the facility. Though there is a OT instrument in the facility but they do not conduct delivery.
- No maternal and infant deaths is reported in the periphery during the reference period.
- No information on training of staff is available.
- Data entry is updated as CHC level.
- In PHC One ambulance available.
- Record is not maintained.
- No proper mechanism of Bio Medical Waste management at PHC.

Table 12: Status of HR in the PHC- Bardauni, Latehar as on 30 May 2022.

Designation	Sanctioned Position	Filled	Vacant	Contractual
ANM	1	1	0	1
Pharmacist	1	1	0	0
Clark	1	1	0	0
Health asst	1	1	0	0

Dresser	1	0	1	0
Total	**05**	**04**	**01**	**1**

Source: PHC Bardauni, Latehar

3.3 Service Delivery: Community Health Centre- Mahuadnar

Community Health Centre-Mahuadnar is situate in the Mahuadnar Block of district and is about 120 km's away from district headquarters. It is functioning in the government old building with 20 beds strengths. It is well accessible from main road. The monitoring team have observed the following points:

- Electricity is available with power back.
- 24*7 running water facility is available. Drinking water is available in the facility.
- Services like OPD, IPD, NCD, TB, Emergency, Delivery, ANC, PNC, Immunisation, Minor Surgeries, Family Planning, dental chair are available at the facility.
- NBCC is available with 1 warmer. Gynaecologist and Paediatrician all are sanctioned but not available at the facility 24*7. Facility is having emergency services. Triage, Resuscitation and stabilisation facility is available 24*7.
- Separate toilets are there for male and female wards. However, toilets are not cleaned.
- ASHA rest room is available at the facility.
- Drug store with racks is available in the facility. Anti-TB drug is available.
- Waste management is outsourced to a private agency.
- Minor OT's are available.
- Desktops are available in the facility but internet quality is poor.
- KAYA KALP internal assessment is done. NQAS assessment has also been done.
- Computerised medicine inventory system is in place. For procurement of medicine, E-Aushadhi software is available. EDL were not available and displayed in the OPD.
- Basic Lab services are in house. One machine for X-ray is also available at the health facility.
- Total 77 deliveries have been performed in last three months 2022 and one C-section delivery was performed at the health facility.
- JSY payment is transfer by Block medical officer. all beneficiaries were paid during the last three months. All services are provided free of cost to the JSSK beneficiaries. Pradhan Mantri Surakshit Matritva Abhiyan services are provided on 9th day of every month.

- Line listing of high risk pregnancies are done. Respectful maternity care is implemented in the at the CHC.
- Pertaining to the data entry of respective portals is updated.
- NCDs clinic is organised on daily basis at the facility, though records are not maintained.
- CHC is having 3 own ambulances.

The below table 13 provides the detail of human resource available at the health facility. From the table we can see that total 41 posts are sanction under different cadre, whereas, only17 posts are filled. Hence, total14 posts are vacant at the CHC-Mahuadnar.

Table 13 Status of Human Resource in the CHC- Mahuadnar, Latehar as on 30 May 2022

Human Resource	**Sanction**	**Position**	**Vacant**
Superintendent	1	1	0
MO	4	1	3
Dental Surgeon	1	1	0
SNs/GNMs	12	5	07
LT	4	1	3
Clark	2	1	1
Pharmacist	1	1	0
X-ray teq	2	0	2
OT asst	5	2	3
Dresser	4	0	4
Class 4	5	4	1
Total	**41**	**17**	**14**

Source: CHC Mahuadnar, Latehar.

3.4 Service Delivery: District (Sadar) Hospital

Sadar Hospital is situated at district headquarters. It is 100 bedded sanctioned Hospital. It is located in government building, but building is very old. It is a geriatric and disable friendly Hospital. Electricity is available with power back of generator, invertor and solar. 24*7 drinking water facility is not available as district as a whole suffering from the crunch of water. Separate toilets for male and female are available. Toilet is also attached to Labour room and clean. Drugs store with racks is available in the facility. Hospital is well accessible from main road. Waste management is outsourced to a private agency. OPD timings of the facility is from 9.00 AM to 3.00 PM. Besides, the monitoring team have made some observation based on their physical verification and discussion with the respective person of the hospital that are given below:

- Services such as NRC, Ophthalmic, Dental, Imaging services (X-ray, USG), DEIC, Comprehensive Lactation Management Care Unit is available, NCD, TB, Telemedicine, Pathology, ICTC, Emergency, Immunisation, Minor Surgeries, MTP, Family Planning, RKSK are provided in the hospital. All sanctioned specialists are not available at the health facility for 24*7, though hospital claims to provide emergency services. Triage, Resuscitation, Stabilization services is also available at the hospital.
- Telemedicine/consultation service is available in the hospital.
- Dialysis and Blood Bank available is available and blood is issued free of cost to JSSK beneficiaries.
- In case of IT services, computers and internet is available, but the speed of internet is slow.
- A total of 527 normal deliveries and 41 caesarean deliveries have been performed at the hospital in last month.
- For payment of JSY, list of beneficiaries is sent to the Civil Surgeon (CS) and payment to JSY beneficiaries is done from CS side.
- For JSSK beneficiaries, all services are given free of cost. PMSMA services are provided on 9th day of every month.
- KAYA KALP internal assessment has been done and hospital scored 70%. However, NQAS assessment has not been done.
- Total two Maternal deaths have been reported in the last 3 months and fifty-five female sterilizations has also been performed in the hospital in last three months.
- Labour Room with attached toilet and Operation Theatre is available in the hospital.
- Essential Drugs List is available and displayed in front of drug distribution place.
- There is no shortage of drugs from EDL in last 30 days.
- Sufficient supply of consumables and testing kits is there. In-house diagnostic facility is available.
- Two X-Ray machines are available; one is portable and another one is fixed. X-Ray service are free for BPL and JSSK beneficiaries.
- PM National Dialysis programme is being implemented in the facility.
- Adolescent Friendly Health Clinics are available in the facility. Though only female counsellors are appointed under this program which are conducting the counselling session for both male and female.
- NCDs clinic is done on daily basis in the hospital, though records are not properly maintained.

- There is a designated Microscopy Centre in the hospital. Anti TB drugs are available in the hospital and total 22,000 symptomatic patient tested and 149 patients are under treatment in the last 6 months. All TB patients are being tested for Diabetes and HIV. DBT payment under Nikshay Poshan Yojna is given. TB treatment card for both drug sensitive and drug resistance is in practice.
- Data entry on portals i.e. HMIS, IHIP, MCTS, IHIP, Nikshay portal is up-to-date.
- Hospital is having 5 ambulances. Total 61 cases have been referred to other hospital for treatment in the last six months.

The below table 14 provide the details of screened and confirmed cases of NCDs in district hospital. From the table we can see that total 1260 persons have been screened for Hypertension, Diabetes and Oral Cancer; out of that, total 210 cases of Hypertension, 180 cases for Diabetes and 1 case for Oral cancer is detected. Moreover, 402 persons for Breast Cancer and 87 persons for Cervical Cancer have been screened. Total 2 cases for breast cancer have been detected during the same period.

Table 14 Status of NCD data in the DH- Latehar on 30 May 2022

NCDs	Screened	Confirmed
Hypertension	1260	210
Diabetes	1260	180
Oral Cancer	1260	01
Breast Cancer	402	02
Cervical Cancer	87	0

Source: District Hospital, Latehar

Table 15 depicts the status of Human resource in the district hospital. From the table it can be seen that total 51 posts of different cadre have been sanctioned, out of which, only 18 posts regular cadre and 20 posts of contractual cadre are filled. Hence, total 13 posts are vacant in the district hospital, which is hampering the service delivery.

Table 15 Status of HR in the DH- Latehar as of 30 May 2022.

Sr. No.	Staff	Sanction	Regular	contractual
1	Specialists Doctors MBBS	11	6	2
2	ANM/GNM	24	03	15
3	Pharmacists	1	1	0
4	LT	4	1	2
5	Clerk	2	1	0
6	Dresser	1	0	0
7	Computer operator	1	0	0
8	Counselor	2	1 female	0

9	Accountant	1	0	0
10	Class 4	4	1	0
11	LSAS trained doctor	0	2	0
12	EmOC trained doctor	0	2	0
13	Dental tecnician	0	0	1
	Total	**51**	**18**	**20**

Source: District Hospital, Latehar

Challenges	Route causes
Hospital building is very old and damaged.	The budget for the new building has not been approved by the state government.
Staff is not available as required.	The state government does not recruit.

4. Recommendations

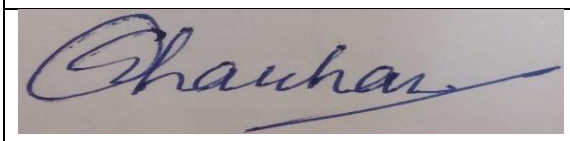
As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2022-23 of Latehar District was carried out by the PRC team during 1-5 June, 2022. The District Program Management Unit (DPMU), District Hospital Latehar, CHC-Mahuadnar, PHC- Bardauni, and Sub-Centre-Hami were visited for Monitoring by the PRC team. During the field visit, the PRC team was accompanied by DPM. Based on the discussion with the concerned officials and monitoring/observations of the health facilities the following recommendation has been made by the PRC monitoring team:

- District as a whole is facing severe shortage of health staff. Vacant posts of specialists/doctors/nurses need to be filled at all levels on urgent basis. Further, contractual staff of NHM need to fill on priority basis.
- Training of the health personal is a very important component of quality of care, but in the visited health facility health personal had insufficient training on various program of NHM. Training should be done as per the need; bottom-up approach.
- In all the visited health facilities, except the district hospital, all have reported that they return the placenta to the family member of mothers because family members demand that due to superstition associated with this in society. Hence, it is recommended to organise some community sensitization programs in the community from time to time to raise awareness and eliminate this practice in the district.
- A new building for district hospital is recommended.
- In all the visited health facilities, cleanliness is the big issue. Hence, to improve the status of cleanliness in the health facilities it is recommended to increase the visits from

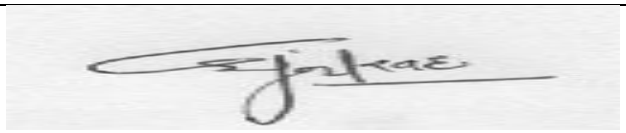
the district and block levels and make a provision of penalty for the respective person who fails to perform his/her duty toward cleanliness in the respective health facility.

- PHC-Bardauni has a very good infrastructure, but unfortunately, no MO wants to go there and cater the services as it is a most backward and unsocial element (Maoist) prone area. This situation increases the burden at CHC and hampers emergency services at the community level. Therefore, to attract the health staff to this area, it is recommended to increase the honorarium or make some provision of incentive for the health staff who go there.

5. Glimpses of the Latehar district PIP monitoring visit, 1-5 June, 2022.



Bal Govind Chauhan, PRC, Pune



Gayatri Tejankar, PRC, Pune