



A Report on
Monitoring of Important Components of Programme Implementation Plan of NHM in
Lohardaga District, Jharkhand

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Monitoring of important component of Programme Implementation Plan, 2022-23

Lohardaga District, Jharkhand

1. Executive Summary

As directed by the Ministry of Health and Family Welfare (MOHFW), the monitoring of the PIP 2022-23 of Lohardaga District were carried out by the PRC team during 6-10 June, 2022. The District Program Management Unit (DPMU), District Hospital-Sadar, Community Health centre (CHC)-Kuru, PHC-Kairo, and SC-Hanhat were visited. During the field visit the PRC team was accompanied by NCDs Coordinator. This report discusses in detail the implementation of PIP in Lohardaga district as observed during the field visit. The key observations of the visit are as follow:

Areas for Further Improvement in the visited health facility

- All the visited health facilities/Hospital need to be improved in cleanliness.
- The maintenance of registers/records are poor in the visited health facilities. Hence, there is a need to improve in the record maintenance.
- X-ray and CT-scan facility along with technician need to be provided at CHC-Kuru.
- Regular meetings of State & District Health Mission should be held.
- The district needs to bridge the gap between supporting staff and DPMU.

Infrastructure

- Visited PHC and CHC and DH having very old physical infrastructure. Construction of new infrastructure and repair/up-gradation of the existing infrastructure is required.
- Staff Quarters are not in good condition in the CHC and District hospital.

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.

Service Delivery

- Well-functioning web HMIS, IHIP, NIKSHAY portal etc. in the district. Though in the visited health facilities the physical records were not matching with the HMIS portal at the time of visit.

- NCD screening and MCH indicators have shown a significant increase over the period of time.
- Increased in the uptake of family planning methods.

2. Overview of the visited District

Lohardaga is a district in Jharkhand, India with Lohardaga town as its headquarters. Lohardaga district came into existence after Ranchi was split into three districts namely Ranchi, Lohardaga and Gumla way back in 1983. The district is named after the town of Lohardaga, the administrative headquarters of the district. Lohardaga was given the position of a sub division in 1972 and a district in 1983. The district is situated in the south western part of Jharkhand State between 23°30' and 23°40' north latitudes and 84°40' and 84°50' east longitudes.

The below table 1 provides the detail of basic background and demographic information about the district. According to the 2011 census, Lohardaga district had a population of 5,53,562. Its population growth rate over the decade 2001–2011 was 12.19%. Lohardaga had a sex ratio at birth and overall sex ratio of the district was 922 and 985 respectively; and a literacy rate of 71.26%. Scheduled Castes and Scheduled Tribes made up 17.1% and 22.5% of the population respectively. The Population density of the population was 307 persons per square kilometre.

A total of five CHCs were sanctioned in the district, whereas only 4 are currently in operation. Similarly, 10 PHCs were sanctioned, and 3 are operational, which is far less than the required number. Moreover, the district has no U-PHC and District Early interventions centre (DEIC). No Blood storage unit is operational, and a total of 33 sub-centre converted to HWCs against the total sanction/planned.

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

Indicators	Remarks/ Observation
1. Total number of Blocks	5
2. Total number of Villages	353
3. Total Population	5,53,562
• Rural population	404379
• Urban population	57411
4. Sex Ratio	985

5. Sex ratio at birth	922			
6. Population Density	307 person/km ²			
7. Estimated number of deliveries (2022-23)	14441			
8. Estimated number of C-section (2022-23)	1444			
9. Estimated numbers of live births (2022-23)	13810			
10. Estimated number of eligible couples (2022-23)	102600			
11. Estimated number of leprosy cases (2022-23)	63			
12. Target for public and private sector TB notification for the current year (2022-23)	42			
13. Estimated number of cataract surgeries to be conducted (2022-23)	1340			
14. Mortality Indicators:	Previous year		Current FY	
	Estimated	Reported	Estimated	Reported
• Maternal Death		15		0
• Child Death		50		0
• Infant Death		82		Data not provided
• Still birth		142		Data not provided
• Deaths due to Malaria		0		0
• Deaths due to sterilization procedure		0		0
15. Facility Details	Sanctioned/ Planned		Operational	
1. District Hospitals	1		1	
2. Sub District Hospital	0		0	
3. Community Health Centers (CHC)	5		4	
4. Primary Health Centers (PHC)	10		3	
5. Sub Centers (SC)	74		74	
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 Centers (NRC)	3	3
10. District Early intervention Center (DEIC)	0	0
11. First Referral Units (FRU)	1	1
12. Blood Bank	1	1
13. Blood Storage Unit (BSU)	1	0
14. No. of PHC converted to HWC	1	1
15. No. of U-PHC converted to HWC	1	1
16. Number of Sub Centre converted to HWC	50	33
17. Designated Microscopy Center (DMC)	0	0
18. Tuberculosis Units (TUs)	5	5
19. CBNAAT/TruNat Sites	5	5
20. Drug Resistant TB Centers	0	0
21. Functional Non-Communicable Diseases (NCD) clinic		
• At DH	1	1
• At CHC	4	4
22. Institutions providing Comprehensive Abortion Care (CAC) services		
• Total no. of facilities		
• Providing 1st trimester services	5	5
• Providing both 1st & 2 nd - trimester services.	5	5

Source: DPMU, Lohardaga

Table 2: details about DHAP and status of construction of building in Lohardaga 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).	No
3. Date of first release of fund against DHAP	NA
4. Infrastructure: Construction Status	
• Details of Construction pending for more than 2 years	No Pending
• Details of Construction completed but not handed over	NO

2.2. Service Availability

There is one DH, 171 CHCs, 298 PHCs and 3848 SCs are available in the district to cater primary, secondary and tertiary health care services. Of which, 2 PHCs; 33 SCs are converted into HWCs during current financial year.

In the district, free drug policy is implemented under all national programs for BPL patients. There are in-house labs available in all the facilities of the district for most of the diagnostics tests. From March 2022 to May 2022, 282196 lab tests were conducted in the district.

RBSK: There are total of 5 RBSK teams available in the district. all of them are consisting of 2 MO (1 male and 1 female), 1 ANM, 1 Pharmacist, and one vehicle for each team. Total 5 vehicles are on road. Two teams are having inadequate HR. According to the population minimum of 2 and a maximum of 5 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 centres are not in function.

MMU: There one mobile medical unit is working in the district. About 30 visits are being done by MMU. The average number of patients they are treating is 2000 per month. In case of lab services are conducting 250 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.

SNCU: District is having 18 beds SNCU is situated at a civil hospital. There are 17 radiant warmers and 18 step-down units available and 3 KMC units are available. From April 2022 to June 2022, a total of 242 (162 inborn and 80 out-born) children were admitted to the SNCU in the district. Total 14 child death in the last three months in SNCU.

Table 3: Number of children admitted in SNCU in Lohardaga district.

Details	Inborn	Out-born
Admission	162	80
Defects at Birth	45	17
Discharged	124	69
Referral	14	06
LAMA	10	03
Died	14	02

Source: DPMU, Lohardaga district

NBSU: There are no NBSUs is available in the district.

NBCC: All SCs are having NBCC.

Nutrition Rehabilitation Centres (NRC): There is one NRC in the district, which is available in the district hospital.

The below table 4 gives the details of the health service delivery indicators at the district level of the Lohardaga district in May 2022.

Table 4: 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)	Yes
• Number of lab tests notified	
3. Status of delivery points	
• No. of SCs conducting >3 deliveries/month	50
• No. of 24X7 PHCs conducting > 10 deliveries /month	0
• No. of CHCs conducting > 20 deliveries /month	04 (CHC Bhandra, Kisko, Kuru, Senha)
• No. of DH/ District Women and child hospital conducting > 50 deliveries /month	01
• No. of DH/ District Women and child hospital conducting C-section	01
• No. of Medical colleges conducting > 50 deliveries per month	NA
• No. of Medical colleges conducting C-section	NA
4. Number of institutes with ultrasound facilities (Public Private)	08 (1 public and 7 private)
• Of these, how many are registered under PCPNDT act	08
5. RBSK	
• Total no. of RBSK teams sanctioned	05
• No. of teams with all HR in-place (full-team)	05

Indicator	Remarks/ Observation	
• No. of vehicles (on the road) for RBSK team	05	
• No. of Teams per Block	01	
• No. of block/s without dedicated teams	05	
• Average no of children screened per day per team	49	
• Number of children born in delivery points screened for defects at birth	942	
• Special Newborn Care Units (SNCU)	01	
• Total number of beds	12	
○ In radiant warmer	20	
○ Stepdown care	01	
○ Kangaroo Mother Care(KMC) unit		
○ Number of non-functional radiant warmer for more than a week	00	
• Number of non-functional phototherapy units for more than a week	0	
6 SNCU	Inborn	Out born
Admission	162	80
• Defects at birth	45	17
• Discharged	124	69
• Referral	14	06
• LAMA	10	03
• Died	14	02
7. Newborn Stabilization Unit (NBSU)	Not available	Not available
	Inborn	Out born
Admission	NA	NA
• Discharged	NA	NA
• Referral	NA	NA
• LAMA	NA	NA
• Died	NA	NA
• Nutrition Rehabilitation Centers (NRC)	NA	NA
• Admission	171	
○ Bilateral pitting edema	65	
○ MUAC<115 mm	37	
○ <'3SD WFH	00	
○ with Diarrhea	00	
○ ARI/ Pneumonia	00	
○ TB	00	
○ HIV	00	
○ Fever	00	
○ Nutrition related disorder	(Pass =53, Fail = 44)	
○ Others	0	
• Referred by	ASHA =56, AWW = 85	
○ Frontline worker	24	
○ Self	01	
○ RBSK	03	
○ Pediatric ward/ emergency		
○ Discharged	172	
• Referral/ Medical transfer	02	
• LAMA	03	
• Died	00	

Indicator	Remarks/ Observation	
8 Home Based Newborn Care (HBNC)		
• Status of availability of HBNC kit with ASHAs	465	
• Newborns visited under HBNC	8243	
• Status of availability of drug kit with ASHAs	465	
9 Number of Maternal Death Reviews conducted		
• Previous year	12	
• Current FY	0	
10 Number of Child Death Review conducted		
• Previous year	53	
• Current FY	0	
• Number of blocks covered under the Peer Education (PE) Programme	05	
11 No. of villages covered under the PE program	353	
12 No. of PE selected	1661	
13 No. of Adolescent Friendly Clinic (AFC) meetings held	02	
14 Weekly Iron Folic Acid Supplementation (WIFS) stock out	Stock available	
15 No. of Mobile Medical Unit (MMU) (on the road) and micro-plan	04	
16 No. of trips per MMU per month	25	
• No. of camps per MMU per month	25	
• No. of villages covered	353	
• Average number of OPD per MMU per month	401	
• Average no. of lab investigations per MMU per month	70	
• 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	0	
• Avg. no. of sputum collected for TB detection per MMU per month	0	
• Average Number of patients referred to higher facilities	0	
• Payment pending (if any)	No	
• If yes, since when and reasons there of		
16. Vehicle for Referral Transport		
• No. of Basic Life Support (BLS) (on the road) and their distribution	8	
• No. of Advanced Life Support (ALS) (on the road) and their distribution	1	
	ALS	BLS
Operational agency (State/ NGO/ PPP)	NGO - 1	NGO – 4, State - 4
○ If the ambulances are GPS fitted and handled through centralized call Centre	01	04
○ Average number of calls received per day	04	05

Indicator	Remarks/ Observation		
○ Average number of trips per ambulance per day	3.5	03	
○ Average km travelled per ambulance per day	101	110	
○ Key reasons for low utilization (if any)	-	-	
○ No. of transport vehicles/102 vehicles (on the road)	NA		
● If the vehicles are GPS fitted and handled through a centralized call Centre	NA		
○ Average number of trips per ambulance per day	NA		
○ Average km traveled per ambulance per day	NA		
○ Key reasons for low utilization (if any)	NA		
17. Universal health screening			
If conducted, what is the target population	51400		
● Number of Community Based Assessment Checklist (CBAC) forms filled till date	8168		
● No. of patients screened, diagnosed, and treated for:	Screened	Confirm	Treated
○ Hypertension	49059	1153	277
○ Diabetes	49059	1925	827
○ Oral cancer	49059	03	03
○ Breast Cancer	24469	0	0
○ Cervical cancer	142	0	0
18. If State notified a State Mental Health Authority	No		
19. If grievance redressed mechanism in place	No		
20. 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-aaspatal has been implemented			
21. Payment status:	No. of beneficiaries status	DBT	
22. JSY beneficiaries	6196	Backlog	3640
● ASHA payment:			
● A- Routine and recurring at increased rate of Rs. 2000 pm	465		
● B- Incentive under NTEP	0	0	0
● C- Incentives under NLEP	15	-	-
● Payment of ASHA facilitators as per revised norms (of a minimum of Rs. 300 per visit)	465	-	-
● Patients incentive under the NTEP programme	80	0.89	0
● Provider’s incentive under the NTEP programme	0	0	0
23. Implementation of Integrated Disease Surveillance Programme (IDSP)	Medical officer, District epidemiologist		
● If Rapid Response Team is constituted, what is the composition of the team	02		

Indicator	Remarks/ Observation
<ul style="list-style-type: none"> No. of outbreaks investigated in the previous year and in the current FY 	
<ul style="list-style-type: none"> How is IDSP data utilized 	-
<ul style="list-style-type: none"> Proportion (% out of total) of Pvt health facilities reporting weekly data of IDSP 	2%
24. Implementation of National Vector Borne Disease Control Programme (NVBDCP)	
<ul style="list-style-type: none"> Micro plan and macro plan available at district level 	Yes
<ul style="list-style-type: none"> Annual Blood Examination Rate 	6.21 (year 2021)
<ul style="list-style-type: none"> LLIN distribution status 	Supplied in the year 2019, and already distributed at the concerned blocks and the villages
<ul style="list-style-type: none"> IRS 	2 Rounds of IRS conducted per year in the selected areas of the districts.
<ul style="list-style-type: none"> Anti-larval methods 	During the transmission period, survey is done in the urban area as an anti-larval method, simultaneously.
<ul style="list-style-type: none"> No. of MDR rounds observed 	14 rounds.
<ul style="list-style-type: none"> Target TB notification achieved 	(2021, T = 500. Ach = 551) (2022, T = 650, Ach = 167)
<ul style="list-style-type: none"> Whether there HIV Status of all TB patient is known 	2021 = 475/551, 2022=, 147/167
<ul style="list-style-type: none"> Eligible TB patients with UDST testing 	2021 = 203/551, 2022 = 79/167
<ul style="list-style-type: none"> Whether the other drugs for both drug sensitive and drug resistance TB available 	YES
<ul style="list-style-type: none"> Patients notification from public sector 	No of patients notified = 462 Treatment success rate = 81 No of MDR TB Patients = 13 Treatment initiation among MDR TB patients = 13
<ul style="list-style-type: none"> Patients notification from the private sector 	No of patients notified = 89 Treatment success rate = 98 No of MDR TB patients = 0 Treatment initiating among MDR TB patients = 0
<ul style="list-style-type: none"> Beneficiaries paid under Nikshay Poshan Yojana 	56%
<ul style="list-style-type: none"> Active Case Finding conducted as per planned for the year 	Yes
25. Implementation of National Leprosy Eradication Programme (NLEP)	2021-22, 2022-23
<ul style="list-style-type: none"> No. of new cases detected 	2021 = 55, 2022 = 10
<ul style="list-style-type: none"> No. of G2D cases 	2021 = 01, 2022 = 01
<ul style="list-style-type: none"> MDT available without interruption 	Yes
<ul style="list-style-type: none"> Reconstructive surgery for G2D cases being conducted 	2021 = 01, 2022 = 00
<ul style="list-style-type: none"> MCR footwear and self-care kit available 	Yes
26. Number of treatment sites and Model Treatment Center (MTC) for viral hepatitis	0
27. Percent of health workers immunized against Hep. B	57%

Indicator	Remarks/ Observation
28. Key activities performed in the current FY as per ROP under National Fluorosis Control Programme	NA
29. Key activities performed in current FY as per ROP under National Iron Deficiency Disorders Control Programme	NA
30. Key activities performed in current FY as per ROP under National Tobacco Control Programme	School awareness program, IEC Activities pledge of all Health and other Dept. staff on "NO TOBACCO DAY"
31. Number of ASHAs <ul style="list-style-type: none"> Required as per population Selected No. of ASHAs covering more than 1500 (rural)/ 3000 (urban) population No. of villages/ slum areas with no ASHA 	Required – 491 Selected – 465 Rural – 50 Urban – 0 26
32. Status of social benefit scheme for ASHAs and ASHA Facilitators (if available) <ul style="list-style-type: none"> No. of ASHAs enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) No. of ASHA Facilitator enrolled for Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) 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_____ 	 405 27 412 27 416 25
33. Status of Mahila Arogya Samiti (MAS)- <ol style="list-style-type: none"> Formed Trained MAS account opened 	20 20 MAS 20
34. Status of Village Health Sanitation and Nutrition Committee (VHSNC) <ol style="list-style-type: none"> Formed Trained MAS account opened 	351 351 351
35. Number of facilities quality certified	
Status of Kayakalp and Swachh Swasth Sarvatra (SSS)	Sneha Block (Done in this FY)
Activities performed by District Level Quality Assurance Committee (DQAC)	Time to time monitoring of Quality of Health services including FP services, Empanelment of service providers of Family planning services.

Source: DPMU, Lohardaga district

2.3 Implementation of CPHC

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

Indicator	Planned	Completed
1. Number of individuals enumerated	4082	5015
2. Number of CBAC forms filled	4082	1032
3. Number of HWCs started NCD screening:		
a. SHC- HWC	34	34
b. PHC- HWC	2	2
c. UPHC – HWC	1	1
4. Number of individuals screened for:		
a. Hypertension	4082	5015
b. Diabetes	4082	5015
c. Oral Cancer	4082	5015
d. Breast Cancer	1862	2232
e. Cervical Cancer	1862	78
5. Number of HWCs providing Teleconsultation services	41	33
6. Number of HWCs organizing wellness activities	41	35

Source: DPMU, Lohardaga district

Government of India, Ministry of Health and Family Welfare under the **Ayushman Bharat Comprehensive Primary Healthcare** (CPHC) program is undertaking a population-based NCDs (non-communicable diseases) program is being implemented in the district. Total of 5015 individuals have been enumerated during the reference period and about 1031 CBAC forms are filled.

From March to May 2022, a total of 4082 patients were screened for Hypertension, Diabetes, Oral Cancer and 1862 were screened for Breast Cancer and Cervical Cancer.

Total 33 HWCs are providing teleconsultation (E-Sanjeevani) and 35 HWCs are organising wellness activities in the district.

2.4 Status of Human Resource

A total of 521 posts of various subjects have been sanctioned for the district, out of which 362 posts have been filled and 159 posts are vacant. A total of 30.5 per cent of posts are vacant in the district (Table 6).

Table 6: Status of staff in the Lohardaga District on 30 May 2022.

Name of Post	Approved No. of Post	Filled	Vacant
ANM	216	167	49
MPW Male	30	28	02
Staff Nurse	80	50	30
Lab technician	30	16	14
Pharmacist	26	4	22
MO	45	27	18
OBGY	2	1	1
Paediatrician	6	4	2
Anaesthetists	2	0	2
Surgeon	2	2	0
Radiologists	1	0	1
Other Specialists	15	5	10
Dentists	7	6	1
Dental Technician	1	1	0
Dental hygienist	1	1	0
Radiographer	7	3	4
OT Technician	3	0	3
CHO/ MLHP	33	33	0
AYUSH MO	13	13	0
AYUSH Pharmacist	1	1	0
Total	521	362	159

Source: DPMU, Lohardaga district.

2.5 State of Fund Utilization

The total budget received and utilised for the financial year 2022-23 is given below in the table 7 & 8.

Table 7: details of budget components, 2022-23

Particulars	Total Budget (Rs. In lakhs) 21-22	Total utilised	Reason for Low Utilization (if <60%)
FMR Code : 1 : Service Delivery - Facility Based	95.76	57.38	
FMR Code : 2 : Service Delivery - Community Based	97.20	68.85	
FMR Code : 3 : Community Interventions	390.95	267.22	
FMR Code : 4 : Untied Fund	85.60	82.38	
FMR Code : 5 : Infrastructure	18.41		
FMR Code : 6 : Procurement	159.37	127.91	
FMR Code : 7 : Referral Transport	63.06	34.95	
FMR Code : 8 : Service Delivery - Human Resource	4.05	3.09	
FMR Code : 9 : Training & Capacity Building	23.14	18.81	
FMR Code : 10 : Review, Research, Surveillance & Surveys	1.13	1.03	
FMR Code : 11 : IEC/BCC	20.76	19.85	
FMR Code : 12 : Printing	10.87	6.08	
FMR Code : 13 : Quality Assurance	26.58	25.39	
FMR Code : 14 : Drug Warehousing and Logistics	17.83	11.54	
FMR Code : 15 : PPP	37.01		
FMR Code : 16 : Programme Management	0.90	0.75	
FMR Code : 17 : IT Initiatives for strengthening Service Delivery	5.00	0.00	
FMR Code : 18 : Innovations (if any)	1.58	0.68	

Source: DPMU, Lohardaga district

Table 8: Status of budget released, budget utilized by program heads under NHM as of 30 May, 2022

Particulars	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
1. RCH and Health Systems Flexi pool	382.67	264.01	
Maternal Health	89.25	60.39	
Child Health	9.40	7.32	
RBSK	90.45	70.97	
Family Planning	48.1	35.49	
RKSK/ Adolescent health	0.68	0.42	
PC-PNDT	56.45	38.35	
Immunization	85.6	81.38	

Particulars	Budget Released (in lakhs)	Budget utilized (in lakhs)	Reason for low utilization (if less than 60%)
United Fund	1.7	0.98	
Comprehensive Primary Healthcare (CPHC)	5	0	
Blood Services and Disorders	0	0	
Infrastructure	186.39	172.60	
ASHAs	0	333.99	
HR	93.94	67.82	
Programme Management	83.13	65.93	
MMU	52.8	29.98	
Referral Transport	0	0	
Procurement	36.71	28.33	
Quality Assurance	37.01	34.95	
PPP	1.05	0.87	
NIDDCP	26.67	19.29	
2. NUHM			
3. Communicable Diseases Pool			
Integrated Disease Surveillance Programme (IDSP)	0.2	31.64	
National Vector Borne Disease Control Programme (NVBDCP)	21.72	52.26	
National Leprosy Eradication Programme (NLEP)	4.17	16.51	
National TB Elimination Programme (NTEP)	5.9	4.49	
4. Non-Communicable Diseases Pool			
National Program for Control of Blindness and Vision Impairment (NPCB+VI)	9.63	7.124	
National Mental Health Program (NMHP)	2	1.26	
National Programme for Health Care for the Elderly (NPHCE)	1.18	1.03	
National Tobacco Control Programme (NTCP)	11.21	4.52	
National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	10.75	6.74	
National Dialysis Programme	0	0	
National Program for Climate Change and Human Health (NPCCHH)	0	0	
National Oral health programme (NOHP)	7.50	6.57	
National Programme on palliative care (NPPC)	0	0	
National Programme for Prevention and Control of Fluorosis (NPPCF)	0	0	
National Rabies Control Programme (NRCP)	0	0	
National Programme for Prevention and Control of Deafness (NPPCD)	0	0	
National programme for Prevention and Management of Burn & Injuries	0	0	
Programme for Prevention and Control of Leptospirosis (PPCL)	0	0	

Source: DPMU, Lohardaga district

2.6 Status of the training

Table 9 depicts the status of training obtained by health delivery persons on 30 May 2022 in the Lohardaga district. From table 9, it can be seen that various types of training have been planned for the period of 2022-23. By the end of May 2022, various training batches are completed. For the low performance of training, DPMU stated that it would be finished by the end of 2022, as due to COVID 19 situation most of the staffs have been engaged in COVID 19 duties and administration is not able to make them spare for training. All the national programs are being implemented. But due to COVID 19, family planning programme was non-functional almost for one year, the RBSK programme is also non-functional due to COVID 19. All the staffs of RBSK were engaged in COVID duties.

Table 9: Status of training obtained by health delivery persons as on 30 May 2022 in the Lohardaga district.

Sr. no.	Training Details	Planned	completed
1	Training of staff nurse	2	2
2	Training of Medical officers in RTI/STI	1	1
3	DAKSHATA training	1	1
4	Other maternal health training SUMAN new program proposed	1	1
5	Other maternal health training SBA refresher training	2	2
6	Orientation activities on vitamin A supplementation.	2	1
7	Anemia Mukta Bharat Program (Per district 10000)	1	1
8	Anemia Mukta Bharat program (per Block 5000)	1	1
9	Child death review training	1	1
10	Training on facility-based management acute malnutrition	1	1
11	NSSK training for SNs	1	1
12	4 days Training for facility based new – born care	1	1
13	Training for MPW at District	1	1
14	Orientation on National Deworming day	1	1
15	TOT (MO, SN) for family participatory care (KMC)	1	1
16	Minilap training for medical officers	1	1
17	Training of Nurse (staff Nurse/ LHV/ANM) (IUCD insertion training)	2	2
18	Swachh swasth sarvatra Training	1	1
19	Mera Aspatal Training	1	1
20	Training cum review meeting for HMIS and MCTS at District level	1	1
21	IMEP Training for medical officer	1	1
22	Training under IDSP	1	1
23	Capacity building under NLEP	1	1
24	National rabies control program (MO)	1	1
25	National rabies control program (health worker)	1	1

26	National program for climate change and human health (health worker)	1	1
	Total	30	29

Source: DPMU, Lohardaga 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 one Sub centre, one PHC, one CHC, and District Hospital of the district.

3.1 Service Delivery: Sub-Centre-Hanhat

PRC team visited to the Hanhat Sub- Centre on June 7, 2022. The Sub centre is 10 KM away from the PHC Kairo, and is well accessible to the road. The facility is providing OPD, ANC and PNC care, RI, Family Planning services. HBNC and all national programs are running full-fledged in the periphery of 4 villages and catering the services to the 6300 populations. This facility is converted into HWC and CHO is also appointed there. The main observation that made by monitoring team are given below as:

- The facility does not have 24*7 running water of bore well,
- No geriatric and disability friendly, one clean and functional toilet is available.
- Specific delivery room is available.
- A drinking water facility is not available.
- There is an available waiting area for OPD patients, no rest room for ASHAs.
- Though specified area for yoga as per the norms of HWC is available but YOGA and other wellness activities are not being done at facility.
- 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 last one month.
- Line listing of high-risk women is available is being done
- Records are not maintained and updated 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 sterilization, counselling is being done.
- Bio medical waste is not properly managed. At the Sub-Centre, no maternal or infant deaths happened during the year 2022-23.
- In case of IT facilities, CHO had been given a tablet for their day-to-day work, and no tablet or mobile phones had been given to ASHAs and ANM. There is a poor quality of internet.
- During 2021-22, there were 3 presumptive cases of TB sent for testing. This year only 1 suspected case has been sent for testing.
- Tele consultation via E- Sanjeevani is available, but due to the poor quality of the network, it is not working properly. VHSNC is done once in a month. The 'S' form under IDSP is being filled on weekly basis. Due to the pandemic, all CHOs are posted in COVID duties therefore, the regular work of CHOs is getting hampered.
- In Sub centre NCD services are provided, but NCD record is not maintained in any of the registered. Though the medicines for hypertension and diabetes are being provided by the facility from the CHC.

Table 10: Available HR at sub centre as on 30 May 2022.

Human Resource	Filled
ANM/ MPW Female	1
MPW Male	1
MLHP/ CHO	1
ASHA	6

Source: Sub Centre-Hanhat, Lohardaga district

3.2 Service Delivery: Primary Health Centre-Kairo

PHC Kairo is about 15 KMs far from DH - Lohardaga with 5 sub-centres providing services to 11,000 populations in the periphery. DH – Lohardaga and CHC - Kuru are the nearest next referral point of the PHC. This PHC provides OPD, NCDs, and delivery services. The Health facility is easily accessible from the nearest road. PHC is functioning in a government building but it's not PHCs own building. The building is very old and congested. The working hours of the facility is 8:00 AM to 3:00 PM. The following observations have also been by the monitoring team:

- The facility has a 24*7 running water facility.
- It is not a geriatric and disability-friendly facility.
- No toilet facilities. Health workers use the neighbour's' toilet.
- The waiting area has no sufficient sitting arrangement.
- ASHA restroom is not available at the facility.
- Power backup facility is not available.
- Delivery services are not available in the PHC from the last year.
- Essential drug list is not available. For procurement of medicine E- Aushadhi software is in use in the entire district. All the essential equipment is available at PHC. Drugs are available for Hypertension and Diabetic patients.
- No maternal and infant death is reported in the periphery.
- Vaccine hub cutter is available in the facility.
- NCD clinic is there on daily basis. Though record is not maintained of NCD.
- 32 delivery conducted in the last 3 months at the facility.

Table 11: Status of HR in the PHC- Kairo, Lohardaga as on 30 May 2022.

HR	Sanction	Filled	Vacant
Mo	2	1	1
ANM	2	2	0
LT	1	1	0
Pharmacist	1	0	1
Others	2	0	2
Total	08	04	04

Source: PHC- Kairo, Lohardaga district

3.3 Service Delivery: Community Health Centre (CHC)-Kuru

CHC Kuru is in the Kuru block. It is well accessible from the main road. It is in a government building but the building is very old, not in good condition. Being on the highway, the hospital is always overloaded. A trauma centre is also approved but no specialists and no space available for patients and all set up for trauma centre. DH – Lohardaga and RIMS medical college Ranchi is the nearest next referral point of the PHC. 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 specialized services of Medicine, O & G, Paediatric,

Anaesthesia, Ophthalmic, Dental, Imaging Services, DEIC, NRC, SNCU, NICU, and Burn unit is available at the facility.

- Facility is having 24*7 running water; functional toilets are available but not clean.
- Drinking water facility is available, ASHA restroom is available.
- OPD waiting area has not sufficient sitting arrangement, Drug store room is not available.
- Facility is having emergency services. Triage, Resuscitation, and stabilization facility is available.
- 24*7 E- Sanjeevani services and Blood storage unit is available.
- Waste management is not managed properly according to the guideline.
- Minor OTs are available.
- Desktops are available in the facility but internet quality is poor.
- KAYA KALP, NQAS internal assessment is done because of old and not in condition building.
- 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.
- There is one machine available for X-Ray but an X-ray technician is not available.
- Total 102 deliveries are performed in the month of the last three months 2022. 4 C-section delivery was done.
- For payment of JSY don by BMO beneficiaries is being paid. All services are provided free of cost to the JSSK beneficiaries.
- Line listing of high-risk pregnancies is there. Respectful maternity care is implemented in the facility.
- Anti-TB drug is available.
- Pertaining to the data entry of respective portals is updated.
- CHC is having 4 own ambulances.
- Facility reported 1 maternal death and 4 child death in the current year.
- At the facility 28 sterilization performed in the last month (April 2022)
- NCD services are provided but the record is not maintained.
- RKS meeting held on 31/03/2022.

Table 12 Status of HR in the CHC- Kuru, Lohardaga as on 30 May 2022

HR	San.	Position	Vacant	Cont.
MO	6	3	2	
Dental Surgeon	1	1	0	
SNs/GNMs	0	0	0	4
LT	1	1	0	
Clark	2	2	0	
Pharmacist	1	0	1	
X-ray technician	1	0	1	
OT assistant	2	1	1	
Dresser	2	0	0	2
Class 4	6	1	5	
Total	22	09	10	6

Challenges	Route causes
It is a very old and damaged building. That building could collapse at any moment.	New building not approved
No appropriate chamber for MO and another specialist. All specialists sit in the same chamber.	Space is not available.
Staff quarters condition is very bad. Not in leaving condition. Some part of the building has collapsed.	The new building not approved
Staff not available as required.	State government

3.4 Service Delivery: District Hospital (Sadar)- Lohardaga

Lohardaga District Hospital situated at district headquarters. It is 100 bedded sanction Hospital. It is in a government building. But the building is so old, it could collapse at any moment. The Burning Ward and part of the OPD collapsed last month. This facility risky for patients and staff.

- 24*7 running water is available. Though, drinking water for the patient is not available 24*7 due to scarcity of water in the district. Separate toilets are there for male and female wards and toilets are attached to the labour room and clean. The facility is geriatric and disables friendly. Electricity is available with power back of generator, invertor and solar.
- Drug store with racks is available in the facility. OPD timings of the facility is from 9.00 AM to 3.00 PM.
- OPD, IPD SNCU, OT, LR, SNCU, NRC, EYE specialist, Medicine, OBG, Paediatric, General Surgery services are being provided to the patients.
- Dialysis and blood bank is available.
- 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. All sanctioned specialist is available at the facility 24*7. The facility is having emergency services.

- Tele - medicine/consultation services available in the facility.
- Blood bank is available. Blood is issued free of cost for JSSK beneficiaries
- IT services is available with computers and internet services. Quality of internet is good.
- KAYAKALP internal assessment has been done and it scored 75%.
- NQAS assessment was done and labour room and Operation Theatre is available.
- EDL is available, 30 drugs are listed into it. It is displayed in the public domain.
- No Shortage of five priority drugs from EDL in last 30 days.
- Sufficient supply of consumables and testing kits is there. Diagnostic facility is available in house.
- X-Ray services are available in the facility. Two machines are available one is portable and another is fixed. X-Ray free services for BPL and JSSK beneficiaries
- Sufficient supplies of essential consumables and rapid testing kits are there.
- PM National Dialysis programme is being implemented in the facility.
- A total 507 normal deliveries and 39 c- section deliveries were performed in April month.
- For payment of JSY, a list of beneficiaries is being sent to the CS.
- All services are provided free of cost to the JSSK beneficiaries. PMSMA services are provided on the 9th day of every month.
- Adolescent Friendly Health Clinics are available in the facility. Counsellors are appointed under this program
- NCD clinic is available daily.
- Designated Microscopy Centre is there in the facility. Anti-TB drugs are available in the facility and there are 22000 tested and no. of patients under treatment is of 149 in the last 6 months. All TB patients are being tested for diabetes and HIV. DBT payment under Nikshay Poshan Yojna data is provided. TB treatment card for both drug sensitivity and drug resistance is there.
- Data entry is updated on portals i.e. HMIS, IHIP, MCTS, IHIP, and Nikshay portal.
- In the facility, 4 ambulances are available. In the last six months 57 cases were referred to various hospitals, the referred out data is not available at the hospital.

The below table depicts the status of NCDs screening and confirmed cases at district Sadar hospital-Lohardaga.

Table 13 Status of NCD data in the DH- Lohardaga on 30 May 2022.

NCD	Screened	Confirmed
Hypertension	482	81
Diabetes	482	47
Oral Cancer	482	0
Breast Cancer	284	01
Cervical Cancer	8	0

Table 14 Status of Human Resource at the DH- Lohardaga as of 30 May 2022

Sr.	Staff	Sanction	In position	vacancy
1	Specialists Doctors	6	3	3
2	ANM	10	6	4
3	pharmacists	1	1	0
4	LT	1	1	0
5	Clerk	2	1	1
6	Dresser	1	0	1
7	Computer operator	1	0	1
8	Counselor	2	1 female	1
9	Accountant	1	0	1
10	Class 4	4	1	3
	Total	29	14	15

The number of challenges and their route causes are given in the below tables.

Challenges	Route causes
Hospital and staff quarters building is very old and damaged. That building could collapse at any moment.	The budget for the new building has not been approved by the state government.
The Burning Ward and part of the OPD collapsed last month.	The building has not been renovated.
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 Lohardaga District was carried out by the PRC team during 6-10 June 2022. The District Health Office, District Sadar Hospital-Lohardaga, CHC-Kuru, PHC-Kairo and Sub-Centre-Hanhat were visited for Monitoring by the PRC team. During the field visit, the PRC team was accompanied by NCD coordinator. Based on the discussion with the concerned

officials and monitoring/observations of the visited health facilities following recommendation has been made by the PRC monitoring team:

- There is an acute shortage of health workers in the entire district. Vacancies of Specialists/Doctors/Nurses need to be filled urgently at all levels.
- Training of the health personnel is a very important component of quality of care, but in the visited health facility health personnel had insufficient training on various programs of NHM. Training should be done as per the requirement.
- It is also recommended to provide special funds for strengthening of district training unit.
- The state government should immediately approve the new building of District Hospital Lohardaga, CHC-Kuru, and PHC-Kairo. All three facility buildings are very old. The building has been declared as a condemned building for the last 4-5 years, they have not yet received the approval for a new building.

5. Glimpses of the Lohardaga district PIP monitoring visit, 6-10 June 2022.



PHC-Kairo

CHC- Hanhat



Gayatri Tejankar, PRC, Pune

Bal Govind Chauhan, PRC, Pune